## 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
11.	TYPE OF PROJECT:  ( ) Renovation ( ) Demolition ( ) Emergency Renovation
ш.	SITE INFORMATION: Name: Plant Victor Daniel  Description: Electric Generating Plant  Address: 13201 Highway 63 North  City: Moss Point County: Jackson State: MS Zip: 39562-6489  Contact Person: Richard Semmes Telephone: 228.474.3096
IV.	OWNER INFORMATION:     Name:     Mississippi Power Company       Full Mailing Address:     P. O. Box 4079, Gulfport, MS 39502-4079       Contact 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: 01/01/18 Removal 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/A       Present 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 Road  Contact Person: Alan Lane Telephone: 228.831.8926

## STATE OF MISSISSIPPI DEMOLITION / RENOVATION FORM - CONTINUED

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: Telephone: All demonstration of the analysis o	XIV.	WASTE ASBESTOS DISPOSAL SITE: Name: Waste Management Pecan Grove Sanitary Landfill
*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: *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):  X Strip & Removal X Double Bagging Mechanical Chipping X Component Removal Wrecking Ball Gross Demolition X Remove Inact Bulldozer  X Containment X Glove Bag Explode Negative Air Seption Plant Removal X Component Removal Wrecking Ball Gross Demolition X Remove Inact Bulldozer  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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions at 40 CFR 61.  *Will MDEQ be notified of any significant changes? (X) yes () no  XXX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: 1 / , Time: :  Date of Order: Date Demolition to Begin: 1 /  XXX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: 1 / , Time: :  Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  Explanation of how the event caused unsafe conditions 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 Frim Name and Title  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100  Jackson, MS 39201  Jackson, MS 39201		
*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:  *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):  X Strip & Rennoval X Double Bagging Mechanical Chipping X Component Removal Wrecking Ball Gross Demolition X Remove Intact Bulldozer X Containment Glove Bag Esplode Negative Air X Containment Glove Bag Esplode X Wet Method Roofing Saw Other - Explain Below:  XVII. DESCRIPTION OF PILANNED 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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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:  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.  Parick Chubb, Sr. Environmental		
XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):  Name: WM - Pecan Grove Physical Location: Full Mailing Address: Contact Person: *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):  X Strip & Removal X Double Bagging Mechanical Chipping X Component Removal Wrecking Ball Gross Demolition X Remove Intact Bulldozer Wrecking Ball Gross 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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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: // Time: : Date of Order: Date Demolition to Begin: // Time: :  Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  Explanation of how the event caused unsaf		
Name: WM - Pecan Grove Physical Location: Full Mailing Address: Contact Person: *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):  X Strip & Removal X Double Bagging Mechanical Chipping X Component Removal Wrecking Ball Gross Demolition X Remove Intact Buldozer X Containment X Glove Bag Explode Negative Air X Containment X Glove Bag Explode Negative Air X Wet Method Roofing Saw 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).  PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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:  Explanation of how the event caused unsafe conditions 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 MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Research Capital Street, Suite 100 Research Capital Street, Suite 100 Research Chief Chief Capital Chief Capital Chief C		*All asbestos waste should go to a permitted sanitary landfill.
Name: WM - Pecan Grove Physical Location: Full Mailing Address: Contact Person: *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):  X Strip & Removal X Double Bagging Mechanical Chipping X Component Removal Wrecking Ball Gross Demolition X Remove Intact Buldozer X Containment X Glove Bag Explode Negative Air X Containment X Glove Bag Explode Negative Air X Wet Method Roofing Saw 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).  PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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:  Explanation of how the event caused unsafe conditions 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 MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Research Capital Street, Suite 100 Research Capital Street, Suite 100 Research Chief Chief Capital Chief Capital Chief C	XV.	DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Full Mailing Address:  Contact Person:  *All demolifion 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):  X Strip & Removal X Double Bagging Mechanical Chipping X Component Removal Wrecking Ball Gross Demolition X Remove Intact Bulldozer  X Containment X Glove Bag Explode Negative Air School Revenue A Regative Air School Revenue Air Schoo		
Contact Person:  * 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):  X Strip & Removal X Double Bagging Mechanical Chipping X Component Removal Wrecking Ball Gross Demolition X Remove Intact Bulldozer  X Containment X Glove Bag Explode Negative Air Ne		Physical Location:
* 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):  X Strip & Removal X Double Bagging Mechanical Chipping X Component Removal Wrecking Ball Gross Demolition X Remove Intact Buildozer X Containment X Glove Bag Explode Negative Air Wet Method Roofing Saw 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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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: :  Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  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  MAIL TO: Office of Pollution Control Jackson, MS 39289-0385		Full Mailing Address:
XVI. REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):    X   Strip & Removal   X   Double Bagging   Mechanical Chipping   X   Component Removal		Contact Person: Telephone:
X Strip & Removal X Double Bagging Mechanical Chipping X Component Removal Wrecking Ball Gross Demolition X Remove Intact Bulldozer X Containment X Glove Bag Explode Negative Air Negative Air Wet Method Roofing Saw 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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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 IV) 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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39290-0385		* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.
X Strip & Removal X Double Bagging Mechanical Chipping X Component Removal Wrecking Ball Gross Demolition X Remove Intact Bulldozer X Containment X Glove Bag Explode Negative Air New Method Roofing Saw 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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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: :  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 IV) 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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39290-0385	XVI.	REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):
