

# 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> 01-12-2024		<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) Mississippi Power - Plant Watson							
Bldg. Name: Power House Unit 5							
Address 10406 Lorrain Road							
City: Gulfport				State: MS		Zip: 39502	
Site Location: Elelevation 59, Feed Water Heaters				Tel: (228) 861-6165			
Building Size 100,000 SF +				# of Floors: 10		Age in Years: 40+	
Present Use: Power Generation				Prior Use: Power Generation			
<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: BrandSafway Industries, LLC							
Address: 2233 Cassens Drive							
City: Fenton				State: MO		Zip: 63026	
Contact: Michael S. Martin				Tel: (618) 410 - 1692			
Certification Number: ABC0005802				Expiration Date: 4/4/2024			
OTHER OPERATOR: --							
Address: --							
City: --				State: --		Zip: --	
Contact: --				Tel: --			
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): no, this is Presumed ACM by owner							
WAS ASBESTOS PRESENT? (Yes/No):				Inspection Date:			
Inspector:		Certification Number:			Expiration Date:		
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> Tank insulation on the two Feed Water Heaters is presumed to be ACM based upon owner's knowledge.							
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>							
Pipes (LN FT): 100 LN FT		Surface Area (SQ FT):			Volume of Facility Components (CU FT):		
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>							
Category I: 1085				Category II:			
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 02/01/2024				Complete: 03/15/2024			
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 1/15/2024				Complete: 3/20/2024			

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

Feed Water Heaters will be replaced, associated pipes and systems will be impacted.

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

Glovebag techniques for piping, NPE for tank insulation. HEPA Vacuums, wet methods, wet decon. 3rd party air monitoring

**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 Landfill

Address: 9685 Firetower Road

City: Pass Christian

State: MS

Zip: 39571

Contact Person: dispatch

Tel: 866 -909 - 4458

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

Name:--NA--

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

**XVI. FOR EMERGENCY RENOVATIONS: --NA--**

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

Description of the sudden unexpected event:

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

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**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 and other agencies.

**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)

1/12/24

(Date)

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

Patrick Chubb

Type or Print Name

Patrick Chubb  
(Signature of Owner/Operator)

1/12/2024

(Date)