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) Annual Blanket Notification

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Plant Victor Daniel

Address 13201 Highway 63N

City: Moss Point	State: MS	Zip: 39562
Site Location: various		Tel: 228.474.3096
Building Size n/a	# of Floors: 8	Age in Years: +40
Present Use: electric generation plant	Prior Use:	

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

OWNER NAME: Mississippi Power

Address: 2992 W Beach Blvd

City: Gulfport	State: MS	Zip: 39501
Contact: Patrick Chubb		Tel: 228.897.6438

REMOVAL CONTRACTOR Mansfield Industrial Inc 07804-SC

Address: 8430 Bellingrath Rd

City: Theodore	State: AL	Zip: 36582
Contact: Bruce Moon		Tel: (251) 653-1239

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):

MicroMethods Lab (PLM)

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				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	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:

Asbestos removed during non-scheduled operations including routine maintenance

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

Containment, negative air, wetting

XII. WASTE TRANSPORTER #1 Waste Management - Pecan Grove

Name:		
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 Waste Management - Pecan Grove

Name:		
Address: 9685 Firetower Rd		
City: Pass Christian	State: MS	Zip: 39571
Tel: 866.909.4458		

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

Name: n/a	Title:
Authority:	
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: n/a

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

follow containment and wetting procedures

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 — Patrick Chubb — 1/3/2020

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

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Patrick Chubb — Patrick Chubb — 1/3/2020

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