# 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) |
|---|---|---|---|
| | | | |

RECEIVED
AUG 11 2017
Dept. of Environmental Quality

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O - Original

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R - Renovation

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) 831-8381 |
| 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 Feibel | | Tel: (318) 747-2225 o / (318) 840-9551 c |
| 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):

Logan Lewis - 10/14/16

| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:<br>1. Regulated ACM to be Removed<br>2. Category I ACM Not Removed<br>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 | 1,000 | | | LnFt: X | Ln M: |
| Surface Area | 1,000 | | | SqFt: X | Sq M: |
| Vol RACM Off Facility Component | | | | CuFt: | Cu M: |

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/23/17 Complete: 9/8/17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete: N/A

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

Remove ACM to accommodate 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, glovebag, 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: N/A

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: 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:

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.

D. M. Feibel - Vice President — Type or Print Name

(Signature of Owner/Operator)

8/9/17 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

D. M. Feibel - Vice President — Type or Print Name

(Signature of Owner/Operator)

8/9/17 — (Date)