

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: Sears Department Store-Edgewater Mall				
Address 2600 Beach Blvd.				
City: Biloxi	State: MS	Zip: 39531		
Site Location: Edgewater Mall, Biloxi, MS 39531		Tel: (228)388-3424		
Building Size 100,000	# of Floors: 2	Age in Years: 40+		
Present Use: Vacant	Prior Use: Sear Department Retail Store			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Edgewater Mall				
Address: 2600 Beach Blvd.				
City: Biloxi	State: MS	Zip: 39531		
Contact: Terry Powell		Tel: (228)617-6247		
REMOVAL CONTRACTOR Global Contracting, LLC				
Address: 226 Harry Sones Road				
City: Carriere	State: MS	Zip: 39426		
Contact: Eddie Blossman		Tel: (601)795-3401		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
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):				
Inspectors: Charles D. Bingham, Date of Inspection: 9/27/2017				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below UNIT
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area 4,200 sq ft				Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/01/2017		Complete: 12/01/2017		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/01/2017		Complete: 03/31/2018		

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OCT 23 2017

Dept. of Environmental Quality

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

Renovations and modifications will be performed to old Sears location.

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

Global will use wet removal methods for the removal of the asbestos containing floor tile and black mastics in this space.

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: **Moss Point**

State: **MS**

Zip: **39562**

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, mist the area, notify the APS, make 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

Eddie Blossman

(Signature of Owner/Operator)

10/18/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDDIE BLOSSMAN

Type or Print Name

Eddie Blossman

(Signature of Owner/Operator)

10/18/2017

(Date)