

# 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) <b>Revision (VIII,IX)</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Building 304, NCBC, Gulfport, MS</b>					
Address <b>Corner of East 8th Street and John Paul Jones Avenue</b>					
City: <b>Gulfport</b>	State: <b>MS</b>	Zip: <b>39501</b>			
Site Location: <b>Building 304</b>		Tel: <b>(228)871-3228</b>			
Building Size <b>4,500 sq ft</b>	# of Floors: <b>1</b>	Age in Years: <b>40+</b>			
Present Use: <b>Vacant</b>	Prior Use: <b>Base Housing</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Naval Construction Battalion Center (NCBC)</b>					
Address: <b>4902 Marvin Shields Blvd..</b>					
City: <b>Gulfport</b>	State: <b>MS</b>	Zip: <b>39501</b>			
Contact: <b>Stanley Smith</b>		Tel: <b>(228)871-3228</b>			
REMOVAL CONTRACTOR <b>Global Contracting, LLC</b>					
Address: <b>226 Harry Sones Road</b>					
City: <b>Carriere</b>	State: <b>MS</b>	Zip: <b>39426</b>			
Contact: <b>Eddie Blossman</b>		Tel: <b>(601)795-3401</b>			
OTHER OPERATOR: <b>Drace Construction</b>					
Address: <b>922 Porter Avenue</b>					
City: <b>Ocean Springs</b>	State: <b>MS</b>	Zip: <b>39564</b>			
Contact: <b>Nick Brown</b>					
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<b>Samples were collected by Dave Bingham, Micro-Methods Laboratories</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	TSI			LnFt: <b>320</b>	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>03/15/2021</b>				Complete: <b>04/01/2021</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>03/15/2021</b>				Complete: <b>04/01/2021</b>	

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

**Removal of an additional 320 LnFt of piping 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: **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 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)

3/5/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

[Signature]

Type or Print Name

[Signature]  
(Signature of Owner/Operator)

3/5/2021

(Date)