

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 5/20/2025	AI Number 79387
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: Winona Secondary School				
Address 301 Fairgrounds Street				
City: Winona	State: MS	Zip: 38967	County: Montgomery	
Site Location: rooms 116,118,205,207,209,216,218,office, 1st & 2nd floor hall		Tel: 662-283-1244		
Building Size	# of Floors: 2	Age in Years:		
Present 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				
City: Winona	State: MS	Zip: 38967		
Contact: Mrs Carol Bryant	Tel: 256-738-0356			
ASBESTOS REMOVAL CONTRACTOR: Southeast Environmental Group, Inc.				
Address: P.O. Box 433/ 296B 2nd Ave.				
City: York	State: AL	Zip: 36925		
Contact: Johnny Rodgers	Tel: 205-392-9308			
Certification Number: ABC00001906	Expiration 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):		Inspection Date: unknown		
Inspector: unknown	Certification Number: unknown	Expiration Date: unknown		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 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 11,200 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: 5/26/2025		Complete: 9/30/2025		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: n/a		Complete: n/a		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of material containing ACM will be performed by trained and certified personnel. The ACM will be kept wet throughout the process. The work area will be protected and sealed by using the capsule concept to assure the least to no particles escape.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: the non-friable ACM will be removed by competent personnel that is trained and knowledgeable in the removal, handling, and disposal of ACM. All work will be done to comply with Federal, State, and local regulations. The work will be protected and sealed by using the capsule concept to assure the least to no particle escape. The concept of "keep it wet" will be used throughout the asbestos removal process.		
XIII. WASTE TRANSPORTER #1		
Name: <u>Johnny Rodgers</u>		
Address: <u>296B 2nd Ave</u>		
City: <u>York</u>	State: <u>AL</u>	Zip: <u>36925</u>
Contact Person: <u>Bertha Rodgers</u>		Tel: <u>205-392-9308</u>
WASTE TRANSPORTER #2		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Contact Person: _____		Tel: _____
XIV. WASTE DISPOSAL SITE		
Name: <u>Kemper County Landfill</u>		
Address: <u>21211 Hwy 16 East</u>		
City: <u>Dekalb</u>	State: <u>MS</u>	Zip: <u>39328</u>
Contact Person: <u>Jimmy Thomas</u>		Tel: <u>601-743-4310</u>
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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: MDEQ will be immediately notified. The unexpected asbestos will be properly handled in the same way as the original.		
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.		
<u>Bertha Rodgers</u> Type or Print Name	<u>Bertha Rodgers</u> (Signature of Owner/Operator)	<u>5/20/25</u> (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<u>Bertha Rodgers</u> Type or Print Name	<u>Bertha Rodgers</u> (Signature of Owner/Operator)	<u>5/20/25</u> (Date)