

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 [x] Annual [ ] Info. Only
II. TYPE OF PROJECT: [x] Renovation [ ] Demolition [ ] Ordered Demolition [ ] Emergency Renovation
III. SITE INFORMATION: Name REX BROWN PLANT Description: Electric Power Plant Address: 1960 W. Northside Drive City: Jackson County: Hinds State: MS ZIP: 38213 Contact Person: Kyle Sykes Telephone: (601) 415-6853
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:
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: Dept. of Environmental Quality
IX. BUILDING INFORMATION: Bldg. Size (SQ FT): N/A Bldg. Size (LNFT): N/A No. of Floors: 6 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: [x] 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

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XIV. **WASTE ASBESTOS DISPOSAL SITE:** Name: BFI Little Dixie Landfill  
Physical Location: 1716 N. County Line Road, Jackson, MS 39215  
Full Mailing Address: P.O. Box 1638, Jackson, MS 39215  
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 wet method, 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: \_\_\_/\_\_\_/\_\_\_

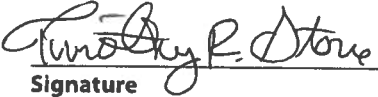
XX. **EMERGENCY DEMOLITION/RENOVATIONS:** Date of Emergency: \_\_\_/\_\_\_/\_\_\_, Time: \_\_\_:\_\_\_:\_\_\_  
Description of the sudden, unexpected event:  
N/A

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

 12-6-2016  
Signature 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