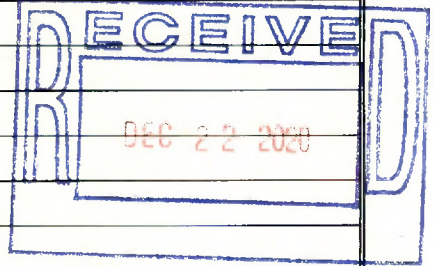


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 2201			
Address Endeavor Drive			
City: Stennis Space Center	State: MS	Zip: 39529	
Site Location: Building 2201, Endeavor Drive		Tel: (228)688-1655	
Building Size 61,030	# of Floors: 1	Age in Years: 40+	
Present Use: Vacant	Prior Use: Office/Maintenance		
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	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		Indicate Unit of Measurement Below	
		RACM To Be Removed	UNIT
Pipes	TSI	Category I	Category II
Surface Area Floor Tile/Mastic, TSI			Ln Ft: 3,000 Ln M:
Vol RACM Off Facility Component			Sq Ft: 16800 Sq M:
			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 B2201, Wet removal of asbestos containing floor tile/mastic and TSI.

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

Negative pressure containments, wet 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 of Owner/Operator)

12/16/20

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name

(Signature of Owner/Operator)

12/16/20

(Date)