

# 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) <b>Original</b>  |  |  |                                |                                    |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>   |  |  |                                |                                    |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number)   |  |  |                                |                                    |
| Bldg. Name: <b>Site wide modifications to the Natural Gas System</b>   |  |  |                                |                                    |
| Address: <b>NASA-John C. Stennis Space Center</b>  |  |  |                                |                                    |
| City: <b>Stennis Space Center</b>  | State: <b>MS</b>                       | Zip: <b>39529</b>                              |                                |                                    |
| Site Location: <b>John C. Stennis Space Center</b>   |  | Tel: <b>(228)332-1952</b>                      |                                |                                    |
| Building Size: <b>N/A</b>  | # of Floors: <b>N/A</b>                | Age in Years: <b>40+</b>                       |                                |                                    |
| Present Use: <b>Engine Test Facility</b>   | Prior Use: <b>Engine Test Facility</b> |  |                                |                                    |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)  |  |  |                                |                                    |
| OWNER NAME: <b>NASA- John C. Stennis Space Center</b>  |  |  |                                |                                    |
| Address: <b>Building 1100</b>  |  |  |                                |                                    |
| City: <b>Stennis Space Center</b>  | State: <b>MS</b>                       | Zip: <b>39529</b>                              |                                |                                    |
| Contact: <b>Tim Pierce</b>   |  | Tel: <b>(228)688-1630</b>                      |                                |                                    |
| REMOVAL CONTRACTOR: <b>Global Contracting, LLC</b>   |  |  |                                |                                    |
| Address: <b>226 Harry Sones Road</b>   |  |  |                                |                                    |
| City: <b>Carriere</b>  | State: <b>MS</b>                       | Zip: <b>39426</b>                              |                                |                                    |
| Contact: <b>Eddie Blossman</b>   |  | Tel: <b>(601)795-3401</b>                      |                                |                                    |
| OTHER OPERATOR: <b>BIRMINGHAM INDUSTRIAL CONSTRUCTION</b>  |  |  |                                |                                    |
| Address: <b>408 32nd Street</b>  |  |  |                                |                                    |
| City: <b>Gulfport</b>  | State: <b>MS</b>                       | Zip: <b>39507</b>                              |                                |                                    |
| Contact: <b>Elroy Talley</b>   |  |  |                                |                                    |
| V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>  |  |  |                                |                                    |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL<br>(Include inspector name and date of inspection): |  |  |                                |                                    |
| <b>Owner assumes that the epoxy coal tar pipe coatings are asbestos containing materials (ACM).</b>  |  |  |                                |                                    |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:   | RACM To Be Removed                     | Nonfriable Asbestos Material Not To Be Removed |                                | Indicate Unit of Measurement Below |
| 1. Regulated ACM to be Removed<br>2. Category I ACM Not Removed<br>3. Category II ACM Not Removed  |  | Category I                                     | Category II                    | UNIT                               |
| Pipes  |  |  | <b>200 LnFt</b>                | LnFt: <b>200</b> Ln M:             |
| Surface Area   |  |  |                                | SqFt:      Sq M:                   |
| Vol RACM Off Facility Component  |  |  |                                | CuFt:      Cu M:                   |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>07/20/2017</b>   |  | Complete: <b>08/20/2017</b>                    |                                |                                    |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>07/20/2017</b>  |  | Complete: <b>12/20/2017</b>                    |                                |                                    |

**RECEIVED**  
**JUN 26 2017**  
 Dept. of Environmental Quality

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

Approved wet methods for the removal of asbestos containing epoxy coal tar pipe coating

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

Containments, approved wet methods for the removal of the epoxy coal tar pipe coatings from sections of the Natural Gas S

XII. WASTE TRANSPORTER #1

Name: Complete Environmental and Remediation

Address: 37 David Swan Lane

City: Purvis

State: MS

Zip: 39475

Contact Person: Kati Kelly

Tel: (601)794-2704

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management

Address: 36964 AL17

City: Emelle

State: AL

Zip: 35459

Tel:

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 the asbestos supervisor(APS) make proper notifications.

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)

06/12/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name

(Signature of Owner/Operator)

06/12/2017

(Date)