

Rev#3 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 type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 02-26-2024	AI Number 78866
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: 301 Cade 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: 2-28-24			Complete: 3-04-24	
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 ASBESTOS 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

Type or Print Name

(Signature of Owner/Operator)

2-26-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DARYL ANDERSON

Type or Print Name

(Signature of Owner/Operator)

2-26-24

(Date)