

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Spoke w/MDEQ personnel on 3/6/17.

CR

I. TYPE OF NOTICE: [X] Original [ ] Revision [ ] Canceled [ ] Annual [ ] Info. Only
II. TYPE OF PROJECT: [ ] Renovation [ ] Demolition [ ] Ordered Demolition [X] Emergency Renovation Building Hit By Tornado

III. SITE INFORMATION: Name Petal Yard Meter Station Description: Office Building Address: 30 Vardaman Drive City: Petal County: Forrest State: MS ZIP: Contact Person: Rodney Lee Telephone: 713-479-8114

IV. OWNER INFORMATION: Name: Gulf South Pipeline Full Mailing Address: 9 Greenway Plaza, Suite 2800, Houston, TX 77046 Contact Person: Rodney Lee Telephone: 713-479-8114

V. ASBESTOS REMOVAL CONTRACTOR: Name: Asbestos Management Services, LLC Certification No.: ABC-00007213 Expiration Date: Feb 18, 2018 Full Mailing Address: 11628 S. Choctaw Dr., Baton Rouge, LA 70815 Contact Person: Charles L. Ellis, Jr. Telephone: 225-924-2002

VI. CONTRACTOR (Other): Name: NA Full Mailing Address: Contact Person: Telephone:

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Start: 03/16/2017 Removal Project Stop: 03/30/2017

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start: Project Stop: Prep. Date:

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 1200 sq ft Bldg. Size (LNFT): 30'x40' No. of Floors: 1 Age in Years: approx 40 Present Use: Office Building Prior Use: NA

X. ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos: [X] Yes [ ] No Inspection Date: 06/02/2000 Asbestos Present? [X] Yes [ ] No Inspector: Edward J. Ossi w/ ERM Cert. No.: Not Available Expiration Date: Not Available Identify suspect materials sampled: Floor Tile Laboratory Analysis: TEM PLM [X] Other Name of Laboratory: Schneider Laboratories, Inc. (see attached)

XI. QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) NA Surface Area (SQ FT) 1,200 Volume of Facility Components(CU FT) NA

XII. QUANTITY OF NONFRIABLE ASBESTOS [ ] NOT REMOVED [X] 3 cu yd TO BE REMOVED: Category I: Category II: 3 cu yds of flooring material

XIII. WASTE TRANSPORTER: Name: Complete Environmental Full Mailing Address: 37 David Swan Lane Purvis, MS 39475 Contact Person: Kati Kelley Telephone: 601-323-9964

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DMB

Dept. of Environmental Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. **WASTE ASBESTOS DISPOSAL SITE:** Name: Pine Belt Landfill  
Physical Location: 5274 Highway 29 Perry County, MS  
Full Mailing Address: 5274 Highway 29 Perry County, MS  
Contact Person: \_\_\_\_\_ Telephone: 601-545-6676

\*All asbestos waste should go to a permitted sanitary landfill.

XV. **DISPOSAL SITE FOR DEMOLITION DEBRIS** (Other than asbestos):  
Name: NA  
Physical Location: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. **REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):**  
 Strip & Removal     Double Bagging     Mechanical Chipping     Component Removal  
 Wrecking Ball     Gross Demolition     Remove Intact     Bulldozer  
 Containment     Glove Bag     Explode     Negative Air  
 Wet Method     Roofing Saw     Other - Explain Below: \_\_\_\_\_

XVII. **DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:**  
A containment area will be established and the floor tile will be wet down and then removed.  
\_\_\_\_\_  
\_\_\_\_\_

XVIII. **PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:**  
\_\_\_\_\_

\*Will MDEQ be notified of any significant changes?  Yes  No

XIX. **IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:**  
Name: NA Title: \_\_\_\_\_  
Authority: \_\_\_\_\_  
Date of Order: \_\_\_\_\_ Date Demolition to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

XX. **EMERGENCY DEMOLITION/RENOVATIONS:** Date of Emergency: \_\_\_\_/\_\_\_\_/\_\_\_\_, Time: \_\_\_\_\_  
Description of the sudden, unexpected event: \_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  
\_\_\_\_\_

XXI. **When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.**

I certify that all of the above information is correct.

Charles L. Ellis, Jr. - Project Manager  
Type or Print Name & Title

  
Signature

3/16/17  
Date

MAIL TO: Office of Pollution Control  
P.O. Box 2261  
Jackson, MS 39225  
(601) 961-5171

Physical Address 515 Amite Street  
Jackson, MS 39201