

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

- I. **TYPE OF NOTICE:** (x) Original () Revision () Canceled
(x) Annual () Info. Only
- II. **TYPE OF PROJECT:** (x) Renovation () Demolition
() Ordered Demolition () Emergency Renovation
- III. **SITE INFORMATION:** Name Georgia Pacific - Monticello, MS
Description: Throughout Plant
Address: 604 N.A. Sandifer Road
City: Monticello County: Lawrence State: MS ZIP: 39654
Contact Person: James Little Telephone: 601-587-3526
- IV. **OWNER INFORMATION:** Name: Georgia Pacific
Full Mailing Address: 604 N.A. Sandifer Road; Monticello, MS 39654
Contact Person: Tim Jones Telephone: 601-587-3345
- V. **ASBESTOS REMOVAL CONTRACTOR:** Name: Gill Industries, Ltd.
Certification No.: ABC-00004994 Expiration Date: 9/5/15
Full Mailing Address: 1304 Driftwood Drive; Bossier City, LA 71111
Contact Person: Marc Feibel Telephone: 318-747-2225
- VI. **CONTRACTOR (Other):** Name: N/A
Full Mailing Address: N/A
Contact Person: N/A Telephone: N/A
- VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**
Removal Project Start: 2 / 14 / 18 Removal Project Stop: 12 / 31 / 18
- VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**
Project Start: 2 / 14 / 18 Project Stop: 12 / 31 / 18 Prep. Date: N/A / /
- IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 100,000 Bldg. Size (LNFT): N/A
No. of Floors: N/A Age in Years: 35+
Present Use: Manufacturing Prior Use: Manufacturing
- X. **ASBESTOS INSPECTION:**
Was site inspected to determine presence of asbestos: (x) Yes () No
Inspection Date: 9 / 1 / 93 Asbestos Present? (x) Yes () No
Inspector: Joe Venus Cert. No.: I-587-78-1882 Expiration Date: 5/1/94
Identify suspect materials sampled: black wall mastic (assumed)
Laboratory Analysis: TEM _____ PLM X Other _____
Name of Laboratory: Analytical Management, Inc.
- XI. **QUANTITY OF RACM TO BE REMOVED:**
Pipes (LN FT) 2500 Surface Area (SQ FT) 3,000
Volume of Facility Components(CU FT) N/A
- XII. **QUANTITY OF NONFRIABLE ASBESTOS** _____ **NOT REMOVED** X **TO BE REMOVED:**
Category I: N/A Category II: 200 gaskets
- XIII. **WASTE TRANSPORTER:** Name: Republic Services
Full Mailing Address: 926 Hwy 84 E; Brookhaven, MS
Contact Person: Will Pyron Telephone: 601-573-9220

RECEIVED
FEB 12 2018
Dept. of Environmental Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Plantation Oaks Landfill
 Physical Location: 35 Shieldsboro Road; Sibley, MS 39165
 Full Mailing Address: PO Box 219; Sibley, MS 39165
 Contact Person: Andy Yates Telephone: 6601-660-2544

*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: N/A
 Physical Location: N/A
 Full Mailing Address: N/A
 Contact Person: N/A Telephone: N/A

*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):

<input checked="" type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input checked="" type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input checked="" type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input checked="" type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Glovebagging, negative pressure containments & intact removal to accommodate renovations/repairs. Wet method, air monitoring, licensed personnel.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Notify MDEQ/Owner immediatly, wet material and regulate area.

*Will MDEQ be notified of any significant changes? ()Yes ()No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: N/A Title: N/A
 Authority: N/A
 Date of Order: N/A Date Demolition to Begin: N/A / /

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: N/A / / , Time: N/A
 Description of the sudden, unexpected event:
N/A

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

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.

N. L. Currault, III - President
 Type or Print Name & Title


 Signature

1/31/18
 Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
 P.O. Box 2261 Jackson, MS 39201
 Jackson, MS 39225
 (601) 961-5171