

"Rev"

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) 5-11-2022	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Revised 5-11-2022					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Sardis Compressor Station					
Address: 2099 Holly Grove Rd S					
City: Sardis	State: MS	Zip: 38666			
Site Location: Auxillary Bldg, Compressor Bldg 1		Tel: 615-465-5107			
Building Size: 11500sf	# of Floors: 2	Age in Years:			
Present Use: Compressor Station	Prior Use: Compressor Station				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: TC Energy ANR Pipeline Company					
Address: 4715 Traders Way Ste 100					
City: Thompsons Station	State: TN	Zip: 37179			
Contact: Chase Lyles	Tel: 615-465-5107				
REMOVAL CONTRACTOR: Pacific Technologies, Inc					
Address: 107 E 40th St					
City: Boise	State: ID	Zip: 83714			
Contact: DJ Welch	Tel: 208-344-8668				
OTHER OPERATOR: GSD Trading USA, Inc.					
Address: P.O. Box 1419					
City: Channelview	State: TX	Zip: 77530			
Contact: Trey Wilson					
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): Bulk Sample Method PLM; CA Labs; Edward Clay-EAC Environmental; 08/05/2020					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed				Ln Ft: X	Ln M:
2. Category I ACM Not Removed				Sq Ft: X	Sq M:
3. Category II ACM Not Removed				Cu Ft:	Cu M:
Pipes	1571				
Surface Area Sheet Vinyl/Windows	2564				
Vol RACM Off Facility Component					
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/04/2022 Complete: 05/12/22					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/04/2022 Complete: 09/16/2022					

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

Demolition will include the use of hydraulic excavators with attachments and laborers with cutting torches.

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

Wet methods, Negative air, Criticals, Glove bags, Tyvek and respirators.

XII. WASTE TRANSPORTER #1

Name: **Frac-N Vac**

Address: **5419 E Holmes Rd**

City: **Memphis**

State: **TN**

Zip: **38106**

Contact Person: **Kelly Wood**

Tel: **870-314-2376**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Tunica Landfill**

Address: **6035 Bowdre Road**

City: **Robinsonville**

State: **MS**

Zip: **38664**

Tel: **866-909-4458**

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Cease work, assess the situation, and proceed according to all local, state and EPA regulations

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.

DJ Welch

Type or Print Name

(Signature of Owner/Operator)

05/11/22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

DJ Welch

Type or Print Name

(Signature of Owner/Operator)

05/11/22

(Date)