

# 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 <b>8-15-2023</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>USPS Ellisville MS</b>				
Address: <b>303 Court St.</b>				
City: <b>Ellisville</b>		State: <b>MS</b>	Zip: <b>39437</b>	
Site Location: <b>3303 Court St.</b>			Tel: <b>601-621-9780</b>	
Building Size: <b>3,100SF</b>		# of Floors: <b>1</b>	Age in Years: <b>60</b>	
Present Use: <b>Post Office</b>		Prior Use: <b>Post Office</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Jennie Reeves</b>				
Address: <b>3341 Gatti PL</b>				
City: <b>Gautier</b>		State: <b>MS</b>	Zip: <b>39553</b>	
Contact: <b>Jeannie Reeves</b>			Tel: <b>228-990-1864</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Specialty Abatement Services, Inc.</b>				
Address: <b>PO Box 15925</b>				
City: <b>Hattiesburg</b>		State: <b>MS</b>	Zip: <b>39404</b>	
Contact: <b>William H. Stamps</b>			Tel: <b>601-264-5550</b>	
Certification Number: <b>ABC-00001660</b>			Expiration Date: <b>1/19/2024</b>	
OTHER OPERATOR: <b>Gulf South Installations</b>				
Address: <b>15408 Three Rivers Rd.</b>				
City: <b>Biloxi</b>		State: <b>MS</b>	Zip: <b>39532</b>	
Contact: <b>David Yennie</b>			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>NO</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date:	
Inspector: <b>owner assumed</b>		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>owner assumed floor tile and mastic</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>Floor Tile and Mastic</b>				
Pipes (LN FT):	Surface Area (SQ FT): <b>600 SF</b>		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9/1/23</b>			Complete: <b>9/30/23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9/1/23</b>			Complete: <b>9/30/23</b>	

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

Removal of floor tile and mastic using manual wet methods prior to replacement by others.

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

All ACM will be wetted and removed. Waste will be placed in clear, labeled, poly bags and placed in properly lined container for disposal.

**XIII. WASTE TRANSPORTER #1**

Name: Specialty Abatement Services, Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Pine Belt Regional Landfill

Address: Hwy 29 N.

City: Runnelstown

State: MS

Zip: 39465

Contact Person: James A. "Tony" Harrison, MBA

Tel: 601-545-6676

**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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

All work will stop. MDEQ will be notified.

**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.**

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

8/15/23

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

8/15/23

(Date)