

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 Jack Watson

Description: Electric Generating PlantAddress: 10406 Lorraine RoadCity: Gulfport County: Harrison State: MS Zip: 39502Contact Person: Mike Beverin Telephone: 228.897-6256

IV. OWNER INFORMATION: Name: Mississippi Power Company

Full Mailing Address: P. O. Box 4079, Gulfport, MS 39502-4079Contact Person: Patrick Chubb Telephone: (228) 897-4338

V. ASBESTOS REMOVAL CONTRACTOR: Name: Bid Process for Certified Asbestos 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 Road, Gulfport MSContact 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: _____

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):

☒ Strip & Removal	☒ Double Bagging	☐ Mechanical Chipping	☒ Component Removal
☐ Wrecking Ball	☐ Gross Demolition	☒ Remove Intact	☐ Bulldozer
☒ Containment	☒ 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 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 A. 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