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## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

|   |                    |  |                                      |                                    |
|---|--------------------|--|--------------------------------------|------------------------------------|
| Operator Project # 23057  | Postmark 7.28.2023 | Date Received (MDEQ use only) 7.31.2023        | Notification # (MDEQ use only) 80882 |                                    |
| 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) Exhaust stack at a natural gas storage/booster facility                    |                    |  |                                      |                                    |
| Bldg. Name: Station 77 (MU2 Stack)  |                    |  |                                      |                                    |
| Address 421 Salt Dome Road  |                    |  |                                      |                                    |
| City: Seminary  |                    | State: MS                                      | Zip: 39479                           |                                    |
| Site Location: 31.596209, -89.419818  |                    | Tel: (205) 310-8345                            |                                      |                                    |
| Building Size Exterior exhaust stack ~40ft  |                    | # of Floors: N/A                               | Age in Years: 43                     |                                    |
| Present Use: Exterior exhaust stack   |                    | Prior Use: Exterior exhaust stack              |                                      |                                    |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)   |                    |  |                                      |                                    |
| OWNER NAME: Williams Gas Pipeline   |                    |  |                                      |                                    |
| Address: 421 Salt Dome Road   |                    |  |                                      |                                    |
| City: Seminary  |                    | State: MS                                      | Zip: 39479                           |                                    |
| Contact: Jon O'Neal   |                    | Tel: (601) 222-2653                            |                                      |                                    |
| REMOVAL CONTRACTOR Nicholas Insulation Services   |                    |  |                                      |                                    |
| Address: 3568 Desirrah Drive  |                    |  |                                      |                                    |
| City: Mobile  |                    | State: AL                                      | Zip: 36618                           |                                    |
| Contact: Rick Williams  |                    | Tel: (251) 510-3567                            |                                      |                                    |
| OTHER OPERATOR: Allen Engineering and Science, Inc.   |                    |  |                                      |                                    |
| Address: 1100-C Dauphin Street  |                    |  |                                      |                                    |
| City: Mobile  |                    | State: AL                                      | Zip: 36604                           |                                    |
| Contact: Travis Beard - Senior Scientist (205) 310-8345   |                    |  |                                      |                                    |
| 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): |                    |  |                                      |                                    |
| PLM Michael S. Bonner, Ph.D 07/14/20  |                    |  |                                      |                                    |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  |                    |  |                                      |                                    |
| 1. Regulated ACM to be Removed<br>2. Category I ACM Not Removed<br>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  | 1,200              |  |                                      | Sq Ft: X      Sq M:                |
| Vol RACM Off Facility Component   |                    |  |                                      | Cu Ft:      Cu M:                  |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 08/16/23   |                    | Complete: 11/17/23                             |                                      |                                    |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 08/16/23  |                    | Complete: 11/17/23                             |                                      |                                    |

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Dept. of Environmental Quality

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

Repair Lagging on Exhaust Stack. Remove PACM, repair and/or install new lagging.

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

Exterior scaffolding with enclosures to be utilized with negative air systems to prevent emissions.

XII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 480 JM Tatum Industrial Drive

City: Hattiesburg

State: MS

Zip: 39401

Contact Person:

Tel: (601) 264-7888

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Solid Waste Authority

Address: 5274 Highway 29

City: Hattiesburg

State: MS

Zip: 39401

Tel: (601) 545-2121

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

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY): N/A

XV. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event: N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

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.

Kenny Jacobs

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Travis Beard

Type or Print Name

(Signature of Owner/Operator)

(Date)

7/27/2023

7/27/23