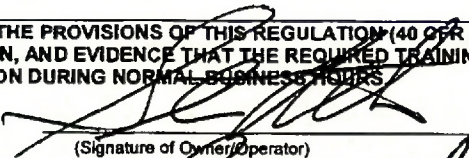
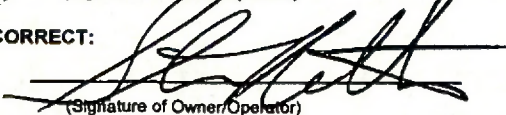


"Rev 11"

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: 7/6/2022	Alt Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Revised				
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: USPS Gulfport				
Address: 11110 Highway 49				
City: Gulfport		State: MS	Zip: 39503	
Site Location: Room 110		Tel: 979-618-1711		
Building Size: 2,800		# of Floors: 1	Age in Years: 50	
Present Use: USPS		Prior Use: USPS		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: USPS Gulfport				
Address: 11110 Highway 49				
City: Gulfport		State: MS	Zip: 39503	
Contact: Lauren Mast		Tel: 979-618-1711		
ASBESTOS REMOVAL CONTRACTOR: Lakeshore Environmental Contractors				
Address: 5513 Eastcliff Industrial Loop				
City: Birmingham		State: AL	Zip: 35210	
Contact: Aaron Murphree		Tel: 205-288-7049		
Certification Number: ABC00001844			Expiration Date: 04/24/2023	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 04/26/2022	
Inspector: Cody Morris		Certification Number: ABM-0000789		Expiration Date: 3/30/2023
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM Method				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Carpet, Floor Tile, Cove Base Mastic				
Category I: 492			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/07/2022 7/14/22 Complete: 7/15/22				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Regulated Area, Decon, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vacuum, Amended Water Applied During Removal.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Regulated Area, Decon, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vacuum, Amended Water Applied During Removal.		
XIII. WASTE TRANSPORTER #1		
Name: Lakeshore Environmental Contractors		
Address: 5513 Eastcliff Industrial Loop		
City: Birmingham	State: AL	Zip: 35210
Contact Person: Aaron Murphree	Tel: 205-288-7049	
WASTE TRANSPORTER #2		
Name: Independent Waste		
Address: 112 24th Street N		
City: Birmingham	State: AL	Zip: 35203
Contact Person: Jack Louis	Tel: 205-902-9804	
XIV. WASTE DISPOSAL SITE		
Name: Big Sky Environmental		
Address: 5100 Flat Top Road		
City: Adamsville	State: AL	Zip: 35005
Contact Person:	Tel: 205-743-0080	
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:		
Stop Work, Contain Area, Notify Mississippi MDEQ & Revise Notification		
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
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		
Stan Roth		06-20-2022
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Stan Roth		06-20-2022
Type or Print Name	(Signature of Owner/Operator)	(Date)