## 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 Al Number

MDEQ Use Only:  ☑Email ☐Mail ☐ Hand Delivery	Postmark (mail only)		6/17/2024	Al Number 79387			
I. Type of Notification (O=Original R=Revised	C=Canceled A= Annual) O		0/11/2024	7 0007			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Winona Secondary School							
Address 301 Fairground Street							
<sub>City:</sub> Winona	State: MS		Zip: 38967	County: Montgomery			
Site Location: rooms 128, 116, 118, 216, 218, 209, 207, 204, office, 1st &		floor hall	Tel: 662-283-1244				
Building Size	# of Floors: 2	ors: 2 Age in Years:					
Present Use: school	Prior Use: 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 Street							
<sub>City:</sub> Winona State: MS			<sub>Zip:</sub> 38967				
Contact: Mrs Carol Bryant			Tel: 256-738-0356				
ASBESTOS REMOVAL CONTRACTOR: Southeast Environmental Group, Inc.							
Address: P.O. Box 433/ 296B 2nd Ave.							
ity: York State: AL			Zip: 36925				
Contact: Johnny Rodgers			Tel: 205-392-9308				
Certification Number: ABC00001906 Exp			ion Date: 05/28/2025				
OTHER OPERATOR:							
Address:							
City:	State:		Zip:				
Contact:			Tel:				
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes, years ago							
WAS ASBESTOS PRESENT? (Yes/No): Yes (assumed) Inspection Date: unknown							
Inspector: unknown Certification Number: unknown Expiration Date: unk VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIALS				te: unknown			
All the mastic and tile in each room is presumed to contain asbestos.							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT): Surface Area (SQ FT): approx 8,840 sq ft Volume of Facility Components (CU FT):							
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category I: Category II:							
IX. SCHEDULED DATES ASBESTOS REMOVA	omplete: 9/28/2024						
X. SCHEDULED DATES DEMO/RENOVATION (	omplete: n/a						

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA Removal of M ்ட்டிட்ட் containing ACM will be performed process. The work area will be protected and sealed by u	by trained and	d certified pers	sonnel. The ACM will be	e kept wet throughout the particles escape.			
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERS DEMOLITION OR RENOVATION SITE: the non-friable ACM will be removed by competent personnel th will be done to comply with Federal, State, and local regulations to no particle escape. The concept of "keep it wet" will be used to XIII. WASTE TRANSPORTER #1	at is trained and . The work will b	d knowledgeable be protected and	in the removal, handling, I sealed by using the caps	and disposal of ACM. All work			
<sub>Name:</sub> Johnny Rodgers							
Address: 296B 2nd Ave							
City: York	State: AL		Zip: 36925				
Contact Person: Bertha Rodgers			Tel: 205-392-9308	<b>j</b>			
WASTE TRANSPORTER #2							
Name:							
Address:							
City:	State:		Zip:				
Contact Person:			Tel:				
XIV. WASTE DISPOSAL SITE							
Name: Kemper County Landfill							
Address: 21211 Hwy 16 East							
<sub>City:</sub> Dekalb	State: MS		Zip:39328				
Contact Person: Jimmy Thomas							
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENC	CY, PLEASE ID	ENTIFY THE A	GENCY 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	l cause equipme	ent damage or a	n unreasonable financial l	burden:			
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE MDEQ will be immediately notified. The unaway as the original.	D, PULVERIZE	D, OR REDUCE	ED TO POWDER:				
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROPOSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DUR	EVIDENCE TH	AT THE REQU	ired training has be				
Bertha Rodger  Type or Print Name	(Signature of Owner/Operator) (Dat			(Date)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Betthe Rolgers				6-17-24			
Type or Print Name	(Signature of Owner/Operator)			(Date)			