

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) R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Plant Jack Watson				
Address 10406 Lorraine Road				
City: Gulfport	State: MS	Zip: 39502		
Site Location: Unit 5 Air Duct			Tel:	
Building Size n/a	# of Floors: 14	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 / 228-897-6110	
REMOVAL CONTRACTOR Vulcan Industrial Contractor LLC				
Address: 4625A Valleydale Rd				
City: Birmingham	State: AL	Zip: 35238		
Contact: Chris Smith/Rhett Marton			Tel: 205-313-4768	
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), Tim Gele sampled 1/10/1996				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> 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				Ln Ft: Ln M:
Surface Area	insulation			Sq Ft: 576 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/1/2021 Complete: 3/20/2021				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

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

On Unit 5 - remove secondary air duct insulation

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 ASBESTOS MATERIAL BECOMES CRUMBLLED, 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

Type or Print Name

(Signature of Owner/Operator)

1/27/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Patrick Chubb

Type or Print Name

(Signature of Owner/Operator)

1/27/2021

(Date)