

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 4.14.2023	AI Number
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): Mississippi Power- NASA substation				
Bldg. Name: Switch House - NASA Main 115-13.8kV				
Address: 30.3498, -89.6084 Old Highway 43				
City: Stennis Space Center		State: MS	Zip:	
Site Location:			Tel:	
Building Size: 225 s.f.		# of Floors: 1	Age in Years: 29	
Present Use: switch house		Prior Use: same		
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: 228.861.6165	
ASBESTOS REMOVAL CONTRACTOR: None required due to non friable state of material				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
Certification Number:			Expiration Date:	
OTHER OPERATOR: VICE Construction				
Address: 9712 Highway 63				
City: Moss Point		State: MS	Zip: 39562	
Contact: Jimmie Vice			Tel: 228.474.2890	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 4.5.23	
Inspector: Jonathan Bunn		Certification Number: ABI-00010894	Expiration Date: 3.22.2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Six bulk samples were collected from three homogeneous areas of suspect ACM. Asbestos was identified in the following materials:				
<ul style="list-style-type: none"> • Cementitious piping running from the exterior pull box to the interior cable trench. • Vent box wall board 				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 240		Surface Area (SQ FT): 25	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: 05/02/23			Complete: 05/12/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/02/23			Complete: 05/12/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
wetting, large cut segregation of nonfriable ACM		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
wetting, worker PPE, job safety briefing regarding ACM.		
XIII. WASTE TRANSPORTER #1 Vice Construction (same as Demo contractor)		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE Waste Management - Pecan Grove Landfill		
Name: Waste Management		
Address: 9685 Firetower Rd		
City: Pass Christian	State: MS	Zip: 39571
Contact Person:	Tel: 866.909.4458	
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:		
Stop work. Notify DEQ. Reduce risk of exposure.		
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	Patrick Chubb	4.14.2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Patrick Chubb	Patrick Chubb	4.14.23
Type or Print Name	(Signature of Owner/Operator)	(Date)