

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 12/4/2024	AI Number 5099
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R Phase 2				
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) Phase 2, Turbine Building, Unit 3 Evaporator & Piping, 2nd, 3rd, 4th floor				
Bldg. Name: Moselle Generating Station Powerhouse				
Address 308 Moselle Seminary Road				
City: Moselle		State: MS	Zip: 39459	County: Jones
Site Location: Plant Moselle			Tel: 601-705-2913	
Building Size 11,000 sq ft		# of Floors: 4	Age in Years: 54	
Present Use: electric generation		Prior Use: n/a		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: SAME				
Address:				
City:		State:	Zip:	
Contact: Alex Howard			Tel: 601-705-2913	
ASBESTOS REMOVAL CONTRACTOR: Palacios Marine Industrial				
Address: 6590 Half Mile Road				
City: Irvington		State: Alabama	Zip: 36544	
Contact: Kevin Docen			Tel: 251-581-1782	
Certification Number: ABC-00011996			Expiration Date: 8/30/2025	
OTHER OPERATOR: N/A				
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: 9/28/20 thru 10/1/20	
Inspector: Pace Analytical Brian Richard		Certification Number: ABI-00003351	Expiration Date: 10/2/20	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM EPA 600/R-93/116 See original w/report				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 200 Piping insulation	Surface Area (SQ FT): ¹⁰⁰⁰ Tank Insulation		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/13/24			Complete: 12/20/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Build containment, remove intact, keep wet, bag and dispose of in dumpster to be hauled to approved landfill

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

Keep wet, use negative air machines in containment

XIII. WASTE TRANSPORTER #1

Name: Robbie D Wood

Address: 1051 Old Warrior River Road

City: Bessemer

State: Alabama

Zip: 35023

Contact Person: Rhonda

Tel: 205-744-8440

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Solid Waste Authority

Address: 5274 Highway 29

City: Overt

State: MS

Zip: 39464

Contact Person: Amanda Ellis

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Notify proper authorities, wet down, clean up and dispose of properly

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.

Stuart Horton

Type or Print Name

(Signature of Owner/Operator)

12/4/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Stuart Horton

Type or Print Name

(Signature of Owner/Operator)

12/4/24

(Date)