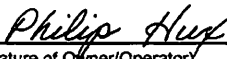


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 07-13-2023	AI Number 81569
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <b>COLONIAL PIPELINE COMPANY</b>				
Bldg. Name: <b>CPC ROW NEAR MILE MARKER 328.3 ON LINE 2</b>				
Address: <b>CPC ROW CROSSING OF HWY 98</b>				
City: <b>MCCOMB</b>		State: <b>MS</b>	Zip: <b>39648</b>	
Site Location: <b>N/A</b>			Tel: <b>N/A</b>	
Building Size: <b>N/A</b>		# of Floors: <b>N/A</b>	Age in Years: <b>N/A</b>	
Present Use: <b>N/A</b>		Prior Use: <b>N/A</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>COLONIAL PIPELINE COMPANY</b>				
Address: <b>PO BOX 1298</b>				
City: <b>COLLINS</b>		State: <b>MS</b>	Zip: <b>39428</b>	
Contact: <b>PHILIP HUX</b>			Tel: <b>601-765-9180</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>DDS</b>				
Address: <b>87 PICKERING ROAD</b>				
City: <b>COLLINS</b>		State: <b>MS</b>	Zip: <b>39428</b>	
Contact: <b>WARREN KING</b>			Tel: <b>601-433-4087</b>	
Certification Number:			Expiration Date:	
OTHER OPERATOR: <b>N/A</b>				
Address: <b>N/A</b>				
City: <b>N/A</b>		State: <b>N/A</b>	Zip: <b>N/A</b>	
Contact: <b>N/A</b>			Tel: <b>N/A</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>NO</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>ASSUMED</b>			Inspection Date: <b>N/A</b>	
Inspector: <b>N/A</b>		Certification Number: <b>N/A</b>	Expiration Date: <b>N/A</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>ASSUMED COATING</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): <b>423</b>		Surface Area (SQ FT): <b>-</b>	Volume of Facility Components (CU FT): <b>-</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>N/A</b>			Category II: <b>N/A</b>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>08/01/2023</b>			Complete: <b>10/30/2023</b>	
X. SCHEDULED DATES DEMO/RENOVATION (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 labled 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: KENT ENERGY		
Address: 1555 BEAULIEU LANE		
City: PORT ALLEN	State: LA	Zip: 70767
Contact Person: JERRY HORNER	Tel: 225-718-0993	
<b>WASTE TRANSPORTER #2</b>		
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: N/A	
<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: N/A</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 ASTESTOS 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 Type or Print Name	 (Signature of Owner/Operator)	7/13/2023 (Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
PHILIP HUX Type or Print Name	Philip Hux (Signature of Owner/Operator)	7/13/2023 (Date)
	<small>Digitally signed by Philip Hux Date: 2023.07.13 13:27:35 -05'00'</small>	