

57181

Print Form

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED JUN 14 2018 Dept. of Environmental Quality

- I. TYPE OF NOTICE: () Original (X) Revision () Canceled
() Annual () Info. Only
- II. TYPE OF PROJECT: (X) Renovation () Demolition
() Ordered Demolition () Emergency Renovation
- III. SITE INFORMATION: Name Booneville Housing Authority
Description: _____
Address: 2 B College View
City: Booneville County: Prentiss State: MS ZIP: 38829
Contact Person: Rita McKissick Telephone: 662-728-4032
- IV. OWNER INFORMATION: Name: Bonneville Housing Authority
Full Mailing Address: 801 North College, Booneville, MS
Contact Person: Rita McKissick Telephone: _____
- V. ASBESTOS REMOVAL CONTRACTOR: Name: Aegis Environmental, Inc.
Certification No.: ABC-00002210 Expiration Date: 08/04/2018
Full Mailing Address: 105 Southeast Parkway Suite 115, Franklin, TN 37064
Contact Person: Scott Leasure Telephone: 615-591-0311
- VI. CONTRACTOR (Other): Name: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____
- VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 6 / 25 / 13 Removal Project Stop: 06 / 26 / 13
- VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: ____/____/____ Project Stop: ____/____/____ Prep. Date: ____/____/____
- IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 800SF Bldg. Size (LNFT): _____
No. of Floors: 1 Age in Years: 45
Present Use: Public Housing Prior Use: Public Housing
- X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: (X) Yes () No
Inspection Date: ____/____/____ Asbestos Present? (x) Yes () No
Inspector: Lamar Gilliland Cert. No.: ABI-00001036 Expiration Date: _____
Identify suspect materials sampled: Floor Tile & Mastic
Laboratory Analysis: TEM _____ PLM X Other _____
Name of Laboratory: _____
- XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface Area (SQ FT) _____
Volume of Facility Components(CU FT) _____
- XII. QUANTITY OF NONFRIABLE ASBESTOS _____ NOT REMOVED X TO BE REMOVED:
Category I: 800 SF Floor Tile & Mastic Category II: _____
- XIII. WASTE TRANSPORTER: Name: Resoureful Environmental Services
Full Mailing Address: P.O. Box 598, Ripley, MS 38663
Contact Person: Shea Greer Telephone: 662-837-4087

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Prarie Bluff Landfill
Physical Location: 1649 Hwy 15N, Houston MS
Full Mailing Address: _____
Contact Person: _____ Telephone: 601-456-9560
*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: _____
Physical Location: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____
*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):

<input type="checkbox"/> Strip & Removal	<input type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Area will be regulated. Material will be wetted. Owner will be notified.

*Will MDEQ be notified of any significant changes? (X)Yes ()No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: _____ Title: _____
Authority: _____
Date of Order: _____ Date Demolition to Begin: ___/___/___

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ___/___/___, Time: _____
Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.
Scott G. Leasure G.M.
Type or Print Name & Title


Signature

6/12/18
Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
P.O. Box 2261 Jackson, MS 39201
Jackson, MS 39225
(601) 961-5171