

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark 8/18/21	Date Received (MDEQ use only) 8/24/2021	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: CF Industries Nitrogen LLC					
Address: 4612 Highway 49 East					
City: Yazoo City	State: MS	Zip: 39194			
Site Location: AMMONIA PLANT		Tel: 662-751-2903			
Building Size:	# of Floors:	Age in Years: 50+			
Present Use: Plant Operations		Prior Use: Plant Operations			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Same					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
REMOVAL CONTRACTOR: Industrial Asbestos Removal					
Address: 11637 Sunbelt Court					
City: Baton Rouge	State: LA	Zip: 70809			
Contact: Joseph Lambert		Tel: 225-620-0640			
OTHER OPERATOR: N/A					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) Yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area (Friable Pipe Insulation)	20 CY			Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Starting 9/11/21 Complete:					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Starting 9/11/21 Complete:					

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

Removal of pipe insulation in the ammonia plant.

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

wet method, bagged in poly bags

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1035 Old Brandon Road

City: Flowood

State: MS

Zip: 39232

Contact Person: Scot Johnson

Tel:

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North County Line Road

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

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:

XVI. 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 will be halted, ACM kept wet, and an emergency R/D form filed w MDEQ

XVII. 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.

Trey Fleming (Signature of Owner/Operator) (Trey Fleming)

8/18/20 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Trey Fleming (Signature of Owner/Operator) (Trey Fleming)

8/18/20 (Date)

Type or Print Name

(Signature of Owner/Operator)

(Date)

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8/13/21

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8/13/21

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(Signature of Owner/Operator)

(Date)