

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 [x] Info. Only

II. TYPE OF PROJECT: [x] Renovation [] Demolition [] Ordered Demolition [] Emergency Renovation

III. SITE INFORMATION: Name Mississippi Power Plant Jack Watson Description: Unit 5 Economizer Piping Address: 10406 Lorraine Rd City: Gulfport County: Harrison State: MS ZIP: Contact Person: Allen Cooley Telephone: (228) 380-0232

IV. OWNER INFORMATION: Name: Mississippi Power Company Full Mailing Address: 2992 W Beach Blvd, Gulfport MS 30501 Contact Person: Telephone:

V. ASBESTOS REMOVAL CONTRACTOR: Name: Vulcan Industrial Contractors Certification No.: ABS_00008190 Expiration Date: 11/07/2017 Full Mailing Address: PO Box 380217 Birmingham, AL 35238 Contact Person: Garry Caperton Telephone: (256) 260-5125

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

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Start: 03 / 06 / 2017 Removal Project Stop: 03 / 27 / 2017

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start: 02 / 27 / 17 Project Stop: 04 / 03 / 17 Prep. Date: 02 / 23 / 17

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): Bldg. Size (LNFT): No. of Floors: 12 Age in Years: Present Use: Prior Use:

X. ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos: [x] Yes [] No Inspection Date: 02 / 21 / 17 Asbestos Present? [x] Yes [] No Inspector: Clifford Meins Cert. No.: ABI-00001821 Expiration Date: 9/29/17 Identify suspect materials sampled: Thermal Insulation Laboratory Analysis: TEM PLM X Other Name of Laboratory: Micro Methods

XI. QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) 46 Surface Area (SQ FT) 825 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: 9685 Firetower Rd Pass Christian, MS 39571 Contact Person: Telephone:

Dept. of Environmental Quality

FEB 24 2017

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STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. **WASTE ASBESTOS DISPOSAL SITE:** Name: Waste Management Pecan Grove
Physical Location: 9685 Firetower Rd, Pass Christian, MS 39571
Full Mailing Address: _____
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: same
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/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:**
Remove degrading asbestos components

XVIII. **PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:**

*Will MDEQ be notified of any significant changes? 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 2/22/2017
Type or Print Name & Title

 2.22.17
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