MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark		Date Received (MDEQ use only)	Notification # (MDEQ use only)

I. Type of Notification (O=Original R=Revised C=Cancelled 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: **Ammonia Storage Spheres**

Address **4608 Highway 49 East**

City: **Yazoo City**	State: **MS**	Zip: **39194**

Site Location: **Ammonia Storage**	Tel: **(662) 751-2903**

Building Size **85' Diameter**	# of Floors: **1**	Age in Years: **65 years**

Present Use: **None**	Prior Use: **Ammonia Storage**

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **CF Industries, Inc.**

Address: **4608 Highway 49 East**

City: **Yazoo City**	State: **MS**	Zip: **39194**

Contact: **Trey Fleming**	Tel: **(662) 751-2903**

REMOVAL CONTRACTOR **Gulf Coast Dismantling, Inc.**

Address: **P.O. Box 5249**

City: **Pasadena**	State: **TX**	Zip: **77508**

Contact: **Bill Bartlett**	Tel: **(281) 487-0595**

OTHER OPERATOR: **Gulf Coast Dismantling, Inc.**

Address: **P.O. Box 5249**

City: **Pasadena**	State: **TX**	Zip: **77508**

Contact: **Bill Bartlett**

V. IS ASBESTOS PRESENT? (Yes/No) **Yes**

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

Joseph Lambert 2/13/17 PLM/Stereomicroscopy Bulk Asbestos Analysis

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area	*roofing felt*	15,000		SqFt: **X**	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **6/5/17** Complete: **6/16/17**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **6/5/17** Complete: **8/8/17**

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

Remove ACM Mastic and Non-ACM Insulation from Spheres. Cut Down Spheres with Torches

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

Keep Material Wet. Collect in bags and Place Bags in Marked Container

XII. WASTE TRANSPORTER #1

Name: Republic Services Jackson

Address: 1035 Old Brandon Rd.

City: Flowood	State: MS	Zip: 39232
Contact Person: Scott Johnson		Tel: (601) 906-4606

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: N/A	State: N/A	Zip: N/A
Contact Person: N/A		Tel: N/A

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North Countyline Rd.

City: Ridgeland	State: MS	Zip: 39157

Tel: (601) 982-9488

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A	Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A	Date Ordered to Begin (MM/DD/YY): N/A

XV. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event: N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
N/A

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, Keep Material Wet, Barricade Area, Notify all Concerned Governmental Agencies

XVII. 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.

Bill Bartlett		5/17/17
Type or Print Name	(Signature of Owner/Operator)	(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bill Bartlett		5/17/17
Type or Print Name	(Signature of Owner/Operator)	(Date)