

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
JAN 5 - 2018
Dept. of Environmental Quality

I. TYPE OF NOTICE: ☐ Original ☐ Revision ☐ Canceled
☐ Annual ☒ Info. Only

II. TYPE OF PROJECT: ☒ Renovation ☐ Demolition
☐ Ordered Demolition ☐ Emergency Renovation

III. SITE INFORMATION: Name Mississippi Power Plant Jack Watson
Description: Unit 5 Penthouse
Address: 10406 Lorraine Rd
City: Gulfport County: Harrison State: MS ZIP: 39502
Contact Person: Allen Cooley Telephone: (228) 897-6110

IV. OWNER INFORMATION: Name: Mississippi Power Company
Full Mailing Address: 2992 W Beach Blvd, Gulfport MS 30501
Contact Person: _____ Telephone: _____

V. ASBESTOS REMOVAL CONTRACTOR: Name: Vulcan Industrial Contractors
Certification No.: ABS_00008190 Expiration Date: 10/06/2018
Full Mailing Address: PO Box 380217 Birmingham, AL 35238
Contact Person: Garry Caperton Telephone: (256) 260-5125

VI. CONTRACTOR (Other): Name: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 1/ / 11 / 2018 Removal Project Stop: 2 / 7 / 2018

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 1 / 3 / 2018 Project Stop: 3 / 15 / 2018 Prep. Date: 12 / 27 / 2017

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): _____ Bldg. Size (LNFT): _____
No. of Floors: _____ Age in Years: _____
Present Use: Power Plant Prior Use: _____

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No
Inspection Date: 12 / 1 / 17 Asbestos Present? ☒ Yes ☐ No
Inspector: Clifford Meins Cert. No.: ABI-00001821 Expiration Date: 9/15/18
Identify suspect materials sampled: Chrysotile
Laboratory Analysis: TEM PLM Other
Name of Laboratory: MicroMethods

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface Area (SQ FT) 3,000
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 MS
Contact Person: Alan Lane Telephone: 228.831.8926

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XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Waste Management Pecan Grove Sanitary Landfill
 Physical Location: 9685 Firetower Road, Pass Christian, MS 39571
 Full Mailing Address: same
 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/RENOVATION PROCEDURES TO BE USED (Check all that apply):

<input type="checkbox"/> Strip & Removal	<input type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input checked="" type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input 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:
removal of flooring material in U5 penthouse found during outage

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

 *Will MDEQ be notified of any significant changes? ☒ 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: 1/3/18 Time: 10:00 AM
 Description of the sudden, unexpected event:
Schedules of outage: holiday caused decision makers
to make last min discovery: plan to abate.
 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 A. Chubb, Env Spec
 Type or Print Name & Title

Patrick A. Chubb 1.3.18
 Signature Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
 P.O. Box 2261 Jackson, MS 39201
 Jackson, MS 39225
 (601) 961-5171