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FEB 06 2018

# 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>Revision (VIII, IX)</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>Building 4400 High Pressure Industrial Water</b>				
Address <b>End of Road P</b>				
City: <b>Stennis Space Center</b>	State: <b>MS</b>	Zip: <b>39529</b>		
Site Location: <b>Building 4400 HPIW</b>		Tel: <b>(228)688-2618</b>		
Building Size <b>30,000 sq ft</b>	# of Floors: <b>1</b>	Age in Years: <b>40+</b>		
Present Use: <b>High Pressure Industrial Water Supply</b>		Prior Use: <b>High Pressure Industrial Water Supply</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>NASA- John C. Stennis Space Center</b>				
Address: <b>Building 4400, Road P</b>				
City: <b>Stennis Space Center</b>	State: <b>MS</b>	Zip: <b>39529</b>		
Contact: <b>Kirby Campbell</b>		Tel: <b>(228)688-2618</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:				
Address:				
City:	State:	Zip:		
Contact:				
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 pipeinsulation is asbestos containing materials (ACM).</b>				
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		
		Category I	Category II	UNIT
Pipes	RACM To Be Removed		LnFt: <b>350</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>12/11/2017</b>		Complete: <b>3/25/2018</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>12/06/2018</b>		Complete: <b>3/30/2018</b>		

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

Removal of approximately 350 In 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 HPIW 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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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

*Eddie Blossman*

02/01/18

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

*Eddie Blossman*

02/01/18

Type or Print Name

(Signature of Owner/Operator)

(Date)