

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)																	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O																				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D																				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Delta Pwr. Plant Boilers 1&2, Turbine area																				
Bldg. Name: Delta Power Plant																				
Address: 3964 Highway 61 North																				
City: Cleveland	State: MS	Zip: 38762																		
Site Location: Main Plant: Boilers 1 & 2 and associated structures		Tel: 281-297-3435																		
Building Size: 138MW	# of Floors: Eight	Age in Years: 63																		
Present Use: None	Prior Use: 138MW Power Plant																			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) Other Operator: Demolition																				
OWNER NAME: Entergy Services, Inc.																				
Address: 3964 Highway 61 North																				
City: Cleveland	State: MS	Zip: 38762																		
Contact: Regan Feil	Tel: 281-297-3435																			
REMOVAL CONTRACTOR P.A.L. Environmental: Asbestos on separate notification by removal contractor																				
Address:																				
City:	State:	Zip:																		
Contact:	Tel:																			
OTHER OPERATOR: Bierlein Companies, Inc. (Demolition Contractor)																				
Address: 2000 Bay City Road																				
City: Midland	State: MI	Zip: 48642																		
Contact: Michael Bublitz																				
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 N/A	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Nonfriable Asbestos Material Not To Be Removed</th> <th rowspan="2">Indicate Unit of Measurement Below</th> </tr> <tr> <th>Category I</th> <th>Category II</th> </tr> <tr> <td></td> <td></td> <td>UNIT</td> </tr> <tr> <td>Pipes</td> <td></td> <td>LnFt: Ln M:</td> </tr> <tr> <td>Surface Area</td> <td></td> <td>SqFt: Sq M:</td> </tr> <tr> <td>Vol RACM Off Facility Component</td> <td></td> <td>CuFt: Cu M:</td> </tr> </table>	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	Category I	Category II			UNIT	Pipes		LnFt: Ln M:	Surface Area		SqFt: Sq M:	Vol RACM Off Facility Component		CuFt: Cu M:
Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below																		
Category I	Category II																			
		UNIT																		
Pipes		LnFt: Ln M:																		
Surface Area		SqFt: Sq M:																		
Vol RACM Off Facility Component		CuFt: Cu M:																		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		Complete:																		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:																		

RECEIVED

MAY 26 2017

Dept. of Environmental Quality

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

Demolition by hydraulic excavators, skid steer loaders and by hand.

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

Spray water to control dust.

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 48 Landfill Road

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 Systems of Mississippi, 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:

Work will stop. Suspect material analyzed. If found to contain RACM notification revised.

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.

Michael Bublitz

Type or Print Name

(Signature of Owner/Operator)

05-22-2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Michael Bublitz

Type or Print Name

(Signature of Owner/Operator)

05-22-2017

(Date)