

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 4/04/2025	AI Number 87652
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>O</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>D</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>Pallet Building</u>				
Address: <u>1000 N. Mill ST.</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39202</u>	
Site Location: <u>At the Front of Property</u>		Tel: <u>601-624-3011</u>		
Building Size: <u>1200 SF</u>		# of Floors: <u>1</u>	Age in Years: <u>Over 40 yrs</u>	
Present Use: <u>Vacant</u>		Prior Use: <u>Storage Room</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Charlotte Reeves</u>				
Address: <u>1000 N. Mill ST</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39202</u>	
Contact: <u>Charlotte Reeves</u>		Tel: <u>601-624-3011</u>		
ASBESTOS REMOVAL CONTRACTOR:				
Address: <u>1260 Wooddell Drive</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39212</u>	
Contact: <u>Joseph Antoine</u>		Tel: <u>601-212-9555</u>		
Certification Number: <u>ABC-00001396</u>		Expiration Date: <u>5/23/2025</u>		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>		Inspection Date: <u>8/15/2024</u>		
Inspector: <u>Charles Cook</u>		Certification Number: <u>AB1-00005120</u>	Expiration Date: <u>2/23/2025</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>Mortar, caulking, Cinder block, Roofing material PLM.</u>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): <u>1200</u>		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II: <u>Roofing material</u>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4/17/2025</u> Complete: <u>4/18/2025</u>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

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

Removal of Roofing material with Hand tools

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Keep material wet

XIII. WASTE TRANSPORTER #1

Name: JA Service Troubleshooters

Address: 1260 Wooddell Drive

City: Jackson

State: MS

Zip: 39212

Contact Person: Joseph Antoine

Tel: 601-212-9555

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North county line Rd

City: Ridgeland

State: MS

Zip: 39159

Contact Person: Mike Raley

Tel: 662-332-7927

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:

STOP work wet material

Notify D/E/Q

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.

Joseph Antoine

Type or Print Name

Joseph Antoine

(Signature of Owner/Operator)

4/3/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine

Type or Print Name

Joseph Antoine

(Signature of Owner/Operator)

4/3/2025

(Date)