

# STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

**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: Units 1 and 2 Abatement  
Address: 10406 Lorraine Rd  
City: Gulfport County: Harrison State: MS ZIP:   
Contact Person: Allen Cooley Telephone: (228) 380-0232

**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: Mansfield Industrial Inc  
Certification No.: 07804-SC Expiration Date: 07/08/2018  
Full Mailing Address: 8430 Bellingrath Rd Theodore, AL 36582  
Contact Person: Bruce Moon Telephone: (251) 653-1239

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

**VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 2 / 1 / 2018 Removal Project Stop: 06 / 23 / 2018

**VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: 2 / 01 / 18 Project Stop: 06 / 20 / 18 Prep. Date: 2 / 1 / 2018

**IX. BUILDING INFORMATION:** Bldg. Size (SQ FT): Bldg. Size (LNFT):  
No. of Floors: 12 Age in Years: 40+  
Present Use: Electric Generation Prior Use:

**X. ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No  
Inspection Date: 01 / 10 / 96 Asbestos Present? ☒ Yes ☐ No  
Inspector: Timothy P. Gele Cert. No.: 1-427-25-3290 Expiration Date:   
Identify suspect materials sampled: Amosite, Chrysotile  
Laboratory Analysis: TEM PLM Other  
Name of Laboratory: Micro Methods

**XI. QUANTITY OF RACM TO BE REMOVED:**  
Pipes (LN FT) 24,460 Surface Area (SQ FT) 33,369  
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: 9685 Firetower Rd Pass Christian, MS 39571  
Contact Person: Skip Carroll Telephone: 866.909.4458

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: Pecan Grove Landfill - Waste Management  
 Physical Location: \_\_\_\_\_  
 Full Mailing Address: 9685 Firetower Rd., Pass Christian, MS 39571  
 Contact Person: Skip Carroll Telephone: 866.909.4458  
 \*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 checked="" type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input 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:**  
Plant Jack Watson will remove asbestos containing material from high traffic areas on units 1 and 2. This work will occur on floors 1-4.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:**  
Stop Work. Assess. DEQ will be notified of plan moving forward.  
 \_\_\_\_\_  
 \*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: \_\_\_\_/\_\_\_\_/\_\_\_\_, 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.

<u>Patrick Chubb, Sr. Environmental Specialist</u>		_____	_____
<b>Type or Print Name &amp; Title</b>		<b>Signature</b>	<b>Date</b>
<b>MAIL TO:</b> Office of Pollution Control P.O. Box 2261 Jackson, MS 39225 (601) 961-5171		<b>Physical Address</b> 515 Amite Street Jackson, MS 39201	