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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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 2-2-23	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: Southgate Subdivision				
Address: 105 AQUARIUS (OFFICE)				
City: INDIANOLA		State: MS	Zip: 38751	
Site Location: 127 LUNAR Circle		Tel: 662-843-5060		
Building Size: 1,132 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: 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: 1/4/2024		
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: 8/16-24/2021	
Inspector: MARK R. WALTERS		Certification Number: ABI-00006317	Expiration Date: 7/28/22	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: CEILING TILE, ROOFING, SHEETROCK WALLS, WINDOWS, ATTIC INSULATION, FLOOR TILE. ALL SUBMITTED TO EMSL ANALYTICAL OF BATON ROUGE, LA USING THE PLM METHOD				
VII. QUANTITY OF RACM TO BE REMOVED: FLOOR TILE/MASTIC (NONFRIABLE)				
Pipes (LN FT): 0	Surface Area (SQ FT):		Volume of Facility Components (CU FT): 0	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0				
Category I: ✓		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/21/23		Complete: 2/23/23		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/24/23		Complete: 6/23/23		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
WET METHOD, CONTAINMENT, INDEPENDENT AIR MONITORING/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 ON ALL DOORWAYS ENTRANCES, PLACE POLY OVER WINDOWS. WET AND REMOVE FLOOR TILE, DOUBLE BAG, TAG, REMOVE SOLIDATE MASTIC, DOUBLE BAG, TAG. PLACE ALL BAGS INTO LINED DUMPSTER. AWAIT AIR CLEARANCE.*

XIII. WASTE TRANSPORTER #1 *HOYTON WASTE SERVICES*

Name: *HOYTON WASTE SERVICES*

Address: *601 SUNFLOWER RD.*

City: *CLEVELAND* State: *MS* Zip: *38732*

Contact Person: *STEVE HOYTON* Tel: *662-589-5092*

WASTE TRANSPORTER #2 *N/A*

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: *LEFLORE COUNTY LANDFILL*

Address: *15200 HWY 49E 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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
STOP WORK, REMAIN UNDER CONTAINMENT. CONTACT OWNER AND 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 Signature of Owner/Operator *2/2/23*
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Jimmy Bell
Type or Print Name Signature of Owner/Operator *2/2/23*
(Date)