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MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 6/28/2022	Date Received (MDEQ use only)	Notification # (MDEQ use only)
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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

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Poplarville High School Assistant Principle Office and Conference Room

Address 1343 South Main.

City: Poplarville	State: MS	Zip: 39470
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Site Location: Poplarville High School	Tel: (601)795-3903
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Building Size 15,000 sq ft	# of Floors: 1	Age in Years: 40+
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Present Use: School	Prior Use: School
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IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Poplarville School District

Address: 302 South Julia Street

City: Poplarville	State: MS	Zip: 39470
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Contact: Scott Necaise	Tel: (601)795-3903
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REMOVAL CONTRACTOR Global Contracting, LLC

Address: 226 Harry Sones Road

City: Carriere	State: MS	Zip: 39426
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Contact: Eddie Blossman	Tel: (601)795-3401
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OTHER OPERATOR:

Address:

City:	State:	Zip:
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Contact:

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):

Willie Nester

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 floor tile/mastic

Sq Ft: 625

Sq M:

Vol RACM Off Facility Component

Cu Ft:

Cu M: 2

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/08/22

Complete: 9/08/22

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/08/2022

Complete: 9/08/22

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

Removal of approximately 625 sq ft of floor tile and mastic.

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

PPE, Wet-removal methods, negative pressure containments, area and clearance 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-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 CRUMBLLED, 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)

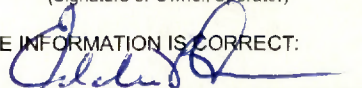
6/24/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name



(Signature of Owner/Operator)

6/24/2022

(Date)