

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 4/28/2025		AI Number		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R O								
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R								
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: Piping/ Gaskets					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: ABC-00009558					Expiration Date: 03/08/2025			
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/ Gaskets								
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: 5-01-25					Complete: 7-28-25			
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 Gaskets and Mastic from Valves

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

Wet method/ Use scrapers and mastic remover

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:

All stop. Material will be treated as friable using containment.

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)

04/30/ 2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Brooks Tastet

Type or Print Name

(Signature of Owner/Operator)

04/30/2025

(Date)