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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 3-28-23	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: 304 porter Drive, Indianola, MS		Tel: 662-843-5060	
Building Size: 1,132 sq. ft.	# 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: 1/5/2024		
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: 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 sq. ft. Floor tile/mastic			
Pipes (LN FT): 0	Surface Area (SQ FT): 1132	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0			
Category I: <input checked="" type="checkbox"/>	Category II: <input type="checkbox"/>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/12/23		Complete: 4/14/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/15/23		Complete: 8/15/23	

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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 *HORTON WASTE SERVICES*

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 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 CRUMBLLED, 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
Jimmy Bell
(Signature of Owner/Operator)
3/28/2023
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Jimmy Bell
Type or Print Name
Jimmy Bell
(Signature of Owner/Operator)
3/29/2023
(Date)