

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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)		Date Received 05/15/2025	AI Number 70363
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) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Georgia-Pacific Plywood Plant					
Address 105 Smith County Road 25					
City: Taylorsville		State: MS		Zip: 39168	County: Smith
Site Location: Plywood Plant				Tel: 601-785-4721	
Building Size N/A		# of Floors: N/A		Age in Years: 50+	
Present Use: Producing plywood		Prior Use: Producing plywood			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)					
OWNER NAME: Georgia-Pacific Wood Products LLC					
Address: 105 Smith County Road 25					
City: Taylorsville		State: MS		Zip: 39168	
Contact: Jeff Bonkoski				Tel: 601-627-9278	
ASBESTOS REMOVAL CONTRACTOR: Taylor Construction Company, Inc.					
Address: 28 Taylor Circle					
City: Laurel		State: MS		Zip: 39443	
Contact: Tyler Lowe				Tel: 601-426-2987	
Certification Number: ABC-00010382				Expiration Date: Renewing license	
OTHER OPERATOR: NA					
Address: NA					
City: NA		State: NA		Zip: NA	
Contact: NA				Tel: NA	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes					
WAS ASBESTOS PRESENT? (Yes/No): Yes				Inspection Date: April 2025	
Inspector: David Griffin		Certification Number: ABI-00013096		Expiration Date: 05/31/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Inspected veneer dryer 2 equipment and construction drawings.					
VII. QUANTITY OF RACM TO BE REMOVED: 6300 3/8 inch asbestos washers, 50 feet asbestos rope					
Pipes (LN FT): 4000 feet roll board		Surface Area (SQ FT):		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:					
Category I: NA				Category II: NA	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/1/2025				Complete: 7/30/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/1/2025				Complete: 7/30/2025	

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

Remove ACM in veneer dryer 2, and handle and dispose of properly.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Removal of ACM using wet method, comply with NESHAP, trained people, proper handling, and proper disposal.

XIII. WASTE TRANSPORTER #1

Name: Taylor Construction Company, Inc.

Address: 28 Taylor Circle

City: Laurel

State: MS

Zip: 39443

Contact Person: Tyler Lowe

Tel:

WASTE TRANSPORTER #2 NA

Name: NA

Address: NA

City: NA

State: NA

Zip: NA

Contact Person: NA

Tel:

XIV. WASTE DISPOSAL SITE

Name: Waste Management Clearview Landfill

Address: 2253 Mudline Road

City: Lake

State: MS

Zip: 39092

Contact Person: Angie Mizell

Tel: 601-536-3240

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: NA

Title: NA

Authority: NA

Date of Order (MM/DD/YY): NA

Date Ordered to Begin (MM/DD/YY): NA

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): NA

Description of the sudden unexpected event:

NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

NA

XVII. 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, control access to area, notify MDEQ.

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.

Billy Cruse

Type or Print Name

(Signature of Owner/Operator)

May 14, 2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Billy Cruse

Type or Print Name

(Signature of Owner/Operator)

May 14, 2025

(Date)