

# 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 4/22/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <sup>O</sup>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <sup>R</sup>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) TC Energy				
Bldg. Name: Compressor Station				
Address 1336 S Raceway Rd				
City: Greenville	State: MS	Zip: 38703	County: Washington	
Site Location: Same		Tel: 662-822-8025		
Building Size 40,000	# of Floors: 1	Age in Years: 60		
Present Use: Compressor Station		Prior Use: Compressor Station		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: TC Energy				
Address: 1336 S Raceway Rd				
City: Greenville	State: MS	Zip: 38703		
Contact: Dylan Lofton		Tel: 662-332-0409		
ASBESTOS REMOVAL CONTRACTOR: Pipeline Solutions LLC				
Address: 176 Strawberry St				
City: Slidell	State: LA	Zip: 70460		
Contact: Brooks Tastet		Tel: 337-289-6970		
Certification Number: 6R 20413		Expiration Date: 5-2-2025		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
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: PACM/Transite				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II: 1 cubic yard		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/5/2025		Complete: 8/5/2025		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:		



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

Remove 4 sheets

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

Wet method under containment

**XIII. WASTE TRANSPORTER #1**

Name: L&T

Address: 480 Airport Industrial Drive

City: Southaven

State: MS

Zip: 38671

Contact Person: Carlton Gibson

Tel: 901-331-7187

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip: 38664

Contact Person: Sandy Pickle

Tel: 662-363-2282

**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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Brooks Tastet

Type or Print Name

(Signature of Owner/Operator)

4/21/2025

(Date)