

# 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>D</b>									
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)									
Bldg. Name: <b>Plant Jack Watson</b>									
Address <b>10406 Lorraine Road</b>									
City: <b>Gulfport</b>	State: <b>MS</b>	Zip: <b>39502</b>							
Site Location: <b>Unit 5 Air Duct</b>			Tel:						
Building Size <b>n/a</b>	# of Floors: <b>14</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 / 228-897-6110</b>						
REMOVAL CONTRACTOR <b>Vulcan Industrial Contractor LLC</b>									
Address: <b>4625A Valleydale Rd</b>									
City: <b>Birmingham</b>	State: <b>AL</b>	Zip: <b>35238</b>							
Contact: <b>Chris Smith/Rhett Marton</b>			Tel: <b>205-313-4768</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), Tim Gele sampled 1/10/1996</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>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RACM To Be Removed</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Category I</td> <td style="text-align: center;">Category II</td> </tr> </table>		RACM To Be Removed		Category I	Category II	UNIT	
				RACM To Be Removed					
Category I	Category II								
Pipes		Ln Ft:	Ln M:						
Surface Area		insulation	Sq Ft: <b>576</b>	Sq M:					
Vol RACM Off Facility Component			Cu Ft:	Cu M:					
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>01/22/2021</b>			Complete: <b>01/31/2021</b>						
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:						

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

On Unit 5 - remove secondary air duct insulation

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:

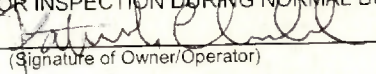
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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)

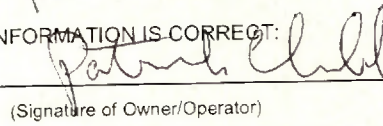
1/6/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Patrick Chubb

Type or Print Name

  
(Signature of Owner/Operator)

1/6/2021

(Date)