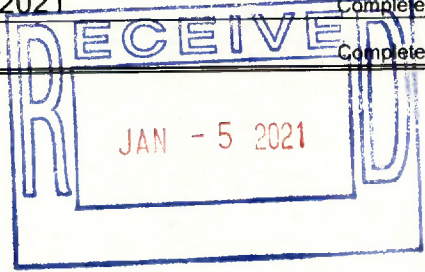


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) A = Annual							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R = Renovation							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Georgia Pacific							
Address: Hwy 28 West							
City: Taylorville	State: MS	Zip: 39168					
Site Location: Throughout		Tel: (404) 652-6445					
Building Size: N/A	# of Floors: N/A	Age in Years: 40+					
Present Use: Mill	Prior Use: Mill						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Georgia Pacific							
Address: Hwy 28 West							
City: Taylorville	State: MS	Zip: 39168					
Contact: Dana Mann		Tel: (404) 652-6445					
REMOVAL CONTRACTOR: Gill Industries, Ltd.							
Address: 1325 Fullerton Street							
City: Shreveport	State: LA	Zip: 71107					
Contact: Marc Feibel		Tel: (318) 747-2225					
OTHER OPERATOR: N/A							
Address: N/A							
City: N/A	State: N/A	Zip: N/A					
Contact: N/A							
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):							
assumed							
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 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Category I</td> <td style="width: 50%; text-align: center;">Category II</td> </tr> </table>		Category I	Category II	Indicate Unit of Measurement Below UNIT	
				Category I	Category II		
RACM To Be Removed	UNIT						
Pipes	200			Ln Ft: X	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: 1/4/2021		Complete: 12/31/2021					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A		Complete: N/A					



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: Republic Services

Address: 1035 Brandon Road

City: Flowood

State: MS

Zip: 39232

Contact Person: Mike Raley

Tel: (601) 420-8243

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

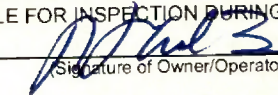
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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)