MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAN Mail notification to: MDEQ Asbestos and Lead Branch. 515 E. Amite Street, Jackson, MS 39201

MDEG Use Only: Programs (mg			son, MS 39201	
XEmail Mell Chland Delivery Postman (ms	noil only) Oata Remisser's 4-19-23 Al Morrisar		Al Machber	
I. Type of Notification (O=Original R=Revised C=Canceled A=	= Annual): R = REI	lised#2 star	+ DA+e	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Re				
III. FACILITY DESCRIPTION (Include building name, number a				
Bldg. Name: Sunset Village Apartments				
Address: 960 White Street				
City: Eleveland	State: m75	Zip: 38732		
Site Location: 900 White Street, Cleveland, ms	office/Laundry Room	Tel: 803 422 3182		
Building Size: 1500 S.A.	# of Floors: /	Age in Years: 40 +		
Present Use: VACAUT	Prior Use: Office /	AUNdry Room		
IV. FACILITY INFORMATION (Identify owner, asbestos remova	al contractor, and other operat	or)		
OWNER NAME: Sunset Village Apartments				
Address: 900 White Street	And the second property of the second			
City: CLEUELANEL	State: m5	Zip: 38732		
Contact: MAYOUS Wright			Tel: 803-422-3182	
ASBESTOS REMOVAL CONTRACTOR: Bell ENUIVE	SUMENTAL SERVICES,			
Address: P.O. Rox 133	•			
City: Delta City	Delta City State: M5		Zip: <b>3906</b> 8	
ntact: Jim my Bell		Tel: 662-820-2124		
Certification Number: ABC -60001282 Expiration Date: 1/5/24				
OTHER OPERATOR: WECI				
Address: 27 Kilbyannon DV.		1		
City: Columbia	State: SC	Zip: 29210		
Contact: Mircus wright		Tel: 803 - 422 - 3182		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF A	SBESTOS? (Yes/No): ye	-5		
WAS ASBESTOS PRESENT? (Yes/No): YES	Inspection	on Date: 11/11/2	1	
Inspector: Michael D. Summy Certification VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES US	Number: A&I-000014	56 Expiration Da	te: 4/13/2022	
Samples Taken From Drywally Ceiling Tile				
ENGINEERING + SCIENCE, INC., TOYTANCE, C	A GISCID, SAMPLES	audusis bu si	TO OY PATTOETS	
PAK MONYOVÍA, CA 91016	100/110/11	11-11-10-10-10-10-10-10-10-10-10-10-10-1	HOTTES EN LAW	
(ASbestus Coutnining MATE	rial Found Ceiling	TILE FLOOR TIL	E AND MASTIC	
VII QUANTITY OF RACM TO BE REMOVED-	E, Floor Tile And Ble			
		/olume of Facility Comp	onents (CLLFT): A	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVE			A	
Category I: Category II:				
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)	11 2 m Kl -	Complete:	4/24/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Sta	art: 5/1/23	Complete: 2	7/1/23	

XI. DESCRIPTION OF PLANNED DEMOLITION WEST MESMOD, NEG-AIR, R	OR RENOVATION WORK AND W	9-9.2
WET METHOD, NEY-AIV, R	EMOUE IN TACT, WYAP	ETHOD(S) TO BE USED:
XII. DESCRIPTION OF WORK PRACTICES AND		
DEMOLITION OR RENOVATION SITE: PYSP	" Work avea, signs, c	EUSED TO PREVENT EMISSIONS OF ASBESTOS AT THE MIL POLY OVER WINDOWS, DOORS, VENT
Container, Remove Flooring I W	JET AND REMOVE CEICIN	mil poly over windows, Doors, Ventage auto Floor, wrap/Tape/place into the bass, place into Livel Dumpstor,
XIII. WASTE TRANSPORTER #1		
Name: BELL ENVIYONMENTAL S	Project 110	
Address: P.O. BOX 133	CIVICO VI AGA	
City: Delta City	Chile: M.C	
Contact Person. Jimmy Bell	State: 1915	Zip: 3904(
WASTE TRANSPORTER #2 AS A		Tel: 642 820 2/24
Name:		
Address:		
City:	0.4	
Contact Person:	State:	Zip:
XIV. WASTE DISPOSAL SITE		Tel:
	3FI)	
Address: 52 LANDFILL Rd.	) Fil	
City: Letang		
	State: 175	Zip: <b>387.5%</b>
Contact Person: Aleisha Tohuson (Spec		Tel: 662-335-9737
XV. IF DEMOLITION ORDERED BY A GOVERNMEI Name:	NT AGENCY, PLEASE IDENTIFY T	HE AGENCY BELOW: NA
Authority:	Tide	r.
Date of Order (MM/DD/YY):	,	ed to Begin (MM/DD/YY):
	I/A	
Date and Hour of Emergency (MM/DD/YY); Description of the sudden unexpected event:		
xplanation of how the event caused unsafe conditions	S Of Would cause equipment demand	
· ·	2 or would oddac equipment damage	; or an unreasonable financial burden:
VII. DESCRIPTION OF PROCEDURES TO BE FOU	( AWIED IN THE EVENT THAT HAVE	XPECTED ASBESTOS IS FOUND OR PREVIOUSLY
ONFRIABLE ASTESTOS MATERIAL BECOMES CI	RUMBLED, PULVERIZED, OR RED	XPECTED ASBESTOS IS FOUND OR PREVIOUSLY DUCED TO POWDER: SHOP ALL ASBESTOS
JOVK, Contact awner/MDEQ of	Change. Away MDE	A Directions
(III I CEPTIEV TUAT AN INDRIGDIAL TO A		·
NSITE DURING THE DEMOLITION OR RENOVATION IS PERSON WILL BE AVAILABLE FOR INSPECTI	The provisions of this regu )n, and evidence that the re ion during normal business	LATION (40 CFR PART 61, SUBPART M) WILL BE QUIRED TRAINING HAS BEEN ACCOMPLISHED BY HOURS.
Jimmy Bell	Jan Bell	4/19/29
Type or Print Name	(Signature of Owner/Operator)	(Date)
CI CERTIFY THAT THE ABOVE INFORMATION IS	CORRECT:	Q
Type or Print Name	- Joins	1210 4/19/23
Abe at a unitability	(Signature of Owner/Operator)	(Date)