

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 9-15-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Main building, Counter top warehouse				
Address: 105 F SCR 25				
City: Taylorsville		State: MS	Zip: 39168	
Site Location: Roseburg Forest Products Particleboard		Tel: 601.785.4734		
Building Size: 50,000 sq ft		# of Floors: 1	Age in Years: 50	
Present Use: Particleboard Production		Prior Use: same		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Roseburg Forest Products				
Address: 105 F SCR 25				
City: Taylorsville		State: MS	Zip: 39168	
Contact: John Perkins		Tel:		
ASBESTOS REMOVAL CONTRACTOR: Pearson Environmental Services, LLC				
Address: 106 Southpoine Drive				
City: Byram		State: MS	Zip: 39272	
Contact: Chris Pearson		Tel: 601.937.1186		
Certification Number: ABC-00005297		Expiration Date: 1/5/2023		
OTHER OPERATOR: N/A				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 8/25/2022		
Inspector: Chris Pearson		Certification Number: ABI-00002023	Expiration Date: 1/5/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Friable Thermal System Insulation - PLM Analysis (NVLAP Approved Laboratory)				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 365	Surface Area (SQ FT):		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/28/2022		Complete: 9/30/2022		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/28/2022		Complete: 9/30/2022		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

Full containment setup with negative air accomplished via HEPA filtration. All TSI removed by wet method and bagged in 6 mil poly bags and disposed of in approved landfill.

XIII. WASTE TRANSPORTER #1Name: Pearson EnvironmentalAddress: 106 Southpointe DriveCity: ByramState: MSZip: 39272Contact Person: Chris PearsonTel: 601.937.1186**WASTE TRANSPORTER #2** N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITEName: Little Dixie LandfillAddress: 1716 County Line RoadCity: RidgelandState: MSZip: 39157Contact Person: Mike RaleyTel: 601.613.8671**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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Work will stop; apply amended water material, containment set for material additional air monitoring

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.Chris Pearson

Type or Print Name

[Signature]

(Signature of Owner/Operator)

9/15/22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:Chris Pearson

Type or Print Name

[Signature]

(Signature of Owner/Operator)

9/15/22

(Date)