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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 3-4-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):			<del>O=original</del> Revised	
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: 104 AQUARIUS Drive		Tel: 662-843-5060		
Building Size: 914 S.F.	# 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: 1/5/2023 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: 914 S.F. Floor Tile NON Friable				
Pipes (LN-FT): 0	Surface Area (SQ FT): 914 S.F.	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: 3/16/23		Complete: 3/17/23		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/18/23		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, DRIP 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: Lettore County Regional Landfill  
Address: 15206 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, 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)