Wrecking Ball Gross Demolition X Remove Intact Bulldozer X Containment X Glove Bag Explode Negative Air X Wet Method Roofing Saw 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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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: // Date Demolition to Begin: // 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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39259-0385		
X   Containment   X   Glove Bag   Explode   Negative Air     X   Wet Method   Roofing Saw   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).     WIII.   PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM     BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:     Procedures will be in accordance with the Asbestos NESHAP regualtions at 40 CFR 61.     WIII MDEQ be notified of any significant changes?   (X) yes   ( ) no     XIX.   IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:     Name:		
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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 GR. P. O. Box 10385 Jackson, MS 39289-0385		
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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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: Authority: Date of Order: Date Demolition to Begin: / / Description of the sudden, unexpected event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  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 Tule  MAIL TO: Office of Pollution Control 101 West Capitel Street, Suite 100  OR P. O. Box 10385 Jackson, MS 39289-0385		
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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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:  Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  Lectify that all of the above information is correct. Patrick Chubb, Sr. Environmental Specialist Type or Print Name and Title  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100  OR P. O. Box 10385 Jackson, MS 39289-0385	******	
(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 CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES: Procedures will be in accordance with the Asbestos NESHAP regualtions 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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100	XVII.	
AVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, 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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39289-0385		
XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:  Procedures will be in accordance with the Asbestos NESHAP regualtions 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:		
BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:  Procedures will be in accordance with the Asbestos NESHAP regualtions 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:		40 CFR 61.145(a)(4).
BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:  Procedures will be in accordance with the Asbestos NESHAP regualtions 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:		
*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: / / 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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39289-0385	XVIII.	
* Will MDEQ be notified of any significant changes? (X) yes () no  XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW: Name:		
XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:  Name:		Procedures will be in accordance with the Asbestos NESHAP regualtions at 40 CFR 61.
XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:  Name:  Authority:  Date of Order:  Date Demolition to Begin:  I /  XX. EMERGENCY DEMOLITION/RENOVATIONS:  Date of Emergency:  Explanation 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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 OR P. O. Box 10385 Jackson, MS 39289-0385		
XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:  Name:		
Name:		* Will MDEQ be notified of any significant changes? (X) yes () no
Name:	XIX.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Authority: Date of Order: Date Demolition to Begin:  XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: 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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385		
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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39289-0385		
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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39289-0385  OR P. O. Box 10385 Jackson, MS 39289-0385		
Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  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  MAIL TO: Office of Pollution Control  101 West Capitol Street, Suite 100  OR P. O. Box 10385  Jackson, MS 39289-0385	vv	
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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 OR P. O. Box 10385 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385	AA.	
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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 OR P. O. Box 10385 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385		Description of the sudden, the spected event.
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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 OR P. O. Box 10385 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385		
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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 OR P. O. Box 10385 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385		Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:
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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385		2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385		
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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385		
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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385	N/N/I	Will be a second of the second
I certify that all of the above information is correct.  Patrick Chubb, Sr. Environmental Specialist Type or Print Name and Title  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385	XXI.	
Patrick Chubb, Sr. Environmental Specialist Type or Print Name and Title  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385	XXI.	61 Subpart M) will be on site during the demolition or renovation and evidence that the required training has
Type or Print Name and Title  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385	XXI.	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.
MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39201  OR P. O. Box 10385 Jackson, MS 39289-0385	XXI.	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.
101 West Capitol Street, Suite 100 OR P. O. Box 10385 Jackson, MS 39201 Jackson, MS 39289-0385	XXI.	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  12/27/17
101 West Capitol Street, Suite 100 OR P. O. Box 10385 Jackson, MS 39201 Jackson, MS 39289-0385	XXI.	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  12/27/17
	XXI.	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  Signature  12/27/17  Date
	XXI.	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  MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100  OR P. O. Box 10385

MPC Document Services, Rev. 3/00 S:/DS/Template/State/Demo2-00.doc