

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

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|--|-----------------------|--|----------------------------|-----------|
| 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 CRUMBLLED, 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)