

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project # 44-03515-A	Postmark	Date Received (MDEQ use only)	Notification # 1 (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Tank					
Bldg. Name: WATER TANK					
Address 2099 HOLLY GROVE RD.					
City: SARDIS	State: MS	Zip: 38666			
Site Location: 2099 HOLLY GROVE RD - IN FIELD		Tel: 281-851-3073			
Building Size Tank size - 12' diameter X 20' tall	# of Floors: N/A	Age in Years: 55			
Present Use: Tank No longer in service	Prior Use: WATER STORAGE				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: (ANR PIPELINE) TRANSCANADA					
Address: 2099 HOLLY GROVE RD					
City: SARDIS	State: MS	Zip: 38666			
Contact: MR. JOE MCGINTY		Tel: 281-851-3073			
REMOVAL CONTRACTOR SOUTHERN GLOBAL SAFETY SERVICES					
Address: 1970 RED SULPHUR RD		MAILING PO BOX 17 PICKWICK DAM, TN 38365			
City: COUNCE	State: TN	Zip: 38326			
Contact: BOBBY RAINEY		Tel: 731-727-4152			
OTHER OPERATOR: CECO PIPELINE SERVICES COMPANY INC.					
Address: 5440 ALDER DR					
City: HOUSON	State: TX	Zip: 77081			
Contact: MR. SCOTT FALCON					
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):					
TSI Sample provided to So. Global 6-16-2017 (PLM) POLARIZED LIGHT MICROSCOPY					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes					Ln Ft: Ln M:
Surface Area	190		RACM		Sq Ft: 190 Sq M:
Vol RACM Off Facility Component					Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/06/2017			Complete: 07/06/2017		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/17/2017			Complete: 07/20/2017		

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Manually remove 190 sf of RACM bottom circumference 5'6" up on a 12'x20' non-functional tank

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

In regulated area using wet methods, manually remove RACM. Area & Personal air monitoring, double bag 6mil poly/drums

XII. WASTE TRANSPORTER #1

Name: **Robbie D. Wood Inc.**

Address: **PO BOX 125**

City: **Dolomite**

State: **AL**

Zip: **35061**

Contact Person: **Robbie D. Wood**

Tel: **1-800-356-7457**

WASTE TRANSPORTER #2

Name: **N/A**

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Waste Management - Emelle , AL Landfill**

Address: **36964 Alabama Hwy 17 North**

City: **Emelle**

State: **Al**

Zip: **35459**

Tel: **205-652-9721**

XIV. 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):

XV. 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:

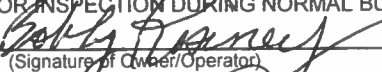
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop all work until assessment of situation can be performed

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.

BOBBY RAINEY

Type or Print Name


(Signature of Owner/Operator)


06/21/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

BOBBY RAINEY

Type or Print Name


(Signature of Owner/Operator)

06/21/2017

(Date)