

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE: ☒ Original ☐ Revision ☐ Canceled
☐ Annual ☐ Info. Only

II. TYPE OF PROJECT: ☒ Renovation ☐ Demolition
☐ Ordered Demolition ☐ Emergency Renovation

III. SITE INFORMATION: Name Texas Gas Greenville Facility
Description: Engine Room
Address: 1012 Beauchamp Street
City: Greenville County: Washington State: MS ZIP: 38703
Contact Person: Kevin Smith Telephone: 662-334-9079

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: 05/03/2017 Removal Project Stop: 05/19/2017

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

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 12,600 sq ft Bldg. Size (LNFT): 280'x45'
No. of Floors: 1 Age in Years: approx 40
Present Use: Engine Room Prior Use: NA

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No
Inspection Date: 03/21/2017 Asbestos Present? ☒ Yes ☐ No
Inspector: John Spell w/ KMF Cert. No.: NA Expiration Date: NA
Identify suspect materials sampled: Window Caulking
Laboratory Analysis: TEM _____ PLM X Other _____
Name of Laboratory: McCall and Spero Environmental, Inc. (see attached)

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

XII. QUANTITY OF NONFRIABLE ASBESTOS ☐ NOT REMOVED ☒ 2 cu yd TO BE REMOVED:
Category I: _____ Category II: 2 cu yds of caulking material

XIII. WASTE TRANSPORTER: Name: RES, Inc.
Full Mailing Address: 1041 County Road 549, Ripley, MS 38663
Contact Person: Shea Mask Telephone: 888-839-2830

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STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: LeFlore Landfill
 Physical Location: 15200 US Hwy 49E, South Sidon, MS 38954
 Full Mailing Address: 15200 US Hwy 49E, South Sidon, MS 38954
 Contact Person: Troy Thompson Telephone: 662-455-7760
 *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):

<input type="checkbox"/> Strip & Removal	<input type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
The window caulking 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: ____/____/____

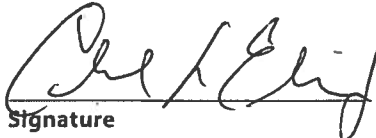
XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ____/____/____ Time: _____
 Description of the sudden, unexpected event:

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

 4/17/17
 Signature Date

MAIL TO: Office of Pollution Control **Physical Address** 515 Amite Street
 P.O. Box 2261 Jackson, MS 39201
 Jackson, MS 39225
 (601) 961-5171