

Rev

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 12-22-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): A				
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: Plant Chevron Co-Gen				
Address: 200 Industrial Rd, Gate 4				
City: Pascagoula		State: MS	Zip: 39568	
Site Location: various			Tel: 228.938.6905	
Building Size:		# of Floors: 2	Age in Years: +40	
Present Use: electric generation plant		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Mississippi Power				
Address: 2992 W Beach Blvd				
City: Gulfport		State: MS	Zip: 39501	
Contact: Patrick Chubb			Tel: 228.897.6438	
ASBESTOS REMOVAL CONTRACTOR: Vulcan Industrial Contractor LLC				
Address: 4625A Valleydale Rd				
City: Birmingham		State: AL	Zip: 35238	
Contact: Thomas Smith			Tel: 205.313.4768	
Certification Number: ABC-00003328			Expiration Date: 8.19.23	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: various over 30 years	
Inspector: Charles Bingham		Certification Number: ABI-00001348	Expiration Date: 2.10.2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Mississippi Power has conducted various comprehensive asbestos inspections over the last 30 years at our facilities. Standard process to mark sections or pieces of equipment containing ACM (or not). If uncertain, MPC would have new sample taken for review.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1.1.2023			Complete: 12.31.2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1.1.2023			Complete: 12.31.2023	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: ACM removed during non-scheduled operations including routine maintenance.		
XII. 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		
XIII. WASTE TRANSPORTER #1 Waste Management		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: Waste Management - Pecan Grove		
Address: 9685 Firetower Rd		
City: Pass Christian	State: MS	Zip: 39571
Contact Person: Sam Williams		Tel: 228.255.5553
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XVI. FOR EMERGENCY RENOVATIONS:		
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:		
XVII. 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		
XVIII. 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	<i>Patrick Chubb</i>	12.22.22
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Patrick Chubb	<i>Patrick Chubb</i>	12.22.22
Type or Print Name	(Signature of Owner/Operator)	(Date)