

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	(ON going)				
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: <u>EASTGATE Subdivision</u>							
Address: <u>1100 CROSS STREET</u>							
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>					
Site Location: <u>1014 NEWSOM AVE</u>		Tel: <u>662 843-5060</u>					
Building Size: <u>914 SF.</u>	# of Floors: <u>1</u>	Age in Years: <u>30 + -</u>					
Present Use: <u>VACANT</u>	Prior Use: <u>3. Bedroom Single Family Dwelling</u>						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>EASTGATE REDEVELOPMENT, LP.</u>							
Address: <u>P.O. BOX 1008</u>							
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>					
Contact: <u>Chris Colling</u>	Tel: <u>662 843-5060</u>						
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>662 873-4551</u>						
OTHER OPERATOR: <u>Roy Collins Construction, INC.</u>							
Address: <u>P.O. BOX 1008</u>							
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>					
Contact: <u>Chris Collins</u>							
V. IS ASBESTOS PRESENT? (Yes/No)							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>EMSL ANALYTICAL, INC., BATON ROUGE, LA. (PLM method)</u> <u>Inspected 6/25/15 - MARK B. WALTERS LIC# ABZ-00006317 EXP 1/31/16</u>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below			
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Category I</td> <td style="width: 50%; text-align: center;">Category II</td> </tr> </table>		Category I	Category II	UNIT	
				Category I	Category II		
RACM To Be Removed							
Pipes				Ln Ft:	Ln M:		
Surface Area: <u>FLOOR TILE/mastic 1</u>	<u>914 SF.</u>	<input checked="" type="checkbox"/>		Sq Ft: <u>914</u>	Sq M:		
Vol RACM Off Facility Component				Cu Ft:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>3/18/17</u>		Complete: <u>3/18/17</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>3/21/17</u>		Complete: <u>5/21/17</u>					

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

CLEAN out unit of ALL debris, prep unit, place signs at ALL 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 AND REMOVE ALL FLOOR TILE USING HAND FLOOR SCRAPERS, PLACE materials into BAGS, REMOVE MASTIC USING LIQUID MASTIC REMOVER, REDUCE TO SOLID using CAT LITER, PLACE INTO Double BAGS. PLACE INTO DUMPSTER

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: 662 873-4551

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Leflore 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: N/A

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, CONTACT OWNER, CONTACT M.D.E.Q., MAKE CHANGES SET BY M.D.E.Q.

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)

3/8/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

Jimmy Bell / Contractor
(Signature of Owner/Operator)

3/8/17
(Date)