

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) O					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Cleveland Power Plant Old Radio Tower and Building					
Address N33.7930, W90.7118					
City: Cleveland	State: MS	Zip: 38732			
Site Location: Concrete Building		Tel: N/A			
Building Size 120sf	# of Floors: 1	Age in Years: 30+			
Present Use: Equipment House	Prior Use: Equipment House				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Entergy Ms. LLC					
Address: 901C Larson St					
City: Jackson	State: MS	Zip: 39202			
Contact: Lauren McDaniel	Tel: (601) 383-1370				
REMOVAL CONTRACTOR: Gill Industries, Ltd.					
Address: 1718 Engineers Rd					
City: Belle Chasse	State: LA	Zip: 70037			
Contact: Bill Wallace	Tel: (504) 392-7945				
OTHER OPERATOR: N/A					
Address: N/A					
City: N/A	State: N/A	Zip: N/A			
Contact: N/A					
V. IS ASBESTOS PRESENT? (Yes/No) YES					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
assumed					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	0			LnFt:	Ln M:
Surface Area	2			SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/19/21 Complete: 1/19/21					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/19/21 Complete: 1/20/21					

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JAN 05 2021

Dept. of Environmental Quality

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

Remove ACM to accommodate repairs on pipe for maintenance.

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

Proper PPE, Regulate area, Wet Caulk, remove intact from around vent, Double Bag

XII. WASTE TRANSPORTER #1

Name: Gill Industries, Ltd.

Address: 1718 Engineers Rd.

City: Belle Chasse

State: La

Zip: 70037

Contact Person: Julie Fox

Tel: (504) 392-7945

WASTE TRANSPORTER #2

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: Little Dixie Landfill

Address: 1716 N County Line

City: Ridgeland

State: MS

Zip: 39157

Tel: (601) 420-8243

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): N/A

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:

N/A

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Wet material, regulate area, notify owner & MDEQ.

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.

N. L. Currault, III - President

Type or Print Name

(Signature of Owner/Operator)

1/4/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

N. L. Currault, III - President

Type or Print Name

(Signature of Owner/Operator)

1/4/2021

(Date)