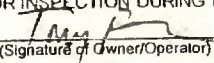
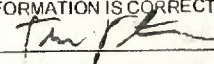


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #		Postmark 02/14/2021	Date Received (MDEQ use only)	# (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Emergency Renovation					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: CF Industries Nitrogen, LLC					
Address: 4612 Highway 49 E					
City: Yazoo City		State: MS	Zip: 39194		
Site Location: Kellogg Unit			Tel: 662-751-2903		
Building Size		# of Floors:	Age in Years:		
Present Use:		Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: CF Industries Nitrogen, LLC					
Address: 4612 Highway 49 E					
City: Yazoo City		State: MS	Zip: 39194		
Contact: Trey Fleming			Tel: 662-751-2903		
REMOVAL CONTRACTOR Industrial Asbestos Removal					
Address: 11637 Sunbelt Court					
City: Baton Rouge		State: LA	Zip: 70809		
Contact: Joseph Lambert			Tel: 225-620-0640		
OTHER OPERATOR: N/A					
Address: N/A					
City: N/A		State: N/A	Zip: N/A		
Contact: N/A					
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):					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed					
2. Category I ACM Not Removed					
3. Category II ACM Not Removed					
Pipes	1 Cu/yd	X		Ln Ft: 20	Ln M:
Surface Area				Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/19/2021			Complete: 02/25/2021		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/19/2021			Complete: 02/25/2021		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: removal of ACM material. wet methods, double bag.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: wet methods and double bag		
XII. WASTE TRANSPORTER #1		
Name: Republic Services		
Address: 1035 Old Brandon Road		
City: Flowood	State: MS	Zip: 39232
Contact Person: Scot Johnson		Tel: 601-906-4606
WASTE TRANSPORTER #2 N/A		
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 N County Line Road		
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 Need to make small repair/modification during freeze-induced outage		
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: unexpected friable asbestos will be removed according to procedures listed above. objects that are contaminated with unexpected asbestos will be wrapped and tape with visqueen.		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
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.		
Trey Fleming <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	1/15/21 <small>(Date)</small>
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Trey Fleming <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	1/15/21 <small>(Date)</small>