

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

|   |   |   |           |
|---|---|---|-----------|
| MDEQ Use Only:<br><input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery  | Postmark (mail only)                      | Date Received<br>5/17/2022                      | AI Number |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>R= REVISED START DATE</b>   |   |   |           |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R= RENOVATIONS</b>   |   |   |           |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number):   |   |   |           |
| Bldg. Name: <b>South Gate Subdivision</b>   |   |   |           |
| Address: <b>105 AQUARIUS STREET</b>   |   |   |           |
| City: <b>INDIANOLA</b>  | State: <b>MS</b>                          | Zip: <b>38751</b>                               |           |
| Site Location: <b>121 LUNAR CIRCLE, INDIANOLA, MS 38751</b>   |   | Tel: <b>662-843-5060</b>                        |           |
| Building Size: <b>1132 S.F.</b>   | # of Floors: <b>1</b>                     | Age in Years: <b>25 +</b>                       |           |
| Present Use: <b>VACANT</b>  | Prior Use: <b>SINGLE FAMILY DWELLING</b>  |   |           |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)  |   |   |           |
| OWNER NAME: <b>South Gate Redevelopment, LP</b>   |   |   |           |
| Address: <b>P.O. BOX 1008</b>   |   |   |           |
| City: <b>CLEVELAND</b>  | State: <b>MS</b>                          | Zip: <b>38732</b>                               |           |
| Contact: <b>Chris F. Collins</b>  | Tel: <b>662 843 5060</b>                  |   |           |
| ASBESTOS REMOVAL CONTRACTOR: <b>BELL ENVIRONMENTAL SERVICES, LLC</b>  |   |   |           |
| Address: <b>P.O. BOX 133</b>  |   |   |           |
| City: <b>DELTA CITY</b>   | State: <b>MS</b>                          | Zip: <b>39061</b>                               |           |
| Contact: <b>Jimmy Bell</b>  | Tel: <b>662-820-2124</b>                  |   |           |
| Certification Number: <b>ABC-00001282</b>   | Expiration Date: <b>1/5/2023</b>          |   |           |
| OTHER OPERATOR: <b>Roy Collins Construction, INC.</b>   |   |   |           |
| Address: <b>P.O. BOX 1008</b>   |   |   |           |
| City: <b>CLEVELAND</b>  | State: <b>MS</b>                          | Zip: <b>38732</b>                               |           |
| Contact: <b>Chris F. Collins</b>  | Tel: <b>662-843-5060</b>                  |   |           |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>YES</b>   |   |   |           |
| WAS ASBESTOS PRESENT? (Yes/No): <b>YES</b>  |   | Inspection Date: <b>8/16-18/2021</b>            |           |
| Inspector: <b>MARK R. WALTERS</b>   | Certification Number: <b>AB2-00006317</b> | Expiration Date: <b>7/28/2022</b>               |           |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:<br><b>FLOOR TILE/MASTIC/CEILING TILE/WALLS/LEAD PAINT/ROOF. THE SAMPLES WERE SUBMITTED TO EMSL ANALYTICAL, INC., BATON ROUGE, LA USING THE PLM METHOD.</b> |   |   |           |
| VII. QUANTITY OF RACM TO BE REMOVED: <b>1132 S.F. FLOOR TILE/MASTIC</b>   |   |   |           |
| Pipes (LN FT): <b>0</b>   | Surface Area (SQ FT): <b>1132</b>         | Volume of Facility Components (CU FT): <b>0</b> |           |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>0</b>   |   |   |           |
| Category I: <b>✓</b>  | Category II:                              |   |           |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/26/2022</b>   |   | Complete: <b>5/25/2022</b>                      |           |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>6/18/2022</b>   |   | Complete: <b>12/20/2022</b>                     |           |

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

Wet Method, Containment, Neg-air 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 Abatement signs At All Entrance, PLACE 6m.2 poly OVER All windows AND Doors, Wet REMOVE BA9 TILE, TAPE CLOSE, REMOVE BLACK MASTIC, Double BA9 Drop TAG. PLACE into Lined Dumpster.

XIII. WASTE TRANSPORTER #1

Name: HOYTON Waste Services

Address: 601 Sunflower Rd.

City: CLEVELAND

State: MS

Zip: 38732

Contact Person: STEVE HOYTON

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 498 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, 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

*Jimmy Bell*

(Signature of Owner/Operator)

5/17/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Jimmy Bell

Type or Print Name

*Jimmy Bell*

(Signature of Owner/Operator)

5/17/2022

(Date)