

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

*Please type or print legibly.***Incomplete notices will not meet notification requirements.**

- I. TYPE OF NOTICE:** () Original () Revision () Canceled
() Annual () Info. Only
- II. TYPE OF PROJECT:** () Renovation () Demolition
() Ordered Demolition () Emergency Renovation
- III. SITE INFORMATION:** Name Winona Secondary School
Description: _____
Address: 301 Fairgrounds Street
City: Winona County: _____ State: MS ZIP: 38967
Contact Person: _____ Telephone: 662-283-1696
- IV. OWNER INFORMATION:** Name: Winona Montgomery Consolidated School District
Full Mailing Address: 218 Fairgrounds Street, Winona, MS 38967
Contact Person: _____ Telephone: 662-283-1696
- V. ASBESTOS REMOVAL CONTRACTOR:** Name: Aegis Environmental, Inc
Certification No.: ABC-00002210 Expiration Date: 8/3/21
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: 3 / 29 / 21 Removal Project Stop: 4 / 30 / 21
- VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**
Project Start: 3 / 29 / 21 Project Stop: 4 / 30 / 21 Prep. Date: ___/___/___
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- IX. BUILDING INFORMATION:** Bldg. Size (SQ FT): 20000 Bldg. Size (LNFT): _____
No. of Floors: 2 Age in Years: 40
Present Use: school Prior Use: school
- X. ASBESTOS INSPECTION:**
Was site inspected to determine presence of asbestos: () Yes () No
Inspection Date: ___/___/___ Asbestos Present? () Yes () No
Inspector: _____ Cert. No.: _____ Expiration Date: _____
Identify suspect materials sampled: _____
Laboratory Analysis: TEM _____ PLM _____ 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 180 Windows TO BE REMOVED:**
Category I: _____ Category II: _____
- XIII. WASTE TRANSPORTER:** Name: RES
Full Mailing Address: P.O. Box 598, Ripley, MS
Contact Person: _____ Telephone: 888-839-2830

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 checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input checked="" type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input 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:
Replacement of windows

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
material wetted, area regulated, owner notified

 *Will MDEQ be notified of any significant changes? (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.

<u>Scott G. Leasure G.M.</u>		<u>3/17/21</u>
Type or Print Name & Title	Signature	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