

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM**

*Please type or print legibly.*

**Incomplete notices will not meet notification requirements.**

**RECEIVED**

**FEB 13 2018**

Dept. of Environmental Quality

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

**II. TYPE OF PROJECT:**       Renovation       Demolition  
     Ordered Demolition       Emergency Renovation

**III. SITE INFORMATION:**    Name Leaf River Cellulose LLC  
 Description: Stores Building Roof  
 Address: 157 Buck Creek Road  
 City: New Augusta      County: Perry      State: MS      ZIP: 39462  
 Contact Person: Adam Pinson      Telephone: 157 Buck Creek Road, New Augusta, MS 39462

**IV. OWNER INFORMATION:** Name: Leaf River Cellulose  
 Full Mailing Address: 157 Buck Creek Road, New Augusta, MS 39462  
 Contact Person: Adam Pinson      Telephone: 601-964-7231

**V. ASBESTOS REMOVAL CONTRACTOR:** Name: Baker Roofing Company  
 Certification No.: \_\_\_\_\_      Expiration Date: N/A  
 Full Mailing Address: 1209 Northgate Business Pkwy, Madison, TN 37115  
 Contact Person: Eric Zasada      Telephone: 615-210-5060

**VI. CONTRACTOR (Other):** Name: Baker Roofing Company  
 Full Mailing Address: 1209 Northgate Business Pkwy, Madison, TN 37115  
 Contact Person: Eric Zasada      Telephone: 615-210-5060

**VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
 Removal Project Start: 2 / 19 / 2018      Removal Project Stop: 3 / 30 / 2018

**VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
 Project Start: 2 / 19 / 2018      Project Stop: 4 / 06 / 2018      Prep. Date: \_\_\_\_\_

**IX. BUILDING INFORMATION:**    Bldg. Size (SQ FT): 17300      Bldg. Size (LNFT): N/A  
    No. of Floors: 1      Age in Years: \_\_\_\_\_  
 Present Use: Warehouse      Prior Use: \_\_\_\_\_

**X. ASBESTOS INSPECTION:**  
 Was site inspected to determine presence of asbestos:  Yes       No  
 Inspection Date: 12 / 3 / 2015      Asbestos Present?  Yes       No  
 Inspector: Stuart Horton      Cert. No.: ABI-00005629      Expiration Date: Jan 7, 2017  
 Identify suspect materials sampled: 20% Chrysotile  
 Laboratory Analysis: TEM      PLM       Other \_\_\_\_\_  
 Name of Laboratory: EMSL Analytical Labs

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

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

**XIII. WASTE TRANSPORTER:** Name: Republic Waste  
 Full Mailing Address: 3246 Hwy 42, Hattiesburg MS 39042  
 Contact Person: Franklin McAbee      Telephone: 601 268 9137

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: Pine Belt Regional Solid Waste Landfill  
 Physical Location: 5274 Highway 29, Perry County Mississippi  
 Full Mailing Address: PO Box 389 Petal, MS 39465  
 Contact Person: Tony Harrison Executive Director Telephone: 601 545 6676  
 \*All asbestos waste should go to a permitted sanitary landfill.

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):**  
 Name: \_\_\_\_\_  
 Physical Location: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \*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 type="checkbox"/> Strip & Removal	<input type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input 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 type="checkbox"/> Containment	<input checked="" type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input 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:**  
 Cut membrane with knife blade, utilize backpack sprayers to keep wet, roll up in easy to lift sections, and tape. Place in lined dumpster and tape shut when full.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \*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:    /   /   


**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.

Arlis Hicks - VP General Manager  
**Type or Print Name & Title**

  
**Signature** 2/7/18  
**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