

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MOEQ Use Only Email Mail Hand Delivery	Postman, mail only:	6/18/2024	9342		
I. Type of Notification (O=Original R=Revis	sed C=Canceled A= Annual1: R				
II. TYPE OF OPERATION (D=Demo O= On	entropies and the state of the second	Renovation): D			
III. FACILITY DESCRIPTION (Include building	The state of the s				
Bidg, Name Leaf River Saw Mill A	THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED TO BE AND PERSON NAMED TO SERVICE AND PERSON NAMED TO SER	RT 9 1 NA MET (	retident ander in terrene yet open against skalent med en gelen ag de inkept her it fleder en an en yet and en a		
Address 157 Buck Creek Rd					
City New Augusta	State: Mississ	ippi <sub>Zip.</sub> 39462			
Site Location. Administration Buildi	A RATIONAL LA CONTRACTOR DE LA CONTRACTO	Tel:			
Building Size 5600 Sq Ft	# of Floors, 1	The second secon			
Present Use Shutdown		rior Use: Administartion			
IV. FACILITY INFORMATION (Identify owner	AND THE RESIDENCE OF THE PARTY	er (1995) tem er en Montemuster er en er en er en er en			
OWNER NAME GEORGIA PAC		The second secon			
Address: 157 Buck Creek Rd	The second secon				
City New Augusta	State: Mississ	ippi <sub>Zip:</sub> 39462			
Contact: Tommy Key	1 State:	Tet 601-964	-7535		
ASBESTOS REMOVAL CONTRACTOR CO	past To Coast Industrial	181.00.00			
Address 1170 W St Hwy 92	and the second s				
City Newton	State: Alabam	a <sub>Zip</sub> 36352			
Contact: Jim Kruk	Juste.	Tel: 251-776	-3891		
Certification Number: ABC-00012838		Expiration Date: 4/13/2			
OTHER OPERATOR Bierlein Compa		The second and the second seco	age para de la Careta de La Careta de Ca Careta de Careta		
Address 2000 Bay City Rd	Clause and white enterprise of the control for the commission in the substitution and a strong or the substitution of the subs				
Dity. Midland	State: Michiga	n <sub>Zip:</sub> 48462			
Contact: Michale Bublitz	The real NATE And the second s	Tel 989-698	-2230		
/. WAS SITE INSPECTED TO DETERMINE	PRESENCE OF ASRESTOS? (Yes/N		enterlandingspelare in the second are given as a transmission of a partial temperature and given appropriate		
WAS ASBESTOS PRESENT? (Yes/No): Ye			tion Dato: 7/11/2023		
Inspector Stephan Kerr	Certification Number. ABI-00		on Date 9/1/2024		
A. SUSPECT MATERIALS SAMPLED AND	PROCEDURES USED TO DETECT	THE PRESENCE OF ASBES	TOS MATERIAL:		
suspect materials sampled and uspect materials analyzed by					
		more designed and most designed as a company of the			
VII. QUANTITY OF RACM TO BE REMOVED	D:Floor Tile				
Pipes (LN FT):	Surface Area (SQ FT), 2,800	Volume of Facility	Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBEST	OS NOT REMOVED.	muyan kaling par kalingan menakan saga kalingan kalingan kalingan mena <del>lah menakan kalingan pang saga pang saga</del>	general promotogica posecuto no supera con cigare a confloración de participa de la participa de la basilista de la confloración de la confloració		
	Ca	tegory II:			
Category I:	The second secon	The second section of the sect			
Category I <sup>*</sup> IX, SCHEDULED DATES ASBESTOS REMO		24 Complet	e: 8/2/2024		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA The removal of asbestos material to avoid	ATION WORK, AND any demolitio	METHOD(S	s) то ве used: bance of materia	al	
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERIDEMOLITION OR RENOVATION SITE:  Utilization of hand scrapers using the wet r		BE USED	TO PREVENT EMISSION	ONS OF ASBESTOS AT THE	
XIII. WASTE TRANSPORTER #1					
Name: E3 Enviromental					-
Address: 3421 Industrial Road					
<sub>City:</sub> Pascagoula	State: Mississip	opi	Zip: 39581		
Contact Person: Chris Garcia			Tel: 251-230-211	0	
WASTE TRANSPORTER #2					
Name:					
Address:					
City:	State:		Zip:		
Contact Person:			Tel:		
XIV. WASTE DISPOSAL SITE					
Name: Pine Belt Regional Solid Waste Manag	gemnet Autho	rity			
Address: 5274 Hwy 29 S					-
City: Ovett	State: MS		Zip: 39464		
Contact Person:Amanda Ellis			<sub>Tel:</sub> 601-545-6676		
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENC	CY, PLEASE IDENTI	FY THE AC	SENCY BELOW:		
Name:		Title:			
Authority:					
Date of Order (MM/DD/YY):	Date C	Ordered to B	Begin (MM/DD/YY):		
XVI. FOR EMERGENCY RENOVATIONS:					
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 da	ımage or an	n unreasonable financial	l burden:	
-					
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED Work stops, Wet materials, access to area restricted icensed contractor and analyzed. If positive MDEQ reports will abbe materials.	D, PULVERIZED, OR	REDUCE	D TO POWDER:	coriolo comunical had	
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PRO ONSITE DURING THE DEMOLITION OR RENOVATION, AND I THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURI				SUBPART M) WILL BE EEN ACCOMPLISHED BY	
James Kruk	Jam Kenk			6/18/24	
Type or Print Name	(Signature of Owner/Op	erator)		(Date)	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT	CT:	11,		(Date)	
Type or Print Name	LAMO DA	wje		6/18/24	
- Special Final Nation	(Signature of Owner/Op	erator)		(Date)	