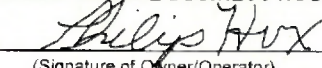


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received: <span style="font-size: 1.2em;">4.25.2022</span>	AI Number 
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <span style="font-size: 1.2em;">O</span>			
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <span style="font-size: 1.2em;">R</span>			
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number): Colonial Pipeline Company			
Bldg. Name: <span style="font-size: 1.2em;">CPC ROW near mile marker 365.5 on Line 2</span>			
Address: <span style="font-size: 1.2em;">near CPC ROW crossing of Carson Bunker Hill RD</span>			
City: <span style="font-size: 1.2em;">Carson</span>	State: <span style="font-size: 1.2em;">MS</span>	Zip: <span style="font-size: 1.2em;">39427</span>	
Site Location: <span style="font-size: 1.2em;">N/A</span>		Tel: <span style="font-size: 1.2em;">N/A</span>	
Building Size: <span style="font-size: 1.2em;">N/A</span>	# of Floors: <span style="font-size: 1.2em;">N/A</span>	Age in Years: <span style="font-size: 1.2em;">N/A</span>	
Present Use: <span style="font-size: 1.2em;">N/A</span>	Prior Use: <span style="font-size: 1.2em;">N/A</span>		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: <span style="font-size: 1.2em;">Colonial Pipeline Company</span>			
Address: <span style="font-size: 1.2em;">PO Box 1298</span>			
City: <span style="font-size: 1.2em;">Collins</span>	State: <span style="font-size: 1.2em;">MS</span>	Zip: <span style="font-size: 1.2em;">39428</span>	
Contact: <span style="font-size: 1.2em;">Philip Hux</span>		Tel: <span style="font-size: 1.2em;">601-765-9180</span>	
ASBESTOS REMOVAL CONTRACTOR: <span style="font-size: 1.2em;">DDS</span>			
Address: <span style="font-size: 1.2em;">87 Pickering Rd</span>			
City: <span style="font-size: 1.2em;">Collins</span>	State: <span style="font-size: 1.2em;">MS</span>	Zip: <span style="font-size: 1.2em;">39428</span>	
Contact: <span style="font-size: 1.2em;">Scottie Blancett</span>		Tel: <span style="font-size: 1.2em;">601-517-9712</span>	
Certification Number:		Expiration Date:	
OTHER OPERATOR: <span style="font-size: 1.2em;">N/A</span>			
Address: <span style="font-size: 1.2em;">N/A</span>			
City: <span style="font-size: 1.2em;">N/A</span>	State: <span style="font-size: 1.2em;">N/A</span>	Zip: <span style="font-size: 1.2em;">N/A</span>	
Contact: <span style="font-size: 1.2em;">N/A</span>		Tel: <span style="font-size: 1.2em;">N/A</span>	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <span style="font-size: 1.2em;">No</span>			
WAS ASBESTOS PRESENT? (Yes/No): <span style="font-size: 1.2em;">Assumed</span>		Inspection Date: <span style="font-size: 1.2em;">N/A</span>	
Inspector: <span style="font-size: 1.2em;">N/A</span>	Certification Number: <span style="font-size: 1.2em;">N/A</span>	Expiration Date: <span style="font-size: 1.2em;">N/A</span>	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>			
<span style="font-size: 1.2em;">Assumed coating</span>			
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>			
Pipes (LN FT): <span style="font-size: 1.2em;">625</span>	Surface Area (SQ FT): <span style="font-size: 1.2em;">0</span>	Volume of Facility Components (CU FT): <span style="font-size: 1.2em;">0</span>	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>			
Category I: <span style="font-size: 1.2em;">N/A</span>		Category II: <span style="font-size: 1.2em;">N/A</span>	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: <span style="font-size: 1.2em;">05/02/2022</span>		Complete: <span style="font-size: 1.2em;">8/02/2022</span>	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start:		Complete:	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Adequately wet, wrap in shrink wrap, hit to disbond, place in wet labeled double bag, twist and seal		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Strip and Removal, Containment, Wet Method, Double Bagging		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Complete Environmental		
Address: 37 Davis Swan Lane		
City: Purvis	State: MS	Zip: 39475
Contact Person: Kevin Ivy	Tel: 601-951-8136	
WASTE TRANSPORTER #2: N/A		
Name: N/A		
Address: N/A		
City: N/A	State: N/A	Zip: N/A
Contact Person: N/A	Tel: N/A	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Waste Management Woodside		
Address: 29340 Woodside Drive		
City: Walker	State: LA	Zip: 70785
Contact Person: N/A	Tel:	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: N/A	Title: N/A	
Authority: N/A		
Date of Order (MM/DD/YY): N/A	Date Ordered to Begin (MM/DD/YY): N/A	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:</b> Stop work and reevaluate pipe coating removal method to alleviate making friable coating nonfriable.		
<b>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.</b>		
Philip Hux		4/26/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Philip Hux	Philip Hux	4/26/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)