



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 7/01/2025	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): Demolition				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residence				
Address: 507 Telly Road				
City: Picayune		State: MS	Zip: 39466	
Site Location: 507 Telly Road			Tel:	
Building Size: 1090 sqft		# of Floors: 2	Age in Years: 40+	
Present Use: Vacant		Prior Use: Residence		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Glenn Myatt				
Address: 80 Eagle Loop				
City: Puravis		State: MS	Zip: 39475	
Contact: William Moore			Tel: (601)270-6880	
ASBESTOS REMOVAL CONTRACTOR: Global Contracting, LLC				
Address: 30 Zora Lane				
City: Poplarville		State: MS	Zip: 39470	
Contact: Eddie Blossman			Tel: (601)795-3401	
Certification Number: ABC-00001162			Expiration Date: 12/27/25	
OTHER OPERATOR: Christian Brothers Tree Service				
Address: 6498 McNeill Steep Hollow Road				
City: Carriere		State: MS	Zip: 39426	
Contact: Noel Burge			Tel: (601)916-8024	
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 suspect material as asbestos containing and will be handled as such.				
VII. QUANTITY OF RACM TO BE REMOVED: 875 sq ft of transite siding.				
Pipes (LN FT):	Surface Area (SQ FT): 875 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: 07/15/2025			Complete: 08/31/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/15/2025			Complete: 08/31/2025	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of approximately 875 sq ft of transite siding		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Wet removal, poly sheeting for ground coverage.		
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: Waste Management-Central Landfill		
Address: 8800 US-11 North		
City: McNeill	State: MS	Zip: 39457
Contact Person: Michael Edit	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 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.		
<u>Eddie Blossman</u>	<u></u>	<u>07/01/2025</u>
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<u>Eddie Blossman</u>	<u></u>	<u>07/01/2025</u>
Type or Print Name	(Signature of Owner/Operator)	(Date)