1074

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) A

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)

Bldg. Name: Baxter Wilson Plant

Address 770 Kemp Bottom Road

City: Vicksburg	State: MS	Zip: 39180
Site Location: Warren County		Tel: (601) 631-6206
Building Size N/A	# of Floors: 8	Age in Years: 51
Present Use: Electric Power Plant	Prior Use: Electric Power Plant	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Entergy Mississippi, LLC

Address: P.O. Box 1640

City: Jackson	State: MS	Zip: 39215
Contact: Timothy R. Stone		Tel: (601) 969-2316

REMOVAL CONTRACTOR

Address:

City:	State:	Zip:
Contact:		Tel:

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):

Plant Previously Surveyed for Asbestos Material

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	UNIT	
Pipes	260			LnFt: X	Ln M:
Surface Area	160			SqFt: X	Sq M:
Vol RACM Off Facility Component	35			CuFt: X	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/1/2020 Complete: 12/31/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/1/2020 Complete: 12/31/2020

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

N/A

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

The following procedures will be used while removing asbestos; wet method, double bagging and glove bagging.

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1035 Old Brandon Road

City: Flowood | State: MS | Zip: 39232

Contact Person: Mike Raley | Tel: (601) 613-8671

WASTE TRANSPORTER #2 N/A

Name: N/A

Address: N/A

City: N/A | State: N/A | Zip: N/A

Contact Person: N/A | Tel: N/A

XIII. WASTE DISPOSAL SITE

Name: BFI Little Dixie Landfill

Address: 1716 N. County Line Road

City: Jackson | State: MS | Zip: 39215

Tel: (601) 982-9488

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A | Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A | Date Ordered to Begin (MM/DD/YY): N/A

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event: N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

N/A

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.

Martha B. Hester — Martha B. Hester — 12/18/2019

Type or Print Name — (Signature of Owner/Operator) — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Martha B. Hester — Martha B. Hester — 12/18/2019

Type or Print Name — (Signature of Owner/Operator) — (Date)