FEB 10 2023 Rev MAP

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMITAL QUALITY

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

| MDEQ Use Only: □Email □Mail □Hand Delivery  | Postmark (mail only)<br>2-8-23                            |                | Date F                        | Received<br>L-10-23                 | Al Number          |  |  |  |
|---|---|----------------|-------------------------------|-------------------------------------|--------------------|--|--|--|
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): REVISED (Sections: VIII, IX Dates)   |   |                |                               |                                     |                    |  |  |  |
| 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 4331, Allee Hall   |   |                |                               |                                     |                    |  |  |  |
| Address: Corner of H Street and Fischer Street  |   |                |                               |                                     |                    |  |  |  |
| City: Keesler Air Force Base  |   | State: MS      |                               | <sub>Zip:</sub> 39534               |                    |  |  |  |
| Site Location: Building 4331, Allee H   | ,   |                | <sub>Tel:</sub> (228)481-4874 |                                     |                    |  |  |  |
| Building Size: approximately 50,000 sq ft   |   | # of Floors:2  |                               | Age in Years:40+                    |                    |  |  |  |
| resent Use: Educational Building Prior Use: Educational   |   |                | Building                      |                                     |                    |  |  |  |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)  |   |                |                               |                                     |                    |  |  |  |
| OWNER NAME: Keesler Air Force Base  |   |                |                               |                                     |                    |  |  |  |
| Address: 508 L Street   |   |                |                               |                                     |                    |  |  |  |
| City: Keesler AFB State: MS   |   |                |                               | <sub>Zip:</sub> 39534               |                    |  |  |  |
| Contact: Robin Sykes  |   |                |                               | Tel: (228)337-4504                  |                    |  |  |  |
| ASBESTOS REMOVAL CONTRACTOR: Global Contracting, LLC  |   |                |                               |                                     |                    |  |  |  |
| Address: 226 Harry Sones Road   |   |                |                               |                                     |                    |  |  |  |
| <sub>City:</sub> Carriere   | ty: Carriere State: MS                                    |                |                               | <sub>Zip:</sub> 39426               |                    |  |  |  |
| Contact: Eddie Blossman   |   |                |                               | <sub>Tel:</sub> (601)795-3401       |                    |  |  |  |
| Certification Number: ABC-00001162 Expiration   |   |                |                               | <sub>on Date:</sub> January 9, 2024 |                    |  |  |  |
| OTHER OPERATOR: Gulf Pacific Contracting  |   |                |                               |                                     |                    |  |  |  |
| Address: 750 Sand Path Road   |   |                |                               |                                     |                    |  |  |  |
| <sub>City:</sub> Bonifay  |   | State: Florida |                               | Zip: 32425-74                       | 126                |  |  |  |
| Contact: Jason Howell   |   |                |                               | Tel: (850)527-6038                  |                    |  |  |  |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):  |   |                |                               |                                     |                    |  |  |  |
|   |   | Inspec         | ction Date: 01/04/2           | 2022                                |                    |  |  |  |
| Inspector: Charles D. Bingham   | tor: Charles D. Bingham Certification Number: ABI-0000134 |                |                               | 8 Expiration Date: 02/10/2023       |                    |  |  |  |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: HVAC Duct Insulation and Insulation Mastic. Thermal Systems Pipe Insulation. |   |                |                               |                                     |                    |  |  |  |
| Tivae Bust insulation and insulation wastio. Thermal cystems ripe insulation.   |   |                |                               |                                     |                    |  |  |  |
|   |   |                |                               |                                     |                    |  |  |  |
| VII QUANTITY OF PACM TO BE DEMOVED:   |   |                |                               |                                     |                    |  |  |  |
| VII. QUANTITY OF RACM TO BE REMOVED: Approximately 3500 Ln Feet   |   |                |                               |                                     |                    |  |  |  |
| Pipes (LN FT):  | Surface Area (S   | Q FT): 3500    |                               | Volume of Facility C                | omponents (CU FT): |  |  |  |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:  |   |                |                               |                                     |                    |  |  |  |
| Category I: Category II:  |   |                |                               |                                     |                    |  |  |  |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/30/2023 Complete: 04/30/2023  |   |                |                               |                                     |                    |  |  |  |
| x. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/30/2023   |   |                |                               |                                     |                    |  |  |  |

| XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of Black HVAC Duct 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 Containment, Wet Removal Methods, Air Monitoring, and Final Clearence  |   |                 |                               |        |  |  |  |  |
| Sampling XIII. WASTE TRANSPORTER #1  |   |                 |                               |        |  |  |  |  |
| Name: Global Contracting, LLC  |   |                 |                               |        |  |  |  |  |
| Address: 226 Harry Sones Road  |   |                 |                               |        |  |  |  |  |
| <sub>City:</sub> Carriere  | State: MS                                 |                 | <sub>Zip:</sub> 39426         |        |  |  |  |  |
| Contact Person: Eddie Blossman   |   |                 | <sub>Tel:</sub> (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   |   |                 |                               |        |  |  |  |  |
| <sub>City:</sub> Pass Christian  | State: MS                                 |                 | <sub>Zip:</sub> 39571         |        |  |  |  |  |
| Contact Person: Michael Eidt   |   |                 | Tel: (662)448-0               | 773    |  |  |  |  |
| XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  |   |                 |                               |        |  |  |  |  |
| Name:  | Title:                                    |                 |                               |        |  |  |  |  |
| Authority:   |   |                 |                               |        |  |  |  |  |
| Date of Order (MM/DD/YY):  | 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 CRUMBLED, 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 Gelding 02/07/2023  |   |                 |                               |        |  |  |  |  |
| Type or Print Name   | (Signature of C                           | Owner/Operator) |                               | (Date) |  |  |  |  |
| EDDIE BLOSSMAN CORRECT DELLE BLOSSMAN  |   |                 |                               |        |  |  |  |  |
| Type or Print Name   | (Signature of Owner/Operator)             |                 |                               | (Date) |  |  |  |  |