

**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> 6/24/2025	<b>AI Number</b>
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual) <b>R</b>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number) <b>D.T. Cox Elementry School</b>				
Bldg. Name: <b>Front Office and Principals Office</b>				
Address <b>304 Clark St</b>				
City: <b>Pontotoc</b>	State: <b>MS</b>	Zip: <b>38863</b>	County: <b>Pontotoc</b>	
Site Location: <b>Elementry Schools Front office and Principals Office</b>		Tel: <b>6624892454</b>		
Building Size <b>45000</b>	# of Floors: <b>1</b>	Age in Years: <b>89</b>		
Present Use: <b>School</b>		Prior Use: <b>School</b>		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Pontotoc City Schools</b>				
Address: <b>145 Fred Dowdy Ave</b>				
City: <b>Pontotoc</b>	State: <b>MS</b>	Zip: <b>38863</b>		
Contact: <b>Wally Windam</b>		Tel: <b>6624193565</b>		
ASBESTOS REMOVAL CONTRACTOR: <b>Servpro Of Tupelo</b>				
Address: <b>2984 Cliff Gookin Blvd</b>				
City: <b>Tupelo</b>	State: <b>MS</b>	Zip: <b>38801</b>		
Contact: <b>Kurt Martin</b>		Tel: <b>6623723796</b>		
<b>Certification Number:</b>		<b>Expiration Date:</b>		
<b>OTHER OPERATOR:</b>				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):</b> <b>Y</b>				
<b>WAS ASBESTOS PRESENT? (Yes/No):</b> <b>Y</b>		<b>Inspection Date:</b>		
Inspector: <b>Lamar Gilliland</b>	Certification Number:	Expiration Date:		
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> <b>Presumed Positive</b>				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> <b>Floor Tile</b>				
Pipes (LN FT):	Surface Area (SQ FT): <b>361</b>	Volume of Facility Components (CU FT):		
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b> <b>361 SF</b>				
Category I: <b>Tile</b>		Category II:		
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:</b> <b>6/30/25</b>		<b>Complete:</b> <b>7/3/25</b>		
<b>X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:</b>		<b>Complete:</b>		

**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:**

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

**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)

6/23/25

(Date)

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

Type or Print Name

(Signature of Owner/Operator)

(Date)