

# 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) <b>A = Annual</b>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R = Renovation</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <b>Georgia Pacific</b>			
Address: <b>604 N.A. Sandifer Road</b>			
City: <b>Monticello</b>	State: <b>MS</b>	Zip: <b>39654</b>	
Site Location: <b>Throughout</b>		Tel: <b>(601) 587-3345</b>	
Building Size: <b>N/A</b>	# of Floors: <b>N/A</b>	Age in Years: <b>40+</b>	
Present Use: <b>Mill</b>	Prior Use: <b>Mill</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <b>Georgia Pacific</b>			
Address: <b>604 N.A. Sandifer Road</b>			
City: <b>Monticello</b>	State: <b>MS</b>	Zip: <b>39654</b>	
Contact: <b>James Little</b>		Tel: <b>(601) 587-3526</b>	
REMOVAL CONTRACTOR: <b>Gill Industries, Ltd.</b>			
Address: <b>1325 Fullerton Street</b>			
City: <b>Shreveport</b>	State: <b>LA</b>	Zip: <b>71107</b>	
Contact: <b>Marc Feibel</b>		Tel: <b>(318) 747-2225</b>	
OTHER OPERATOR: <b>N/A</b>			
Address: <b>N/A</b>			
City: <b>N/A</b>	State: <b>N/A</b>	Zip: <b>N/A</b>	
Contact: <b>N/A</b>			
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>assumed</b>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed	Indicate Unit of Measurement Below
		Category I      Category II	UNIT
Pipes	5,000		Ln Ft: <b>X</b> Ln M:
Surface Area	5,000		Sq Ft: <b>X</b> Sq M:
Vol RACM Off Facility Component			Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>1/4/2021</b>		Complete: <b>12/31/2021</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>N/A</b>		Complete: <b>N/A</b>	

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Dept. of Environmental Quality

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

**Remove ACM to accommodate repairs on pipe for maintenance.**

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

Strip & removal, wet method, double bagging, glovebag.

XII. WASTE TRANSPORTER #1

Name: Plantation Oaks Landfill

Address: 35 Shieldsboro Road

City: Sibley

State: MS

Zip: 29165

Contact Person: Andy Yates

Tel: (601) 660-2544

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N County Line

City: Ridgeland

State: MS

Zip: 39157

Tel: (601) 420-8243

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event: N/A

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

N/A

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:

**Wet material, regulate area, notify owner & MDEQ.**

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.

N. L. Currault, III - President

Type or Print Name

  
(Signature of Owner/Operator)

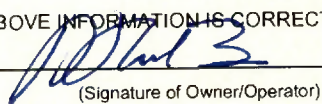
1/4/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

N. L. Currault, III - President

Type or Print Name

  
(Signature of Owner/Operator)

1/4/2021

(Date)