

# 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 <b>4-19-23</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <b>Mississippi Power- Plant Watson</b>				
Bldg. Name: <b>Control Room</b>				
Address: <b>10406 Lorraine Road</b>				
City: <b>Gulfport</b>		State: <b>MS</b>	Zip: <b>39502</b>	
Site Location: <b>Control Room</b>			Tel: <b>228.897.6256</b>	
Building Size: <b>1638 s.f. to be removed</b>		# of Floors: <b>10</b>	Age in Years: <b>+40</b>	
Present Use: <b>Control Room</b>		Prior Use: <b>same</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos 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>228.861.6165</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Brandsafway Industries LLC</b>				
Address: <b>1922 Old Murfreesboro Pike</b>				
City: <b>Nashville</b>		State: <b>TN</b>	Zip: <b>37217</b>	
Contact: <b>Michael S Martin</b>			Tel: <b>618 410 1692</b>	
Certification Number: <b>ABC-00005802</b>			Expiration Date: <b>4/10/23</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>No, not specifically for this project</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Transite siding is known to be ACM. Panels to be removed by a TN certified asbestos abatement contractor using techniques to reduce risk of screws causing friability.</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): <b>1638</b>	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: <b>05/03/23</b>			Complete: <b>05/10/23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>05/11/23</b>			Complete: <b>07/30/23</b>	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
remove transite panels to gain access to control room for complete renovation of wall & electrical system		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
wetting, shave cream over screw holes, worker PPE, job safety briefing regarding ACM.		
<b>XIII. WASTE TRANSPORTER #1</b> Waste Management		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b> 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	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>XVII. 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:</b>		
Stop work. Notify DEQ. Reduce risk of exposure.		
<b>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.</b>		
Patrick Chubb Type or Print Name	Patrick Chubb (Signature of Owner/Operator)	Digitally signed by Patrick Chubb Date: 2023.04.19 08:12:47 -05'00' 4.19.2023 (Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Patrick Chubb Type or Print Name	Patrick Chubb (Signature of Owner/Operator)	Digitally signed by Patrick Chubb Date: 2023.04.19 08:13:06 -05'00' 4.19.2023 (Date)