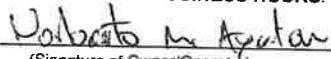



# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 4/29/2025	AI Number 1113
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>R</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Entergy Gerald Andrus Plant</b>				
Address: <b>200 MP &amp; L Road</b>				
City: <b>Greenville</b>		State: <b>MS</b>	Zip: <b>38702</b>	
Site Location: <b>Valve - MO #424A (1st floor - south of condenser water boxes)</b>			Tel: <b>662-379-2900</b>	
Building Size: <b>N/A</b>		# of Floors: <b>11</b>	Age in Years: <b>50</b>	
Present Use: <b>Electric Power Plant</b>		Prior Use: <b>Electric Power Plant</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Entergy Mississippi, LLC</b>				
Address: <b>P.O. Box 1640</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39215</b>	
Contact: <b>Tasha Hill</b>			Tel: <b>501-258-8977</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Apache Industrial Services, Inc.</b>				
Address: <b>250 Assay Street Suite 500</b>				
City: <b>Houston</b>		State: <b>TX</b>	Zip: <b>77044</b>	
Contact: <b>Stanley E. Smith</b>			Tel: <b>409-718-5217</b>	
Certification Number: <b>ABC-00012143</b>			Expiration Date: <b>1/31/2026</b>	
OTHER OPERATOR: <b>N/A</b>				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>No</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>N/A</b>			Inspection Date: <b>N/A</b>	
Inspector: <b>N/A</b>		Certification Number: <b>N/A</b>	Expiration Date: <b>N/A</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Brown Pipe Insulation presumed to be friable ACM.</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): <b>15</b>		Surface Area (SQ FT): <b>25</b>	Volume of Facility Components (CU FT): <b>9</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>NA</b>			Category II: <b>NA</b>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/8/2025</b>			Complete: <b>5/11/2025</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>5/8/2025</b>			Complete: <b>5/11/2025</b>	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Brown Pipe Insulation presumed to be friable ACM.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
The following procedures will be used while removing asbestos; wet method, double bagging and glove bagging.		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Republic Services		
Address: 52 Landfill Road		
City: Leland	State: MS	Zip: 38756
Contact Person: Mike Raley		Tel: 601-613-8671
<b>WASTE TRANSPORTER #2 NA</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Republic Services - Big River Landfill		
Address: 52 Landfill Road		
City: Leland	State: MS	Zip: 38756
Contact Person: Mike Raley		Tel: 601-982-9488
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: NA	Title: NA	
Authority: NA		
Date of Order (MM/DD/YY): NA	Date Ordered to Begin (MM/DD/YY): NA	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
Date and Hour of Emergency (MM/DD/YY): NA		
Description of the sudden unexpected event:		
NA		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
NA		
<b>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:</b>		
Bring operations into compliance with the regulations and determine if project needs to be suspended with communications with MDEQ.		
<b>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.</b>		
Norberto Aguilar		4/29/2025
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Beau Griffin		4/29/2025
Type or Print Name	(Signature of Owner/Operator)	(Date)