

# 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) <b>R</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Rex Brown Plant</b>				
Address <b>1960 W. Northside Drive</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip:		
Site Location: <b>Hinds County</b>			Tel:	
Building Size <b>N/A</b>	# of Floors: <b>6</b>	Age in Years: <b>65</b>		
Present Use: <b>Electric Power Plant</b>	Prior Use: <b>Electric Power Plant</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Entergy Mississippi, Inc.</b>				
Address: <b>P.O. Box 1640</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39215</b>		
Contact: <b>Timothy R. Stone</b>			Tel: <b>(601) 969-2316</b>	
REMOVAL CONTRACTOR: <b>Turner Industries, LLC</b>				
Address: <b>8687 United Plaza Blvd.</b>				
City: <b>Baton Rouge</b>	State: <b>LA</b>	Zip: <b>70821</b>		
Contact: <b>Jamie Ezell</b>			Tel: <b>501-529-9939</b>	
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>Plant Previously Surveyed for Asbestos Material</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft:      Ln M:
Surface Area				Sq Ft:      Sq M:
Vol RACM Off Facility Component	<b>50</b>			Cu Ft: <b>X</b> Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>12/26/2017</b>				Complete: <b>1/20/2018</b>
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>12/26/2017</b>				Complete: <b>1/20/2018</b>

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

N/A

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

The following procedures will be used while removing asbestos; wet method, double bagging and glove bagging.

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1035 Old Brandon Road

City: Flowood

State: MS

Zip: 39232

Contact Person: Mike Raley

Tel: (601) 613-8671

WASTE TRANSPORTER #2 N/A

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIII. WASTE DISPOSAL SITE

Name: BFI Little Dixie Landfill

Address: 1716 N. County Line Road

City: Jackson

State: MS

Zip: 39215

Tel: (601) 613-8671

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event: N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

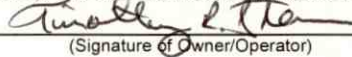
Asbestos removal is needed to make repairs to Rex Brown Unit # 4 gas path duct work.

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:

N/A

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.

Timothy R. Stone



1/2/2018

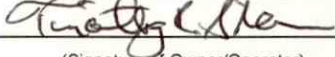
Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Timothy R. Stone



1/2/2018

Type or Print Name

(Signature of Owner/Operator)

(Date)