

# 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) <b>Original</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>10 Floors</b>					
Bldg. Name: <b>IP Vicksburg</b>					
Address <b>Mill Hwy 3 N</b>					
City: <b>Vicksburg</b>	State: <b>MS</b>	Zip: <b>39156</b>			
Site Location:		Tel: <b>205-994-1113</b>			
Building Size <b>180,000</b>	# of Floors: <b>10</b>	Age in Years: <b>50</b>			
Present Use: <b>Mill</b>	Prior Use: <b>Mill</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>IP Vicksburg</b>					
Address: <b>Mill Hwy 3 N</b>					
City: <b>Vicksburg</b>	State: <b>MS</b>	Zip: <b>39156</b>			
Contact: <b>Juan Muniz</b>		Tel: <b>205-994-1113</b>			
REMOVAL CONTRACTOR <b>Lakeshore Environmental Contractors</b>					
Address: <b>5513 Eastcliff Industrial Loop</b>					
City: <b>Birmingham</b>	State: <b>AL</b>	Zip: <b>35210</b>			
Contact: <b>Aaron Murphree</b>		Tel: <b>205-943-5711</b>			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<b>PLM</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	Pipe & Duct Insulation			LnFt: <b>200</b>	Ln M:
Surface Area				SqFt: <b>4,500</b>	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>03/15/2021</b>				Complete: <b>04/02/2021</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

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FEB 23 REC'D.

Dept. of Environmental Quality

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

Regulated Area, Decon, Negative Air, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vacuum

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

Regulated Area, Decon, 6 mil poly, disposal coveralls, respirators, HEPA Vacuum, Amended Water Applied during removal

XII. WASTE TRANSPORTER #1

Name: Republic

Address: 10350id Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person: Mike Riley

Tel: 601-613-8671

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1716N County Line Rd

City: Ridgeland

State: MS

Zip:

Tel: 601-932-9488

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

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

XV. FOR EMERGENCY RENOVATIONS:

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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop Work, Contain Area, Notify Mississippi DEQ & Revise Notification

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.

Scott Harrison

Type or Print Name

(Signature of Owner/Operator)

02/17/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Scott Harrison

Type or Print Name

(Signature of Owner/Operator)

02/17/2021

(Date)