

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 1/6/23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O <input checked="" type="radio"/> R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Smithdale Main Post Office				
Address: 6005 MS Highway 570				
City: Smithdale		State: MS	Zip: 11753-39664-9998-	
Site Location:			Tel: 601-567-2621	
Building Size: 1,457 SF		# of Floors: 1	Age in Years: 38	
Present Use: Postal Office		Prior Use: Unknown		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: United States Postal Service				
Address: 401 East South Street				
City: Jackson		State: MS	Zip: 39201-9470	
Contact: Cindy King (Postmaster)			Tel: 601-876-3755	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock		State: AR	Zip: 72118	
Contact: Justin Dixon			Tel: 501-801-2776	
Certification Number: ABC00009502			Expiration Date: 9/30/2023	
OTHER OPERATOR: N/A				
Address: N/A				
City: N/A		State: N/A	Zip: N/A	
Contact: N/A			Tel: N/A	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 10/21/1996	
Inspector: Nathaniel C Whitten		Certification Number: 643R	Expiration Date: 1/11/1997	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM Bulk Samples				
(approx. 1,532 SF of beige 12x12 floor tile located in box lobby)				
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: 1,532 SF				
Category I:			Category II: Floor Tile/Mastic	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/23/2023			Complete: 1/24/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

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

Materials listed to be removed by hand so facility can be renovated.
(approx. 1,532 SF of beige 12x12 floor tile located in box lobby)

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

Materials will be wetted, during and after abatement, properly packaged, labeled and transported to a certified Class 1 landfill for disposal.

XIII. WASTE TRANSPORTER #1 Complete Environmental & Remediation Co. LLC

Name: Complete Environmental & Remediation Co. LLC

Address: 37 David Swan Lane

City: Purvis

State: MS

Zip: 39475

Contact Person: Kevin Ivy

Tel: 601-951-8136

WASTE TRANSPORTER #2 N/A

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIV. WASTE DISPOSAL SITE Little Dixie Landfill

Name: Little Dixie Landfill

Address: 1716 North County Line Road

City: Jackson

State: MS

Zip: 39201

Contact Person: N/A

Tel: 601-982-9488

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

XVI. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

N/A

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

N/A

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:

Wet the unexpected, make area safe and notify DEQ.

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.

Barbara McElroy

Type or Print Name

Barbara McElroy

(Signature of Owner/Operator)

1/6/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

Barbara McElroy

(Signature of Owner/Operator)

1/6/2023

(Date)