

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE: Original Revision Canceled
 Annual Info. Only

II. TYPE OF PROJECT: Renovation Demolition
 Ordered Demolition Emergency Renovation

III. SITE INFORMATION: Name DELTA PLANT
Description: Electric Power Plant
Address: Highway 61 North P.O. Box 298
City: Cleveland County: Bolivar State: MS ZIP: 38732
Contact Person: Charlotte Freeman Telephone: (601) 831-5759

IV. OWNER INFORMATION: Name: Entergy Mississippi, Inc.
Full Mailing Address: P.O. Box 1640, Jackson, MS 39215
Contact Person: Timothy R. Stone Telephone: 601-969-2316

V. ASBESTOS REMOVAL CONTRACTOR: Name: Accredited contract personnel will be used.
Certification No.: _____ Expiration Date: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

VI. CONTRACTOR (Other): Name: N/A
Full Mailing Address: N/A
Contact Person: N/A Telephone: N/A

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 1 / 1 / 2017 Removal Project Stop: 12 / 31 / 2017

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 1 / 1 / 2017 Project Stop: 12 / 31 / 2017 Prep. Date: _____

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): N/A Bldg. Size (LNFT): N/A
No. of Floors: 5 Age in Years: 64
Present Use: Electric Power Plant Prior Use: Electric Power Plant

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: Yes No
Inspection Date: ___/___/___ Asbestos Present? Yes No
Inspector: _____ Cert. No.: _____ Expiration Date: _____
Identify suspect materials sampled: Previously Surveyed
Laboratory Analysis: TEM _____ PLM _____ Other _____
Name of Laboratory: _____

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) ²⁶⁰ _____ Surface Area (SQ FT) ¹⁶⁰ _____
Volume of Facility Components(CU FT) ³⁵ _____

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED:
Category I: N/A Category II: N/A

XIII. WASTE TRANSPORTER: Name: Republic Services
Full Mailing Address: 1035 Old Brandon Road, Flowood, MS 39232
Contact Person: Mike Raley Telephone: 601-613-8671

RECEIVED

DEC - 6 2016

Dept. of Environmental Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Big River Landfill
Physical Location: 52 Landfill Road, Leland, MS 38656
Full Mailing Address: 52 Landfill Road, Leland, MS 38656
Contact Person: Mike Raley Telephone: 601-613-8671
*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: N/A
Physical Location: N/A
Full Mailing Address: N/A
Contact Person: N/A Telephone: N/A
*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI: REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):
 Strip & Removal Double Bagging Mechanical Chipping Component Removal
 Wrecking Ball Gross Demolition Remove Intact Bulldozer
 Containment Glove Bag Explode Negative Air
 Wet Method Roofing Saw Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Small amounts as necessary to perform work on valves, piping, etc. for quick equipment return to service.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Handle in appropriate manner by set methods, etc. Notify MDEQ as required.

*Will MDEQ be notified of any significant changes? Yes No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: N/A Title: N/A
Authority: N/A
Date of Order: N/A Date Demolition to Begin: ___/___/___

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ___/___/___, Time: ___:___:___
Description of the sudden, unexpected event:
N/A

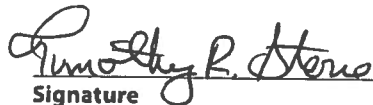
Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:
N/A

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.

Timothy R. Stone, Environmental Support Manager MS/TX

Type or Print Name & Title


Signature

12-6-2016
Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
P.O. Box 2261 Jackson, MS 39201
Jackson, MS 39225
(601) 961-5171