

# 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> <span style="font-size: 1.2em;">927</span>
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual) <span style="font-size: 1.2em;">O</span>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="font-size: 1.2em;">R</span>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number) <b>Mississippi Power - Plant Watson</b>				
Bldg. Name: <b>Power House Unit 5</b>				
Address: <b>10406 Lorrain Road</b>				
City: <b>Gulfport</b>		State: <b>MS</b>	Zip: <b>39502</b>	County: <b>Harrison</b>
Site Location: <b>Elelevation 59, Feed Water Heaters</b>			Tel: <b>(228) 861-6165</b>	
Building Size: <b>100,000 SF +</b>		# of Floors: <b>10</b>	Age in Years: <b>40+</b>	
Present Use: <b>Power Generation</b>		Prior Use: <b>Power Generation</b>		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Mississippi Power</b>				
Address: <b>2992 W. Beach Blvd</b>				
City: <b>Gulfport</b>		State: <b>MS</b>	Zip: <b>39501</b>	
Contact: <b>Patrick Chubb</b>			Tel: <b>(228) 861 - 6165</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>BrandSafway Industries, LLC</b>				
Address: <b>2233 Cassens Drive</b>				
City: <b>Fenton</b>		State: <b>MO</b>	Zip: <b>63026</b>	
Contact: <b>Michael S. Martin</b>			Tel: <b>(618) 410 - 1692</b>	
Certification Number: <b>ABC0005802</b>			Expiration Date: <b>4/4/2024</b>	
OTHER OPERATOR: <b>--</b>				
Address: <b>--</b>				
City: <b>--</b>		State: <b>--</b>	Zip: <b>--</b>	
Contact: <b>--</b>			Tel: <b>--</b>	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <b>no, this is Presumed ACM by owner</b>				
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> <b>Tank insulation on the two Feed Water Heaters is presumed to be ACM based upon owner's knowledge.</b>				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT): <b>100 LN FT</b>		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I: <b>1085</b>			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: <b>02/01/2024</b>			Complete: <b>03/15/2024</b>	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: <b>1/15/2024</b>			Complete: <b>3/20/2024</b>	

**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 CRUMBLLED, 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)