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STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Revised: 2/00

I. TYPE OF NOTICE: Original Revision Canceled
 Annual Info. Only

II. TYPE OF PROJECT: 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: 36954
Contact Person: Don Palmer Telephone: 601-587-3526

IV. OWNER INFORMATION: Name: Georgia Pacific
Full Mailing Address: 604 N.A. Sandifer RD Monticello MS 36954
Contact Person: Tim Jones Telephone: 601-587-3345

V. ASBESTOS REMOVAL CONTRACTOR: Name: Brand Safway
Certification No.: ABI-00003599 Exp. Date: June 15, 2018
Full Mailing Address: 3512 Brookdale Dr South Mobile Alabama 36618
Contact Person: James Hanks Telephone: 251-455-1300

VI. CONTRACTOR (Other): Name: N/A
Full Mailing Address: _____
Contact Person: _____ Telephone: _____



VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 02 / 13 / 2018 Removal Project Stop: 12 / 31 / 2018

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: / / Project Stop: / / Prep. Date: / /

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 100,00 Bldg. Size (LN FT): 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? yes no
Inspection Date: 9 / 1 / 93 Asbestos Present? yes no
Inspector: Joe Venus Cert. No.: I-587-78-1882 Exp. Date: 5-1-84
Identify suspect materials sampled: _____
Laboratory Analysis: TEM _____ PLM _____ Other _____
Name of Laboratory: _____

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) 2,500 Surface Area (SQ FT) 3,000
Volume of Facility Components (CU FT) N/A

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED TO BE REMOVED:
Category I: N/A / Category II: N/A /

XIII. WASTE TRANSPORTER: Name: Waste Management of S. Mississippi
Full Mailing Address: 1157 HWY 51 South, Summit MS 39688
Contact Person: Randy Clark Telephone: 601-276-9322

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Plantation Oaks Landfill
Physical Location: 35 Shieldsboro Rd Sibley, MS, 39165
Full Mailing Address: PO Box 219, Sibley MS, 39165
Contact Person: Andy Yates Telephone: 601-650-2544
* 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/DEMOLITION PROCEDURES TO BE USED (Check all that apply):
[x] Strip & Removal [x] Double Bagging [] Mechanical Chipping [x] Component Removal
[] Wrecking Ball [] Gross Demolition [x] Remove Intact [] Bulldozer
[x] Containment [x] Glove Bag [] Explode [x] Negative Air
[x] Wet Method [] Roofing Saw [] Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Glovebagging, Negative pressure containment & intact removal to accomodate repair or demolition, Wet Method, Air Monitoring, Licensed personnel

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

*Will MDEQ be notified of any significant changes? (x) 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
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.

James Hanks, Abatement Manager and Inspector
Type or Print Name and Title

Signature: [Handwritten Signature] Date: 02/09/2018

MAIL TO: Office of Pollution Control
101 West Capitol Street, Suite 100 OR
Jackson, MS 39201
(601) 961-5171

P.O. Box 10385
Jackson, MS. 39289-0385