


# 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 4/09/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Mar-Jac Poultry MS LLC</b>				
Address: <b>650 Ford Avenue</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39209</b>	
Site Location: <b>Hawkins Field Industrial Park</b>			Tel: <b>601-969-1248</b>	
Building Size: <b>5000</b>		# of Floors: <b>Single</b>	Age in Years: <b>45</b>	
Present Use: <b>Laaboratory</b>		Prior Use: <b>Built as laboratory building</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Mar-Jac Poultry MS LLC</b>				
Address: <b>650 Ford Avenue</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39209</b>	
Contact: <b>James Faison</b>			Tel: <b>601-969-1248</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Pearson Environmental</b>				
Address: <b>130 Southpointe Drive Suite J</b>				
City: <b>Byram</b>		State: <b>MS</b>	Zip: <b>39272</b>	
Contact: <b>Chris C. Pearson</b>			Tel: <b>601-937-2286</b>	
Certification Number: <b>ABC-00005297</b>			Expiration Date: <b>12/18/2025</b>	
OTHER OPERATOR: <b>Not Applicable</b>				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>4/1/2024</b>	
Inspector: <b>Rob Pearson</b>		Certification Number: <b>ABI-0006463</b>		Expiration Date: <b>3/19/2025 Renewal in progress</b>
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor tile and mastic - Samples were collected by Rob Pearson and transported to Bonner Analytical in Hattiesburg for annalysis. Method: Wet Method and Microscope by PLM				
VII. QUANTITY OF RACM TO BE REMOVED: <b>1800 sq ft of VCT and mastic</b>				
Pipes (LN FT):	Surface Area (SQ FT): <b>1800</b>		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>1500</b>		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>4-26-25</b>			Complete: <b>4-27-25</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>4-28-25</b>			Complete: <b>5-5-25</b>	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Flooring removal and replacement		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> containment set up under negative pressure; wwet method removal; all debris bagged and sealed		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Pearson Environmental		
Address: 130 southpointe dr, suite j		
City: byram	State: ms	Zip: 39272
Contact Person: chris pearson		Tel: 6019371186
WASTE TRANSPORTER #2 N/A		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Little Dixie Landfill		
Address: 1716 W. County Line rd		
City: Ridgeland	State: ms	Zip: 39157
Contact Person: Mike Raley		Tel: 6019829488
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS:</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> MDEQ notified; kept wet with amended water; additional monitoring		
<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>		
James Faison		4-9-25
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Chris Pearson		4-9-25
Type or Print Name	(Signature of Owner/Operator)	(Date)