DEF
REV#2

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only:	Postmark (mail only)	Date Received	AI Number
X Email ☐ Mail ☐ Hand Delivery	02-17-2024	02-20-2024	

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): D

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

Bldg. Name: Former JJ Knox School Building

Address: 608 Powell Street

City: Winona	State: MS	Zip: 38967
Site Location: Throughout building		Tel: (662) 283-1018
Building Size: Approx. 4800sf	# of Floors: 1	Age in Years: 60+
Present Use: Former School	Prior Use: School	

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

OWNER NAME: Winona-Montgomery Consolidated School District

Address: 218 Fairground St		
City: Winona	State: MS	Zip: 38967
Contact: Howard Savage		Tel: (662) 283-1018

ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL

Address: 783 HARRIS STREET		
City: JACKSON	State: MS	Zip: 39202
Contact: DARYL ANDERSON		Tel: 601-354-4400
Certification Number: ABC-00002173		Expiration Date: 10-27-24

OTHER OPERATOR: Winona-Montgomery Consolidated School District

Address: 218 Fairground Street		
City: Winona	State: MS	Zip: 38967
Contact: Howard Savage		Tel: (662)238-1018

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

WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 2-10-2020
Inspector: Willie Nester	Certification Number: ABI-00002244	Expiration Date: 01/24/2025

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

Floors, wall, ceilings, roofs, windows no pipe insulation found.
PLM -EMSL LABS

VII. QUANTITY OF RACM TO BE REMOVED: 4200sf of floor tile and mastic 400lf window caulk

Pipes (LN FT):	Surface Area (SQ FT):	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: 2-22-24 Complete: 2-28-24

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-10-24 Complete: 4-30-24

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Demolition of old school

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Area contained, placed under negative air, material kept wet and placed in acm bags for disposal

XIII. WASTE TRANSPORTER #1

Name: Anderson Environmental Services

Address: 783 Harris Street

City: Jackson	State: MS	Zip: 39202
Contact Person: Daryl Anderson		Tel: (601) 601-940-4644

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:
Contact Person:		Tel:

XIV. WASTE DISPOSAL SITE Republic Little Dixie Landfill

Name: Little Dixie Landfill

Address: 1716 North County Line,

City: Ridgeland	State: MS	Zip: 39157
Contact Person: Mike Raley		Tel: 601-982-9488

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
Halt all work and notify the proper authority

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.

DARYL ANDERSON	Daryl Anderson	2-17-24
Type or Print Name	(Signature of Owner/Operator)	(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DARYL ANDERSON	Daryl Anderson	2-17-24
Type or Print Name	(Signature of Owner/Operator)	(Date)