



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 1/6/2023	Date Received	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Annual				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D, R and/or E				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Stennis Space Center				
Bldg. Name: Various				
Address: Various				
City: Stennis Space Center		State: MS	Zip: 39529	
Site Location: Hancock County			Tel:	
Building Size: NA		# of Floors: NA	Age in Years: 58	
Present Use: Rocket Testing Facility		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: NASA				
Address: Building 1100 Balch Blvd.				
City: Stennis Space Center		State: MS	Zip: 39529	
Contact: Stephen O'Neill			Tel: 228/688-2642	
ASBESTOS REMOVAL CONTRACTOR: TBD				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
Certification Number:			Expiration Date:	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: various	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk Samples sent to an accredited laboratory and analyzed by PLM or TEM, or assumption that the material contains asbestos.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 500		Surface Area (SQ FT): 20,000	Volume of Facility Components (CU FT): 3,000	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/01/2023			Complete: 12/31/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/01/2023			Complete: 12/31/2023	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
maintenance or abatement of floor tile, mastic, TSI, SAI, gaskets, transite pipe, ceiling tile, etc.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
wet methods, poly containments, glove bags, HEPA vacuums, negative pressure enclosures		
XIII. WASTE TRANSPORTER #1 TBD		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Stennis Space Center On-Site Landfill		
Address: Building 2070 Endeavor Road		
City: Stennis Space Center	State: MS	Zip: 39529
Contact Person:	Tel: 228/688-2532	
XV. 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):	
XVI. FOR EMERGENCY RENOVATIONS:		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
NA		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVII. 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:		
XVIII. 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.		
David K.Lorance	DAVID LORANCE <small>Digitally signed by DAVID LORANCE Date: 2023.01.03 19:53:46 -06'00'</small>	1/3/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
David K.Lorance	DAVID LORANCE <small>Digitally signed by DAVID LORANCE Date: 2023.01.03 19:54:00 -06'00'</small>	1/3/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)