# 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 ONgoing 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 Renovation Subdivision

Address: 1100 Cross Street

| City: Cleveland, | State: MS | Zip: 38732 |
|---|---|---|
| Site Location: 919 Brown Ave, Cleveland, MS 38732 | | Tel: 662-843-5060 |
| Building Size: 914 sft | # of Floors: 1 | Age in Years: 30 +- |
| Present Use: VACANT For Repairs | Prior Use: 3 bedroom single Family Housing Unit | |

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: East Gate Redevelopment L.P.

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 Colling | | |

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. Inspected 6/25/15 by Mark B Walters Lic.#ABI-00006317 (PLM method) (Floor Tile Only)

| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:<br>1. Regulated ACM to be Removed<br>2. Category I ACM Not Removed<br>3. Category II ACM Not Removed | RACM To Be Removed | Nonfriable Asbestos Material Not To Be Removed | | Indicate Unit of Measurement Below | |
|---|---|---|---|---|---|
| | | Category I | Category II | 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: 8/3/17 Complete: 8/6/17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/7/17 Complete: 10/7/17

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 [illegible] AND DOORS, REMOVE using HAND SCRAPERS, AWAIT AIR CLEARANCE.

RECEIVED
AUG - 1 2017
Dept. of Environmental Quality

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: 662 873-4561

WASTE TRANSPORTER #2

Name: WASTE HAULING & DISPOSAL, INC.

Address: P.O. BOX 870

City: LELAND | State: MS | Zip: 38756

Contact Person: | Tel:

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: 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 M.DEQ. of change, Follow M.DEQ. instructions.

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] (Supervisor) (Signature of Owner/Operator) — 7/28/17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell (Type or Print Name) — Jimmy Bell (Contractor) (Signature of Owner/Operator) — 7/28/17 (Date)