

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 type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only) 5/2/22	Date Received 5/4/22	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: SOUTH GATE SUBDIVISION			
Address: 105 AQUARIUS			
City: INDIANOLA	State: MS	Zip: 38751	
Site Location: 401 PORTER DRIVE INDIANOLA, MS 38751		Tel: 662-843-5060	
Building Size: 1/32 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 SUBDIVISION			
Address: 105 AQUARIUS			
City: INDIANOLA	State: MS	Zip: 38751	
Contact: CHRIS 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: P.O. BOX 1008 / 406 3RD STREET			
City: CLEVELAND	State: MS	Zip: 38732	
Contact: CHRIS COLLINS	Tel: 662-843-5060		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES			
WAS ASBESTOS PRESENT? (Yes/No): YES (FLOOR TILE/MASTIC)		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: FLOOR TILE, CEILING, WALLS, ROOF, LEAD PAINT. THE SAMPLES WERE SUBMITTED TO EMSL ANALYTICAL, INC. BATON ROUGE, LA. USING THE PLM METHOD			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT): 0	Surface Area (SQ FT): FLOOR TILE/MASTIC	Volume of Facility Components (CU FT): 0	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: <input checked="" type="checkbox"/>		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/15/2022		Complete: 8/18/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/18/2022		Complete: 12/20/2023	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

WET method, Containment, Neg-Air, Double Bag, Drop TAGS
Independent 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 signs AT ALL ENTRANCES PLACE Poly OVER ALL windows AND DOORS. WET, REMOVE, DOUBLE BAG, DROP TAG, TAPE CLOSE, PLACE IN TO 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: LEFLORE County LANDFILL

Address: 15200 Hwy 49E South

City: SIDON

State: MS

Zip:

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:

REMAIN UNDER CONTAINMENT / NEG-AIR PRESSURE, STOP WORK, 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

Jimmy Bell
Signature of Owner/Operator

5/2/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell
Signature of Owner/Operator

5/2/2022

(Date)