

# 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 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>109 HULL CIRCLE</b>			Tel: <b>662-843-5060</b>	
Building Size: <b>914 SF</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, MS</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>ABI-00006317</b>	Expiration Date: <b>7/28/2022</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>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.</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>914 SF FLOOR TILE / BLACK MASTIC</b>				
Pipes (LN FT): <b>0</b>		Surface Area (SQ FT): <b>914</b>	Volume of Facility Components (CU FT): <b>0</b>	
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: <b>5/20/2022</b>			Complete: <b>6/20/2022</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>6/20/2022</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, 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, DRUP TAQ, TAPE CLOSE. REMOVE BLACK-MASTIC, DOUBLE BAQ, PLACE INTO LINED DUMPSTYR.

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: LEMOVE 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 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

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)