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# 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 4/17/2024	AI Number 9342
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <del>O</del> R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): #2 CL02 storage tank				
Bldg. Name: N/A				
Address: 157 Buck Creek Rd				
City: New Augusta		State: MS	Zip: 39462	
Site Location: New Augusta, MS			Tel: 601-964-8411	
Building Size: N/A		# of Floors: N/A	Age in Years: N/A	
Present Use: N/A		Prior Use: N/A		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Leaf River Cellulose, LLC				
Address: 157 Buck Creek Rd				
City: New Augusta		State: MS	Zip: 39462	
Contact: Chris Carroll			Tel: 601-606-3601	
ASBESTOS REMOVAL CONTRACTOR: Iberville Companies LLC				
Address: 11637 Sunbelt Court				
City: Baton Rouge		State: LA	Zip: 70809	
Contact: Joseph Lambert			Tel: 225-252-1764	
Certification Number: ABC-00009701			Expiration Date: 11-17-2024	
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				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 6/3/2021	
Inspector: Stuart Horton		Certification Number: ABI-00005629	Expiration Date: 1-13-2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Black mastic ACM collected and analyzed by EMSL Analytical, Inc. EMSL Analytical used Polarized Light Microscopy - see attached testing results.				
VII. QUANTITY OF RACM TO BE REMOVED: 0				
Pipes (LN FT): 0		Surface Area (SQ FT): 0	Volume of Facility Components (CU FT): 0	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0				
Category I: N/A			Category II: Yes	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/6/24			Complete: 5-27-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-6-24			Complete: 5-27-24	

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

The brick lining inside the tank will be demoed and replaced. If the tank shell has degraded and is in need of repair, the asbestos will be removed only in the section that needs repair.

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

Containment, wet method

**XIII. WASTE TRANSPORTER #1** Republic Services

Name: Republic Services

Address: 1035 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person: Jonathan Johnson

Tel: 601-420-8271

**WASTE TRANSPORTER #2** N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE** Pine Belt Regional Solid Waste Management Authority

Name: Pine Belt Regional Solid Waste Management Authority

Address: 5279 MS-29

City: Overtt

State: MS

Zip: 39464

Contact Person: Tony Harris

Tel: 601-545-2121

**XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

**XVI. FOR EMERGENCY RENOVATIONS:** N/A

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 damage or an unreasonable financial burden:

**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:** Stop work & notify supervisor. Consult with Iberville on the proper next steps.

**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.**

Joel M Engle

Type or Print Name

*Joel M Engle*

(Signature of Owner/Operator)

~~4-15-24~~ 4-17-24

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Joel M Engle

Type or Print Name

*Joel M Engle*

(Signature of Owner/Operator)

~~4-15-24~~ 4-17-24

(Date)