MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark Hand Delivered 10/28/21	Date Received (MDEQ use only) 10/28/21	Notification # (MDEQ use only)

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) Baxter Wilson Unit 1, 1st, 2nd, and 3rd Floors

Bldg. Name: Baxter Wilson Plant		
Address 770 Kemp Bottom Road		
City: Vicksburg	State: MS	Zip: 39180
Site Location: Warren County		Tel: 601-631-6206
Building Size NA	# of Floors: 8	Age in Years: 54
Present Use: Electric Power Plant	Prior Use: Electric Power Plant	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Entergy Mississippi, LLC		
Address: P.O. Box 1640		
City: Jackson	State: MS	Zip: 39215
Contact: Timothy R. Stone		Tel: 601-969-2316
REMOVAL CONTRACTOR Vecta Environmental Services		
Address: 200 Woodland Dr.		
City: Laplace	State: LA	Zip: 70068
Contact: Greg Ward		Tel: (318) 402-9662
OTHER OPERATOR:		
Address:		
City:	State:	Zip:
Contact:		

V. IS ASBESTOS PRESENT? (Yes/No) Yes

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

Plant Previously Surveyed for Asbestos

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component	2700			CuFt: X	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/8/2021 Complete: 12/31/2021

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/8/2021 Complete: 12/31/2021

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Asbestos abatement is needed around various locations of Unit 1 Boiler.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

The following procedures will be utilized to remove asbestos; Wet Method, double bagging, and glove bagging.

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1035 Old Brandon Road

City: Flowood	State: MS	Zip: 39232

Contact Person: Mike Raley	Tel: 601-613-8671

WASTE TRANSPORTER #2 NA

Name:

Address:

City:	State:	Zip:

Contact Person:	Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI Little Dixie Landfill

Address: 1716 N. County Line Road

City: Jackson	State: MS	Zip: 39215

Tel: 601-982-9488

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: NA	Title: NA

Authority: NA

Date of Order (MM/DD/YY): NA	Date Ordered to Begin (MM/DD/YY): NA

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): NA

Description of the sudden unexpected event: NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

NA

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

We will revise the notification to MDEQ if unexpected conditions exist or scope changes.

XVII. 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.

Kyle Sykes		10/28/21
Type or Print Name	(Signature of Owner/Operator)	(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Kyle Sykes		10/28/21
Type or Print Name	(Signature of Owner/Operator)	(Date)