

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) O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Former Twin Rivers Paper				
Bldg. Name: Former Plant/Warehouse and support structures				
Address 196 Burrows Drive				
City: Pickens	State: MS	Zip: 39079		
Site Location: US 51 and Burrows Dr		Tel: 662-468-2183		
Building Size 95,000 SF	# of Floors: 1	Age in Years: unknown		
Present Use: Vacant	Prior Use: Former Twin Rivers Paper			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Twin Rivers Paper Company				
Address: 85 New Hampshire Avenue, Suite 100				
City: Portsmouth	State: NH	Zip: 03801		
Contact: John Graves		Tel: 205-644-1485		
REMOVAL CONTRACTOR Target Contractors, LLC David Evans ABC-00010554				
Address: 9797 Highway 78				
City: Ladson	State: SC	Zip: 29456		
Contact: David Evans		Tel: 843-469-5782		
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 Brad McKnight MS Asbestos Inspector ABI-00001685 on 1/6/21				
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				Ln Ft: Ln M:
Surface Area	Floor tile			Sq Ft: 500 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/22/2021 Complete: 2/23/2021				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/24/2021 Complete: 4/2/2021				

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 FEB 09 2021
 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 CRUMBLLED, 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)

2/8/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

David Evans

Type or Print Name

(Signature of Owner/Operator)

2/8/2021

(Date)