MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION I

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 MDEQ Use Only: Postmark (mail only) Date Received 12-14-23 Al Number Email □Ma1 Hend Delivery I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 0 = OrigiNAL II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): REPONATION ROOF REPLACEMENT III. FACILITY DESCRIPTION (include building name, number and floor or room number): Bldg. Name: USPS BATESVILLE - MAIN OFFICE 375 LAKEWOOD DY. Address: BAtesvillE City: State: MS Zip: 38606 - 9998 Site Location: 375 LAKEWOOD Dr. BATESVILLE m5 Tel: 336-727-4534 **Building Size:** 18000 St. # of Floors: Age in Years: 60 + -Present Use: U.S. Post office Services Prior Use: US DOST OFFICE SERVICES IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) United States Postal SEYVICES 375 LAKEWOOD Address: RATESVILLE City: State: ms Zip: 38606-9998 GARY Kurth Tel: 334 - 727 - 4534 Contact: BELL ENVIYOUMENTAL SETUICES, LLC ASBESTOS REMOVAL CONTRACTOR: P. O. BOX 133 Address: DELTA City State: MS Zip: 39061 City: Contact: JIMMU BELL 662-820-2124 1/4/2024 Certification Number: ABC-00001282 Expiration Date: 2024 of North CArolina, INC OTHER OPERATOR: ARR 655 PEddycord Rd. Address: NC 27284 KEYNEYS VILLE, State: Zip: City: 334-727-4534 Tel: GAYY Kurth Contact: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): 465 5/5/2021 Inspection Date: WAS ASBESTOS PRESENT? (Yes/No): 2/12/22 1/17/2024 Inspector: EFYEN PEYEZ RIVERA Certification Number: ABT-0000 9780 Expiration Date: 2//2
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Ruoting Materials, Pipe Insulation, patch Routing Brown Fiber Insulations yellow Form Board Insulation was placed Samples West Taken And Shipped TO EMSL AUALYTICAL, ING 200 ROUTE 130 NOVEN CINNAMINSON, NJ 08017 TESTING USING THE PLM METHOD VII. QUANTITY OF RACM TO BE REMOVED: APPROXIMATELY 21.00 STO OF PAYAPET WALL FLATTING From 3 AFERS Pipes (LN FT): Surface Area (SQ FT): 2100 50 Volume of Facility Components (CU FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0 Category II: Category 1: 1/16/24 IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete: 21/24 2/21/24 X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:

Complete:

XI. DESCRIPTION OF PLANNED DEMOLITION OF DE			
WE METHOD, Chisel Blade, Bag Place Bags into SKU Litt Bucke	. Area are man	'harina / al	
XII. DESCRIPTION OF WORK PRACTICES AND ENGINE DEMOLITION OR RENOVATION SITE: JUST mate	EERING CONTROLS TO BI	USED TO PREVENT EMISSIONS OF	ASBESTOS AT THE
Wrap in 6 mil poly Tape / Tag . LOW	er from Roof usi	MA SKYLIFT PLACE INTO LINE	sections,
DEMOLITION OR RENOVATION SITE: WET MATE WIRE IN G M.T. POLY: TAPE TAPE LOW HAVE AIR MON'TON THOPELTON ON SITE XIII. WASTE TRANSPORTER #1	At ALL Time.		> Orientalies
AM TROLE HONGFORTER#1			
Name: Replubic Services			
Address: 1035 old Brandon Rd.			
City: Flowood	State: MS	Zip: 39 2 32	
Contact Person: Mike RALEY		Tel: 661 613 8671	
WASTE TRANSPORTER #2 PA		100 001 013 0011	
Name:	(Name - 1999)		
Address:			
City:	State:	Zip:	
Contact Person:		Tel:	
XIV. WASTE DISPOSAL SITE		101.	
	E MANAGEMENT	of Turion	
Address: 6035 Bowdre Rd.	C Priminge Prix Co.	JUDICH	
City: TUNICA- Rabinsonville	State: MS	Zip: 38664	
Contact Person: CAL Simmons	Totale.	Tel: 662-363 - 2284	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGI	ENCY. PLEASE IDENTIFY		
Name:	Til		
Authority:	1 110	G.	
Date of Order (MM/DD/YY):	Data Out	adt B + Apropage	
XVI. FOR EMERGENCY RENOVATIONS: N/R		red to Begin (MM/DD/YY):	-
Date and Hour of Emergency (MM/DD/YY):	**************************************		
Description of the sudden unexpected event:			
*			IIF1
Explanation of how the event caused unsafe conditions or wo	ould cause equipment damag	ge or an unreasonable financial burden:	/////
	€		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWER	D IN THE EVENT THAT UN	EXPECTED ASBESTOS IS FOUND OR	PREVIOUSLY
NUNFRIABLE ASTESTUS MATERIAL BECOMES CRIIMB	LED PULVERIZED OR RE	DUCED TO BOWDED. CAME	Section Street
owner/m deq of change. Erect a Course	DMENT CAGE OVER A	DOYER AYER WITH NEG-AIR	IF POSSALE.
KVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE F	PROVISIONS OF THIS REG	III ATION WE CER DART OF CHIRDARY	- 10 May 1 - 20
ONSITE DURING THE DEMOLITION OR RENOVATION, AN THIS PERSON WILL BE AVAILABLE FOR INSPECTION DI	ND EVIDENCE THAT THE R	POURPER TRAINING HAS BEEN ACC	MPLISHED BY
Jimms Bell	D'- RIII		1/22
Type or Print Name	(Signature of Owner/Operato) 12/14 (Date)	1/25
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS COR	RECT	,s 	
Jimmy BELL	Ching B)2/14	1/23
Type or Print Name	(Sanature of Owner/Operato	or) (Date)	