

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 4/28/2025	AI Number 1631
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Georgia-Pacific Monticello				
Address: 604 N. A Sandifer Hwy				
City: Monticello		State: MS	Zip: 39654	
Site Location: Admin Building			Tel:	
Building Size: Unknown		# of Floors: 1	Age in Years: 40+	
Present Use: Pulp & Paper Facility		Prior Use: Unknown		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Georgia-Pacific Monticello, LLC				
Address: 604 N. A Sandifer hwy				
City: 604 N. A Sandifer Hwy		State: Monticello	Zip: 39654	
Contact: Heather Owens			Tel: 601-455-1731	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock		State: AR	Zip: 72118	
Contact: Justin Dixon/Andrew Ables			Tel: 501-801-2776/601-559-2185	
Certification Number: ABC-00009502			Expiration Date: 07/12/2024 5/15/2025	
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):				
WAS ASBESTOS PRESENT? (Yes/No): presumed			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floor Tile & Black Mastic				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Floor Tile/Mastic				
Category I:			Category II: 1,400 SF	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/12/2025			Complete: 5/12/2025	
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:

Materials listed to be removed by hand so facility can be renovated.

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

Materials will be wetted, during and after abatement, properly packaged, labeled and transported to a class 1 landfill for disposal.

XIII. WASTE TRANSPORTER #1

Name: Georgia-Pacific Monticello, LLC

Address: 604 N. A Sandifer Hwy

City: Monticello

State: MS

Zip: 39654

Contact Person: Heather Owens

Tel: 601-455-1731

WASTE TRANSPORTER #2

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

Name: Republic Services Little Dixie Landfill

Address: 1718 N. County Line Road

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:

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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Wet the unexpected, make area safe and notify DEQ..

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.

Barbara McElroy

Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

4/28/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

4/28/2025

(Date)