

REV 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 4/07/2024	AI Number 86045
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):		R = REVISED START DATE		
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):		R = RENOVATIONS ROOF REPAIR		
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>USPS</u>				
Address: <u>375 LAKEWOOD DR.</u>				
City: <u>BATESVILLE</u>	State: <u>MS</u>	Zip: <u>38606-9998</u>		
Site Location: <u>375 LAKEWOOD DR. BATESVILLE, MS</u>		Tel: <u>336-727-4534</u>		
Building Size: <u>1800 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>60 +</u>		
Present Use: <u>US POSTAL SERVICES</u>	Prior Use: <u>US POSTAL SERVICES</u>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>UNITED STATES POSTAL SERVICES (MAIN OFFICE)</u>				
Address: <u>375 LAKEWOOD DR.</u>				
City: <u>BATESVILLE</u>	State: <u>MS</u>	Zip: <u>38606-9998</u>		
Contact: <u>GARY KURTH</u>	Tel: <u>336-727-4534</u>			
ASBESTOS REMOVAL CONTRACTOR: <u>BELL ENVIRONMENTAL SERVICES LLC.</u>				
Address: <u>P.O. BOX 133</u>				
City: <u>DELTA CITY</u>	State: <u>MS</u>	Zip: <u>39061</u>		
Contact: <u>JIMMY BELL</u>	Tel: <u>662-820-2124</u>			
Certification Number: <u>ABC-00001282</u>	Expiration Date:		<u>12/15/2024</u>	
OTHER OPERATOR: <u>AAR ROOFING & SHEET METAL OF NORTH CAROLINA, INC.</u>				
Address: <u>655 PEGGY CORD RD.</u>				
City: <u>KERNERSVILLE</u>	State: <u>NC</u>	Zip: <u>27284</u>		
Contact: <u>GARY KURTH</u>	Tel: <u>336-727-4534</u>			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>YES</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>YES</u>		Inspection Date: <u>5/5/2021</u>		
Inspector: <u>EYEN PEREZ RIVERA</u>	Certification Number: <u>ABZ-00009780</u>	Expiration Date: <u>2/12/22 01/16/2025</u>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>SAMPLES WERE TAKEN FROM: ROOF MATERIALS, PIPE INSULATION PATCH ROOF WORK, INSULATED YELLOW FOAM BOARD, ROOF FLASHING, PACKAGED AND SHIPPED TO EMSL ANALYTICAL LAB., INC. 200 ROUTE 130 NORTH CINNAMINSON, NJ, 08077 TO BE TESTED USING THE PLM METHOD.</u>				
VII. QUANTITY OF RACM TO BE REMOVED: <u>APPROXIMATELY 2100 SF. PARAPET WALL FLASHING CONTAINS ASBESTOS MATERIAL LOCATED IN THREE AREAS</u>				
Pipes (LN FT): <u>0</u>	Surface Area (SQ FT): <u>2100 SF</u>	Volume of Facility Components (CU FT): <u>0</u>		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <u>0</u>				
Category I: <u>NONFRIABLE ROOF FLASHING</u> ✓	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4/15/24</u>		Complete: <u>4/18/24</u>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>4/18/24</u>		Complete: <u>6/18/24</u>		

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

Wet method, chisel blade, bag, area air monitoring/clearance
Place bags into sky lift bucket, place into lined dumpster.

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

Wet materials using hook knives to cut in managing sections, wrap in 6 mil. poly, tape/tag. Lower from roof using skylift. Place into lined dumpster. HAVE AIR MONITOR/SUPERVISOR ON SITE AT ALL TIME.

XIII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1035 Old Brandon Rd.

City: Flowood

State: MS

Zip: 39232

Contact Person: MIKE RALEY

Tel: 601 613 8871

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: TUNICA LANDFILL WASTE MANAGEMENT OF TUNICA

Address: 6035 Bowdre Rd.

City: TUNICA-ROBINSONVILLE

State: MS

Zip: 38664

Contact Person: CARL SIMMONS

Tel: 662-363-2282

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS: N/A

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: Stop work, contact owner/MSDEQ of charge. Erect a containment cage over work area with NEG-Air IF possible.

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.

Jimmy Bell
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

4/8/24
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

4/8/24
(Date)