

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 08-04-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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: Banner Compressor Station				
Address: 82 County Rd 233				
City: Watervalley		State: MS	Zip: 38965	
Site Location: Same			Tel:	
Building Size: 16 Square Ft (7 Structures)		# of Floors: 1	Age in Years: 60	
Present Use: Abandoned		Prior Use: Fire House		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Columbia Gulf Transmission				
Address: 82 County Rd				
City: Water Valley		State: MS	Zip: 38965	
Contact: Chase Lyles			Tel: 931-981-8104	
ASBESTOS REMOVAL CONTRACTOR: Environmental Solutions DBA Pipeline Solutions LLC				
Address: 176 Strawberry St				
City: Slidell		State: LA	Zip: 70460	
Contact: Brooks Tastet			Tel: 337-296-6970	
Certification Number: ABC-0009558		Expiration Date: April 3, 2024		
OTHER OPERATOR: Environmental Solutions DBA Pipeline Solutions LLC				
Address: 176 Strawberry St				
City: Slidell		State: LA	Zip: 70460	
Contact: Brooks Tastet			Tel: 337-296-6970	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No): Assumed		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
All Structures assumed				
VII. QUANTITY OF RACM TO BE REMOVED: 3.5 cubic yards				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT): 94.5		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8-21-23			Complete: 9-21-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-21-23			Complete: 9-21-23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Fire houses will be wet, wrapped and then picked up and dumped in a dumpster

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
All material will be kept wet.

XIII. WASTE TRANSPORTER #1

Name: TAS Environmental Services, L.P

Address: 5675 Pigeon Roost Road

City: Memphis

State: TN

Zip: 38118

Contact Person: Cody Simpson

Tel: 901-570-0377

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: WM Tunica LF

Address: 6035 Bowdre

City: Robinsonvill Robinsonville

State: MS

Zip: 38664

Contact Person: Brad Talbert

Tel: 901-8274488

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

All work will be stopped and the material will be handled 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.

Brooks Tastet

Type or Print Name

(Signature of Owner/Operator)

8/3/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Brooks Tastet

Type or Print Name

(Signature of Owner/Operator)

8/3/23

(Date)