MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: XEmail □Mail □Hand Delivery	Postmark (mail only)		Date Received 2/25/2025		Al Number 1631	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):						
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):						
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Georgia-Pacific Monticello, LLC						
Bldg. Name:						
Address: 604 N.A. Sandifer Hwy						
City: Monticello		State: MS		Zip: 39654		
Site Location: Pulp Mil Wash Liqiuor heaters				Tel: 601-455-1731		
Building Size: N/A		# of Floors: N/A		Age in Years: 40+		
Present Use: N/A		Prior Use: N/A				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)						
OWNER NAME: Georgia-Pacific Monticello, LLC						
Address: 604 N.A. Sandifer Hwy						
City: Monticello		State: MS		Zip: 39654		
Contact: Heather Owens				Tel: 601-455-1731		
ASBESTOS REMOVAL CONTRACTOR: Apache Industrial Services, INC						
Address: 250 Assay St. Suite 500						
_{City:} Houston		State: Texas		_{Zip:} 77044		
Contact: Stanley Smith				_{Tel:} 409-718-5217		
Certification Number: ABC-00012143		Expiration Date: 01-31-2026				
OTHER OPERATOR: N/A						
Address: N/A						
City: N/A Sta		State: N/A		z _{ip:} N/A		
Contact: N/A		Tel: N/A				
v. was site inspected to determine presence of asbestos? (Yes/No): no Presumed						
WAS ASBESTOS PRESENT? (Yes/No): N/A Inspection Date: N/A						
Inspector: N/A Certification Number: N/A Expiration Date: N/A						
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:						
N/A						
VII. QUANTITY OF RACM TO BE REMOVED: Nepfrichle form along and Mastic						
Noninable loan glass and wastic						
Pipes (LN FT): N/A		SQ FT): 1,006		Volume of Facility Co	mponents (CU FT): N/A	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A						
Category I: N/A Category II: N/A						
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/10/25 Complete: 03/15/25						
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: Removal of foam glass and mastic utilizing NESHAP and wet methods waste will be doubled bag in acm bags with labels. Removal of asbeastos friable and non firable materials utilizing glove bag, negative pressure enclosures, NESHAP, and wet methods XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE **DEMOLITION OR RENOVATION SITE:** regulated area with signs. respirators with P100 filters and disposable suits. 6 mil poly drop cloths, negative pressure enclosures, glove bags, Wet methods and prompt cleanup. XIII. WASTE TRANSPORTER #1 Republic Services Name: Republic Services Address: 1035 Old Brandon Rd City: Flowood State: MS Zip: 39232 Contact Person: Michael Raley Tel: 601-420-4243 N/A WASTE TRANSPORTER #2 Name: N/A N/A Address: N/A N/A City: N/A State: Zip: N/A Contact Person: N/A Tel: XIV. WASTE DISPOSAL SITE Republic Services Little Dixie Landfill Name: Republic Services Little Dixie Landfill Address: 1718 N County Line Rd City: Ridgeland State: MS Zip: 39157 Contact Person: Michael Raley Tel: 601-420-8243 XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: N/A N/A Title: N/A Authority: N/A N/A Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): N/A XVI. FOR EMERGENCY RENOVATIONS: N/A Date and Hour of Emergency (MM/DD/YY): 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 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: All work will stop material will be wetted and a barricade set around the area, proper authorities will be notified and then promt cleanup by qualified persons 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. Stanley Smith Stanley Smith 02/24/25 Type or Print Name (Signature of Owner Operator) (Date) XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Matthew Fry Matt Frv 2/25/25 Type or Print Name (Signature of Owner/Operator) (Date)