

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 09-18-2024	AI Number 1631
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/> O <input checked="" type="radio"/> R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input checked="" type="radio"/> D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Georgia Pacific Monticello, LLC.				
Address 604 N.A. Sandifer Hwy				
City: Monticello	State: MS	Zip: 39654	County: Lawrence	
Site Location: Mill Wide		Tel: 601-455-1731		
Building Size	# of Floors:	Age in Years: 40		
Present Use:	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Georgia Pacific Monticello, LLC.				
Address: 604 N.A. Sandifer				
City: Monticello	State: MS	Zip: 39654		
Contact: Heather Owens		Tel: 601-455-1731		
ASBESTOS REMOVAL CONTRACTOR: 3S Team, LLC.				
Address: 5330 Vista Rd				
City: Pasadena	State: TX	Zip: 77505		
Contact: Josh Fudge		Tel: 225-933-7589		
Certification Number: ABC-00012482		Expiration Date: 2/7/2025		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <input checked="" type="radio"/> NO				
WAS ASBESTOS PRESENT? (Yes/No):		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Asbestos is assumed due to age.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 66 LF	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/9 /2024			Complete: 9/16/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Glove bag method of removal - all waste to be bagged and double bagged.

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

Half face respirators with P100 cartridges, tyvex suits, cut resistant gloves, hard hats, safety glasses and rubber boots.

XIII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1035 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person: Michael Raley

Tel: 601-420-8243

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

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: NA

Title:

Authority:

Date of Order (MM/DD/YY):

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

XVI. 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:

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

Construct a regulated area. Dawn proper PPE (suits/respirators/gloves). Saturate area with surfactant if fibers are present, then encapsulate or remove per proper disposal technique (double bag).

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.

Josh Fudge

Type or Print Name

Joshua Fudge
(Signature of Owner/Operator)

9/6/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Thomas Shuckrow

Type or Print Name

Thomas Shuckrow
(Signature of Owner/Operator)

9/6/2024

(Date)