

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

| | | | |
|--------------------|--------------------------|---|--------------------------------|
| Operator Project # | Postmark <i>email</i> | Date Received (MDEQ use only) <i>5/31/22</i> | Notification # (MDEQ use only) |
|--------------------|--------------------------|---|--------------------------------|

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

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

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) **Greenville Compressor Station**

Bldg. Name: **Greenville Compressor Station- Compressor Engine Building, Maintenance Building, and Meter Building**

Address **1012 S Beauchamp Ave.**

| | | |
|-------------------------|------------------|-------------------|
| City: Greenville | State: MS | Zip: 38703 |
|-------------------------|------------------|-------------------|

| | |
|---|--------------------------|
| Site Location: 33°23'32.67" N 91°01'03.11" W | Tel: 662-334-9079 |
|---|--------------------------|

| | | |
|-------------------------------|-----------------------|--------------------------------|
| Building Size 275'X50' | # of Floors: 2 | Age in Years: 72 years. |
|-------------------------------|-----------------------|--------------------------------|

| | |
|--|--|
| Present Use: Compressor Engine Building | Prior Use: Compressor Engine Building |
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IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **Texas Gas Transmission, LLC**

Address: **9 Greenway Plaza, #2800**

| | | |
|----------------------|------------------|-------------------|
| City: Houston | State: TX | Zip: 77046 |
|----------------------|------------------|-------------------|

| | |
|----------------------------|--------------------------|
| Contact: Rodney Lee | Tel: 713-479-8114 |
|----------------------------|--------------------------|

REMOVAL CONTRACTOR **Environmental Solutions, LLC (ABC-0009558)**

Address: **3808 Commercial Drive**

| | | |
|-------------------------|------------------|-------------------|
| City: New Iberia | State: LA | Zip: 70560 |
|-------------------------|------------------|-------------------|

| | |
|-------------------------------|--------------------------|
| Contact: Brooks Tastet | Tel: 337-296-6970 |
|-------------------------------|--------------------------|

OTHER OPERATOR:

Address:

| | | |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

Contact:

V. IS ASBESTOS PRESENT? (Yes/No) **Assumed**

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

| 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 | |
| <ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed | | | | | |
| Pipes | | | | Ln Ft: | Ln M: |
| Surface Area 13,750 ft sq | | | | Sq Ft: 13,750 | Sq M: |
| Vol RACM Off Facility Component | | | | Cu Ft: | Cu M: |

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **06/13/2022** Complete: **06/18/2022**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

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

Windows will be removed intact by regulated work methods and by certified workers.

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

Do not break windows if feasible. Keep material wet. Line roll-off box with 2 layers of 6 mil poly sheeting. Wrap and seal.

XII. WASTE TRANSPORTER #1

Name: Waste Management, Inc.

Address: 6035 Bowdre Road

City: Robinsonville

State: MS

Zip: 38664

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management, Inc. - Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip: 38664

Tel: (313) 215-8486

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:

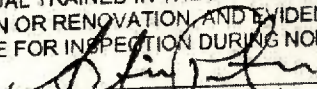
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

All work will be stopped and material will be abated as friable.

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.

Austin Proctor

Type or Print Name


(Signature of Owner/Operator)

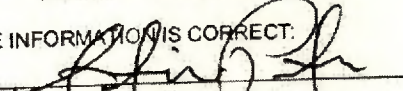
5/31/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Austin Proctor

Type or Print Name


(Signature of Owner/Operator)

5/31/2022

(Date)