

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

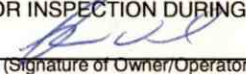
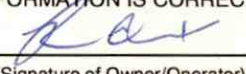
Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
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: Thomasville Gas Plant					
Address 300 Shell Oil Road					
City: Florence	State: MS	Zip: 39073			
Site Location: Entire Plant		Tel: 601-331-8387			
Building Size: 200000	# of Floors: 1	Age in Years: 65			
Present Use: Gas Plant	Prior Use: Gas Plant				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Pursue Energy Corp					
Address: 300 Shell Oil Rd.					
City: Florence	State: MS	Zip: 39073			
Contact: David Slade		Tel: 601-331-8387			
REMOVAL CONTRACTOR: ARC Abatement					
Address: 300 S. 2 nd st.					
City: Waco	State: TX	Zip: 76701			
Contact: Ron Daniel		Tel: 2547556700			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PLM, Hal Moore 8-16					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	1200		x	Ln Ft: x	Ln M:
Surface Area	8000	x		Sq Ft: x	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-6-17				Complete: 3-31-17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-1-17				Complete: 6-30-17	

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Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demolition wet methods with machines		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: wet removal, glove bag, full containments, negative pressure		
XII. WASTE TRANSPORTER		
Name: Gotta Go Site Services Rental		
Address: 120 Hwy. 49 North		
City: Jackson	State: MS	Zip: 39209
Contact Person: Lauren or Amanda		Tel: 601-879-3969
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: Little Dixie Landfill		
Address: 1716 County RD.		
City: Ridgeland	State: MS	Zip: 39157
Tel: 601-982-9488		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: NA	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS: NA		
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:		
XVI. 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: Project will be stopped and engineering systems will put in place to control asbestos.		
XVII. 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.		
Ron Daniel		1/19-17
_____ Type or Print Name	_____ (Signature of Owner/Operator)	_____ (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Ron Daniel		1/19-17
_____ Type or Print Name	_____ (Signature of Owner/Operator)	_____ (Date)