

"REV"

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

|  |  |                                     |   |           |
|--|--|-------------------------------------|---|-----------|
| MDEQ Use Only:<br><input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery |  | Postmark (mail only)<br>12.15.2022  | Date Received                                     | AI Number |
| <b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <b>A=ANNUAL</b>                                      |  |                                     |   |           |
| <b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R=RENOVATION</b>                       |  |                                     |   |           |
| <b>III. FACILITY DESCRIPTION</b> (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>              |   |           |
| <b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos 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>Heather Owens</b>  |  |                                     | Tel: <b>(601) 455-1731</b>                        |           |
| ASBESTOS 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>                        |           |
| Certification Number: <b>ABC-00004994</b>  |  |                                     | Expiration Date: <b>7/25/2023</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>  |  |                                     | Tel: <b>N/A</b>                                   |           |
| <b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <b>NO</b>  |  |                                     |   |           |
| WAS ASBESTOS PRESENT? (Yes/No): <b>YES</b>   |  |                                     | Inspection Date: <b>N/A</b>                       |           |
| Inspector: <b>N/A</b>  |  | Certification Number: <b>N/A</b>    | Expiration Date: <b>N/A</b>                       |           |
| <b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>                            |  |                                     |   |           |
| <b>Mastic &amp; TSI - PLM Bulk Samples</b>   |  |                                     |   |           |
| <b>VII. QUANTITY OF RACM TO BE REMOVED:</b>  |  |                                     |   |           |
| Pipes (LN FT): <b>10,000</b>   |  | Surface Area (SQ FT): <b>45,000</b> | Volume of Facility Components (CU FT): <b>N/A</b> |           |
| <b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>  |  |                                     |   |           |
| Category I: <b>N/A</b>   |  |                                     | Category II: <b>N/A</b>                           |           |
| <b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: <b>1/1/2023</b>  |  |                                     | Complete: <b>12/31/2023</b>                       |           |
| <b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: <b>N/A</b>   |  |                                     | Complete: <b>N/A</b>                              |           |

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

Remove ACM to accommdate repairs on pipe for maintenance.

**XII. 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.

**XIII. WASTE TRANSPORTER #1**

Name: Republic Services

Address: 1035 Old Brandon Road

City: Flowood

State: MS

Zip: 39232

Contact Person: Logan Deck

Tel: (601) 420-8253

**WASTE TRANSPORTER #2**

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Little Dixie Landfill

Address: 1716 N County Line

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Mike Raley

Tel: (601) 420-8243

**XV. 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

**XVI. 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

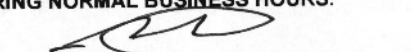
**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:**

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

**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.**

D. M. Feibel, Vice President

Type or Print Name



(Signature of Owner/Operator)

11/30/2022

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

D. M. Feibel, Vice President

Type or Print Name



(Signature of Owner/Operator)

11/30/2022

(Date)