



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MAP

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 9.19.2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: H.J. Baker & Bro., Chicken Feed Plant				
Address: 420 E Oak Street				
City: Forest	State: MS	Zip: 39074		
Site Location: Same as above			Tel: (601)940-4644	
Building Size: Approx. 10,000sf	# of Floors: 1	Age in Years: 50+		
Present Use: None	Prior Use: Chicken Feed Plant			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Anderson Environmental (Owner)				
Address: 783 Harris Street				
City: Jackson	State: MS	Zip: 39202		
Contact: Mr. Kell Smith	Tel: (601) 354-4400			
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL				
Address: 783 HARRIS STREET				
City: JACKSON	State: MS	Zip: 39202		
Contact: DARYL ANDERSON	Tel: 601-354-4400			
Certification Number: ABC-00002173	Expiration Date: 10-28-23			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact: Wade Buie	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 9-13-23	
Inspector: Paul Anderson	Certification Number: ABI-00001686	Expiration Date: 09-09-24		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floors, ceilings, pipes, walls				
Procedure PLM-Polarized Light Microscopy				
VII. QUANTITY OF RACM TO BE REMOVED:				
120sf of linleum and mastic, 40sf patch flooring,				
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: 10-03-23			Complete: 10-10-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-17-23			Complete: 12-20-23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demolition of old Plant		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Area contained, material kept wet and placed in acm bags for disposal		
XIII. WASTE TRANSPORTER #1		
Name: Anderson Environmental		
Address: 783 Harris Street		
City: Jackson	State: MS	Zip: 39202
Contact Person: Daryl Anderson	Tel: (601) 354-4400	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE Republic		
Name: Little Dixie Landfill		
Address: 1716 N County Line Rd, Ridgeland, MS 39157		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: Mike Raily	Tel: (601) 982-9488	
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		9-19-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
DARYL ANDERSON		9-19-23
Type or Print Name	(Signature of Owner/Operator)	(Date)