

# 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) <b>2/2/2022</b>	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>Original</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Kiln Compressor Station</b>				
Bldg. Name: <b>Control Room Building</b>				
Address <b>17281 Bobinger Road</b>				
City: <b>Kiln</b>	State: <b>MS</b>	Zip: <b>39556</b>		
Site Location: <b>LAT 30.429647, LONG -89.459799</b>		Tel: <b>(713)320-8920 (Rodney Lee Cell)</b>		
Building Size <b>90'x30'</b>	# of Floors: <b>1</b>	Age in Years: <b>Approx. 70</b>		
Present Use: <b>Control Room Building</b>	Prior Use: <b>Control Room Building</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Gulf South Pipeline Company, LLC</b>				
Address: <b>9 Greenway Plaza, # 2800</b>				
City: <b>Houston</b>	State: <b>TX</b>	Zip: <b>77046</b>		
Contact: <b>Rodney Lee</b>	Tel: <b>(713) 479-8114</b>			
REMOVAL CONTRACTOR <b>Environmental Solutions, LLC. (ABC-00009558)</b>				
Address: <b>3808 Commercial Drive</b>				
City: <b>New Iberia</b>	State: <b>LA</b>	Zip: <b>70560</b>		
Contact: <b>Brooks Tastet</b>	Tel: <b>337-296-6970</b>			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) <b>Assumed</b>				
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	
Pipes				Ln Ft:      Ln M:
Surface Area <b>352 sq.ft.</b>				Sq Ft: <b>352 sq.ft.</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>2-14-2022</b>		Complete: <b>2-28-2022</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>2-14-2022</b>		Complete: <b>2-28-2022</b>		

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

Remove window frames from building and abate ACM caulking from frame and building.

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

Keep material wet. Double bag and goose neck waste and place into properly labeled DOT drum.

XII. WASTE TRANSPORTER #1

Name: Environmental Solutions, LLC

Address: 3808 Commercial Drive

City: New Iberia

State: LA

Zip: 70560

Contact Person: Brooks Tastet

Tel: 337-296-6970

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management, Inc. - Woodside Landfill

Address: 29340 Woodside Drive

City: Walker

State: LA

Zip: 70785

Tel: (225)665-8225

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 CRUMBLING, 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)

Feb. 2, 2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Austin Proctor

Type or Print Name

*Austin Proctor*

(Signature of Owner/Operator)

Feb. 2, 2022

(Date)