

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: ☐☐Email ☐Mail ☐Hand Delivery	Postmark (mail only)	Date Recei	0-23	Al Number				
I. Type of Notification (O=Original R=Revised	Type of Notification (O=Original R=Revised C=Canceled A= Annual): R=Revised							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D=Demo								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):								
Bldg. Name: Georgia Pacific Monticello, LLC								
Address: 604 N A Sandifer Hwy								
city: Monticello State: MS		z	Zip: 39654					
Site Location: Pulp Mill Ground Floor/Water Reservoir Tank			Tel: 601-455-1731					
Building Size: 13,500	# of Floors: 1	A	Age in Years: 40					
Present Use: Industrial	Prior Use: Indust	Prior Use: Industrial						
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	y: Monticello State: MS		Zip: 39654					
Contact: Heather Jackson			Tel: 601-455-1731					
ASBESTOS REMOVAL CONTRACTOR: The Winter Construction Company								
Address: 3350 Green Pointe Parkway Ste. 200								
ty: Norcross State: GA		z	Zip: 30092					
Contact: Andrew Holtzapfel		33/31/3 T	Tel: 404-965-2337					
Certification Number: ABC-00001560			Expiration Date: 04/11/2023					
OTHER OPERATOR: Independence Excavating, Inc.								
Address: 5720 E. Schaaf Road								
City: Independence	State: OH	z	Zip: 44131					
Contact: Colleen Loredo			Tel: 216-276-3014					
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes								
WAS ASBESTOS PRESENT? (Yes/No): Yes			on Date: 12/14/2022					
Inspector: Stephen Knerr	Certification Number: ABI-00011679		Expiration D	o _{ate:} 9/1/2023				
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Black Tank Coating, Gaskets - PLM Bulk Samples								
VII. QUANTITY OF RACM TO BE REMOVED:								
Pipes (LN FT):	Surface Area (SQ FT): 33000		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: 02/20/2023 Complete: 06/09/2023								
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/20/2023 Complete: 06/09/2023								

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demolition of tanks and equipment from the plant. Tanks that have black tank coating, the asbestos abstement contractor will remove the coating by wat hand removal methods on the proposed cut lines of the tanks. Remaining coating will be encapsulated. The tanks will be cut where the asbestos was removed into manageable pieces and will be loaded into a double lined container for proper disposal at an asbestos permitted landfill. The entire tanks with asbestos coating will be disposed of at the permitted landfill as asbestos containing material.							
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:							
. •	Regulate area, trained and MS accredited supervisor/workers, PPE, wet hand removal methods, intact removal						
methods XIII. WASTE TRANSPORTER #1							
Name: Delta Waste Solutions							
Name: Delta Waste Goldtons Address: 5 River Bend Place							
City: Flowood	State: MS Zip: 39232						
Contact Person: Raymond Lightfoot	State;		Tel: 502-803-1733				
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WASTE TRANSPORTER #2							
Name:							
Address: City:			77				
Contact Person:	State:		Zip: Tel:				
XIV. WASTE DISPOSAL SITE			. rei.				
Name: Republic Services - Little Dixie Landfill							
Address: 1716 N County Line Road							
City: Ridgeland	State: MS		Zio: 39157				
Contact Person: Raymond Lighfoot	Odd.		Tel: 502-803-1733				
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
Name: NA							
Authority: NA							
Date of Order (MM/DD/YY): NA Date Ordered to Begin (MM/DD/YY): NA							
XVI. FOR EMERGENCY RENOVATIONS: NA							
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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:							
Wet material, regulate area, notify owner & MDEQ							
XVIII I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PRO	OVISIONS OF TH	iie beci ii v	TION (A) CER PART	e4 clippadt un wii i re			
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.							
Andrew Holtzapfel (2/09/2023							
Type or Print Name (Signature of Owner/Operator) (Date)							
XIX I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT ALL DIME 2/10/2023							
Type or Print Name	(Signature of Owner	r/Operator)		(Date)			