

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail/notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only) 4.1.2022	Date Received 4.4.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> D			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): At CL02 storage tanks			
Bldg. Name: N/A			
Address: 157 Buck Creek Rd			
City: New Augusta	State: MS	Zip: 39462	RECEIVED APR 04 2022 Dept. of Environmental Quality
Site Location: New Augusta, MS		Tel: 601-964-8411	
Building Size: N/A	# of Floors: N/A	Age in Years: N/A	
Present Use: N/A	Prior Use: N/A		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Leaf River Cellulose, LLC			
Address: 157 Buck Creek Rd			
City: New Augusta	State: MS	Zip: 39462	
Contact: Chris Carroll		Tel: 601-606-3601	
ASBESTOS REMOVAL CONTRACTOR: Industrail Asbestos Removal			
Address: 11637 Sunbelt Court			
City: Baton Rouge	State: LA	Zip: 70809	
Contact: Reynaldo Herrera		Tel: 832-317-8378	
Certification Number: ABS-00009887		Expiration Date: 6/9/2022	
OTHER OPERATOR: N/A			
Address: N/A			
City: N/A	State: N/A	Zip: N/A	
Contact: N/A		Tel: N/A	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <input checked="" type="radio"/> Yes			
WAS ASBESTOS PRESENT? (Yes/No): <input checked="" type="radio"/> Yes		Inspection Date: 6/3/2021	
Inspector: Stuart Horton	Certification Number: ABI-00005629	Expiration Date: 1-13-2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Black mastic ACM collected and analyzed by EMSL Analytical, Inc.			
VII. QUANTITY OF RACM TO BE REMOVED: <input type="radio"/> 0			
Pipes (LN FT): <input type="radio"/> 0	Surface Area (SQ FT): 100+/-	Volume of Facility Components (CU FT): <input type="radio"/> 0	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Less than 1 cubic yard			
Category I: N/A		Category II: <input checked="" type="radio"/> Yes	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/18/22		Complete: 4/19/22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A		Complete: N/A	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Gathering nonfriable mastic from ground and walkways that has been blown off of CL02 vessels.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Materials will be bagged and sealed.		
XIII. WASTE TRANSPORTER #1 Pine Belt Regional Solid Waste Management Authority		
Name: Pine Belt Regional Solid Waste Management Authority		
Address: 5279 MS-29		
City: Overtt	State: MS	Zip: 39464
Contact Person: Tony Harrison		Tel: 601-545-2121
WASTE TRANSPORTER #2 N/A		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE Same as Transporter		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: N/A		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XVI. FOR EMERGENCY RENOVATIONS: N/A		
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:		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
XVIII. 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.		
<u>Joel M Engle</u> Type or Print Name	<u>Joel M Engle</u> (Signature of Owner/Operator)	<u>3/31/2022</u> (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<u>Joel M Engle</u> Type or Print Name	<u>Joel M Engle</u> (Signature of Owner/Operator)	<u>3/31/2022</u> (Date)