

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: 7/07/2025		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) D.T. Cox Elementry School							
Bldg. Name: Front Office and Principals Office							
Address: 304 Clark St							
City: Pontotoc		State: MS		Zip: 38863		County: Pontotoc	
Site Location: Elementry Schools Front office and Principals Office				Tel: 6624892454			
Building Size: 45000		# of Floors: 1		Age in Years: 89			
Present Use: School		Prior Use: School					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Pontotoc City Schools							
Address: 145 Fred Dowdy Ave							
City: Pontotoc		State: MS		Zip: 38863			
Contact: Wally Windam				Tel: 6624193565			
ASBESTOS REMOVAL CONTRACTOR: Servpro Of Tupelo							
Address: 2984 Cliff Gookin Blvd							
City: Tupelo		State: MS		Zip: 38801			
Contact: Kurt Martin				Tel: 6623723796			
Certification Number: ABC-00006327				Expiration Date: 6/12/26			
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Y							
WAS ASBESTOS PRESENT? (Yes/No): Y				Inspection Date:			
Inspector: Lamar Gilliland		Certification Number:		Expiration Date:			
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Presumed Positive							
VII. QUANTITY OF RACM TO BE REMOVED: Floor Tile + Mastic							
Pipes (LN FT):		Surface Area (SQ FT): 361		Volume of Facility Components (CU FT):			
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 361 SF							
Category I: Tile + Mastic				Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/21/25				Complete: 7/23/25			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:			

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Wet Method using amended water

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: *Negative Air Machines + Poly At Critical Barriers*

Poly hung at critical barriers and around perimeter

XIII. WASTE TRANSPORTER #1

Name: **Servpro Of Tupelo**

Address: **2984 Cliff Gookin Blvd**

City: **Tupelo**

State: **Ms**

Zip: **38801**

Contact Person: **Kurt Martin**

Tel: **6623723796**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: **Three Rivers Landfill**

Address: **1904 MS-76**

City: **Pontotoc**

State: **Ms**

Zip: **38866**

Contact Person:

Tel: **6624880444**

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Hepa - vac , Will Contact Inspector / Management Planner

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.

Kurt Martin

Type or Print Name

(Signature of Owner/Operator)

7/7/25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Kurt Martin

Type or Print Name

(Signature of Owner/Operator)

7/7/25

(Date)