

(P1)

MAP

# 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>6-16-2023                      | 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: <u>SOUTHGATE SUBDIVISION</u>                                                                                                                                                                                                                                                                          |                                           |                                                 |           |
| Address: <u>105 AQUARIUS DR. (OFFICE)</u>                                                                                                                                                                                                                                                                         |                                           |                                                 |           |
| City: <u>INDIANOLA</u>                                                                                                                                                                                                                                                                                            | State: <u>MS</u>                          | Zip: <u>38751</u>                               |           |
| Site Location: <u>603 PORTER DR. INDIANOLA, MS</u>                                                                                                                                                                                                                                                                | Tel: <u>662-843-5060</u>                  |                                                 |           |
| Building Size: <u>1,132 SF</u>                                                                                                                                                                                                                                                                                    | # of Floors: <u>1</u>                     | Age in Years: <u>25+</u>                        |           |
| Present Use: <u>VACANT</u>                                                                                                                                                                                                                                                                                        | Prior Use: <u>SINGLE FAMILY DWELLING</u>  |                                                 |           |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)                                                                                                                                                                                                                        |                                           |                                                 |           |
| OWNER NAME: <u>SOUTHGATE RE-DEVELOPMENT LP</u>                                                                                                                                                                                                                                                                    |                                           |                                                 |           |
| Address: <u>P.O. BOX 1008</u>                                                                                                                                                                                                                                                                                     |                                           |                                                 |           |
| City: <u>CLEVELAND</u>                                                                                                                                                                                                                                                                                            | State: <u>MS</u>                          | Zip: <u>38732</u>                               |           |
| Contact: <u>CHRIS F. COLLINS</u>                                                                                                                                                                                                                                                                                  | Tel: <u>662-843-5060</u>                  |                                                 |           |
| ASBESTOS REMOVAL CONTRACTOR: <u>BELL ENVIRONMENTAL SERVICES LLC</u>                                                                                                                                                                                                                                               |                                           |                                                 |           |
| Address: <u>P.O. BOX 133</u>                                                                                                                                                                                                                                                                                      |                                           |                                                 |           |
| City: <u>DELTA CITY</u>                                                                                                                                                                                                                                                                                           | State: <u>MS</u>                          | Zip: <u>39061</u>                               |           |
| Contact: <u>JIMMY BELL</u>                                                                                                                                                                                                                                                                                        | Tel: <u>662-838-2124</u>                  |                                                 |           |
| Certification Number: <u>ABC-00001282</u>                                                                                                                                                                                                                                                                         | Expiration Date: <u>11/4/2024</u>         |                                                 |           |
| OTHER OPERATOR: <u>ROY COLLINS CONSTRUCTION, INC.</u>                                                                                                                                                                                                                                                             |                                           |                                                 |           |
| Address: <u>406 3<sup>RD</sup> STREET</u>                                                                                                                                                                                                                                                                         |                                           |                                                 |           |
| City: <u>CLEVELAND</u>                                                                                                                                                                                                                                                                                            | State: <u>MS</u>                          | Zip: <u>38732</u>                               |           |
| Contact: <u>CHRIS F. COLLINS</u>                                                                                                                                                                                                                                                                                  | Tel: <u>662-843-5060</u>                  |                                                 |           |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>YES</u>                                                                                                                                                                                                                                     |                                           |                                                 |           |
| WAS ASBESTOS PRESENT? (Yes/No): <u>YES</u>                                                                                                                                                                                                                                                                        |                                           | Inspection Date: <u>8/16-24/2021</u>            |           |
| Inspector: <u>MARK R. WALTERS</u>                                                                                                                                                                                                                                                                                 | Certification Number: <u>ABI-00006517</u> | Expiration Date: <u>7/28/22</u>                 |           |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:<br><u>CEILING TILE, ROOFING MATERIALS, SHEET ROCK WALLS, WINDOW CHALKING, ATTIC INSULATION, FLOOR TILE/MASTIC. ALL SAMPLES SUBMITTED TO EMSL ANALYTICAL at BATON ROUGE, LA TO BE ANALYZE USING THE PLM METHOD.</u> |                                           |                                                 |           |
| VII. QUANTITY OF RACM TO BE REMOVED:<br><u>Asbestos 1132 SF FLOOR TILE/MASTIC. (NONFRIABLE)</u>                                                                                                                                                                                                                   |                                           |                                                 |           |
| Pipes (LN FT): <u>0</u>                                                                                                                                                                                                                                                                                           | Surface Area (SQ FT): <u>1132 SF</u>      | Volume of Facility Components (CU FT): <u>0</u> |           |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <u>0</u>                                                                                                                                                                                                                                                       |                                           |                                                 |           |
| Category I: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                   | Category II: <input type="checkbox"/>     |                                                 |           |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>7/6/23</u>                                                                                                                                                                                                                                              |                                           | Complete: <u>7/8/23</u>                         |           |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>7/10/23</u>                                                                                                                                                                                                                                               |                                           | Complete: <u>9/10/23</u>                        |           |

**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 TILES, 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: *662-589-5092*

**WASTE TRANSPORTER #2** *N/A*

Name:

Address:

City: State: Zip:

Contact Person: Tel:

**XIV. WASTE DISPOSAL SITE**

Name: *LEFLORE COUNTY LANDFILL*

Address: *15200 HWY 495 SOUTH*

City: *SIDON* State: *MS* Zip: *38954*

Contact Person: *MABEL BROWN* Tel: *662-465-6477*

**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. 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)  
*6/16/23* (Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

*Jimmy Bell* Type or Print Name  
*Jimmy Bell* (Signature of Owner/Operator)  
*6/16/23* (Date)