

STATE OF MISSISSIPPI DEMOLITION / RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Revised: 2/00

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

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

III. SITE INFORMATION: Name: Plant Victor Daniel
Description: Electric Generating Plant
Address: 13201 Highway 63 North
City: Moss Point County: Jackson State: MS Zip: 39562-6489
Contact Person: Richard Semmes Telephone: 228.474.3096

IV. OWNER INFORMATION: Name: Mississippi Power Company
Full Mailing Address: P. O. Box 4079, Gulfport, MS 39502-4079
Contact Person: Patrick Chubb Telephone: (228) 897-4338

V. ASBESTOS REMOVAL CONTRACTOR: Name: Bid process for Certified Contractors
Certification No.: _____ Exp. Date: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

VI. CONTRACTOR (Other): Name: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 01/01/17 Removal Project Stop: 12/31/17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: ____ / ____ / ____ Project Stop: ____ / ____ / ____ Prep. Date: ____ / ____ / ____

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): N/A Bldg. Size (LN FT): N/A
No. of Floors: N/A Age in Years: N/A
Present Use: Steam and Power Generation Prior Use: Same

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? () yes () no - Assumed
Inspection Date: ____ / ____ / ____ Asbestos Present? () yes () no
Inspector: _____ Cert. No.: _____ Exp. Date: _____
Identify suspect materials sampled: _____
Laboratory Analysis: TEM _____ PLM _____ Other _____
Name of Laboratory: _____

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

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED TO BE REMOVED:
Category I: ____ / ____ Category II: ____ / ____

XIII. WASTE TRANSPORTER: Name: Waste Management
Full Mailing Address: 10242 Canal Road
Contact Person: Alan Lane Telephone: 228.831.8926

STATE OF MISSISSIPPI DEMOLITION / RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Waste Management Pecan Grove Sanitary Landfill
Physical Location: 9685 Firetower Road, Pass Christian, MS 39571
Full Mailing Address: 9685 Firetower Road, Pass Christian, MS 39571
Contact Person: Skip Carroll Telephone: 228-255-5553
*All asbestos waste should go to a permitted sanitary landfill.

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

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

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
This notification covers asbestos removed during non-scheduled operations including routine maintenance
(less than 160 square feet, 260 linear feet, or 35 cubic feet) and emergency renovations as defined in
40 CFR 61.145(a)(4).

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM
BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Procedures will be in accordance with the Asbestos NESHAP regulations at 40 CFR 61.
* Will MDEQ be notified of any significant changes? (X) yes () no

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

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: / / , Time: :
Description of the sudden, unexpected event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

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.

Patrick Chubb, Sr. Environmental Specialist
Type or Print Name and Title

Patrick Chubb
Signature
2/7/17
Date

MAIL TO: Office of Pollution Control
101 West Capitol Street, Suite 100
Jackson, MS 39201
(601) 961-5171

OR P. O. Box 10385
Jackson, MS 39289-0385