

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 05/06/2025	AI 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) Post Office				
Bldg. Name: (Future) Poplarville Post Office (Former Grocery Stores) see 3rd page				
Address 935 South Main Street				
City: Poplarville		State: MS	Zip: 39470	County: Pearl River
Site Location: Throughout			Tel: 800-275-8777	
Building Size 5,100 SF		# of Floors: 1	Age in Years: Unknown	
Present Use: Vacant		Prior Use: Retail		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: United States Postal Service				
Address: 935 South Main Street				
City: Poplarville		State: MS	Zip: 39470	
Contact: N/A			Tel: 800-275-8777	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock		State: AR	Zip: 72118	
Contact: Justin Dixon / Andrew Ables			Tel: 601-559-2185	
Certification Number: ABC-00009502			Expiration Date: 4/4/2026	
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): Assumed Inspection				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 4/11/2025	
Inspector: Andrew Ables		Certification Number: ABI-00010682	Expiration Date: 10/25/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed materials by Andrew Ables.				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT): N/A		Surface Area (SQ FT): N/A	Volume of Facility Components (CU FT): N/A	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 5,100 SF				
Category I: Floor tile / Mastic			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/20/25			Complete: 5/28/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

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

Materials listed to be removed by hand so facility can be renovated.

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, properly packaged, labeled and transported to a Class 1 landfill for disposal.

XIII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 480 JM Tatum Industrial Drive

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Cissy Baggett

Tel: 601-264-7888

WASTE TRANSPORTER #2 N/A

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIV. WASTE DISPOSAL SITE

Name: WM - Central Landfill

Address: 8800 US-11

City: Carriere

State: MS

Zip: 39426

Contact Person: Sam Williams

Tel: 601-795-2500

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

Name: N/A

Title: 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:

Date and Hour of Emergency (MM/DD/YY): N/A

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 ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Wet the unexpected, make area safe and notify MDEQ.

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.

Andrew Ables
Type or Print Name

Andrew Ables
(Signature of Owner/Operator)

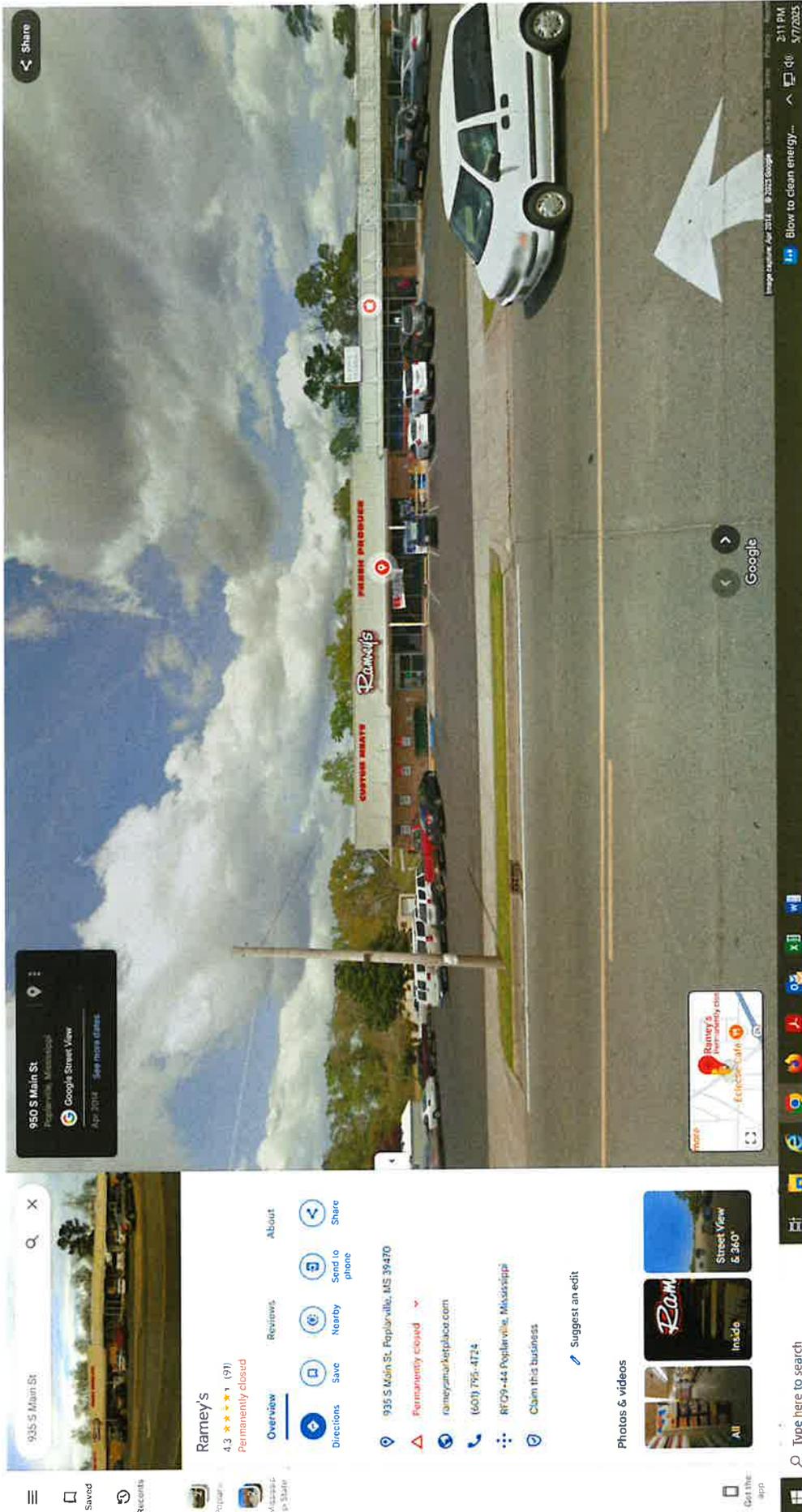
5/6/2025
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Andrew Ables
Type or Print Name

Andrew Ables
(Signature of Owner/Operator)

5/6/2025
(Date)



Verified per contractor BM & AA location building in the strip area to left corner next to Boone's Pharmacy 05/07/2025 SD

