

"Rev"

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

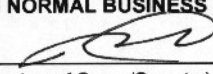
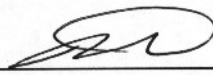
MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 12.15.2022	Date Received	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): A=ANNUAL				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R=RENOVATION				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: International Paper Co.				
Address: 3737 Hwy 3 North				
City: Redwood		State: MS	Zip: 39156	
Site Location: Vicksburg Mill			Tel: (601) 831-8381	
Building Size: 80,000sf appx		# of Floors: 4	Age in Years: 50+	
Present Use: Manufacturing		Prior Use: Manufacturing		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: International Paper Co.				
Address: PO Box 358				
City: Redwood		State: MS	Zip: 39156	
Contact: Lonnie Boyd			Tel: (601) 831-8381	
ASBESTOS REMOVAL CONTRACTOR: Gill Industries, Ltd.				
Address: 1325 Fullerton Street				
City: Shreveport		State: LA	Zip: 71107	
Contact: Marc Feibel			Tel: (318) 747-2225	
Certification Number: ABC-00004994			Expiration Date: 7/25/2023	
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): NO				
WAS ASBESTOS PRESENT? (Yes/No): YES			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:				
Mastic & TSI - PLM Bulk Samples				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 1,000	Surface Area (SQ FT): 1,000		Volume of Facility Components (CU FT): N/A	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: N/A		Category II: N/A		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/1/2023			Complete: 12/31/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

155

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XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Remove ACM to accommodate 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 ASBESTOS MATERIAL BECOMES CRUMBLED, 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		11/30/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
D. M. Feibel, Vice President		11/30/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)

