

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
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)					
Bldg. Name: USPS - Forest Main					
Address 313 East 2nd Street					
City: Forest	State: MS	Zip: 39074			
Site Location: Basement		Tel: 601-504-5622			
Building Size 5,868	# of Floors: 1	Age in Years: 45			
Present Use: USPS	Prior Use: USPS				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: USPS					
Address: 313 West 2nd Street					
City: Forest	State: MS	Zip: 39074			
Contact: Jessica Misso		Tel: 601-504-5622			
REMOVAL CONTRACTOR Lakeshore Environmental Contractors					
Address: 5513 Eastcliff Industrial Loop					
City: Birmingham	State: AL	Zip: 35210			
Contact: Aaron Murphree		Tel: 205-288-7049			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) Yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
PLM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area Floor Tile		1,450		Sq Ft: SF	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 08/03/2021 Complete: 08/04/2021					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

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Dept. of Environmental Quality

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

Regulated Area, Decon, Negative Air, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vacuum

XI. 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 &

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1035 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person: Michael Raley

Tel: 601-613-8671

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

XIV. 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):

XV. 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:

XVI. 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:

Stop Work, Contain Area, Notify Mississippi SEQ & Revise Notification

XVII. 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

Type or Print Name

(Signature of Owner/Operator)

07/19/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Stan Roth

Type or Print Name

(Signature of Owner/Operator)

7/19/2021

(Date)