

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 08-09-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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 Stud Mill				
Address: 105 Smith County Road 25				
City: Taylorsville		State: MS	Zip: 39168	
Site Location: Stud Mill			Tel: (601) 785-4721	
Building Size: N/A		# of Floors: N/A	Age in Years: 40+	
Present Use: Producing lumber		Prior Use: Producing lumber		
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) 785-0493	
ASBESTOS REMOVAL CONTRACTOR: Taylor Construction Company, Inc.				
Address: 28 Taylor Circle				
City: Laurel		State: MS	Zip: 39443	
Contact: Shelton Cooley			Tel: (601) 426-2987	
Certification Number: ABC-00010382			Expiration Date: 8/26/2023, renewal in process	
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): Yes, analyzed at laboratory				
WAS ASBESTOS PRESENT? (Yes/No): Yes, up to 10%			Inspection Date: 7/24/2023	
Inspector: Robert Pearson		Certification Number: ABI-00006463	Expiration Date: 2/15/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Sampled roofing materials of tar roof, insulation, and concrete & felt. Utilized microscope by PLM, and found to be up to 10% asbestos.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 2700		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: 8/21/2023			Complete: 9/29/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/21/2023			Complete: 9/29/2023	

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

Remove ACM in roofing materials, 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, NESHAP, trained people, double bagging 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: (601) 426-2987

WASTE TRANSPORTER #2 N/A

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North 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: N/A

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Wet material, regulate area, notify owner and 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.

Mark Boyd

Type or Print Name

Mark Boyd
(Signature of Owner/Operator)

8-7-23
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Mark Boyd

Type or Print Name

Mark Boyd
(Signature of Owner/Operator)

8-7-23
(Date)