

# 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 2/25/2025	AI Number 1631
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>A</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <b>Georgia-Pacific Monticello, LLC</b>				
Bldg. Name:				
Address: <b>604 N.A. Sandifer Hwy</b>				
City: <b>Monticello</b>		State: <b>MS</b>	Zip: <b>39654</b>	
Site Location: <b>Entire Site</b>			Tel: <b>601-455-1731</b>	
Building Size:		# of Floors:	Age in Years: <b>40+</b>	
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Georgia-Pacific Monticello, LLC</b>				
Address: <b>604 N.A. Sandifer Hwy</b>				
City: <b>Monticello</b>		State: <b>MS</b>	Zip: <b>39654</b>	
Contact: <b>Heather Owens</b>			Tel: <b>601-455-1731</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Apache Industrial Services, INC</b>				
Address: <b>250 Assay St. Suite 500</b>				
City: <b>Houston</b>		State: <b>Texas</b>	Zip: <b>77044</b>	
Contact: <b>Stanley Smith</b>			Tel: <b>409-718-5217</b>	
Certification Number: <b>ABC-00012143</b>			Expiration Date: <b>01-31-2026</b>	
OTHER OPERATOR: <b>N/A</b>				
Address: <b>N/A</b>				
City: <b>N/A</b>		State: <b>N/A</b>	Zip: <b>N/A</b>	
Contact: <b>N/A</b>			Tel: <b>N/A</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>No Presumed</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>N/A</b>			Inspection Date: <b>N/A</b>	
Inspector: <b>N/A</b>		Certification Number: <b>N/A</b>	Expiration Date: <b>N/A</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>N/A</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>Nonfriable and Friable Asbestos</b>				
Pipes (LN FT): <b>10,000</b>		Surface Area (SQ FT): <b>2,000</b>	Volume of Facility Components (CU FT): <b>N/A</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>N/A</b>				
Category I: <b>N/A</b>			Category II: <b>N/A</b>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>01/01/25</b>			Complete: <b>12/31/25</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>N/A</b>			Complete: <b>N/A</b>	

**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

City: Flowood

State: MS

Zip: 39232

Contact Person: Michael Raley

Tel: 601-420-4243

**WASTE TRANSPORTER #2 N/A**

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

**XIV. WASTE DISPOSAL SITE Republic Services Little Dixie Landfill**

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: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

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

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

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

N/A

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 prompt 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.**

Stanley Smith

Type or Print Name

*Stanley Smith*

(Signature of Owner/Operator)

02/24/25

(Date)

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

Matt Fry

Type or Print Name

*Matthew Fry*

(Signature of Owner/Operator)

2/25/25

(Date)