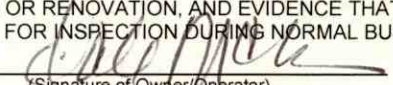



SEP 11 2017

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Dept. of Environmental Quality

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) E							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Entergy Meter Lab							
Address 3975 North West Street							
City: Jackson		State: MS		Zip: 39206			
Site Location: 3975 North West Street, Jackson, MS Tel:							
Building Size ~10000		# of Floors: 2		Age in Years: 25+			
Present Use: Commercial		Prior Use: Commercial					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Entergy							
Address: 3975 North West Street							
City: Jackson		State: MS		Zip: 39206			
Contact: Tel:							
REMOVAL CONTRACTOR M and M Services, Inc.							
Address: Post Office Box 68431							
City: Jackson		State: MS		Zip: 39286			
Contact: Dale McGuffie Tel: 601-982-8695							
OTHER OPERATOR: N/A							
Address: N/A							
City: N/A		State: N/A		Zip: N/A			
Contact: N/A							
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): PLM, W. Hal Moore (ABI-00002284), 1/29/2017							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed				Category I Category II		UNIT	
Pipes						LnFt: X Ln M:	
Surface Area Roof Flashings		235				SqFt: X Sq M:	
Vol RACM Off Facility Component						CuFt: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				9/12/2017		Complete: 9/14/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				9/12/2017		Complete: 12/31/17	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: <div style="text-align: center; font-weight: bold;">replacing existing roof</div>			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: wet methods			
XII. WASTE TRANSPORTER #1 <span style="float: right;">M and M Services, Inc.</span>			
Name: <span style="float: right;">M and M Services, Inc.</span>			
Address: <span style="float: right;">Post Office Box 68431</span>			
City: <span style="float: right;">Jackson</span>	State: <span style="float: right;">MS</span>	Zip: <span style="float: right;">39286</span>	
Contact Person: <span style="float: right;">Dale McGuffie</span>		Tel: <span style="float: right;">601-982-8695</span>	
WASTE TRANSPORTER #2 <span style="float: right;">N/A</span>			
Name: <span style="float: right;">N/A</span>			
Address: <span style="float: right;">N/A</span>			
City: <span style="float: right;">N/A</span>	State: <span style="float: right;">N/A</span>	Zip: <span style="float: right;">N/A</span>	
Contact Person: <span style="float: right;">N/A</span>		Tel: <span style="float: right;">N/A</span>	
XIII. WASTE DISPOSAL SITE			
Name: <span style="float: right;">Little Dixie</span>			
Address: <span style="float: right;">1716 East County Line Road</span>			
City: <span style="float: right;">Ridgeland</span>	State: <span style="float: right;">MS</span>	Zip: <span style="float: right;">391547</span>	
Tel: <span style="float: right;">601-982-9488</span>			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name: <span style="float: right;">N/A</span>		Title: <span style="float: right;">N/A</span>	
Authority: <span style="float: right;">N/A</span>			
Date of Order (MM/DD/YY): <span style="float: right;">N/A</span>		Date Ordered to Begin (MM/DD/YY): <span style="float: right;">N/A</span>	
XV. FOR EMERGENCY RENOVATIONS: <span style="float: right;">Yes</span>			
Date and Hour of Emergency (MM/DD/YY): <span style="float: right;">12/2016</span>			
Description of the sudden unexpected event: <span style="float: right;">Roof started leaking</span>			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: <b>Electrical meters are stored, repaired and tested in the facility. The equipment is moisture sensitive.</b>			
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: <div style="text-align: center; font-weight: bold;">cease operations and notify MDEQ.</div>			
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.			
Dale McGuffie, President Type or Print Name		 (Signature of Owner/Operator)	
		09/11/2017 (Date)	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:			
Dale McGuffie, President Type or Print Name		 (Signature of Owner/Operator)	
		09/11/2017 (Date)	