

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) Annual					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: International Paper Company					
Address 3737 Highway 3 North					
City: Redwood	State: MS	Zip: 39156			
Site Location: International Paper - Vicksburg Mill			Tel: (601) 638-3665		
Building Size	# of Floors:	Age in Years:			
Present Use:	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: International Paper					
Address: 3737 Highway 3 North					
City: Redwood	State: MS	Zip: 39156			
Contact: Alexandra Yutzy			Tel: (601) 631-8237		
REMOVAL CONTRACTOR The Brock Group					
Address: 36302 Highway 30					
City: Geismar	State: LA	Zip: 70734			
Contact: Aberaldo Lasalle			Tel: (318) 953-7281 or (601) 638-6300		
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
PAC Environmental Inspector: Kelvan Ross, who collected air samples on 3/4/2020, 3/16/2020, 3/17/2020, 3/18/2020 using NIOSH Method 7400, "A" Counting Rules					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<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	UNIT
Pipes	500		N/A	N/A	Ln Ft: X
Surface Area	200	N/A	N/A	Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/1/2021				Complete: 12/31/2021	
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:

Air monitoring, negative air on contaminants and glove-bag along with sufficient wetting.

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1716 N County Line Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Michael Raley

Tel: (866) 889-8403 or (601) 613-8671

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 Line 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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Job will 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.

Alexandra Yutzy
Type or Print Name

Alexandra Yutzy
(Signature of Owner/Operator)

12/10/2020
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alexandra Yutzy

Type or Print Name

Alexandra Yutzy
(Signature of Owner/Operator)

12/10/2020
(Date)