

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <i>1.25.2022</i>	Date Received (MDEQ use only) <i>1.28.2022</i>	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) Demolition					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Kosciusko Meter Station					
Bldg. Name: Meter Building # 1					
Address Hwy 35 South					
City: Kosciusko	State: MS	Zip: 39090			
Site Location: LAT 32.983035, LONG -89.560120		Tel: (713)320-8920 (Rodney Lee Cell)			
Building Size 13'x9'	# of Floors: 1	Age in Years: Approx. 70			
Present Use: Natural Gas Meter Building	Prior Use: Natural Gas Meter Building				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Gulf South Pipeline Company, LLC					
Address: 9 Greenway Plaza, # 2800					
City: Houston	State: TX	Zip: 77046			
Contact: Rodney Lee		Tel: (713) 479-8114			
REMOVAL CONTRACTOR Environmental Solutions, LLC. (ABC-00009558)					
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) Assumed					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
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	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area 117 sq. ft.				Sq Ft: 117 sq.ft.	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-14-2022 Complete: 2-28-2022					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2-14-2022 Complete: 2-28-2022					

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

Transite and all building materials removed by regulated work methods and by certified workers.

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

Do not break transite if feasible. Keep material wet. Line roll-off box with 2 layers of 6mil poly sheeting. Wrap and seal upon

XII. WASTE TRANSPORTER #1

Name: E3 Response

Address: 1004 Industrial Park Drive

City: Clinton

State: MS

Zip: 39056

Contact Person: Jimmy Smith

Tel: (601)897-4595

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Republic Services - Little Dixie Landfill

Address: 1716 N. County Line Road

City: Jackson

State: MS

Zip: 39213

Tel: (601)613-8671

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: NA

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:

All work will be stopped and material will be abate as friable.

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.

Austin Proctor
Type or Print Name

Austin Proctor
(Signature of Owner/Operator)

January 25, 2022
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Austin Proctor
Type or Print Name

Austin Proctor
(Signature of Owner/Operator)

January 25, 2022
(Date)