

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 07-31-2023	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 6505 B				
Address: Warehouse Avenue amd Forrest Avenue West				
City: Camp Shelby		State: MS	Zip: 39407	
Site Location: Warehouse Avenue/Forrest Avenue, Camp Shelby			Tel: (601)558-2065	
Building Size: 14,988		# of Floors: 1	Age in Years: 40+	
Present Use: Maintenance		Prior Use: Maintenance		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Mississippi Army National Guard				
Address: Camp Shelby Joint Forces Training Center				
City: Camp Shelby		State: MS	Zip: 39407	
Contact: CW3 Charles Dengler			Tel: (601)558-2065	
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: Januray 9, 2024	
OTHER OPERATOR: ESA South, Inc.				
Address: 1681 Success Drive				
City: Cantonment		State: FL	Zip: 32533	
Contact: Rick Stewart			Tel: (573)609-2233	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 12/22/2022	
Inspector: Rick Stewart		Certification Number: ABI-00011705	Expiration Date: 07/08/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Ceiling Tiles, Insulation, Floortile/Mastic, Window Caulk, Tile adhesive. Analysis used to determine Asbestos Material; PLM pr USEPA's Method for determination of asbestos bulk building materials: PLM with Dispersion Staining (600/R-93/116)				
VII. QUANTITY OF RACM TO BE REMOVED: Floor Tile and Mastics, and Exterior Window Caulking				
Pipes (LN FT):		Surface Area (SQ FT): 1,200 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: 08/11/2023			Complete: 11/30/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 08/11/2023			Complete: 11/30/2023	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Removal of approximately 1000 sq ft of floor tile/mastics and exterior window caulking from 32 windows.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Wet removal methods, containments, asbestos barricades/signage, PPE, Air monitoring.

XIII. WASTE TRANSPORTER #1

Name: Complete Environmental
Address: 37 David Swan Lane
City: Purvis State: MS Zip: 39475
Contact Person: Kevin Ivey Tel: (601)794-2704

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Solid Waste Management Authority
Address: 5274-MS Hwy.29
City: Overt State: MS Zip: 39464
Contact Person: Tony Harrison Tel: (601)545-2121

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:
Stop work immediately, contact regulatory authorities, wait for approval to 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] (Signature of Owner/Operator)
7/31/2023 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman Type or Print Name
[Signature] (Signature of Owner/Operator)
7/31/2023 (Date)