

# 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) <b>Annual</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>International Paper Company</b>					
Address <b>3737 Highway 3 North</b>					
City: <b>Redwood</b>	State: <b>MS</b>	Zip: <b>39156</b>			
Site Location: <b>International Paper</b>			Tel: <b>(601) 638-3665</b>		
Building Size	# of Floors:	Age in Years:			
Present Use:	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>International Paper</b>					
Address: <b>3737 Highway 3 North</b>					
City: <b>Redwood</b>	State: <b>MS</b>	Zip: <b>39156</b>			
Contact: <b>Jessica H. Williams</b>			Tel: <b>(601) 631-8312</b>		
REMOVAL CONTRACTOR <b>Brock Services, LTD</b>					
Address: <b>108 Summer Lane</b>					
City: <b>West Monroe</b>	State: <b>LA</b>	Zip: <b>71291</b>			
Contact: <b>Richard Nave</b>			Tel: <b>(318) 387-8778</b>		
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
Inspector/Date: <b>Richard Muirhead/12-9-1993; EPA 600/R-93-116 Method using PLM; Inspector/Date: Kelvan Ross/4-14-2017</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Category I	Category II	UNIT
Pipes	<b>500</b>	<b>N/A</b>	<b>N/A</b>	LnFt: <b>X</b>	Ln M:
Surface Area	<b>200</b>	<b>N/A</b>	<b>N/A</b>	SqFt: <b>X</b>	Sq M:
Vol RACM Off Facility Component		<b>N/A</b>	<b>N/A</b>	CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>1/1/2018</b>				Complete: <b>12/31/2018</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

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

Work will be done using OSHA approved methods, including containment or glove-bag method.

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

Negative air on containments and glove-bag along with sufficient wetting.

XII. WASTE TRANSPORTER #1

Name: Republic Services of Jackson - Allied Waste Division

Address: 1035 Old Brandon Road

City: Flowood

State: MS

Zip: 39232

Contact Person: Chad Thompson

Tel: 601-955-6019

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill - BFI Waste Sys. of MS, LLC

Address: 1716 County Lane 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:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

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:

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:

Job will be shut down and alternate engineering controls implemented to eliminate exposure.

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.

Jessica H. Williams

Type or Print Name

  
(Signature of Owner/Operator)

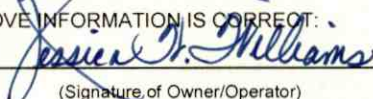
December 15, 2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jessica H. Williams

Type or Print Name

  
(Signature of Owner/Operator)

December 15, 2017

(Date)