

12237

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

RECEIVED

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification #	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/>			JUL 19 2019 Dept. of Environmental Quality	
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) Units 3 & 4 HRSG piping				
Bldg. Name: N/A (equipment)				
Address 200 Industrial Road				
City: Pascagoula	State: MS	Zip: 39581		
Site Location: Mississippi Power Company - Chevron Co-gen			Tel:	
Building Size N/A	# of Floors: N/A	Age in Years: 40+		
Present Use: Steam generation equipment	Prior Use: N/A			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Mississippi Power Company				
Address: 200 Industrial Road				
City: Pascagoula	State: MS	Zip: 39581		
Contact:			Tel:	
REMOVAL CONTRACTOR Vulcan Industrial Contractors, ABC-00003328				
Address: 4625-A Valleydale Road				
City: Birmingham	State: Al	Zip: 35242		
Contact: Chris Smith			Tel: 1-334-327-5458	
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) Yes				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Reports for both units available, performed by Micro Methods Laboratory				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes	1			LnFt: 300 Ln M:
Surface Area				SqFt: Sq M:
Vol RACM Off Facility Component				CuFt: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-15-19			Complete: 7-28-19	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Remove ACM from Miscellaneous Piping via Glove Bag

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

Glove Bag, Wet Method, Hepa Vacuums

XII. WASTE TRANSPORTER #1

Name: Waste Management - Pecan Grove

Address: 9685 Firetower Rd

City: Pass Christian

State: MS

Zip: 39571

Contact Person:

Tel: 866.909.4458

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

XIV. 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):

XV. 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:

XVI. 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:

Wet Method to be removed or made Non-Friable by trained personnel

XVII. 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


(Signature of Owner/Operator)

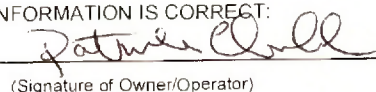
June 11, 2019

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Patrick Chubb

Type or Print Name


(Signature of Owner/Operator)

June 11, 2019

(Date)