

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 4/28/2025	AI Number 37063
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) REVISED Sections: III, IV)				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovations				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: NASA_John C. Stennis Space Center (Site wide potable transite water pipe)				
Address Balch Blvd./Site Wide				
City: Stennis Space Center		State: MS	Zip: 39529	County: Hancock
Site Location: Stennis SPace Center			Tel: (228)688-1327	
Building Size No Building		# of Floors: N/A	Age in Years: 40+	
Present Use: Potable Water Pipe		Prior Use: Potable Water Pipe		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: NASA-John C Stennis Space Center				
Address: Building 1100, Rm Go21G, Balch Blvd.				
City: Stennis Space Center		State: MS	Zip: 39529	
Contact: Denise Johnson			Tel: (228)688-1327	
ASBESTOS REMOVAL CONTRACTOR: Global Contracting, LLS				
Address: 30 Zora Lane				
City: Poplarville		State: MS	Zip: 39470	
Contact: Eddie Blossman			Tel: (601)795-3401	
Certification Number: ABC-00001162			Expiration Date: 12/27/2025	
OTHER OPERATOR: Civil Works Contracting				
Address: 190 Raleigh Street				
City: Wilmington,		State: NC	Zip: 28412	
Contact: Chad Urbina			Tel: (504)247-4923	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/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 assumes the potable water pipe is asbestos containing because of other projects performed in the past.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 400 In ft	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: 05/12/2025			Complete: 09/30/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/12/2025			Complete: 09/30/2025	

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

Global will remove sections of the traniste water pipe at tie in locations throughout the site.

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, poly sheeting and ongoing air monitoring.

XIII. WASTE TRANSPORTER #1

Name: Global Contracting, LLC

Address: 30 Zora Lane

City: Poplarville

State: MS

Zip: 39470

Contact Person: Eddie Blossman

Tel: (601)795-3401

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Stennis on site Landfill

Address: Building 2070, End of Endeavor Road

City: Stennis Space Center

State: MS

Zip: 39529

Contact Person: Cody Cuevas

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:

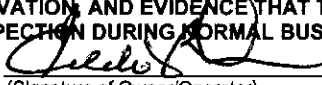
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work immediately, contact regulatory authorities, wait for direction prior to returning to 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)

04/29/2025
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman
Type or Print Name


(Signature of Owner/Operator)

04/29/2025
(Date)