

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) REVISION (III) (X) (Space Number)							
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: Edgewater Mall, Space Number 16						MAY 07 2018	
Address 2600 Beach Blvd.						Dep. of Environmental Quality	
City: Biloxi		State: MS		Zip: 39531			
Site Location: Edgewater Mall, Biloxi, MS 39531				Tel: (228)388-3424			
Building Size 2,000 sq ft		# of Floors: 1		Age in Years: 40 +			
Present Use: Vacant		Prior Use: 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):							
Owner assumes the flooring and black mastic is asbestos containing.							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
<ol style="list-style-type: none"> <li>Regulated ACM to be Removed</li> <li>Category I ACM Not Removed</li> <li>Category II ACM Not Removed</li> </ol>			RACM To Be Removed		UNIT		
			Category I		Category II		
Pipes					Ln Ft:		Ln M:
Surface Area Floor Tile and Mastic					Sq Ft: 210		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/11/18				Complete: 5/25/18			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/10/18				Complete: 6/25/18			

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

Renovations and Modifications will be performed in Space Number 16.

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 methods for the removal of the asbestos containing floor tile and mastic 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 603

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 CRUMBLLED, 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)

05/03/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDDIE BLOSSMAN

Type or Print Name

(Signature of Owner/Operator)

05/03/2018

(Date)