

**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 PlantAddress: 13201 Highway 63 NorthCity: Moss Point County: Jackson State: MS Zip: 39562-6489Contact Person: Richard Semmes Telephone: 228.474.3096

**IV. OWNER INFORMATION:** Name: Mississippi Power Company

Full Mailing Address: P. O. Box 4079, Gulfport, MS 39502-4079Contact Person: Patrick Chubb Telephone: (228) 897-6438

**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: 01/01/18Removal Project Stop: 12/31/18

**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/APresent 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 RoadContact 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):**

<input checked="" type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input checked="" type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input checked="" type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input checked="" type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> 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

12/27/17

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