MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O - Original

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) E = Emer. Renovation

RECEIVED DEC 19 2019 Dept. of Environmental Quality

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: International Paper Co.

Address 3737 Hwy 3 North

City: Redwood	State: MS	Zip: 39156
Site Location: Vicksburg Mill		Tel: (601) 831-8381
Building Size 80,000sf	# of Floors: 4	Age in Years: 50+
Present Use: Manufacturing	Prior Use: Manufacturing	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: International Paper Co.

Address: PO Box 358

City: Redwood	State: MS	Zip: 39156
Contact: Lonnie Boyd		Tel: (601) 631-8381

REMOVAL CONTRACTOR Gill Industries, Ltd.

Address: 1325 Fullterton Street

City: Shreveport	State: LA	Zip: 71107
Contact: Marc Feibel		Tel: (318) 747-2225 o / (318) 840-9551 c

OTHER OPERATOR: N/A

Address: N/A

City: N/A	State: N/A	Zip: N/A
Contact: N/A		

V. IS ASBESTOS PRESENT? (Yes/No) YES

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

Assumed

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	70			LnFt: X	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/17/19 Complete: 12/18/19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete: N/A

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

Remove ACM to accommodate repairs on pipe for maintenance.

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

Strip & removal, wet method, double bagging, glovebag.

XII. WASTE TRANSPORTER #1

Name: Gill Industries, Ltd.		
Address: 5085 Iberville Street		
City: St. Gabriel	State: LA	Zip: 70776
Contact Person: Marc Feibel		Tel: (318) 747-2225

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

XIII. WASTE DISPOSAL SITE

Name: Allied Waste - BFI Little Dixie Landfill		
Address: 1716 N County Line		
City: Ridgeland	State: MS	Zip: 39157
Tel: (601) 420-8243		

XIV. 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

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): 12/17/19 @ 6:30am

Description of the sudden unexpected event: Unscheduled repairs

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

Production has been halted and TSI must be removed for repairs.

XVI. 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:

Wet material, regulate area, notify owner & MDEQ.

XVII. 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.

D. M. Feibel - Vice President — (Signature of Owner/Operator) — 12/17/19

Type or Print Name — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

D. M. Feibel - Vice President — (Signature of Owner/Operator) — 12/17/19

Type or Print Name — (Date)