

(P1)
MAP

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 3-4-23	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 = RENOVATIONS	
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: South Gate Subdivision			
Address: 105 Aquarius Street			
City: Indianola	State: MS	Zip: 38751	
Site Location: 105 Hull Circle	Tel: 662-843-5060		
Building Size: 1132 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 Redevelopment, 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, MS	State: MS	Zip: 39061	
Contact: Jimmy Bell	Tel: 662-820-2124		
Certification Number: ABC-00001282	Expiration Date: 4/5/2023 → 1/4/2024		
OTHER OPERATOR: Roy Collins Construction, INC.			
Address: P.O. BOX 1008			
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: ABI-00006317	Expiration Date: 7/28/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 11/9/2023 Ceiling tile/walls / LEAD paint / FLOOR TILE / BLACK MASTIC / ROOF MATERIALS THE SAMPLES WERE COLLECTED AND SUBMITTED TO EMSL ANALYTICAL (lab, INC.), BATON ROUGE, LA USING THE PLM METHOD.			
VII. QUANTITY OF RACM TO BE REMOVED: 1132 SF FLOOR TILE NONFRIABLE			
Pipes (LN FT): 0	Surface Area (SQ FT): 1132 SF	Volume of Facility Components (CU FT): 0	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: <input checked="" type="checkbox"/>	Category II: <input type="checkbox"/>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/15/23		Complete: 3/16/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/17/23		Complete: 6/17/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
WET METHOD, CONTAINMENT, NEG-AIR, AIR MONITORING / 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 ABATEMENT DANGER SIGNS AT ALL DOOR ENTRANCE, PLACE 6 MIL POLY OVER DOORS, WINDOWS, VENTS. WET, REMOVE BAQ, DROP TAG, TAPE CLOSE. REMOVE BLACK MASTIC, DOUBLE BAQ, PLACE INTO LINED DUMPSTER.

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: LEMORE County Regional 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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:
stop work, wet work area, Remain under containment, NEG-Air. 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 Signature of Owner/Operator 3/4/23
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Jimmy Bell
Type or Print Name Signature of Owner/Operator 3/4/23
(Date)