

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: Lakeside Billets, Building A			
Address 225 Chicot Street			
City: Pascagoula	State: MS	Zip: 39581	
Site Location: Lakeside Naval Support Facility		Tel: (228)938-6861	
Building Size App. 15,000 sq. ft.	# of Floors: 3	Age in Years: 30+	
Present Use: Living Quarters, Barracks		Prior Use: Living Quarters, Barracks	
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Department of the Navy-NAVFAC Southeast PWD Gulfport, FEAD			
Address: 2401 Upper Nixon Road, Building 322 NCBC			
City: Gulfport	State: MS	Zip: 39501	
Contact: LT. Brain Douglas		Tel: (228)871-3922	
REMOVAL CONTRACTOR Global Contracing, LLC			
Address: 226 Harry Sones Road			
City: Carriere	State: MS	Zip: 39426	
Contact: Eddie Blossman		Tel: (601)795-3401	
OTHER OPERATOR: FLW Construction, Inc.			
Address: 1459 A Glass Avenue			
City: Hopkinsville	State: KY	Zip: 42241	
Contact: Jason Alford			
V. IS ASBESTOS PRESENT? (Yes/No) Yes			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): INSPECTOR: CLIFFORD MEANS CERTIFICATION: AB1-00001821 MICRO-METHODS LABORATORY DATE: DECEMBER 6, 2016 EXP. 9/29/2017			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below	
RACM To Be Removed		Category I	Category II
		UNIT	
Pipes			Ln Ft: Ln M:
Surface Area	2700 sq ft		Sq Ft: 2500 Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/11/2017		Complete: 04/25/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/10/2017		Complete: 04/25/2017	

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APR 3 - 2017
Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Removal of approximately 2,700 square feet of floor tile and underlying black mastic.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

The floor tile and black mastic will be removed using the wet removal methods, poly containments and negative air systems

XII. WASTE TRANSPORTER #1

Name: Global Contracting, LLC

Address: 226 Harry Sones Road

City: Carriere

State: MS

Zip: 39426

Contact Person: Eddie Blossman

Tel: (601)795-3401

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Macland Disposal Center

Address: 11300 Highway 63

City: Mosspoint

State: MS

Zip: 39552

Tel: (228)475-9750

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work immediately, notify Asbestos Supervisor, make notifications, collect and analyze samples,

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Eddie Blossman

Type or Print Name

(Signature of Owner/Operator)

MARCH 28, 2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDDIE BLOSSMAN

Type or Print Name

(Signature of Owner/Operator)

MARCH 28, 2017

(Date)