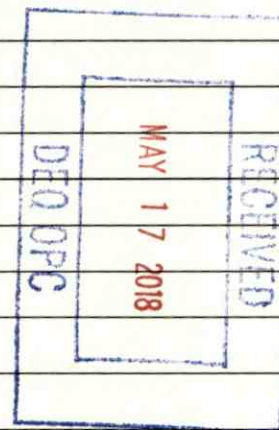


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) 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: St. Stanislaus High School				
Address 304 Beach Blvd.				
City: Bay St. Louis	State: MS	Zip: 39520		
Site Location: Chemistry Lab (214) Chemistry Lab Store Rm (214.1)		Tel: (228)467-9057		
Building Size 20,000	# of Floors: 2	Age in Years: 40+		
Present Use: Class Room	Prior Use: Class Room			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: St. Stanislaus High School				
Address: 304 Beach Blvd.				
City: Bay St. Louis	State: MS	Zip: 39520		
Contact: Robbie Brewer		Tel: (228)467-9057		
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: Vision Constructors, Inc.				
Address: 608 34th Street				
City: Gulfport	State: MS	Zip: 39501		
Contact: John Rollins				
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): INSPECTOR: CHARLES D. BINGHAM. DATED OF INSPECTION: 3/28/18 MATERIALS INSPECTED: JCT AND ADHESIVES, COUEBASE ADHESIVES. ANALYTICAL METHOD: PLM				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area Floor Tile and Adhesives				Sq Ft: 1,600 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/28/2018		Complete: 6/28/2018		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/28/2018		Complete: 6/28/2018		



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

Removal of 1,600 sq ft of asbestos containing floor tile and adhesives in the chemistry lab and lab storage.

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 tiles and adhesives.

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 CRUMBLED, 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)

5/14/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name

(Signature of Owner/Operator)

5/14/2018

(Date)