Rev (51)

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: ☑Email ☐Mail ☐Hand Delivery	Postmark (mail only)	Date Received 12-4-22	AI Number

I. **Type of Notification** (O=Original R=Revised C=Canceled A= Annual): R = Revised Start And Stop Date

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: Southgate Subdivision

Address: 105 Aquarius

City: Indianola	State: MS	Zip: 38751
Site Location: 116 Torino Drive, Indianola, MS		Tel: 662.843.5060
Building Size: 1,348 SF	# of Floors: 1	Age in Years: 30+
Present Use: VACANT	Prior Use: Single Family Resident	

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

OWNER NAME: Southgate Re-development. LP

Address: P.O. Box 1008

City: Cleveland	State: MS	Zip: 38732
Contact: Chris F. 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: 406 3rd street

City: Cleveland	State: MS	Zip: 38732
Contact: Chris F Collins		Tel: 662-843-5060

V. **WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?** (Yes/No): YES

WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 8/16-18/2021
Inspector: MARK R. WALTERS	Certification Number: MBI-00006317	Expiration Date: 7/28/22

VI. **SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:**

Ceiling Tile, Floor Tile/mastic, Sheet rock Walls, window Caulking, puddy, Attic Insulation Sumitted to EMSL Analytical, Baton Rouge, LA PLM Method.

VII. **QUANTITY OF RACM TO BE REMOVED:** 1,348 SF Floor Tile/Mastic

Pipes (LN FT): ~~0~~	Surface Area (SQ FT): 1,348	Volume of Facility Components (CU FT): ~~0~~

VIII. **QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:**

Category I: ~	Category II:

IX. **SCHEDULED DATES ASBESTOS REMOVAL** (MM/DD/YY) Start: 12/22/22 Complete: 12/24/22

X. **SCHEDULED DATES DEMO/RENOVATION** (MM/DD/YY) Start: 1/3/23 Complete: 6/3/23

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet Method, Containment, Remove, Double Bag, Tag, Tape.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Place signs around work area, wet and remove tile using Hand scrapper and airless sprayer, wetting agent. Double bag, load into lined Dumpster Clean up, await Independent air clearance.

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: Leflore County Landfill

Address: 15200 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 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Remain Continue under Containment, Keep wet, Stop work, Contact owner and MDEQ. 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) | 11/30/22 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell (Type or Print Name) | Jimmy Bell (Signature of Owner/Operator) | 11/30/22 (Date)