



# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>	<b>Date Received</b> 5/22/2025	<b>AI Number</b> 49350
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): R				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: Powell Middle School (Basement Hall, various book closets)				
Address: 3655 Livingston Rd				
City: Jackson	State: MS	Zip: 3974739213    39213		
Site Location: School		Tel: 601 987-3580		
Building Size: 50,000sf +/-	# of Floors: 2	Age in Years: 50 +/-		
Present Use: vacant	Prior Use: School			
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: JPS				
Address: 622 So. President St.				
City: Jackson	State: MS	Zip: 39201		
Contact: Robert Clay		Tel: 601 373-4162		
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: Fountain Construction				
Address: 5655 MS 18				
City: Jackson	State: MS	Zip: 39209		
Contact: Robert Clay		Tel: 601 373-4162		
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes		Inspection Date: Feb 10, 2025		
Inspector: Alfred Martin	Certification Number: ABI 1570	Expiration Date: 3/15/25		
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> PLM Flooring and Mastic, Carpet, Window Glazing/Putty, Spray-Applied ceiling material				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> Appr. 6.500sf (FT, mastic, ceiling material, Window putty)				
Pipes (LN FT):	Surface Area (SQ FT): Appr. 6.500sf	Volume of Facility Components (CU FT):		
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:		Category II:		
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: June 2, 2025		Complete: June 13, 2025		
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 5/5/25		Complete: 12/30/25		

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> The school is being renovated. The primary work entails MPE areas. Conventional demolition and renovation methods will be utilized.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Critical barriers will be set up including negative air. Wet method removal of all indicated ACM. TEM Clearance		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: ADS		
Address: Springridge Road		
City: Clinton	State: MS	Zip: 39056
Contact Person: Donna Parks	Tel: 601 925-0507	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Little Dixie		
Address: County Line Rd.		
City: Ridgeland/Madison County	State: MS	Zip: 39157
Contact Person: Mike Railey	Tel: 601 982-9488	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b> Work halted and re-assessed.		
<b>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.</b>		
Alfred Martin		5.19.25
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Alfred Martin		5.19.25
Type or Print Name	(Signature of Owner/Operator)	(Date)