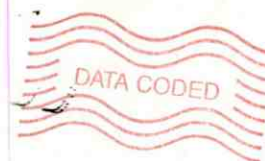


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # 70822	(MDEQ use only)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R				
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: EAST GATE RENOVATION Subdivision				
Address 1100 CROSS STREET				
City: CLEVELAND,	State: MS	Zip: 38732		
Site Location: 1007 Bell St. Cleveland, MS 38732	Tel: 662-843-5060			
Building Size 914 sq. ft.	# of Floors: 1	Age in Years: 30 + -		
Present Use: Vacant	Prior Use: Single family dwelling 3 bedrooms			
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 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. Inspected 6/25/15 by MARK B WATERS L.C. #ABI-00006317 (PLM method)				
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 1	Floor tile/mastic		✓	Sq Ft: 914 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-11-17 Complete: 9-13-17				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-15-17 Complete: 11-15-17				



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 windows AND DOORS, REMOVE USING HAND SCRAPERS, AVOID 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:

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:

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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)

9-1-17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

(Signature of Owner/Operator)

9-1-17
(Date)