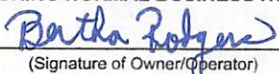
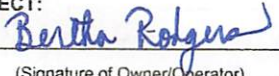


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 1-27-23	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: Velma Jackson High School				
Address: 2000 Loring Rd				
City: Camden		State: MS	Zip: 39045	
Site Location: Restroom			Tel: 662-468-2531	
Building Size:		# of Floors:	Age in Years:	
Present Use: High School		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Madison County School District				
Address: 1209 Madison Ave				
City: Madison		State: MS	Zip: 39110	
Contact: Jenny Moran			Tel: 601-856-6609	
ASBESTOS REMOVAL CONTRACTOR: Southeast Environmental Group, Inc.				
Address: P. O. Box 433/ 296 2nd Ave.				
City: York		State: AI	Zip: 36925	
Contact: Bertha Rodgers			Tel: 205-392-9308	
Certification Number: ABC-00001906			Expiration Date: 05/10/2023	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date: 11/01/2022	
Inspector: Andrew P. Wilson		Certification Number: ABI-00011014	Expiration Date: 08/02/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Samples of window caulk and window putty were analyzed by Polarized Light Microscopy (PLM) by a accredited laboratory. Analysis revealed one (1) material as ACM i.e...Window putty.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 200	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: 01/30/2023			Complete: 02/03/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Containment Method to be used for removal of windows.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Areas to be abated will be thoroughly wetted prior to removal and continuously wetted throughout removal. Material will be removed as much intact as possible to prevent the emission of any airborne particles.		
XIII. WASTE TRANSPORTER #1		
Name: Southeast Environmental Group, Inc.		
Address: 296B 2nd ave./P.O. Box 433		
City: York	State: AL	Zip: 36925
Contact Person: Bertha Rodgers	Tel: 205-392-9308	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Kemper County Landfill		
Address: 21211 Hwy 16 EAST		
City: Dekalb	State: MS	Zip: 39328
Contact Person:	Tel: 601-743-4310	
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: MDEQ will immediately be notified. Every precaution will be used to prevent the spread of any airborne particles and will be handled in same manner as original ACM.		
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.		
Bertha Rodgers <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	1/27/2023 <small>(Date)</small>
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Bertha Rodgers <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	1/27/2023 <small>(Date)</small>