

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only) 4.29.2022	Date Received 5.3.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):		O = original	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):		D = DEMO	
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: HOME AWAY FROM HOME ADULT CARE			
Address: 744 Cherry Street			
City: CLARKSDALE	State: MS	Zip: 39641	
Site Location: 744 Cherry Street, CLARKSDALE, MS 39641			Tel:
Building Size: 1,800 SF	# of Floors: 1	Age In Years:	
Present Use: ADULT CARE	Prior Use: SINGLE FAMILY DWELLING		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: TONJIA NABOVS			
Address: 2576 SIMMONS APT C			
City: CLARKSDALE	State: MS	Zip: 38614	
Contact: TONJIA NABOVS	Tel: 662-719-7861		
ASBESTOS REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES LLC			
Address: P.O. BOX 133			
City: DELTA CITY	State: MS	Zip: 39061	
Contact: JIMMY BOLL	Tel: 662-820-2124		
Certification Number: ABC-0000	Expiration Date:		
OTHER OPERATOR: TONJIA NABOVS			
Address: 2576 SIMMONS APT C			
City: CLARKSDALE	State: MS	Zip: 38614	
Contact: 662-719-7861	Tel: 662-719-7861		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES			
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 3/24/2022	
Inspector: CYNTHIA BLOCKETT	Certification Number: ABI-00001391	Expiration Date: 8/9/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
PEM ENVIRONMENTAL HAZARD SERVICES LLC 7459 WHITE PINE RD, RICHMOND, VA 23257			
Flooring, walls, ceiling, siding			
Sidi: Transite siding underneath vinyl siding EAST END. REMOVE siding intact, STACK FOR ONLY TO KEEP. USE FOR			
VII. QUANTITY OF RACM TO BE REMOVED: Transite Siding underneath VINYL Siding (patch work other project)			
Pipes (LN FT): —	Surface Area (SQ FT): 200	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: <input checked="" type="checkbox"/>	Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/9/2022		Complete: 5/9/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

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

Wet method, REMOVE INTACT, STACK ON PALLET FOR OWNER TO KEEP FOR OTHER PROPERTIES

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

SMALL BROKEN PIECES WILL BE BAGGED AND DISPOSED AT APPROVED LANDFILL

XIII. 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: 662 820 2124

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Leflore County Landfill

Address: 15200 US Hwy 49 E South

City: SIDON

State: MS

Zip: 38954

Contact Person: MABEL BROWN

Tel: 662-455-6477

XV. 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):

XVI. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the owner/operator could avoid equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Wet material, Double Bag, Label, MAKE CHANGES ON NEW NOTIFICATIONS TO MDEQ CONTINUE TO

XVIII. 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.

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

4/28/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

4/28/2023

(Date)