
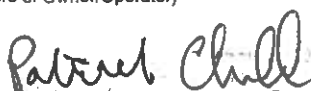


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 12-18-2024	AI Number 927
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Plant Watson				
Bldg. Name: Waste Paint Storage Bldg				
Address: 10406 Lorraine Rd				
City: Gulfport		State: MS	Zip: 39502	
Site Location: Near Gate 1			Tel:	
Building Size:		# of Floors: 1	Age in Years: 50+	
Present Use: storage		Prior Use: unknown		
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: Lakeshore Environmental Contractors				
Address: 5513 Eastcliff Industrial Loop				
City: Birmingham		State: AL	Zip: 35210	
Contact: Michael Atterberry			Tel: 205.943.5711	
Certification Number: ABC-00012844			Expiration Date: 3/4/2025	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Y				
WAS ASBESTOS PRESENT? (Yes/No): n/a			Inspection Date: unknown	
Inspector: na		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Presumed ACM. Transite siding panels on exterior walls and roof.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 1163	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: 12/23/24			Complete: 12/27/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1.10.2025			Complete: 3.15.2025	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
remove transite siding then replace with sheet metal siding and renovate the interior		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
panels will be wetted before removal then wrapped in poly and placed in ACM rolloff		
XIII. WASTE TRANSPORTER #1 Waste will be held in Plant Watson Special Waste rolloff until filled.		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE ultimately Pecan Grove landfill		
Name: Waste Management		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
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 CRUMBLED, 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		12/18/24
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Patrick Chubb		12/18/24
Type or Print Name	(Signature of Owner/Operator)	(Date)