

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: ⊠Email	Postmark (mail	only)	Date Red	ceived 6/30/2025	Al Number		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) ACM Removal							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Williams Transco Station 80							
Address 1666 Bonner Rd							
_{City:} Heidelberg		State: MS		_{Zip:} 39439	_{County:} Jasper		
Site Location: See Addendum for loc			Tel: 918-200-3	620			
Building Size Multiple buildings		# of Floors: 1		Age in Years: 75			
Present Use: Compressed natural gas (inactive) Prior Use: Compressed natural gas							
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Transcontinental Gas Pipe Line Company, LLC							
Address: 1666 Bonner Rd							
city: Heidelberg		State: MS		_{Zip:} 39439			
Contact: Matt Young				Tel: 918-200-3620			
ASBESTOS REMOVAL CONTRACTOR: Pacific Technologies, Inc							
Address: PO Box 4846							
_{City:} Boise		State: ID		_{Zip:} 83711			
Contact: DJ Welch				_{Tel:} 208-340-1370			
Certification Number: ABC-00013262			Expiratio	Expiration Date: 01/31/2026			
OTHER OPERATOR:							
Address:			Т				
City:		State:		Zip:			
Contact:				Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes							
WAS ASBESTOS PRESENT? (Yes/No): Yes	ASBESTOS PRESENT? (Yes/No): Yes Inspecti			on Date: September 26-28, 2023			
nspector: Adam McEvoy Certification Number: ABI-00008423 Expiration Date: 12-02-2023							
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: See attached asbestos survey							
VII. QUANTITY OF RACM TO BE REMOVED: See addendum for quantities							
bes (LN FT): Volume of Facility Components (CU FT): See Addendum for quantities							
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: See Addendum for quantities							
Category I: Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/14/25 Complete: 09/26/25							
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					Complete:		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:						
Intact removal and manual means for removal of all ACM on attached addendum.						
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:						
Intact removal, wet methods, component removal.						
XIII. WASTE TRANSPORTER #1						
Name: WM of Meridian						
Address: 2301 Sellers Dr						
_{City:} Meridian	State: MS		_{Zip:} 39301			
Contact Person: Nathan Lewellyn			Tel: 337-207-6371			
WASTE TRANSPORTER #2						
Name:						
Address:						
City:	State:		Zip:			
Contact Person:			Tel:			
XIV. WASTE DISPOSAL SITE						
Name: Pine Ridge Landfill						
Address: 520 Murphy Rd						
City: Meridian	State: MS		_{Zip:} 39301			
Contact Person: Justin Culpepper			Tel: 301-507-7753			
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:						
Name:		Title:				
Authority:		·				
ate of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):			o Begin (MM/DD/YY):			
XVI. 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:						
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:						
Stop work, assess the situtation and proceed following all local, state, and federal guidelines.						
XVIII. 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.						
Ember Jensen Gymv Type or Print Name Gignatu	re of Owner/Operator)		06/30/25 (Date)			
	. ,		(500)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS C Ember Jensen Good	ORREUI:		06/30/25			
Type or Print Name (Signatu	(Signature of Owner/Operator)		(Date)			





M&R

Building

6 Windows (Glazing) Friable

Air Compressor Building

Exterior Transite - 1800SF Cat II NF

Exterior Caulk – 7 windows, 2 doors, 1 Roll-up door Friable

Oil Transfer Tanks (& Coolant Tanks)

24 Tank Footings (Caulk) Friable

AREA 50 East - Tank, Shed, Pump House

Caulk - 70 LF Cat II NF

Compressor Building A 1950 (Units 1-5)

Exterior Caulk – 7 man-doors, 1 overhead door Friable
Window Glazing/Putty/Caulk – 85 windows Friable
Caulk – Expansion joint - 20LF Cat II NF

Compressor Building A 1956-57 (Units 6-9)

Exterior Caulk – 70 windows, 6 man-doors Friable

Compressor Building A 1962 (Units 10 &11)

Exterior Caulk – 2 man-doors Friable Window Glazing/Putty – 40 windows Friable

Compressor Building A

Exterior Transite - 45,000 sf Cat II NF

North Area Utility Building (Near CBB)

Exterior Transite - 10,000sf Cat II NF

Exterior Caulk – 10 windows, 3 man-doors, 1

Overhead Cat II NF

Black Mastic – 200 SF Bathroom Cat II NF

Compressor Building B (CBB)

Exterior Transite - 19,000 sf Cat II NF

Exterior Caulk – 24 windows, 9 man-doors, 1

Overhead Friable

Exterior Pipe Insulation & Tar – 10 LF Friable

Black Expansion Joint Caulk – 200 LF Cat II NF

