

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 5/27/2025		AI Number		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R								
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								
(Future) Bldg. Name: Poplarville Post Office (Former Grocery Stores)								
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: 5/23/25			
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 CRUMBLED, 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.

Barbara McElroy
Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

5/27/2025
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy
Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

5/27/2025
(Date)