

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 2/21/2025	AI Number 1631
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Paper Mill				
Bldg. Name: N/A				
Address: 604 N.A. Sandifer Road				
City: Monticello		State: MS	Zip: 39654	
Site Location: Monticello			Tel:	
Building Size: N/A		# of Floors: N/A	Age in Years: N/A	
Present Use: N/A		Prior Use: N/A		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Georgia- Pacific Monticello LLC				
Address: 604 N.A.Sandifer Road				
City: Monticello		State: MS	Zip: 39654	
Contact: Dean Brown			Tel: 251-363-1975	
ASBESTOS REMOVAL CONTRACTOR: Industrial Asbestos Removal LLC				
Address: 11637 Sunbelt Court				
City: Baton Rouge		State: LA	Zip: 70809	
Contact: Joseph Lambert			Tel: 225-252-1764	
Certification Number: ABC-00009701			Expiration Date: 11/8/2025	
OTHER OPERATOR: N/A				
Address: N/A				
City: N/A		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): 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:				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT): 530		Surface Area (SQ FT): 2000	Volume of Facility Components (CU FT): 30	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I: Yes			Category II: N/A	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/10/2025			Complete: 04/11/2025	
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:

enclosures, glove bag, wet methods

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

enclosure, wet method.

XIII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1035 Old Brandon Rd

City: Flowood

State: MS

Zip: 38157

Contact Person: Mike Raley

Tel: 6016138671

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: SFI Little Dixie Landfill

Address: 1718 N County Line Rd

City: Ridgeland

State: MS

Zip: 38157

Contact Person: Mike Raley

Tel: 6016138671

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: N/A

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work and notify a supervisor. Consult with Joseph Lambert on the proper next steps.

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.

Joseph Lambert

Type or Print Name

(Signature of Owner/Operator)

01/31/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Joseph Lambert

Type or Print Name

(Signature of Owner/Operator)

02/21/2025

(Date)