

# 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) 5/2/22	Date Received 5/4/22	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):		R = RENOVATION		
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: South Gate Subdivision				
Address: 105 AQUARIUS				
City: INDIANOLA	State: MS	Zip: 38751		
Site Location: 116 AQUARIUS DRIVE INDIANOLA, MS		Tel: 662-843-5060		
Building Size: 1/32 SF	# of Floors: 1	Age in Years: 25 + -		
Present Use: VACANT	Prior Use: SINGLE FAMILY DWELLING			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: South Gate Subdivision				
Address: 105 AQUARIUS				
City: INDIANOLA	State: MS	Zip: 38751		
Contact: Chris Collins	Tel: 662-843-5060			
ASBESTOS REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC				
Address: P.O. BOX 133				
City: DELTA CITY	State: MS	Zip: 39061		
Contact: Jimmy Bell	Tel: 662-820-2124			
Certification Number: ABC-00001282	Expiration Date: 1/5/2023			
OTHER OPERATOR: Roy Collins Construction, INC				
Address: P.O. BOX 1008 / 406 3rd Street				
City: CLEVELAND	State: MS	Zip: 38732		
Contact: Chris Collins	Tel: 662-843-5060			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES (Floor tile/mastic)		Inspection Date: 8/16-18/2021		
Inspector: MARK R. WALTERS	Certification Number: ABI-00006317	Expiration Date: 7/28/2022		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: FLOOR TILE, CEILING WALLS, ROOF, LEAD PAINT. THE SAMPLES WERE SUBMITTED TO EMSL ANALYTICAL, INC. BATON ROUGE, LA. USING THE PLM METHOD				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 0	Surface Area (SQ FT): Floor tile/mastic	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <input checked="" type="checkbox"/>	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/15/2022		Complete: 8/18/2022		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/18/2022		Complete: 12/20/2023		

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

Wet method, Containment, Neg-Air, Double Bag, Drop TAGS  
Independent Air Clearance.

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

PLACE SIGNS AT ALL ENTRANCE PLACE POLY OVER ALL WINDOWS  
AND DOORS. WET, REMOVE, DOUBLE BAG, DROP TAG, TAPE CLOSE, PLACE IN TO LINED DUMPSTOR

XIII. WASTE TRANSPORTER #1

Name: HORTON WASTE SERVICES

Address: 601 SUNFLOWER Rd.

City: CLEVELAND

State: MS

Zip: 38732

Contact Person: STEVE HORTON

Tel: 662-588-5092

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: LEXCORE COUNTY LANDFILL

Address: 15200 Hwy 49E South

City: SIDON

State: MS

Zip:

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 event caused unsafe conditions or would cause 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:

REMAIN UNDER CONTAINMENT / NEG-AIR PRESSURE, STOP WORK, CONTACT OWNER / MDEQ OF CHANGE  
FOLLOW MDEQ DIRECTIONS.

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)

5/2/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell  
(Signature of Owner/Operator)

5/2/2022

(Date)