

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 5/	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demolition				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Delta power plant Boilers 1 and 2 and Turbine area				
Bldg. Name: Delta Power plant				
Address 3964 Highway 61 North				
City: Cleveland	State: MS	Zip: 38762		
Site Location: <small>Main plant(boilers 1&2) Pump house Administration building Maintenance building water tower cooling tower caustic building security bld water intake bld subst</small>				
Building Size 138MW 2 boilers	# of Floors: 8	Age in Years: 1953		
Present Use: shut down	Prior Use: 138 MW			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Entergy				
Address: Entergy Mississippi				
City: 3964 Highway 61 North	State: MS	Zip: 38732		
Contact:	Tel:			
REMOVAL CONTRACTOR P.A.L Environmental Safety Corp. DBA				
Address: 11-02 Queens Plaza south				
City: Long Island City	State: NY	Zip: 11101		
Contact: Brian Messisco	Tel: 704-267-2405			
OTHER OPERATOR: Bierlein Companies,				
Address: 2000 Bay City Road				
City: Midland	State: MI	Zip: 48642		
Contact: Ray Passeno				
V. IS ASBESTOS PRESENT? (Yes/No) yes				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include Inspector name and date of inspection): Samantha Oyewole Cert 1-007263 2006 (AEC) Nicholas Kuzola ABI-00007916 cert # 10/14/16(ERM)				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below UNIT
		Category I	Category II	
Pipes	see table			Ln Ft: Ln M:
Surface Area	see table			Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/17				
Complete: 9/15/17				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				
Complete:				

RECEIVED

MAY 9 - 2017

Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

please see attached work plan

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

please see attached work plan

XII. WASTE TRANSPORTER #1

Name: Republic Services Inc.

Address: 48 Landfill rd

City: Leland

State: MS

Zip: 38756

Contact Person: Mike Raley

Tel: 601-613-8671

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill -BFI Waste Sys of MS, LLC

Address: 52 Landfill Road

City: Leland

State: MS

Zip: 38756

Tel: 662 332-7927

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

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:

XVI. 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:

XVII. 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.

Brian Messisco

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Brian Messisco

Type or Print Name

(Signature of Owner/Operator)

(Date)