

# 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=Cancelled A= Annual) <b>R</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Cleveland Power Plant Old Radio Tower and Building</b>					
Address: <b>N33.7930, W90.7118</b>					
City: <b>Cleveland</b>	State: <b>MS</b>	Zip: <b>38732</b>			
Site Location: <b>Concrete Building</b>		Tel: <b>N/A</b>			
Building Size: <b>120sf</b>	# of Floors: <b>1</b>	Age In Years: <b>30+</b>			
Present Use: <b>Equipment House</b>	Prior Use: <b>Equipment House</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Entergy Ms. LLC</b>					
Address: <b>901C Larson St</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39202</b>			
Contact: <b>Lauren McDaniel</b>	Tel: <b>(601) 383-1370</b>				
REMOVAL CONTRACTOR: <b>Gill Industries, Ltd.</b>					
Address: <b>1718 Engineers Rd</b>					
City: <b>Belle Chasse</b>	State: <b>LA</b>	Zip: <b>70037</b>			
Contact: <b>Bill Wallace</b>	Tel: <b>(504) 392-7945</b>				
OTHER OPERATOR: <b>Eas Tex Tower, LLC</b>					
Address: <b>3537 Gum Springs Rd.</b>					
City: <b>Longview</b>	State: <b>Tx</b>	Zip: <b>75602</b>			
Contact: <b>Keith Matheny 903-234-9370</b>					
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<b>assumed</b>					
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	0			Ln Ft:	Ln M:
Surface Area <b>Caulk</b>	2			Sq Ft: <b>X</b>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>1/19/21</b> Complete: <b>1/19/21</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>1/19/21</b> Complete: <b>1/20/21</b>					

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

Abate caulk for planned demolition

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

Proper PPE, Regulate area, Wet Caulk, remove intact from around vent, Double Bag

XII. WASTE TRANSPORTER #1

Name: Gill Industries, Ltd.

Address: 1718 Engineers Rd.

City: Belle Chasse

State: La

Zip: 70037

Contact Person: Julie Fox

Tel: (504) 392-7945

WASTE TRANSPORTER #2

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: Little Dixie Landfill

Address: 1716 N County Line

City: Ridgeland

State: MS

Zip: 39157

Tel: (601) 420-8243

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

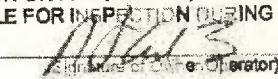
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:  
N/A

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

Wet material, regulate area, notify owner & MDEQ.

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.

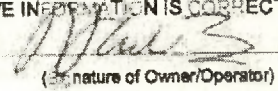
N. L. Curraut, III - President  
Type or Print Name

  
Signature of Owner/Operator

1-14-21  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

N. L. Curraut, III - President  
Type or Print Name

  
Signature of Owner/Operator

1-14-21  
(Date)