

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 02-07-2024	AI Number 83843
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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):				
Bldg. Name: Old Logtown Substation Building				
Address: 7995 MS 607 - (this is the address on the building but Google Maps shows 8377-8399 MS 607 South)				
City: Pearlinton		State: MS	Zip: 39520	
Site Location: Old Logtown Substation Building			Tel: 228-380-9244	
Building Size: 225 SF		# of Floors: 1	Age in Years: 50	
Present Use: Vacant		Prior Use: Utility SubStation		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Mississippi Power Company				
Address: 2992 West Beach Blvd				
City: Gulfport		State: MS	Zip: 39501	
Contact: Patrick Chub			Tel: 228-861-6165	
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.				
Address: PO Box 15925				
City: Hattiesburg		State: MS	Zip: 39404	
Contact: William H. Stamps			Tel: 601-264-5550	
Certification Number: ABC-00001660 ABC-10491			Expiration Date: 1/19/2024 03-13-2024	
OTHER OPERATOR: Vice Construction Co., Inc.				
Address: 9712 Hwy 63				
City: Moss Point		State: MS	Zip: 39562	
Contact:			Tel: (228) 474-2890	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 5/11/22	
Inspector: Jonathan Bunn		Certification Number: ABI-00010894	Expiration Date: 6/30/22	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Cement Pipe and Back Mastic Bulk Sampling, PLM				
VII. QUANTITY OF RACM TO BE REMOVED: Black Mastic				
Pipes (LN FT):	Surface Area (SQ FT): 16 SF		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II: 40 LF encased in cement slab		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/17/23			Complete: 2/29/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/17/23			Complete: 2/29/24	

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

Removal of black mastic (16sf) using manual wet methods prior to demolition by others.
Slab will be broken and the portion with the transite pipe will be containerized separately for proper disposal.

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

All ACM will be wetted and removed. Waste will be placed in clear, labeled, poly bags and placed in properly lined container for disposal.

XIII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services, Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name: Owner

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Landfill

Address: Hwy 29 N.

City: Runnelstown

State: MS

Zip: 39465

Contact Person: James A. "Tony" Harrison, MBA

Tel: 601-545-6676

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:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

2/7/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

2/7/24

(Date)