

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) <u>0</u> (ON going PHASE II)							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>R</u>							
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>1105 SENTRY ST</u>				Tel: <u>662 843-5060</u>			
Building Size: <u>1,132 SF</u>		# of Floors: <u>1</u>		Age in Years: <u>30+-</u>			
Present Use: <u>VACANT</u>		Prior Use: <u>4 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 Collins</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) <u>NO</u>							
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		
1. Regulated ACM to be Removed			RACM To Be Removed	Category I	Category II	UNIT	
2. Category I ACM Not Removed							
3. Category II ACM Not Removed							
Pipes						Ln Ft:	Ln M:
Surface Area						Sq Ft:	Sq M:
Vol RACM Off Facility Component						Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4/13/17</u> Complete: <u>6/13/17</u>							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>4/13/17</u> Complete: <u>6/13/17</u>							

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Dept. of Environmental Quality

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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: <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>1109 CROSS STREET</u>				Tel: <u>662 843 - 5060</u>			
Building Size: <u>914 sq. ft.</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>Timmy 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) <u>YES</u>							
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# ABX-00006317 EXP 1/3/16</u>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
1. Regulated ACM to be Removed			Category I		Category II		UNIT
2. Category I ACM Not Removed							
3. Category II ACM Not Removed							
Pipes					Ln Ft:		Ln M:
Surface Area <u>914 FLOOR TILE</u>			<u>914</u>		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>4/12/17</u>				Complete: <u>4/14/17</u>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>4/15/17</u>				Complete: <u>6/16/17</u>			