

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 12/02/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Thalia Mara Hall				
Address: 255 E. Pascagoula Ave.				
City: Jackson	State: MS	Zip: 39217 39201		
Site Location: Auditorium Mezzanine Deck	Mezzanine Deck	Tel: 601-316-6213		
Building Size: 50,000 sq. ft.	# of Floors: 3	Age in Years: 57		
Present Use: Auditorium	Prior Use: Auditorium			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: City of Jackson				
Address: 219 S. President Street				
City: Jackson	State: MS	Zip: 39201		
Contact: Abdelhakeem Ali	Tel: 601-316-6213			
ASBESTOS REMOVAL CONTRACTOR: Guarantee Environmental Services LLC				
Address: 16248 Perkins Road ABC-00011409 07/18/2025				
City: Baton Rouge	State: LA	Zip: 70810		
Contact: Shannon Rivett/Carl Sterling	Tel: 225-931-4860			
Certification Number: ABS-00011129	Expiration Date: 01/26/25			
OTHER OPERATOR:				
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: 9/19/24		
Inspector: Charles Cook	Certification Number: ABI-00005120	Expiration Date: 02/23/25		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Building is over 50 years old when asbestos was present in the fireproofing & piping materials being removed. Therefore it is assumed asbestos is present. Please see report				
VII. QUANTITY OF RACM TO BE REMOVED: Fireproofing and Piping				
Pipes (LN FT): 100	Surface Area (SQ FT): 7000	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF ASBESTOS FRIABLE ASBESTOS NOT REMOVED: Fireproofing all will be encapsulated				
Category I:	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/11/24		Complete: 01/24/25		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/25/24		Complete: 01/24/25		

The Mezzadine Deck is being encapsulated.

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Only a portion of the asbestos is being removed, the rest will be encapsulating and stay in tact. The areas where fire proofing & piping is already falling off will be removed.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Double bag asbestos, wet methods, environmental controls utilizing HEPA filtered air scrubbers and mobilized containment. Utilize wet removal techniques to keep materials wet so no airborne release.

XIII. WASTE TRANSPORTER #1

Name: Republic Services
Address: 1035 Old Brandon Road
City: Flowood State: MS Zip: 39232
Contact Person: Scott Johnson Tel: 601-906-4606

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill
Address: 1716 North county Line
City: Ridgeland State: MS Zip: 39157
Contact Person: Mike Raley Tel: 601-613-8671

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, verify suspect material is RAEM, obtain additional permits if necessary

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.

Shannon Rivett Shannon Rivett 12/2/24
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Shannon Rivett Shannon Rivett 12/2/24
Type or Print Name (Signature of Owner/Operator) (Date)