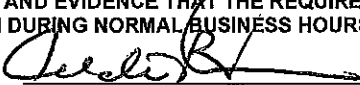
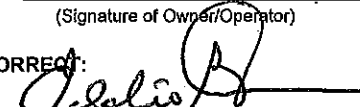


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 7/07/2025	AI Number 30829
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: 2nd Air Force Head Quarters Building 2804				
Address: Coner of Hanger Road and Meadows Drive				
City: Keesler Air Force Base		State: MS	Zip: 39534	
Site Location: Rooms 114 and 114A			Tel: (406)868-8305	
Building Size: 19,750 sq ft		# of Floors: 1	Age in Years: 40+	
Present Use: Training Facility		Prior Use: Training Facility		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Keesler Air Force Base				
Address: 606 Chappie James				
City: Keesler AFB		State: MS	Zip: 39534	
Contact: James Williams			Tel: (406)868-8305	
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: KWEST Enterprises				
Address: 408 32nd Street				
City: Gulfport		State: MS	Zip: 39507	
Contact: David McNesby			Tel: (228)326-6468	
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 vinyl floor tile and black mastics are asbestos containing.				
VII. QUANTITY OF RACM TO BE REMOVED: 650 sq ft of vinyl floor tile and Black Mastics.				
Pipes (LN FT):		Surface Area (SQ FT): 650 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: 07/18/2025			Complete: 08/31/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/18/2025			Complete: 08/31/2025	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of approximately 650 sq ft of vinyl floor tile and black mastic from a classroom and closet.(Rooms 114 and 114A)		
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, poly sheeting for ground coverage air monitoring and area clearance testing		
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-Pecan Grove Landfill		
Address: 9685 Fire Tower Road		
City: Pass Christian	State: MS	Zip: 39571
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>07/03/2025</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>07/03/2025</u>
Type or Print Name	(Signature of Owner/Operator)	(Date)