MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: XEmail XMail □Hand Delivery	Postmark (mai 12/19/2024	l only)	Date Re 12/24 & 1	ceived 12/26/2024	Al Number 12237		
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): All							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):							
Bldg. Name: PLANT Chevron Co-Gen							
Address: 200 Industrial Road, Gate 4							
_{City:} Pascagoula		State: MS		Zip: 39568			
Site Location: VARIOUS				Tel: 228.938.6905			
Building Size: N/A		# of Floors: 2		Age in Years: +45			
Present Use: ELECTRIC GENERATION	N PLANT	Prior Use:					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: MISSISSIPPI POWER							
Address: 2992 W BEACH BLVD							
City: GULFPORT		State: MS		z _{ip:} 39501			
Contact: PATRICK CHUBB				Tel: 228.861.6165			
ASBESTOS REMOVAL CONTRACTOR: SPECIALTY ABATEMENT SERVICES INC							
Address: 260 RAWLS SPRINGS LOOP RD							
City: HATTIESBURG		State: MS		_{Zip:} 39402			
Contact: CHRIS SMITH				_{Tel:} 601.264.5550			
Certification Number: WILLIE H. STAMP	Expiration Date		on Date: 2.23.25	o _{ate:} 2.23.25			
OTHER OPERATOR:							
Address:		,					
City:		State:		Zip:			
Contact:				Tel:			
v. was site inspected to determine presence of asbestos? (Yes/No): YES							
WAS ASBESTOS PRESENT? (Yes/No): YES Inspection Date: VARIOUS							
Inspector: CHARLES BINGHAM Certification Number: ABI-00001348 Expiration Date: 2.7.2025							
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
Mississippi Power has conducted various comprehensive asbestos inspections over the last 30+ years at our facilities. Standard process to mark sections or pieces of equipment containing ACM (or							
not). If uncertain, MPC would have new sample taken for review.							
VII. QUANTITY OF RACM TO BE REMOVED: N/A							
Pipes (LN FT):	Surface Area (S	SQ FT):	,	Volume of Facility Co	mponents (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category I: Category II:							
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1.1.2025 Complete: 12.31.2025							
x. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1.1.2025 Complete: 12.31.2025							

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA ACM removed during non-scheduled opera						
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING DEMOLITION OR RENOVATION SITE: containment, negative air, wetting	NG CONTROLS TO BE USED	TO PREVENT EMISSION	DNS OF ASBESTOS AT THE			
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						
Address: 9685 Firetower Rd						
_{City:} Pass Christian	State: MS	_{Zip:} 39571				
Contact Person: Sam Williams		Tel: 228.255.555	53			
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENC	CY, PLEASE IDENTIFY THE A	AGENCY BELOW:				
Name:	Title:					
Authority:						
ate 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	l cause equipment damage or	an unreasonable financia	al burden:			
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE			OUND OR PREVIOUSLY			
Stop work, consult certified and licensed pr	ofessionals, notify D	EQ				
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROPOSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DUR	EVIDENCE THAT THE REQU	JIRED TRAINING HAS E				
Patrick Chubb	Patrick Chubb		12.18.2024			
Type or Print Name	(Signature of Owner/Operator)		(Date)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRE	:ст: <u>Patrick Chu</u>	<i>bb</i>	12.18.2024			
Type or Print Name	(Signature of Owner/Operator)		(Date)			