

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 1/4/23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original				
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: Vertec Chemical Meter Station				
Address: 4430 Rifle Range Rd.				
City: Vicksburg		State: MS	Zip: 39180	
Site Location: Vertec Chemical Station			Tel:	
Building Size: 12'x8'x12'		# of Floors: 1	Age in Years: 50	
Present Use: Storage		Prior Use: Meter Room		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Gulf South Pipeline Co., LLC				
Address: 9 Greenway Plaza, #2800				
City: Houston		State: TX	Zip: 77046	
Contact: Rodney Lee			Tel: 713-479-8114	
ASBESTOS REMOVAL CONTRACTOR: Environmental Solutions, LLC				
Address: 3808 Commercial Drive				
City: New Iberia		State: LA	Zip: 70560	
Contact: Brooks Tastet			Tel: 337-296-6970	
Certification Number: ABC-00009558			Expiration Date: 4/5/2023	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Assumed				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 96 sq.ft.	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II: 96 sq.ft.	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/18/2023			Complete: 1/31/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/18/2023			Complete: 1/31/2023	

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

Transite panels will be removed from the building in tact and wrapped. Building frame taken down.

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

Do not break transite panels. Any sawing, drilling, and/or cutting will be done in containment or by glove bag method.

XIII. WASTE TRANSPORTER #1

Name: Environmental Solutions, LLC.

Address: 3808 Commercial Drive

City: New Iberia

State: LA

Zip: 70560

Contact Person: Brooks Tastet

Tel: 337-296-6970

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Republic Services Little Dixie Landfill

Address: 1716 N County Line Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel:

XV. 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):

XVI. 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:

XVII. 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:

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

XVIII. 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

Austin Proctor

(Signature of Owner/Operator)

Jan. 4, 2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Austin Proctor

Type or Print Name

Austin Proctor

(Signature of Owner/Operator)

Jan. 4, 2023

(Date)