

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 3-19-22	Date Received (MDEQ use only) 3-22-22	Notification # (MDEQ use only) 30829	
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				
RECEIVED				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Building 468, Keesler Medical Center		MAR 22 2022		
Address: 301 Fischer Street				
City: Keesler Air Force Base	State: MS	Dept. of Environmental Quality Zip: 39534		
Site Location: Building 468, Keesler Medical Center		Tel: (228)376-2550		
Building Size: 100,000 sq ft	# of Floors: 5	Age in Years: 40+		
Present Use: Medical Clinic	Prior Use: Medical Clinic			
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: Kary Dickey	Tel: (228)376-4375			
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: SES Electrical, LLC				
Address: 1006 Floyd Culler Court				
City: Oak Ridge	State: TN	Zip: 37830		
Contact: David Blanc				
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):				
Dave Bingham, Micro-Methods Labs, 11/12/2021				
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				Ln Ft: Ln M:
Surface Area Black Duct Mastic				Sq Ft: 300 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/31/22 Complete: 5/25/22				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/31/22 Complete: 5/25/22				

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

Removal of black HVAC duct mastic

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

Negative Pressure Containment, wet removal methods and air monitoring.

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-Pecan Grove Landfill

Address: 9685 Firetower Road

City: Pass Christian

State: MS

Zip: 39571

Tel: (228)255-5553

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)

3/18/22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name

(Signature of Owner/Operator)

3/18/22

(Date)