

# 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		Postmark (mail only)	Date Received 6/09/2025	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <u>O</u>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: <u>Old Kolb Cleaner's</u>				
Address: <u>2933 N. State Street</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39213</u>	
Site Location: <u>Throughout building</u>		Tel: <u>601 922-1919</u>		
Building Size: <u>10,000sf</u>		# of Floors: <u>2</u>	Age in Years: <u>50 +/-</u>	
Present Use: <u>vacant</u>		Prior Use: <u>Cleaners</u>		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Duvall Decker Architects</u>				
Address: <u>2916 N State</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39216</u>	
Contact: <u>Roy Decker</u>		Tel: <u>601 713-1128</u>		
ASBESTOS REMOVAL CONTRACTOR: <u>EMP</u>				
Address: <u>PO BOX 9361</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39286</u>	
Contact: <u>Alfred Martin</u>		Tel: <u>601 922-1919</u>		
Certification Number: <u>ABC 13319</u>		Expiration Date: <u>2/21/26</u>		
OTHER OPERATOR: <u>Fountain Construction</u>				
Address: <u>5655 MS 18</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39209</u>	
Contact: <u>Brad Fountain</u>		Tel: <u>601 373-4162</u>		
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <u>yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>yes</u>			Inspection Date: <u>March 26, 2014</u>	
Inspector: <u>Alfred Martin</u>		Certification Number: <u>ABI 1570</u>	Expiration Date: <u>2/21/2026</u>	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> <u>PLM</u> <u>Flooring and Mastic, Carpet, Window Glazing/Putty, Spray-Applied ceiling material, ceiling material, roofing, pipe insulation,</u>				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> <u>Appr. 1,500 Spray-On ceiling material, Appr. 500sf FT, Mastic, Appr. 200lf PI, Appr. 10,000sf roofing</u>				
Pipes (LN FT): <u>Appr. 500lf</u>	Surface Area (SQ FT): <u>Appr. 2,000sf</u>		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: <u>June 23, 2025</u>			Complete: <u>July 25, 2025</u>	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: <u>6/23/25</u>			Complete: <u>12/30/25</u>	

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

The building is being renovated. 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 including negative air. Wet method removal of all indicated ACM.

**XIII. WASTE TRANSPORTER #1**

Name: ADS

Address: Springridge Road

City: Clinton

State: MS

Zip: 39056

Contact Person: Donna Parkman

Tel: 601 925-0507

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Little Dixie

Address: County Line Rd.

City: Ridgeland/Madison County

State: MS

Zip: 39157

Contact Person: Mike Railey

Tel: 601 982-9488

**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

Type or Print Name

(Signature of Owner/Operator)

6.9.25

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Alfred Martin

Type or Print Name

(Signature of Owner/Operator)

6.9.25

(Date)