

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
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)				
Bldg. Name: EAST GATE Subdivision				
Address 1100 Cross Street				
City: CLEVELAND	State: MS	Zip: 38732		
Site Location: 1010 NEWSOME AVE			Tel:	
Building Size 1132 sq ft	# of Floors: 1	Age in Years: 35+ -		
Present Use: VACANT	Prior Use: 3 bedroom single family Dwelling			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: EAST GATE REDEVELOPMENT, LP				
Address: P.O. BOX 1008				
City: CLEVELAND	State: MS	Zip: 38732		
Contact: Chris Collins	Tel: 662 843-5060			
REMOVAL CONTRACTOR BELL ENVIRONMENTAL SERVICES, LLC				
Address: P.O. BOX 137				
City: DELTA MS,	State: MS	Zip: 39061		
Contact: Jimmy Bell	Tel: 662 873-4551			
OTHER OPERATOR: Roy Collins Construction, INC				
Address: P.O. BOX 1008				
City: Cleveland	State: MS	Zip: 38732		
Contact: Chris Collins				
V. IS ASBESTOS PRESENT? (Yes/No) YES				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): EMSL ANALYTICAL, INC. BABN ROAD, LA (PLM) Inspected 6/25/15 MARK B. WALTERS LIC# AB2-00006317				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area FLOOR TILE/mult	900 sq ft		✓	Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/6/17 Complete: 3/6/17				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/10/17 Complete: 3/20/17				

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 MAR - 8 2017
 Dept. of Environmental Quality

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

CLEAN out unit of all debris, prep, place signs at entrances.

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

PLACE 6 mil poly over all windows and doorways. WET FLOOR, REMOVE TILE USING HAND FLOOR SCRAPERS, PLACE MATERIAL INTO BAGS. REMOVE MASTIC REDUCE TO SOLID, PLACE INTO BAGS, AWAIT AIR CLEARANCE.

XII. WASTE TRANSPORTER #1

Name: BELL ENVIRONMENTAL SERVICES, LLC.

Address: P.O. BOX 133

City: DELTA City

State: MS

Zip: 39061

Contact Person: Jimmy Bell

Tel: 662 873-4657

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: LEFLOVE County Landfill

Address: 15200 US Hwy. 49 E South

City: SIDON

State: MS

Zip: 38754

Tel: 662 453-8550

XIV. 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):

XV. 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:

XVI. 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:

STOP WORK, CONTACT OWNER, M.D.E.A., MAKE CHANGES GOING FORWARD.

XVII. 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.

JAMES GIBSON
Type or Print Name

James Gibson (supervisor)
(Signature of Owner/Operator)

3/3/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

Jimmy Bell (Contractor)
(Signature of Owner/Operator)

3/3/17
(Date)