

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) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Pipeline					
Bldg. Name: Valve Site 74					
Address: 33.50023002, -90.79924968					
City: Washington County	State: MS	Zip: 38722			
Site Location: Valve Setting 74			Tel:		
Building Size: N/A	# of Floors: N/A	Age in Years: 50			
Present Use:	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Trunkline Gas Company					
Address: Helm Dr					
City: Greenville	State: MS	Zip: 38722			
Contact: Jimmy Sharp			Tel: 713-842-8658		
REMOVAL CONTRACTOR: Environmental Solutions LLC					
Address: 3808 Commercial Drive					
City: New Iberia	State: LA	Zip: 70560			
Contact: Brooks Tastet			Tel: 337-296-6970		
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):					
PACM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	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 		Category I	Category II	UNIT	
Pipes			15	LnFt: 15	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/25/20				Complete: 12/25/20	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/25/20				Complete: 12/25/20	

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NOV 17 2020

Dept. of Environmental Quality

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

Abate ACM Pipe COating

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

Wet and wrap pipe, beat off w/ brass hammers, wet again and scrape, wet , double bag and gooseneck

XII. WASTE TRANSPORTER #1

Name: **Kent Energy Environmental and Rentals**

Address: **1555 Beaulieu Rd**

City: **Port Allen**

State: **LA**

Zip: **70767**

Contact Person: **Greene Davis**

Tel: **225-930-4512**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Republic Services Big River Landfill**

Address: **52 Landfill Road**

City: **Leland**

State: **MS**

Zip: **38756**

Tel: **662-332-4487**

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:

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.

Brooks Tastet

Type or Print Name

(Signature of Owner/Operator)

11/16/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Brooks Tastet

Type or Print Name

(Signature of Owner/Operator)

11/16/2020

(Date)