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FEB 05 2018

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

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) Revision (VIII, IX)					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovations					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Site wide modifications to the Natural Gas System					
Address NASA-John C. Stennis Space Center					
City: Stennis Space Center	State: MS	Zip: 39529			
Site Location: John C. Stennis Space Center		Tel: (228)332-1952			
Building Size N/A	# of Floors: N/A	Age in Years: 40			
Present Use: Engine Test Facility	Prior Use: Engine Test Facility				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: NASA-John C. Stennis Space Center					
Address: Building 1100					
City: Stennis Space Center	State: MS	Zip: 39529			
Contact: Tim Pierce		Tel: (228)688-1630			
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: Birmingham Industrial Construction					
Address: 408 32nd Street					
City: Gulfport	State: MS	Zip: 39507			
Contact: Elroy Talley					
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 that the epoxy coal tar pipe coatings are asbestos containing materials. (ACM).					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes			200 LnFt	LnFt: 200	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/02/18				Complete: 04/05/18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/20/2017				Complete: 09/20/18	

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

Approved wet removal 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 sy

XII. WASTE TRANSPORTER #1

Name: Complete Environmental and Remediation

Address: 37 David Swan Lane

City: Purvis

State: MS

Zip: 39475

Contact Person: Kati Kelley

Tel: (601)794-2704

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management

Address: 36964 AL 17

City: Emelle

State: AL

Zip: 35459

Tel: (205)652-8135

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:

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)

02/1/18
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDDIE BLOSSMAN
Type or Print Name

Eddie Blossman
(Signature of Owner/Operator)

02/1/18
(Date)