


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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 4-18-23	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): Demolition				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Building 6, Greenhouse 30				
Address: 810 Highway 26 West				
City: Poplarville		State: MS	Zip: 39470	
Site Location: USDA, Southern Horticulture Research Unit, 810 Hwy. 26 west, Poplarville, MS 30470			Tel: (601)403-8750	
Building Size: 1,800 sq ft		# of Floors: 1	Age in Years: 40+	
Present Use: Vacant		Prior Use: Greenhouse		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: United States Dept of Agriculture				
Address: 1400 Independence Ave				
City: Washington		State: DC	Zip: 20250	
Contact: Monte Jordan			Tel: 662-686-5361	
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: January 9, 2024	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Owner assumed the transite panels are asbestos containing. No other suspect material is present.				
VII. QUANTITY OF RACM TO BE REMOVED: Approximately 2,000 Ln Feet				
Pipes (LN FT):		Surface Area (SQ FT): 570	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: 05/02/2023			Complete: 07/02/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/02/2023			Complete: 07/02/2023	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of approximately 570 sq ft of transite panels.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
PPE, wet removal and air monitoring. Remove and double bag and double wrap ACM.		
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-Central Landfill		
Address: 8800 Highway 11 North		
City: McNeill	State: MS	Zip: 39571
Contact Person: Michael Eidt	Tel: (662)448-0773	
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:		
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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:		
Stop work immediately, contact regulatory authorities wait for approval of resume work.		
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		4/18/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
_____	_____	_____
Type or Print Name	(Signature of Owner/Operator)	(Date)