## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

	mark (mail only)	Date Re	8/20/2024	Al Number 1631		
	Email					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):						
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):						
Bldg. Name: Georgia-Pacific Monticello, LLC						
Address: 604 N Sandifer Hwy						
City: Monticello State: MS			<sub>Zip:</sub> 39654			
Site Location: DA1, DA2, DA3, DA4, DA8, DA12, DA14, DA20, DA2		21	Tel: 404-652-6258			
Building Size: 13,200		# of Floors: Varies		Age in Years: Varies (Approx. 50)		
Present Use: Decommissioned						
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)						
OWNER NAME: Georgia-Pacific Monticello, LLC						
Address: 133 Peachtree Street, NE - 20th Floor						
City: Atlanta State: GA			Zip: 30303			
Contact: Shannon Johnson			Tel: 404-652-6258			
ASBESTOS REMOVAL CONTRACTOR: Brandenburg Industrial Service Company						
Address: 2217 Spillman Drive						
City: Bethlehem	State: PA		Zip: 18015			
Contact: Jay Jasinowski			Tel: 312-287-5173			
Certification Number: ABC-00012434		Expirati	Expiration Date: 01/13/2025			
OTHER OPERATOR: Demolition Contract - Same as Asbestos Removal Contractor						
Address:						
State:			Zip:			
Contact:			Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes						
WAS ASBESTOS PRESENT? (Yes/No): Yes Inspection Date: 10/25/2023						
Inspector Geoffrey Jay Certification Number: ABI-00012274 Expiration Date: 11/17/2023						
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:						
Materials Sampled: Pipe Thermal System Insulation, Caulk, Gaskets, Concrete						
Detection Method: Bulk Samples via EPA 600/R-93-116 (PLM)						
VII. QUANTITY OF RACM TO BE REMOVED: Pipe TSI						
Pipes (LN FT): 400 Surfa	ce Area (SQ FT):		Volume of Facility Co	omponents (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Gaskets						
Category I: 50 SF Category II:						
IX, SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/04/2024 Complete: 09/14/2024						
x. scheduled dates demo/renovation (MM/DD/YY) Start: 09/08/2024 Complete: 10/12/2024						

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENO	VATION WODIC AND	METHORIO				
Removal of Pipe TSI via Glove Bag/Wrap and Cut - Demo	plition of structures vi	a a combination of crane, hyd	raulic equipment, and manual labor			
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEE DEMOLITION OR RENOVATION SITE:	RING CONTROLS TO	D BE USED TO PREVENT EMI	SSIONS OF ASBESTOS AT THE			
Glove Bag, Adequately Wet Material During Removal, R component, structures will be wetted during demolition/d	egulated Area, Lice lismantling work	nsed Personnel performing re	emoval, removal of entire facility			
XIII. WASTE TRANSPORTER #1						
Name: Republic Services						
Address: 1035 Old Brandon Rd						
City: Flowood	State: MS	Zip: 39232				
Contact Person: Mike Raley	Tel: 601420		3			
WASTE TRANSPORTER #2						
Name: Brandenburg Industrial Service Company						
Address: 2217 Spillman Drive						
City: Bethlehem	State: PA	Zip: 18015				
Contact Person: Jay Jasinowski		Tel: 312-287-51	73			
XIV. WASTE DISPOSAL SITE						
Name: Little Dixie Landfill						
Address: 1716 County Line Rd						
<sub>City:</sub> Ridgeland	State: MS	Zip: 39157				
Contact Person: Mike Raley		Tel: 601-420-824	43			
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	ICY, PLEASE IDENT					
Name: Title:						
Authority:						
Date Ordered to Begin (MM/DD/YY):						
XVI. FOR EMERGENCY RENOVATIONS:		orasios to begin (manbor 17).				
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 NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLI	ED, PULVERIZED, O	R REDUCED TO POWDER:	1100.00-000			
Nork will be stopped, material will be wetted, area will be barricaded off to prevent access, sample will						
aken by MDEQ accredited building inspec	ctor					
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PRODUCTED ON RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DU			61, SUBPART M) WILL BE S BEEN ACCOMPLISHED BY			
Jay Jasinowski	08/20/2024					
Type or Print Name	(Signature of Owner/O	peratór)	(Date)			
KIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Jay Jasinowski						
Type or Print Name	18thnat	2 .	08/20/2024			
71	-(Signature of Owner/O	perator)	(Date)			