

# 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 10/24/2024	AI Number 1631
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/> O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input 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: Power House			Tel: 601-455-1731	
Building Size		# of Floors: 6th Floor	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 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): 15 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: 10/25/2024			Complete: 10/26/2024	
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 Littel 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 CRUMBLD, 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

(Signature of Owner/Operator)

10/24/2024

(Date)

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

Thomas Shuckrow

Type or Print Name

(Signature of Owner/Operator)

10/24/2024

(Date)