

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) <input type="radio"/>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input checked="" type="radio"/> D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Georgia Pacific Grenada OSB Plant					
Bldg. Name: Throughout site, see attached listing and site plan					
Address 44 US-51					
City: Duck Hill	State: MS	Zip: 38925			
Site Location: US 51 Near Elliott		Tel: 404-825-6858			
Building Size: See attached listing	# of Floors: 1-3	Age in Years: 36			
Present Use: Vacant	Prior Use: OSB Manufacturing Plant				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Georgia Pacific Consumer Products					
Address: 133 Peachtree St NE					
City: Atlanta	State: GA	Zip: 30303			
Contact: Shannon Perez		Tel: 404-652-3916			
REMOVAL CONTRACTOR: Lakeshore Environmental					
Address: 5513 Eastcliff Industrial Loop					
City: Birmingham	State: AL	Zip: 35210			
Contact: William Stanley Roth		Tel: 205-943-5711			
OTHER OPERATOR: Target Contractors, LLC					
Address: 9797 Highway 78					
City: Ladson	State: SC	Zip: 29456			
Contact: Debbi Marshall					
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):					
PLM Zach Usher MS Asbestos Inspector ABI-00010343 on 8/11/20					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	Indicate Unit of Measurement Below UNIT
			SEE ATTACHED FOR NON FRIABLE MATERIAL TO BE REMOVED		
Pipes				Ln Ft:	Ln M:
Surface Area				Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/23/20				Complete: 12/11/20	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/23/20 (areas without asbestos)				Complete: 05/31/20	

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Dept. of Environmental Quality

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

Non friable material to be removed via manual methods. Conventional demolition using excavators and attachments.

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

Wet methods, material will be kept adequately wet during abatement.

XII. WASTE TRANSPORTER #1

Name: Target Contractors, LLC

Address: 9797 Highway 78

City: Ladson

State: SC

Zip: 29456

Contact Person: Martin Ramey

Tel: 843-388-3905

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Leflore County Landfill

Address: 15200 Highway 49 South

City: Sidon

State: MS

Zip: 38954

Tel: 662-455-7762

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:

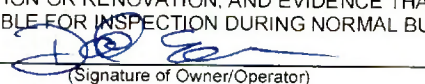
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, notify owner. Once material is properly logged continue with abatement

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.

David Evans

Type or Print Name



(Signature of Owner/Operator)

11/6/20

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

David Evans

Type or Print Name



(Signature of Owner/Operator)

11/6/20

(Date)