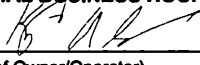



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 1/4/23	AI Number
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Entergy Gerald Andrus Plant				
Address: 200 MP & L Road, P.O. Box 1496				
City: Greenville		State: MS	Zip: 38702	
Site Location:		Tel: 662-379-2900		
Building Size: N/A		# of Floors: 11	Age in Years: 47	
Present Use: Electric Power Plant		Prior Use: Electric Power Plant		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Entergy Mississippi, LLC				
Address: P.O. Box 1640				
City: Jackson		State: MS	Zip: 39215	
Contact: Russell McLaren		Tel: 501-658-1851		
ASBESTOS REMOVAL CONTRACTOR: Vecta Environmental				
Address: 200 Woodland Drive				
City: Laplace		State: LA	Zip: 70068	
Contact: Claudia G. Bowers		Tel: 225-936-9245		
Certification Number: ABC-00010835			Expiration Date: 2/4/2023	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Plant Previously Surveyed for Asbestos Material Assumed asbestos				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 260		Surface Area (SQ FT): 160	Volume of Facility Components (CU FT): 35	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: NA			Category II: NA	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/1/2023			Complete: 12/31/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/1/2023			Complete: 12/31/2023	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
NA		
XII. 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 used while removing asbestos; wet method, double bagging and glove bagging.		
XIII. 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:	
XIV. WASTE DISPOSAL SITE		
Name: BFI Little Dixie Landfill		
Address: 1716 N. County Line Road		
City: Jackson	State: MS	Zip: 39215
Contact Person: Mike Raley	Tel: 601-982-9488	
XV. 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	
XVI. 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		
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:		
Bring operations into compliance with the regulations and determine if project needs to be suspended with communications with MDEQ.		
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.		
Kyle Sykes		1/4/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Kyle Sykes		1/4/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)