

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: □Email Mail Hand Delivery	Postmark (mail only)		Date Received		Al Number 1 U 3 1	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):						
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): Georgia-Pacific Monticello, LLC						
Bldg. Name: Plant wide						
Address: 604 N.A. Sandifer Hwy						
City: Monticello		State: MS		_{Zip:} 39654		
Site Location: 604 N.A. Sandifer Hwy			Tel: 601-455-1731			
Building Size: Mill Wide		# of Floors: N/A		Age in Years: 40		
esent Use: Paper mill Prior Use: Paper mill		mill				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) Georgia-Pacific Monticello, LLC						
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: Apache Industrial Services, INC						
Address: 250 Assay St. Suite 500						
City: Houston State		_{State:} Texas		_{Zip:} 77044		
Contact: Stanley Smith				_{Tel:} 409-718-5217		
Certification Number: ABC-00012143	Expiration Date: 02-12-2025		5			
OTHER OPERATOR: N/A						
Address: N/A						
City: N/A		State: N/A		z _{ip:} N/A		
Contact: N/A		Tel:		Tel: N/A		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):						
WAS ASBESTOS PRESENT? (Yes/No): Yes Inspection Date: N/A						
Inspector: N/A Certification Number: N/A Expiration Date: N/A						
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Presumed asbestos						
Ficaulticu dapicatos						
VII. QUANTITY OF RACM TO BE REMOVED: Non-friable and Friable ACM						
Pipes (LN FT): 10000 Surface Area (SQ FT): 20000			,	Volume of Facility Components (CU FT): N//A		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A						
Category I: N/A Category II: N/A						
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 08/27/2024 Complete: 12/31/24						
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete: N/A						

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of foam glass and mastic utilizing NESHAP and wet methods waste will be doubled bag in acm bags with labels. Removal of asbeastos friable and non firable materials utilizing glove bag, negative pressure enclosures, NESHAP, and wet methods XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE **DEMOLITION OR RENOVATION SITE:** regulated area with signs. respirators with P100 filters and disposable suits. 6 mil poly drop cloths, negative pressure enclosures, glove bags. Wet methods and prompt cleanup. XIII. WASTE TRANSPORTER #1 Republic Services Name: Republic Services Address: 1035 Old Brandon Rd Zip: 39232 State: MS City: Flowood Tel: 601-420-4243 Contact Person: Michael Raley WASTE TRANSPORTER #2 N/A N/A Name: N/A Address: City: N/A N/A N/A State: N/A N/A Tel: Contact Person: XIV. WASTE DISPOSAL SITE Republic Services Little Dixie Landfill Name: Republic Services Little Dixie Landfill Address: 1718 N County Line Rd State: MS Zip: 39157 City: Ridgeland Contact Person: Michael Raley Tel: 601-420-8243 XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A Name: Title: N/A Authority: N/A N/A

Date Ordered to Begin (MM/DD/YY): Date of Order (MM/DD/YY): N/A 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: N/A XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: All work will stop material will be wetted and a barricade set around the area, proper authorities will be notified and then promt cleanup by qualified persons 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. 08/09/2024 Stanley Smith ture of Owner/Operator (Date) Type or Print Name XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Digitally signed by Heather Owens Date: 2024 08.07 17:22:32 -05'00' Heatter Drens 08/07/2024 Heather Owens (Signature of Owner/Operator) (Date) Type or Print Name