

# 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>Demolition</b>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: <b>Odorizer Station</b>							
Address <b>Flat Top Road, North</b>							
City: <b>Nasa-John C. Stennis Space Center</b>				State: <b>MS</b>		Zip: <b>39529</b>	
Site Location: <b>North End Flat Top Road at Fence</b>						Tel: <b>(228)229-8762</b>	
Building Size <b>approximately 70 sq ft</b>				# of Floors: <b>1</b>		Age in Years: <b>50</b>	
Present Use: <b>Natural Gas Odorizer Station</b>				Prior Use: <b>Natural Gas Odorizer Station</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>Robert Lauterwasser</b>				Tel: <b>(228)229-8762</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>29426</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>				<b>(228)558-7122</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 (Include inspector name and date of inspection):							
<b>Owner assumes the epoxy coal tar pipe coating is asbestos containing.</b>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
			Category I	Category II			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed					UNIT		
Pipes				<b>40 LN FT</b>	LnFt: <b>40</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>7/20/2017</b>				Complete: <b>8/20/2017</b>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>7/20/2017</b>				Complete: <b>8/20/2017</b>			

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Dept. of Environmental Quality

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

Load odorization building structure onto a trailer with an excavator and transport it to the landfill.

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

Acmm will be properly removed using containments and wet removal methods for the abatement of the epoxy coal tar pipe coating

XII. WASTE TRANSPORTER #1 **ASBESTOS WASTE (ACM Waste will be disposed of at the Stennis Landfill)**

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 **Building Structure**

Name: **Bean Excavating**

Address: **18370 Fenton/Dedaux Road**

City: **Kiln**

State: **MS**

Zip: **39556**

Contact Person: **Jamie Bean**

Tel: **(228)493-8127**

XIII. WASTE DISPOSAL SITE **Demolition Debris and Station Structure**

Name: **King Landfill**

Address: **Bayou Lacroix Road**

City: **Waveland**

State: **MS**

Zip: **39521**

Tel: **Ritchie Santiago (228)216-5403**

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 APS, make proper regulatory notifications wait for approval.

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)

**06/26/2017**

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

**Eddie Blossman**

Type or Print Name

(Signature of Owner/Operator)

**06/26/2017**

(Date)