



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 02-22-2024	AI Number 1631
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O = Original				
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: Georgia Pacific Monticello, LLC				
Address: 604 N.A. Sandifer Hwy				
City: Monticello		State: MS	Zip: 39654	
Site Location: #1 Digester			Tel: 601-455-1731	
Building Size:		# of Floors:	Age in Years: 40	
Present Use:		Prior Use:		
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		State: MS	Zip: 39654	
Contact: Heather Owens			Tel: 601-455-1731	
ASBESTOS REMOVAL CONTRACTOR: 3S-Team, LLC.				
Address: 5330 Vista Rd.				
City: Pasadena		State: TX	Zip: 70769	
Contact: Josh Fudge			Tel: (225)933-7589	
Certification Number: ABC-00012482			Expiration Date: 2/7/2025	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Site was not inspected for asbestos. Asbestos is assumed due to age.				
VII. QUANTITY OF RACM TO BE REMOVED: TSI PIPING				
Pipes (LN FT):		Surface Area (SQ FT): 280	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: 3/6/2024			Complete: 3/8/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Glove Bag Method of Removal - All waste to be bagged and double bagged.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Half Face Respirators w/P100 catridges, tyvek suits, cut resistant gloves, hard hats, safety glasses and rubber boots.		
XIII. WASTE TRANSPORTER #1		
Name: Republic Services		
Address: 1035 Old Brandon Rd		
City: Flowood	State: MS	Zip: 39232
Contact Person: Michael Raley		Tel: 601-420-8243
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: Republic Services Little Dixie Landfill		
Address: 1718 N County Line Rd		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: Michael Raley		Tel: 601-420-8243
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: NA		Title: 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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:		
Assume asbestos is present, material will be made wet and removed/treated as asbestos.		
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.		
Josh Fudge		2/22/2024
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Thomas Shuckrow		2/22/2024
Type or Print Name	(Signature of Owner/Operator)	(Date)