

# 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>Annual Blanket Notification</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Plant Victor Daniel</b>					
Address <b>13201 Highway 63N</b>					
City: <b>Moss Point</b>	State: <b>MS</b>	Zip: <b>39562</b>			
Site Location: <b>various</b>	Tel: <b>228.474.3096</b>				
Building Size <b>n/a</b>	# of Floors: <b>8</b>	Age in Years: <b>+40</b>			
Present Use: <b>electric generation plant</b>	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Mississippi Power</b>					
Address: <b>2992 W Beach Blvd</b>					
City: <b>Gulfport</b>	State: <b>MS</b>	Zip: <b>39501</b>			
Contact: <b>Patrick Chubb</b>	Tel: <b>228.897.6438</b>				
REMOVAL CONTRACTOR <b>Mansfield Industrial Inc 07804-SC</b>					
Address: <b>8430 Bellingrath Rd</b>					
City: <b>Theodore</b>	State: <b>AL</b>	Zip: <b>36582</b>			
Contact: <b>Bruce Moon</b>	Tel: <b>(251) 653-1239</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>MicroMethods Lab (PLM)</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<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	Category I	Category II	UNIT
Pipes				Ln Ft:	Ln M:
Surface Area				Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>1/1/2021</b>			Complete: <b>12/31/2021</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>1/1/2021</b>			Complete: <b>12/31/2021</b>		

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

**Asbestos removed during non-scheduled operations including routine maintenance**

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

Containment, negative air, wetting

XII. WASTE TRANSPORTER #1 **Waste Management - Pecan Grove**

Name:

Address: **9685 Firetower Rd**

City: **Pass Christian**

State: **MS**

Zip: **39571**

Contact Person:

Tel: **866.909.4458**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE **Waste Management - Pecan Grove**

Name:

Address: **9685 Firetower Rd**

City: **Pass Christian**

State: **MS**

Zip: **39571**

Tel: **866.909.4458**

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

Name: **n/a**

Title:

Authority:

Date of Order (MM/DD/YY):

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

XV. FOR EMERGENCY RENOVATIONS: **n/a**

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

Description of the sudden unexpected event:

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

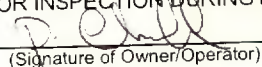
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

**follow containment and wetting procedures**

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.

Patrick Chubb

Type or Print Name

  
(Signature of Owner/Operator)

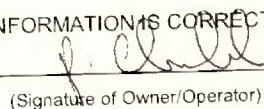
1/7/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Patrick Chubb

Type or Print Name

  
(Signature of Owner/Operator)

1/7/2021

(Date)