

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 Mail notification to: Postmark (mail only) 74744 I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) REVISION (V, VI, XVIII) 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: Bayou View Middle School, Band Hall (Rooms 400, 400A, 400B, 400C, 400D and 402) Address 212 43rd Street City: Gulfport Zip: 39507 County: Harrison State: MS Site Location: Bayou View Middle School, Band Hall Tel: (228)865-4633 Building Size Approximately 2500 sq ft # of Floors: 1 Age in Years: 40+ Present Use: Band Hall Prior Use: Class Room IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Gulfport School District Address: 2001 Pass Road City: Gulfport Zip: 39501 State: MS Contact: Glen East Tel: (228)865-4600 ASBESTOS REMOVAL CONTRACTOR: Global Contracting, LLC Address: 226Harry Sones Road City: Carriere State: MS Zip: 39426 Contact: Eddie Blossman Tel: (601)795-3401 Certification Number: ABC-00001162 Expiration Date: 01-06-2025 OTHER OPERATOR: Dixon Contracting Group Address: P.O. Box 383 City: Pass Christian State: MS Zip: 39571 Contact: Jeffery Dixon Tel: (601215-4925 V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Inspection Date: 02/21/2024 WAS ASBESTOS PRESENT? (Yes/No): Yes Inspector: Charles D. Bingham Certification Number: ABI-00001348 Expiration Date: 2/12/2025 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 12" Vinyl Flooring and Adhesives 9" Vinyl Flooring and Adhesives Cove Base Adhesives Mothod for determination of achoetos bulk building materials: DLM with Dispersion Staining VII. QUANTITY OF RACM TO BE REMOVED: Surface Area (SQ FT): 2,060 Pipes (LN FT): Volume of Facility Components (CU FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category I: Category II: Complete: 04/25/2024 IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/02/2024 Complete: 04/25/2024 X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/02/2024

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Wet removal methods for the removal of the floor tile and mastics XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Engineering controls, negative pressure containments, wet removal methods, PPE, and XIII. 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: Zip: City: State: Contact Person: Tel: XIV. WASTE DISPOSAL SITE Name: Waste Management- Pecan Grove Landfill Address: 9685 Firetower Road City. Pass Christian State: MS Zip: 39571 Tel: (662)448-0773 Contact Person: Michael Eidt XV. 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): XVI. 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: XVII. 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 immediatley, make proper notifications, wait for approval before returning to work XVIII. 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 XIX. I CERTIFY THAT THE ABOVE INFORMATION S CORRECT: EDDIE BLOSSMA Type or Print Name (Signature of Owner/Operator)