

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 10-14-2024	AI Number
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) DEMOLITION				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:				
Address 911 SOUTH MAIN ST. 911 Main St				
City: FOREST,		State: MS	Zip:	County:
Site Location: SAME		Tel:		
Building Size 60,000 SF		# of Floors: 1	Age in Years: UNKNOWN	
Present Use: VACANT CHICKEN PROCESSING		Prior Use: VACANT CHICKEN PLANT PROCESSING		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: KOCH FOODS				
Address: 921 SOUTH MAIN ST.				
City: FOREST		State: MS	Zip:	
Contact: MARK MCGLAN		Tel: 972-632-9073		
ASBESTOS REMOVAL CONTRACTOR: M+M SERVICES, INC				
Address: BOX 68431				
City: JACKSON		State: MS	Zip: 39286	
Contact: DALE MCGUFFIE		Tel: 601-982-8695		
Certification Number:		Expiration Date:		
OTHER OPERATOR: M+M SERVICES, INC				
Address: BOX 68431				
City: JACKSON, MS		State: MS	Zip: 39286	
Contact: DALE MCGUFFIE		Tel: 601-982-8695		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector: PAUL ANDERSON		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: ROOFING, WALLS, CEILING, CAULKS, SHEETROCK + MUD, PIPE INSULATION, VESSEL INSULATION, TANK INSULATION SURVEY WILL BE TAKEN + THEN DETERMINE QUANTITY				
VII. QUANTITY OF RACM TO BE REMOVED: UNDETERMINED AT THIS TIME IF ANY				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT): FOUND		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: OCT 29, 2024			Complete: DEC 30, 2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: OCT 29, 2024			Complete: DEC 30, 2024	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
REMOVE BUILDING IN ITS COMPLETELY LEAVING CONCRETE SLABS		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
KEEP WET, DOUBLE BAG IF ANY FOUND USING CERTIFIED WORKERS		
XIII. WASTE TRANSPORTER #1		
Name: MAM SERVICES, INC		
Address: BOX 08431		
City: JACKSON	State: MS	Zip: 39286
Contact Person: DALE MCGUFFIE	Tel: 601-982-8695	
WASTE TRANSPORTER #2 SAME AS #1 ABOVE		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: CLEARVIEW ENVIRONMENTAL CONTROL		
Address: 2253 MUDLINE ROAD		
City: LAKE	State: MS	Zip: 39092
Contact Person: JIM JOHNSTON	Tel: 601-622-1210	
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 MATERIALS, NOTIFY OWNER.		
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.		
DALE MCGUFFIE Type or Print Name	<i>Dale McGuffie</i> (Signature of Owner/Operator)	Oct 14, 2024 (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
DALE MCGUFFIE Type or Print Name	<i>Dale McGuffie</i> (Signature of Owner/Operator)	Oct 14, 2024 (Date)