

# 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=Cancelled 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: **Eastgate Subdivisions**

Address: **1100 Cross Street**

City: **Cleveland** State: **MS** Zip: **38732**

Site Location: **1108 Block Street** Tel: **662 843-5060**

Building Size: **914** # of Floors: **1** Age in Years: **30+**

Present Use: **VACANT** Prior Use: **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: **Timmy 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) \_\_\_\_\_  
 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 - marks G. Winters Lic# ABZ-00006317 Exp 1/31/16**

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Notifiable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	UNIT
		Category I	Category II		
1. Regulated ACM to be Removed				Ln Ft.	Ln M.
2. Category I ACM Not Removed				Sq Ft.	Sq M.
3. Category II ACM Not Removed				Cu Ft.	Cu M.

Pipes	Surfact Area	Vol RACM Off Facility Component
	<b>Floor tile</b>	

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **5/28/17** Complete: **5/31/17**

IX. SCHEDULED DATES DEMOLITION/RENOVATION (MM/DD/YY) Start: **5/8/17** Complete: **8/6/17**

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:

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: 662 873-4557

WASTE TRANSPORTER #2 N/A

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Leftove 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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, CONTACT OWNER, CONTACT M.D.E.G., MAKE CHANGES SET BY M.D.E.G. XVII. CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON SITE 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 G. Bason

James G. Bason / Supervisor

Type or Print Name

(Signature of Owner/Operator)

4/26/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Jimmy Bell / Contractor

Type or Print Name

(Signature of Owner/Operator)

4/26/17

(Date)