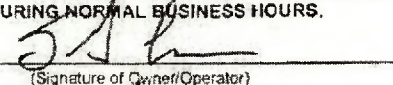
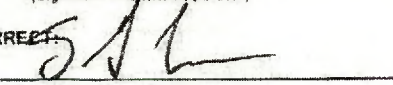


4 Rev 11

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 5.2.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: Pontotoc Housing Authority			
Address: 479 Park Ave 497 Park			
City: Pontotoc	State: MS	Zip: 38863	
Site Location:			
Building Size: 800 SF	# of Floors: 1	Age in Years: 50	
Present Use: Vacant	Prior Use: Public Housing		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Pontotoc Housing Authority			
Address: 200 HUS St			
City: Pontotoc	State: MS	Zip: 38863	
Contact: Thomas Coleman	Tel: 662-286-8437		
ASBESTOS REMOVAL CONTRACTOR: Aegis Environmental, Inc.			
Address: 105 Southeast Parkway, Suite 115			
City: Franklin	State: TN	Zip: 37064	
Contact: Scott Leasure	Tel: 615-591-0311		
Certification Number: ABC-00002210	Expiration Date: 7/16/22		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):			
WAS ASBESTOS PRESENT? (Yes/No): yes		Inspection Date: 12/10/1993	
Inspector: J. William Young	Certification Number: I-422-66-1913	Expiration Date: 7/1/1994	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Floor tile/Mastic PLM			
VII. QUANTITY OF RACM TO BE REMOVED: 800 SF Floor Tile & Mastic			
Pipes (LN FT):	Surface Area (SQ FT): 800	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I:	Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/11/22		Complete: 5/11/22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/16/22		Complete: by others	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Replacement of flooring		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
wet removal with negative pressure		
XIII. WASTE TRANSPORTER #1		
Name: Resourceful Environmental Services		
Address: P.O. Box 598		
City: Ripley	State: MS	Zip: 38663
Contact Person: Shea Greer	Tel: 662-837-4087	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Prarie Bluff Landfill		
Address: 1649 HWY 15 N		
City: Houston	State: MS	Zip:
Contact Person:	Tel: 601-456-9560	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XVI. FOR EMERGENCY RENOVATIONS:		
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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:		
Material wetted. Area Regulated. Owner Notified		
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.		
Scott G. Leasure		5/2/22
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Scott G. Leasure		5/2/22
Type or Print Name	(Signature of Owner/Operator)	(Date)