

50103

# 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>Renovation</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <b>Edgewater Shopping Mall</b>			
Address <b>2600 Beach Blvd.</b>			
City: <b>Biloxi</b>	State: <b>MS</b>	Zip: <b>39531</b>	
Site Location: <b>Unit #17 Bernies, Edgewater Mall, Biloxi, MS</b>			Tel: <b>(228)388-3424</b>
Building Size <b>2500 sq ft</b>	# of Floors: <b>1</b>	Age in Years: <b>40+</b>	
Present Use: <b>Retail Store</b>	Prior Use: <b>Retail Store</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <b>Edgewater Mall</b>			
Address: <b>2600 Beach Blvd.</b>			
City: <b>Biloxi</b>	State: <b>MS</b>	Zip: <b>39531</b>	
Contact: <b>Terry Powell</b>			Tel: <b>(228)617-6247</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:
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>Inspector: Clifford Meins, Date of Inspection: 02/19/2018</b>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			LnFt:      Ln M:
Surface Area <b>250 sq ft</b>			SqFt: <b>250</b> Sq M:
Vol RACM Off Facility Component			CuFt:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>MARCH 27, 2018</b>		Complete: <b>APRIL 27, 2018</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>MARCH 27, 2018</b>		Complete: <b>APRIL 27, 2018</b>	

**RECEIVED**  
**MAR 16 2018**  
 Dept. of Environmental Quality

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

Renovations to Unit # 17 Bernies

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 underlying mastics.

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: (228)475-9750

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:

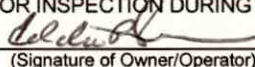
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

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



(Signature of Owner/Operator)


MARCH 14, 2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDDIE BLOSSMAN

Type or Print Name



(Signature of Owner/Operator)

MARCH 14, 2018

(Date)