

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) O (ON going Phase II)			
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: EASTGATE SUBDIVISION			
Address 1100 CROSS STREET			
City: CLEVELAND	State: MS	Zip: 38732	
Site Location: 1016 BROWN ST.	Tel: 662 843-5060		
Building Size 1132 SF.	# of Floors: 1	Age in Years:	
Present Use: VACANT	Prior Use: 4 BEDROOM SINGLE FAMILY DWELLING		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: EASTGATE 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 133			
City: DELTA CITY	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., BATON ROUGE, LA. (PLM METHOD) INSPECTED 6/25/15 - MARK B. WALTERS LIC# ABZ-00006317 EXP 1/31/16			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed Category I 1 Category II	
		Indicate Unit of Measurement Below	
		UNIT	
Pipes		Ln Ft:	Ln M:
Surface Area FLOOR TILE 1	1132 SF	Sq Ft: 1132	Sq M:
Vol RACM Off Facility Component		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/30/17		Complete: 3/31/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/31/17		Complete: 3/31/17	

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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 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 Litter, 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: *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: *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 CRUMBLED, 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)

3/20/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

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

3/20/17
(Date)