

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 checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 12-19-2024	Date Received 12/24 & 12/26/2024	AI Number 1321
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): All				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: PLANT VICTOR DANIEL				
Address: HIGHWAY 63 13201 Hwy 63				
City: MOSS POINT		State: MS		Zip: 39562
Site Location: VARIOUS				Tel: 228.474.3096
Building Size: N/A		# of Floors: 8		Age in Years: +50
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: 228.861.6165
ASBESTOS REMOVAL CONTRACTOR: SPECIALTY ABATEMENT SERVICES INC				
Address: 260 RAWLS SPRINGS LOOP RD				
City: HATTIESBURG		State: MS		Zip: 39402
Contact: WILLIE H. STAMPS				Tel: 601.264.5550
Certification Number: ABC-0000-1660			Expiration Date: 2.23.25	
OTHER OPERATOR: N/A				
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	
Inspector: CHARLES BINGHAM		Certification Number: ABI-00001348		Expiration Date: 2.7.2025
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: N/A				
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: 1.1.2025 Complete: 12.31.2025				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1.1.2025 Complete: 12.31.2025				

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

Name: Waste Management

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:

Stop work, consult certified and licensed professionals, notify DEQ

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 12.18.2024
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Patrick Chubb Patrick Chubb 12.18.2024
Type or Print Name (Signature of Owner/Operator) (Date)