74707

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Revised: 3/08

Incomplete notices will not meet notification requirements.

TYPE OF NOTICE: ( ) Original (X) Revision ( ) Canceled ( ) Annual ( ) Info. Only

TYPE OF PROJECT: (X) Renovation ( ) Demolition ( ) Ordered Demolition ( ) Emergency Renovation

II. SITE INFORMATION: Name: Columbia Post Office
Description: United States Post Office
Address: 815 Main Street
City: Columbia County: Lamar State: Ms Zip: 39492
Contact Person: Joe Adam Telephone: (601) 624-1711

V. OWNER INFORMATION: Name: United States Post Office
Full Mailing Address: 815 Main St. - Columbia, Ms 39492
Contact Person: Margaret Donkey Telephone:

V. ASBESTOS REMOVAL CONTRACTOR: Name: Bestway Abatement
Certification No.: ABC0000 2924 Exp. Date: 12/16/2019
Full Mailing Address: P.O. Box 88 Edwards, Ms 39066
Contact Person: Aaron Lee Telephone: (601) 383-3237

VI. CONTRACTOR (Other): Name: Western Solution Inc.
Full Mailing Address: 300 Plaza Circle 5-202 Mundelin, Il. 60060
Contact Person: Margaret Dokeny Telephone:

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 12/7/2018 Removal Project Stop: 12/05/2019

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 10/01/2018 Project Stop: 8/3/2019 Prep. Date: 12/4/2019

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 2,100 Bldg. Size (LN FT): —
No. of Floors 2 Age in Years: 75
Present Use: Post Office Prior Use: Post Office

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? (X) yes ( ) no
Inspection Date: 1/3/2018 Asbestos Present? (X) yes ( ) no
Inspector: Nathan D. Pee Cert. No.: ABI0000 1633 Exp. Date: 4/20/2019
Identify suspect materials sampled:
Laboratory Analysis: TEM PLM ✓ Other
Name of Laboratory: EMSL

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) Surface Area (SQ FT) 26 Windows
Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS: 0 **NOT REMOVED** 24 Window **TO BE REMOVED:**
Category I: 26 Windows Category II: /

XIII. WASTE TRANSPORTER: Name: Aaron Lee
Full Mailing Address: P.O. Box 88 Edwards, Ms 39066
Contact Person: Aaron Lee Telephone: (601) 383-3237

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STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

WASTE ASBESTOS DISPOSAL SITE: Name: Little Dixie Landfill
Physical Location: 1711 North County Line Road
Full Mailing Address: 1711 North County Line Road Ridgeland, Ms
Contact Person: Earlene Telephone: 601-938-9488
* All asbestos waste should go to a permitted sanitary landfill.

DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: Columbia Landfill
Physical Location: Off Airport Road
Full Mailing Address:
Contact Person: Telephone: 601-736-2791
* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):

X Strip & Removal	X Double Bagging	Mechanical Chipping	Component Removal
Wrecking Ball	Gross Demolition	Remove Intact	Bulldozer
Containment	Glove Bag	Explode	Negative Air
Wet Method	Roofing Saw	Other - Explain Below:	

I. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

To replace and paint all windows

III. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

Stop and call DEQ

*Will MDEQ be notified of any significant changes? ( ) yes ( ) no

X. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: Title:
Authority: N/A Date Demolition to Begin: / /
Date of Order: Date of Emergency: / / , Time:

X. EMERGENCY DEMOLITION/RENOVATIONS:
Description of the sudden, unexpected event:

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

N/A

XI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.

Aaron Lee — Type or Print Name and Title

Aaron Lee — Signature

11/27/2018 — Date

MAIL TO: Office of Pollution Control
PO Box 2261
Jackson, MS 39225

Physical address: Office of Pollution Control
515 Amite Street
Jackson, MS 39201

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STATE OF MISSISSIPPI
PHIL BRYANT
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
GARY C. RIKARD, EXECUTIVE DIRECTOR

April 26, 2018

Nathan D. Pee
Safety Environmental Laboratories & Consulting
989 Yeager Parkway
Pelham, Alabama 35124

Dear Nathan D. Pee:

Re: Certificate Of Licensure
Asbestos Inspector Certification

Enclosed please find the certificate issued to you by the Commission on Environmental Quality for the asbestos abatement category referenced above.

Your certification will expire as referenced on the face of the certificate. During the year of valid certification you should ensure that required refresher training is completed and proof of completion of this training is obtained for submittal when renewal of certification is sought.

Any inquiries regarding this certificate should reference your name, certification number, and category of certification. If you have any questions or if we can be of service, please contact us.

Sincerely,

Mr. Connie J. Simmons, P.E., Chief
Asbestos & Lead Certification Branch

Enclosure

47900 LIC20180001

State of Mississippi

Department of Environmental Quality

Office of Pollution Control

Certificate of Licensure

In accordance with the Asbestos Abatement Accreditation and Certification Act,
Enacted as 1989 Mississippi Law, Chapter 505

Be it known that

Nathan D. Pee

Having submitted acceptable evidence of qualifications and
training and other appropriate information, is hereby granted this

Asbestos Inspector

Certification

Chief, Asbestos & Lead Certification Branch

Certificate No.: ABI-00001633
Expiration Date: Apr 20th, 2019
Training Expires on Apr 20th, 2019

47900 LIC20180001