

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: ☑Email □Mail □Hand Delivery	Postmark (mail only)	Date Received - 23 Al Number		
I. Type of Notification (O=Original R=Revised	C=Canceled A= Annual): O			
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: USPS		Title Soyder Chelicup haddle o'r mutadim, titl		
Address: 72 Highway 587		And Control of TV - Andread		
City: Foxworth	State: MS	Zip: 39483		
Site Location: Lobby, Service Lobby, Women's/Mens Restrooms		Tel: 800-275-8777		
Building Size: Unknown	# of Floors: 1	Age in Years: Unknown		
Present Use: Postal Office	Prior Use: Unkn	Prior Use: Unknown		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: USPS				
Address: 72 Highway 587	2010 F1			
City: Foxworth	State: MS	Zip: 39483		
Contact: Jeff Turner (GC) 815-289-7083		Tel: 601-947-2719		
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock	State: AR	<sub>Zip:</sub> 72118		
Contact: Justin Dixon		Tel: 501-801-2776		
Certification Number: ABC-0009502		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: 1/25/2023		
Inspector: Andrew Ables	Certification Number: ABI-00010682 Expiration Date: 10/25/23			
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:  Assumed Inspection- (Approx. 804 SF of Floor Tile/Mastic)				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 804				
Category I: Category II; Floor Tile/Mastic				
IX. SCHEDULED DATES ASBESTOS REMOV	AL (MM/DD/YY) Start: 2/24/20:			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete: N/A				

Materials listed to be removed by hand so	•	' '		
•		· ·		
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, prope	erly packaged, labeled and t	ransported to a certified Class 1 landfill for disposal.		
XIII. WASTE TRANSPORTER #1				
Name: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock	State: AR	<sub>Zip:</sub> 72118		
Contact Person: Justin Dixon		<sub>Tel:</sub> 501-801-2776		
WASTE TRANSPORTER #2 N/A				
Name: N/A				
Address: N/				
City: N/A	State: N/A	<sub>Zip:</sub> N/A		
Contact Person: N/A		Tel: N/A		
XIV. WASTE DISPOSAL SITE				
Name: Alternative Waste Landfill				
Address: 43 White City Road				
City: Mayflower	State: AR	Zip: 72106		
Contact Person: N/A		Tel: 501-851-1171		
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:				
Name: 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):				
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 ASTESTOS 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	Barbara McEtroy 2/10/2023			
Type or Print Name	(Signature of Owner/Operator)	(Date)		
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  Barbara McElroy 2/10/2023				
Type or Print Name	(Signature of Owner/Operator) (Date)			