MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: ☒Email ☐Mail ☐Hand Delivery	Postmark (mail only)	Date Received 7/07/2025	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: Highland Square Shopping Center

Address: 800 Brookway Boulevard

City: Brookhaven | State: MS | Zip: 39601

Site Location: Inside Chiropractor office | Tel: 212-889-4417

Building Size: 30,000 sq ft | # of Floors: 1 | Age in Years: 40 yrs plus

Present Use: vacant | Prior Use: Chiropractor office

IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)

OWNER NAME: Gd Realty

Address: 49 W 37th street 9th Floor

City: New York | State: NY | Zip: 10018-6257

Contact: Gabriel Deidel | Tel: 212-889-4417

ASBESTOS REMOVAL CONTRACTOR: OA Service Troubleshooters

Address: 1260 Wooddell Drive

City: Jackson | State: MS | Zip: 39212

Contact: Joseph Antoine | Tel: 601-212-9555

Certification Number: ABC-00001396 | Expiration Date: 5/26/2026

OTHER OPERATOR: 5/17/2026

Address:

City: | State: | Zip:

Contact: | Tel:

V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes

WAS ASBESTOS PRESENT? (Yes/No): Yes | Inspection Date: 1/30/2025

Inspector: Mark R. Walters | Certification Number: ABI-00006317 | Expiration Date: 10/9/2025

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Dry wall + joint compound, Base cover, Floor tile mastic. ceiling.

VII. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT): | Surface Area (SQ FT): 2,100 | Volume of Facility Components (CU FT):

VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:

Category I: | Category II: 300sq/ft Tile, 1800sq/ft Mastic

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/19/2025 Complete: 7/21/2025

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

Joenoise@Yahoo.com

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Removal of Floor tile/mastic with Hand Scrappers
Put Back New tile

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Containment Neg Air
Keep Material Wet

XIII. WASTE TRANSPORTER #1

Name: JA Service Troubleshooters		
Address: 1260 Woodall 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 Dixieland fill		
Address: 1716 North County Line Rd		
City: Ridgeland	State: MS	Zip: 39157
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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
Stop work wet material notify DEQ

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	Joseph Antoine	7/7/2025
Type or Print Name	(Signature of Owner/Operator)	(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine	Joseph Antoine	7/7/2025
Type or Print Name	(Signature of Owner/Operator)	(Date)