

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 5/02/2025	Alt Number 87260
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) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Masonite Corporation					
Address 1001 S. 4th Avenue Laurel, MS 39440					
City: Laurel		State: MS		Zip: 39440	County: Jones
Site Location: - Bldg 26 Main Warehouse Roof				Tel: (601) 422-2200	
Building Size 10,000sf		# of Floors: 1		Age in Years: 50+	
Present Use: Warehouse		Prior Use: Warehouse			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)					
OWNER NAME: Masonite					
Address: 1001 S. 4th Avenue Laurel, MS 39440					
City: Laurel		State: MS		Zip: 39440	
Contact: Plant Manager				Tel: (601) 422-2200	
ASBESTOS REMOVAL CONTRACTOR: Anderson Environmental Services, Inc.					
Address: 783 Harris Street					
City: Jackson		State: MS		Zip: 39202	
Contact: Daryl Anderson				Tel: 601-354-4400	
Certification Number: ABC-00002173				Expiration Date: 11-08-26	
OTHER OPERATOR: Nations Roof Gulf Coast					
Address: 3150 Lees Lane Mobile AL 36693					
City: Mobile		State: AL		Zip: 36693	
Contact: Shawn Newton				Tel: 256.496.9647	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Presumed					
WAS ASBESTOS PRESENT? (Yes/No): Yes				Inspection Date:	
Inspector:		Certification Number:		Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Presumed asbestos roofing					
VII. QUANTITY OF RACM TO BE REMOVED: Built-up roofing 7300sqft					
Pipes (LN FT):		Surface Area (SQ FT):		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:					
Category I:			Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-12-25				Complete: 5-30-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-13-25				Complete: 5-31-25	

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

Repair and replacement of built-up roof

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

Asbestos Barrier tape and warning signs used, roofing removed manually, material wet and placed in ACM bags,

XIII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 2930 Industrial Boulevard Laurel, MS 39440

City: Laurel

State: MS

Zip: 39440

Contact Person: Jessical Bonstaff

Tel: 601-264-7888

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pinebelt Regional Landfill

Address: 5274 Hwy 29 Ovett MS 39464

City: Ovett

State: MS

Zip: 39464

Contact Person: Landfill Manager

Tel: (601) 545-6676

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:

Halt all work and notify the proper authority.

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.

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

4-29-25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

4-29-25

(Date)