

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED
DEC 4 2017
Dept. of Environmental Quality

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: Building 4400 High Pressure Industrial Water			
Address End of Road P			
City: Stennis Space Center	State: MS	Zip: 39529	
Site Location: Building 4400 HPIW		Tel: (228)688-2618	
Building Size 30,000 sq ft	# of Floors: 1	Age in Years: 40+	
Present Use: High Pressure Industrial Water Supply		Prior Use: High Pressure Industrial Water Supply	
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: NASA-John C. Stennis Space Center			
Address: Building 4400, Road P			
City: Stennis Space Center	State: MS	Zip: 39529	
Contact: Kirby Campbell		Tel: (228)688-2618	
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):			
Owner assumes pipe insulation is asbestos containing material			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Indicate Unit of Measurement Below
		Category I	Category II
Pipes	350 In ft		Ln Ft: 350 Ln M:
Surface Area			Sq Ft: Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/11/2017		Complete: 1/11/2018	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/06/2017		Complete: 1/15/2018	

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

Removal of approximately 350 Ln Ft of asbestos containing thermal systems insulation (TSI)

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

Containments and wet removal methods will be used for the removal of the TSI from the piping.

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: **Stennis Space Center on-site landfill**

Address: **End of Endeavor Road**

City: **Stennis Space Center**

State: **MS**

Zip: **39529**

Tel: **(228)688-2532**

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work immediately and notify the proper authorities.

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)

11/30/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDDIE BLOSSMAN

Type or Print Name

(Signature of Owner/Operator)

11/30/2017

(Date)