

# 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 <b>4/30/2025</b>	AI Number <b>87260</b>
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>Masonite Corporation</b>					
Address <b>1001 S. 4th Avenue Laurel, MS 39440</b>					
City: <b>Laurel</b>		State: <b>MS</b>		Zip: <b>39440</b>	County: <b>Jones</b>
Site Location: <b>- Bldg 26 Main Warehouse Roof</b>				Tel: <b>(601) 422-2200</b>	
Building Size <b>10,000sf</b>		# of Floors: <b>1</b>		Age in Years: <b>50+</b>	
Present Use: <b>Warehouse</b>		Prior Use: <b>Warehouse</b>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)					
OWNER NAME: <b>Masonite</b>					
Address: <b>1001 S. 4th Avenue Laurel, MS 39440</b>					
City: <b>Laurel</b>		State: <b>MS</b>		Zip: <b>39440</b>	
Contact: <b>Plant Manager</b>				Tel: <b>(601) 422-2200</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Anderson Environmental Services, Inc.</b>					
Address: <b>783 Harris Street</b>					
City: <b>Jackson</b>		State: <b>MS</b>		Zip: <b>39202</b>	
Contact: <b>Daryl Anderson</b>				Tel: <b>601-354-4400</b>	
Certification Number: <b>ABC-00007123</b>				Expiration Date: <b>11-08-26</b>	
OTHER OPERATOR: <b>Nations Roof Gulf Coast</b>					
Address: <b>3150 Lees Lane Mobile AL 36693</b>					
City: <b>Mobile</b>		State: <b>AL</b>		Zip: <b>36693</b>	
Contact: <b>Shawn Newton</b>				Tel: <b>256.496.9647</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Presumed</b>					
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>				Inspection Date:	
Inspector:		Certification Number:		Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Presumed asbestos roofing</b>					
VII. QUANTITY OF RACM TO BE REMOVED: <b>Built-up roofing 7300sqft</b>					
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: <b>5-12-25</b>				Complete: <b>5-30-25</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>5-13-25</b>				Complete: <b>5-31-25</b>	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Repair and replacement of built-up roof		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Asbestos Barrier tape and warning signs used, roofing removed manually, material wet and placed in ACM bags,		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Waste Pro		
Address: 2930 Industrial Boulevard Laurel, MS 39440		
City: Laurel	State: MS	Zip: 39440
Contact Person: Jessical Bonstaff		Tel: 601-264-7888
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>XIV. WASTE DISPOSAL SITE</b>		
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
<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>		
Halt all work and notify the proper authority.		
<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>		
Daryl Anderson	(Signature of Owner/Operator)	4-28-25 (Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Daryl Anderson	(Signature of Owner/Operator)	4-28-25 (Date)