

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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MAP

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 3-15-23	AI Number
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: Building 404-Clinical Research Lab				
Address: Intersection of J Street and Third Street				
City: Keesler Air Force Base		State: MS	Zip: 39534	
Site Location: Intersection of J Street and Third Street			Tel: (228)376-0169	
Building Size: 17000		# of Floors: 2	Age in Years: 40+	
Present Use: Medical Facility		Prior Use: Medical Facility		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Keesler Air Force Base-81st Medical Group				
Address: 508 L Street				
City: Keesler AFB		State: MS	Zip: 39534	
Contact: John Davenport			Tel: (228)376-0169	
ASBESTOS REMOVAL CONTRACTOR: Global Contracting, LLC				
Address: 226 Harry Sones Road				
City: Carriere		State: MS	Zip: 39426	
Contact: Eddie Blossman			Tel: (601)795-3401	
Certification Number: ABC 00001162			Expiration Date: 01/09/2024	
OTHER OPERATOR: Tripod Construction Services, LLC				
Address: 11510 Hatter Lane				
City: Gulfport		State: MS	Zip: 39503	
Contact: Clint Cutrer			Tel: (228)343-1158	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 01/09/2023	
Inspector: Charles D. Bingham		Certification Number: ABI-00001348	Expiration Date: 02/09/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor Tile and Mastics				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 1,300	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/28/2023			Complete: 05/28/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/28/2023			Complete: 05/28/2023	

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

Removal of approximately 1,300 sq ft of asbestos containing floor tile and mastic.

XII. 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 and Double Bagging.

XIII. 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:

XIV. WASTE DISPOSAL SITE

Name: Waste Management-Pecan Grove Landfill

Address: 9685 Firetower Road

City: Pass Christian

State: MS

Zip: 39571

Contact Person: Michael Eidt

Tel: (228)255-5553

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:

Stop work immediately, contact regulatory authorities wait for approval of resume work.

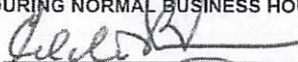
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

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.

Eddie Blossman

Type or Print Name


(Signature of Owner/Operator)

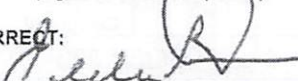
03/15/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name


(Signature of Owner/Operator)

03/15/2023

(Date)