MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: ☒Email ☐Mail ☐Hand Delivery	Postmark (mail only)	Date Received 5/12/2025	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): D= DEMO

III. FACILITY DESCRIPTION (Include building name, number and floor or room number):

Bldg. Name: NELL's Barber shop

Address: 1415 Christman Avenue

City: Cleveland | State: ms | Zip: 38732

Site Location: 1415 christman Avenue | Tel: — 662-458-4061

Building Size: 1,200 S.F. | # of Floors: 1 | Age in Years: 40+

Present Use: VACANT | Prior Use: Local Barber shop

IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)

OWNER NAME: Johnny Reily

Address: 1110 Mc Knight Rd.

City: Cleveland | State: ms | Zip: 38732

Contact: Johnny Reily | Tel: —

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-0000282 | Expiration Date: 12/15/25 12/6/2025

OTHER OPERATOR: Johnny Reily

Address: 1110 Mc Knight Rd.

City: Cleveland | State: ms | Zip: 38732

Contact: Johnny Reily | Tel: 662-458-4061

V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes

WAS ASBESTOS PRESENT? (Yes/No): yes | Inspection Date: 4/23/25

Inspector: Paul Anderson | Certification Number: ABI-00001686 | Expiration Date: 5/31/25

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Full Inspection performed! Samples were taken from: Ceiling Tile, Walls, Windows, Pipe Insulation, Roof Materials, Attic Insulations, Processed and shipped to Eurofins Built Environment Testing East, LLC, Cary, North Carolina. Tested using — The PLM method. (Asbestos found in the Ceiling Texture 2nd only)

VII. QUANTITY OF RACM TO BE REMOVED: Ceiling texture located in the Waiting Room and Bathroom

Pipes (LN FT): 0 | Surface Area (SQ FT): 310 S.F. | Volume of Facility Components (CU FT): 0

VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0

Category I: 1 | Category II:

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/23/25 | Complete: 5/24/25

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/26/25 | Complete: 6/26/25

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet Method, Containment, NEG-Air, 6 mil Poly on the floor, Bag up

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Prep site, place 6 mil poly over windows, vents and floor. Wet ceiling texture, scrape onto poly on the floor. Place ceiling texture and 6 mil poly into Double Bags. Place into Lined Dumpster.

XIII. WASTE TRANSPORTER #1

Name:	Bell Environmental Services, LLC		
Address:	P.O. Box 133		
City:	Delta City	State: MS	Zip: 39061
Contact Person:	Jimmy Bell		Tel: 662 820-2124

WASTE TRANSPORTER #2 N/A

Name:			
Address:			
City:		State:	Zip:
Contact Person:			Tel:

XIV. WASTE DISPOSAL SITE

Name:	Big River Landfill (Republic Services)		
Address:	52 Landfill Rd.		
City:	Leland	State: MS	Zip: 38756
Contact Person:	Willie Christin		Tel: 662-332-7927

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop all work, Remain under containment, 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	Jimmy Bell	5/12/25
Type or Print Name	(Signature of Owner/Operator)	(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell	Jimmy Bell	5/12/25
Type or Print Name	(Signature of Owner/Operator)	(Date)