



# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>	<b>Date Received</b> 6/11/2025	<b>AI Number</b> 2269
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <span style="float: right;">O</span>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <span style="float: right;">R</span>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: CF Industries Nitrogen LLC-Yazoo City Complex				
Address: 4612 Hwy 49 East				
City: Yazoo City		State: MS	Zip: 39194	
Site Location: AN Evaporator		Tel: 662-751-2903		
Building Size:		# of Floors:	Age in Years: 50+	
Present Use: Concentrate AN Melt before Prilling		Prior Use: Same		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Same				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
ASBESTOS REMOVAL CONTRACTOR: Industrial Asbestos Removal				
Address: 11637 Sunbelt Court				
City: Baton Rouge		State: LA	Zip: 70809	
Contact: Joseph Lambert		Tel: 225-620-0640		
Certification Number: ABC-00009701			Expiration Date: 11/8/25	
OTHER OPERATOR: N/A				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector: Assumed		Certification Number:	Expiration Date:	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
Foamglas insulation on a hot process vessel with an exterior wrap/mastic sealer. All materials were tested. Mastic was determined to be nonfriable ACM. Since it can't be separated from other materials, all were treated as ACM				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT): none		Surface Area (SQ FT):	Volume of Facility Components (CU FT): 297	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I: None			Category II: None	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 6/26/25			Complete: 8/15/25	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 6/26/25			Complete: 8/15/25	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Process AN evaporator is being removed from service as part of a planned capital project and will be scrapped at metals recycler. ACM required to be removed before scrapping/recycling		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Wet methods will be used to minimize airborne ACM. A full enclosure will be installed to contain ACM during removal. Also, windbreaks will be used.		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Republic Services		
Address: 1035 Old Brandon Road		
City: Flowood	State: MS	Zip: 39232
Contact Person: Scott Johnson	Tel:	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Little Dixie Landfill		
Address: 1716 N County Line Road		
City: Ridgeland	State: MS	Zip: 39157
Contact Person:	Tel:	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: N/A	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS: NO</b>		
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:		
<b>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:</b>		
Material will be kept wet, and double glove-bagging process followed. Following the same process as if material was known to be friable to begin with.		
<b>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.</b>		
Trey Fleming		6/11/25
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Trey Fleming		6/11/25
Type or Print Name	(Signature of Owner/Operator)	(Date)