

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			
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>916 Moore St. Cleveland, MS 38732</u>		Tel: <u>662-843-5060</u>	
Building Size: <u>1132 sq.ft.</u>	# of Floors: <u>1</u>	Age in Years: <u>30+-</u>	
Present Use: <u>Vacant</u>	Prior Use: <u>Single family Dwelling 4 bedrooms</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) <u>Yes</u>			
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 by MARK B WATERS L.C. #ABI-00006317 (PLM method)</u>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft: Ln M:
Surface Area	<u>1</u>	<u>Floor tile mastic</u>	Sq Ft: <u>1132</u> Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>9-15-17</u>		Complete: <u>9-17-17</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>9-19-17</u>		Complete: <u>11-19-17</u>	

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 SEP - 8 2017
 Dept. of Environmental Quality

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 CIRCULATION.

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 ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER: Stop work, contact owner, contact MDEQ, Follow MDEQ 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)

9-5-17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

[Signature] (Contractor)
(Signature of Owner/Operator)

9-5-17
(Date)