

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 02/25/2025	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual) <span style="float: right;">Original</span>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">Renovation</span>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number) <span style="float: right;">United States Post Office</span>				
Bldg. Name: <b>USPS Hattiesburg</b>				
Address: <del>220 South 4th Avenue</del> <b>220 S 40th Ave</b>				
City: <b>Hattiesburg</b>	State: <b>MS</b>	Zip: <b>39402</b>	County:	
Site Location: <b>Work room Phase one</b>			Tel:	
Building Size: <b>2000+</b>	# of Floors: <b>1</b>	Age in Years: <b>1950's</b>		
Present Use: <b>Post Office</b>		Prior Use: <b>Post office</b>		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>United States Post office</b>				
Address: <b>220 South 4th</b>				
City: <b>Hattiesburg</b>	State: <b>MS</b>	Zip: <b>39402</b>	Contact: <b>Matthew Chalifour</b>	
			Tel: <b>860-266-8837</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Environmental Demolition Services</b>				
Address: <b>P.O. Box 4017</b>				
City: <b>Hammond</b>	State: <b>LA</b>	Zip: <b>70401</b>	Contact: <b>Lee Patterson</b>	
			Tel: <b>985-634-6379</b>	
Certification Number: <b>ABC-00010651</b>		Expiration Date: <b>7/17/2026</b>		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:	Contact:	
			Tel:	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <b>No</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b> Assumed present			Inspection Date:	
Inspector:	Certification Number:	Expiration Date:		
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> <b>Floor tile and mastic</b> Assumed to be asbestos containing floor tile and mastic.				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT):	Surface Area (SQ FT): <b>1,400</b>	Volume of Facility Components (CU FT):		
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 1400</b>				
Category I: <b>Floor tile and mastic</b>		Category II:		
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: <b>3/13/2025</b>			Complete: <b>3/15/2025</b>	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start:			Complete:	

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

Floor tile 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 areas.

**XIII. WASTE TRANSPORTER #1**

Name: Environmental Demolition Services

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)