

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) R				
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)				
Bldg. Name: Trans Canada Pipeline - Pump Station				
Address 1336 South Raceway Rd				
City: Greenville	State: MS	Zip: 38703		
Site Location:		Tel: 662-882-8025		
Building Size	# of Floors:	Age in Years:		
Present Use: Pipe Rack	Prior Use: Pipe Rack			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Trans Canada Pipeline				
Address: 1336 South Raceway Rd				
City: Greenville	State: MS	Zip: 38703		
Contact:		Tel: 662-882-8025		
REMOVAL CONTRACTOR Eagle Construction				
Address: 1450 Old Brandon Rd				
City: Flowood	State: MS	Zip: 39232		
Contact: Chuck Womack		Tel: 601-940-5411		
OTHER OPERATOR: E3				
Address: P. O. Box 7				
City: Clinton	State: MS	Zip: 39060		
Contact: Shane Alford				
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):				
Assumed		Chuck Womack		
		7/1/2020		
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	
Pipes	700 In ft pipe			Ln Ft: Ln M:
Surface Area				Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/30/20		Complete: 12/31/20		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/30/20		Complete: 12/31/20		

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person

XII. WASTE TRANSPORTER #1

Name: **Allied Waste**

Address: **52 Landfill Rd**

City: **Greenville**

State: **MS**

Zip: **38701**

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name: **Eagle Construction**

Address: **1450 Old Brandon Rd**

City: **Flowood**

State: **MS**

Zip: **39232**

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Tunica Landfill**

Address: **6035 Bowdre Road**

City: **Robinsonville**

State: **MS**

Zip: **38664**

Tel:

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Keep wet & notify owner

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.

Chuck Womack
Type or Print Name

(Signature of Owner/Operator)

11/20/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

11/20/2020

(Date)