

Rev

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 6-27-23	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: McKenzie Property Intrests, Inc.				
Address: 125 Court Street				
City: Bay St. Louis		State: MS	Zip: 39520	
Site Location: 125 Court Street			Tel: (228)243-5955	
Building Size: 2,315 sq ft		# of Floors: 2	Age in Years: 50+	
Present Use: Office Building		Prior Use: Unknow		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: McKenzie Property Intrests, Inc.				
Address: 1314 Jackson Avenue				
City: New Orleans		State: LA	Zip: 70130	
Contact: Audrey Bel			Tel: (228)243-5955	
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):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 04/17/2023	
Inspector: Charles D. Bingham		Certification Number: ABI-00001348	Expiration Date: 02/12/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Thermal Systems Insulation (TSI) under the building window blazing compound, brick mortar, hard shingle siding, debris plaster & attic insulation. Polarized Light Microscopy (PLM) was ran on samples to determine the presence of asbestos.				
VII. QUANTITY OF RACM TO BE REMOVED: Approximately 160 Ln Feet				
Pipes (LN FT): 160		Surface Area (SQ FT):	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: 07/15/2023			Complete: 08/15/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/15/2023			Complete: 08/15/2023	

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

Removal of TSI from piping and ground from under the building.

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

PPE, wet glove-bag removal, and double bagged, air monitoring.

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: 39457

Contact Person: Michael Eidt

Tel: (601)795-2500

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 CRUMBLER, 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

Type or Print Name



(Signature of Owner/Operator)

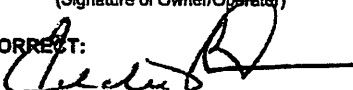
06/26/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name



(Signature of Owner/Operator)

06/26/2023

(Date)