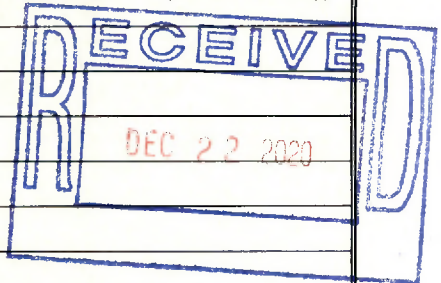


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) Demolition					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Building 3416					
Address Propellant Drive					
City: Stennis Space Center	State: MS	Zip: 39529			
Site Location: Building 3416, Propellant Drive			Tel: (228)688-1655		
Building Size 218	# of Floors: 1	Age in Years: 40+			
Present Use: Restroom Building		Prior Use: Restroom Building			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: National Aeronautics Space Administration (NASA)					
Address: Building 1100, Room 302 1H					
City: Stennis Space Center	State: MS	Zip: 39529			
Contact: David Lorange			Tel: (228)688-1655		
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: Bean Excavating					
Address: 18370 Fenton Deadeaux Road					
City: Kiln	State: MS	Zip: 39556			
Contact: Jamie Bean (228)493-8127					
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: James Clark (ABI# 00003456), Inspection Date: 10/22/18					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes				Ln Ft:	Ln M:
Surface Area Roofing Tar				Sq Ft: 218	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/31/20				Complete: 3/31/21	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/31/20				Complete: 3/31/21	



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

Demolition of B2206, Wet removal of asbestos containing Pipe Insulation.

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

Wet Glove-Bag removal methods, air monitoring, double bagging.

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: **Stennis Space Center, On-Site Landfill**

Address: **Building 2070, End of Endeavor Road**

City: **Stennis Space Center**

State: **MS**

Zip: **39529**

Tel: **(228)688-2532**

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, 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

Type or Print Name

[Signature]

(Signature of Owner/Operator)

12/16/20

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name

[Signature]

(Signature of Owner/Operator)

12/16/20

(Date)