
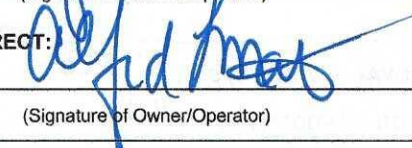


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 4/25/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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: Old Kilmichael High School				
Address: 1003 Money Ave				
City: Kilmichael		State: MS	Zip: 39747	
Site Location: Old School			Tel: 601 573-6985	
Building Size: 25,000sf +/-		# of Floors: 1	Age in Years: 50 +/-	
Present Use: Vacant		Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MAP, Inc.				
Address: 1751 Morson Rd.				
City: Jackson		State: MS	Zip: 39209	
Contact: Albert Leason			Tel: 601 831-3100	
ASBESTOS REMOVAL CONTRACTOR: EMP				
Address: PO BOX 9361				
City: Jackson		State: MS	Zip: 39286	
Contact: Alfred Martin			Tel: 601 922-1919	
Certification Number: ABC - 13319			Expiration Date: 2/21/26	
OTHER OPERATOR: Mayrant				
Address: 1303 Vine St.				
City: Jackson		State: MS	Zip: 39202	
Contact: Nick Kaminer			Tel: 601 354-2461	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date: April 9, 2024	
Inspector: Albert Leason		Certification Number: ABI - 1024	Expiration Date: 4/18/25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM Flooring and Mastic, Ceramic heaters, Window vents, Window panels, roofing,				
VII. QUANTITY OF RACM TO BE REMOVED: 28,950sf FT, mastic, roofing, vents and heaters				
Pipes (LN FT):		Surface Area (SQ FT): 28,950sf	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: 5/12/25			Complete: 6/30/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/5/25			Complete: 12/30/25	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This old school is being totally renovated for a head start program. Conventional demolition and renovation methods will be utilized.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Critical barriers will be set up. No negative air. Wet method removal of all indicated ACM.		
XIII. WASTE TRANSPORTER #1		
Name: CWM Dispatch		
Address: 32 Private Rd. 3067		
City: Oxford	State: MS	Zip: 38655
Contact Person: Matt Hendricks		Tel: (662)371-5621
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: 3 Rivers Landfill Waste Connection		
Address: 1904 MS 76		
City: Pontotoc	State: MS	Zip: 38863
Contact Person: Mike Eidt		Tel: 662 448-0444
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: Work halted and re-assessed.		
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		
Alfred Martin		4.24.25
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Alfred Martin		4.24.25
Type or Print Name	(Signature of Owner/Operator)	(Date)