

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 01-19-2024		AI Number 74744	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Bayou View Middle School, Band Hall (Rooms 400, 400A, 400B, 400C, 400D and 402)							
Address: 212 43rd Street							
City: Gulfport				State: MS		Zip: 39507	
Site Location: Bayou View Middle School, Band Hall				Tel: (228)865-4633			
Building Size: Approximately 2500 sq ft				# of Floors: 1		Age in Years: 40+	
Present Use: Band Hall				Prior Use: Class Room			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Gulfport School District							
Address: 2001 Pass Road							
City: Gulfport				State: MS		Zip: 39501	
Contact: Glen East				Tel: (228)865-4600			
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: 01/06/2025			
OTHER OPERATOR: Dixon Contracting Group							
Address: P.O. Box 383							
City: Pass Christian				State: MS		Zip: 29571	
Contact: Jeffery Dixon				Tel: (601)215-4925			
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: Identified in the school's Asbestos Management Plan.							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT):		Surface Area (SQ FT): 2,060		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: 02/02/2024				Complete: 04/25/2024			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/02/2024				Complete: 04/25/2024			

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

wet removal methods for the removal of floor tile and mastics

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

Engineering controls, negative pressure containments, Wet removal methods, PPE, and 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- Pecan Grove Landfill**

Address: **9685 Firetower Road**

City: **Pass Christian**

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work immediatley, make proper notifications, wait for approval before 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)

01/19/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name



(Signature of Owner/Operator)

01/19/24

(Date)