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 project)

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: 912 Newsome Street | Tel: 662-843-5060

Building Size: 914 S.F. | # of Floors: 1 | Age in Years: 30+-

Present Use: Vacant | Prior Use: 3 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 Colling | 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# ABI-00006317 Exp 1/31/16 Floor Tile/Mastic

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: Category I	Nonfriable Asbestos Material Not To Be Removed: Category II	Indicate Unit of Measurement Below: UNIT	
Pipes				LnFt:	Ln M:
Surface Area 1	Floor tile/mastic		✓	SqFt: 914	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/17 Complete: 5/24/17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/28/17 Complete: 7/28/17

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: 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: 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, Contact owner, Contact MDEQ., MAKE changes set by MDEQ.

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) 5/11/17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell (Type or Print Name) Jimmy Bell / Contractor (Signature of Owner/Operator) 5/11/17 (Date)