

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 02/25/2025	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) Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) United States Post Office				
Bldg. Name: USPS Wiggins, MS				
Address: 125 Border Avenue 125 W Border Ave				
City: Wiggins		State: MS	Zip: 39577	County:
Site Location: Office			Tel:	
Building Size: 2000+		# of Floors: 1	Age in Years: 1950's	
Present Use: Post Office		Prior Use: Post office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: United States Post Office				
Address: 125 Border Avenue				
City: Wiggins		State: MS	Zip: 39577	County:
Contact: Kasey Kugler			Tel: 262-997-8594	
ASBESTOS REMOVAL CONTRACTOR: Environmental Demolition Services				
Address: P.O. Box 4017				
City: Hammond		State: LA	Zip: 70401	County:
Contact: Lee Patterson			Tel: 985-634-6379	
Certification Number: ABC-00010651			Expiration Date: 7/17/2026	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	County:
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No): Yes Assumed ACM			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor tile and mastic Asbestos assumed in floor tile and mastic.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 180	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 180			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/10/2025			Complete: 3/10/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Floor tile and mastic will be removed by hand methods using low odor mastic remover.

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

A secondary containment will be used with negative pressure for the containment of the work area.

XIII. WASTE TRANSPORTER #1 Environmental Demolition Services

Name: Lee Patterson

Address: P.O. Box 4017

City: Hammond

State: LA

Zip: 70401

Contact Person: Lee Patterson

Tel: 985-634-6379

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE Woodside Landfill

Name: Waste Management

Address: 29340 Woodside Drive

City: Walker

State: LA

Zip: 70785

Contact Person:

Tel: 866-909-4458

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Work will stop and assessed as necessary.

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.

Lee Patterson

Type or Print Name


(Signature of Owner/Operator)

2/21/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee Patterson

Type or Print Name


(Signature of Owner/Operator)

2/21/2025

(Date)