

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=Canceled A= Annual) Original					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Emergency					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: International Paper Co.					
Address 3737 Hwy 3 North					
City: Redwood	State: MS	Zip: 39156			
Site Location: Vicksburg Mill		Tel: (601) 631-8381			
Building Size 80,000sf	# of Floors: 4	Age in Years: 50+			
Present Use: Manufacturing	Prior Use: Manufacturing				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: International Paper Co.					
Address: PO Box 358					
City: Redwood	State: MS	Zip: 39156			
Contact: Lonnie Boyd		Tel: (601) 631-8381			
REMOVAL CONTRACTOR Gill Industries, Ltd.					
Address: 1304 Driftwood Drive					
City: Bossier City	State: LA	Zip: 71111			
Contact: Marc Felbel		Tel: (318) 747-2225 o / (318) 840-9551 c			
OTHER OPERATOR:					
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): Logan Lewis - 10/14/16					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT	
Pipes	500			Ln Ft: X	Ln M
Surface Area	1000			Sq Ft: X	Sq M.
Vol RACM Off Facility Component				Cu Ft	Cu M.
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/28/17 Complete: 7/15/17					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete: N/A					

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JUN 29 2017

Dept. of Environmental Quality

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

Remove ACM to accommodate unplanned repairs.

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

Strip & removal, containment, wet method, double bagging, glove bag, negative pressure

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1035 Brandon Road

City: Flowood

State: MS

Zip: 39232

Contact Person: Mike Raley

Tel: (601) 420-8243

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel:

XIII. WASTE DISPOSAL SITE

Name: Allied Waste - BFI Little Dixie Landfill

Address: 1716 N County Line

City: Ridgeland

State: MS

Zip: 39157

Tel: (601) 420-8243

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:

Date and Hour of Emergency (MM/DD/YY): 6/28/17 7am

Description of the sudden unexpected event: Vessel & piping needing unplanned repairs.

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

Repairs to equipment can not be made until ACM removed.

XVI. 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:

Wet material, regulate area, notify owner & MDEQ.

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.

N. L. Currault, III

Type or Print Name

(Signature of Owner/Operator)

6/28/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

N. L. Currault, III

Type or Print Name

(Signature of Owner/Operator)

6/28/17

(Date)