

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>	<b>Date Received</b> 6/12/2025	<b>AI Number</b> 927
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): O				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number): Plant Watson				
Bldg. Name: Unit 3 Roof Access				
Address: 10406 Lorraine Rd				
City: Gulfport		State: MS	Zip: 39502	
Site Location: Unit 3 roof			Tel:	
Building Size:		# of Floors: 10	Age in Years: 50+	
Present Use: exterior siding		Prior Use: unknown		
<b>IV. FACILITY INFORMATION</b> (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: Gulf Services Contracting, Inc				
Address: 5000 Rangeline Rd				
City: Mobile		State: AL	Zip: 36619	
Contact: Derek Biehl			Tel: 251.443.8161	
Certification Number: ABC-00013116			Expiration Date: 2/14/2026	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): Y				
WAS ASBESTOS PRESENT? (Yes/No): n/a			Inspection Date: unknown	
Inspector: na		Certification Number:	Expiration Date:	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> Presumed ACM. Transite siding panels on exterior walls and roof.				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT):		Surface Area (SQ FT): 350	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 6/25/25			Complete: 7/11/25	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start:			Complete:	

**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: 10406 Lorraine Rd

City: Gulfport

State: MS

Zip: 39502

Contact Person: Tim Howard

Tel: 228.897.6104

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE** ultimately Pecan Grove landfill

Name: Waste Management

Address: 9685 Firetower Rd

City: Pass Christian

State: MS

Zip: 39571

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

Type or Print Name

*Patrick Chubb*  
(Signature of Owner/Operator)

6/12/25

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Patrick Chubb

Type or Print Name

*Patrick Chubb*  
(Signature of Owner/Operator)

6/12/25

(Date)