

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=Cancel 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: <u>East Gate Renovation Subdivision</u>			
Address <u>1100 CROSS STREET</u>			
City: <u>CLEVELAND,</u>	State: <u>MS</u>	Zip: <u>38732</u>	
Site Location: <u>1126 Block Street, CLEVELAND, MS</u>		Tel: <u>662-843-5060</u>	
Building Size <u>914 sq.</u>	# of Floors: <u>1</u>	Age in Years: <u>30 + -</u>	
Present Use: <u>single family housing (vacant)</u>	Prior Use: <u>single family housing unit (3 bedroom)</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <u>East Gate Redevelopment L.P.</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) YES			
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. Inspected 6/25/15</u> <u>by MARK B WALTERS L.C. #ABT-00006317 (PLM method) FLOOR TILE/MASTIC ONLY</u>			
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 Category II	Indicate Unit of Measurement Below UNIT
Pipes			Ln Ft: Ln M:
Surface Area <u>1.</u>	<u>Floor tile/mastic</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>8/4/17</u>		Complete: <u>8/6/17</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>8/7/17</u>		Complete: <u>9/7/17</u>	

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

Clean out unit of all debris, prep for abatement

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

USE THE WET METHOD TO CONTROL DUST, PLACE 6 MIL POLY OVER WINDOWS AND DOORS, REMOVE USING HAND SCRAPERS; AWAIT AIR CLEARANCE.

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

Name: WASTE HAULING & DISPOSAL, INC.

Address: P.O. BOX 870

City: LELAND

State: MS

Zip: 38756

Contact Person: Tommy Hendrix

Tel: 662 347-0052

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill

Address: 52 Landfill Rd.

City: LELAND

State: MS

Zip: 38756

Tel: 662 335-9737

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

N/A

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK AND M.D.C.A. OF CHANGE, FOLLOW M.D.C.A. INSTRUCTIONS. STOP WORK, CONTACT

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

(Signature of Owner/Operator)

7/26/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

(Signature of Owner/Operator)

7/26/17

(Date)