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: Nolan Hall, Building 4116

Address Parade Lane

City: Keesler Air Force Base	State: MS	Zip: 39534
Site Location: Dolan Hall, Building 4116		Tel: (228)377-4504
Building Size 40,000 sq ft	# of Floors: 2	Age in Years: 40+
Present Use: Residence Hall	Prior Use: Residence Hall	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Keesler Air Force Base

Address: 508 L Street

City: Keesler AFB	State: MS	Zip: 39534
Contact: Ronin Sykes		Tel: (228)377-4504

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: Ray C. Weaver Mechanical

Address: 13964 Washington Avenue

City: Gulfport	State: MS	Zip: 39503

Contact: Jimmy Weaver

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 lining/insulation is asbestos containing.

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component (BOILER)				CuFt:	Cu M: 2

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/8/20 Complete: 5/20/20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/8/20 Complete: 5/20/20

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

Removal of asbestos containing boiler/water heater. Boiler will be removed intact and wrapped.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Boiler/water heater will be removed double wrapped, in 6-ml poly sheeting, labeled, transported and disposed of

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: Waste Management-Central Landfill

Address: 8800 Hwy. 11 North

City: McNeill | State: MS | Zip: 39457

Tel: (601)795-2500

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work immediately, contact regulatory authorities wait for approval to resume work.

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 | [signature] | 3/25/20

Type or Print Name | (Signature of Owner/Operator) | (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDDIE BLOSSMAN | [signature] | 3/25/20

Type or Print Name | (Signature of Owner/Operator) | (Date)