## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: Po	ostmark (mail only)	Date Red	eived 4/19/2024	Al Number 81569			
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): R							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Colonial Pipeline Company							
Bldg. Name: CPC ROW near mile marker 341.5 on Line 1							
Address: near CPC ROW crossing of Atleys Holmes Road							
<sub>City:</sub> Jayess	State: MS	State: MS		Zip: 39641			
Site Location: N/A			Tel: N/A				
Building Size: N/A	# of Floors: N/A		Age in Years: N/A				
Present Use: N/A	Prior Use: N/A	Prior Use: N/A					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Colonial Pipeline Company							
Address: PO Box 1298							
<sub>City:</sub> Collins	State: MS		<sub>Zip:</sub> 39428				
Contact: Philip Hux			<sub>Tel:</sub> 601-765-9180				
ASBESTOS REMOVAL CONTRACTOR: DDS							
Address: 87 Pickering Rd							
<sub>City:</sub> Collins	Collins State: MS		<sub>Zip:</sub> 39428				
Contact: Justin Lister			Tel: 6015201586				
Certification Number: Expir			tion Date:				
OTHER OPERATOR: N/A							
Address: N/A							
City: N/A	State: N/A	State: N/A		zip:N/A			
Contact: N/A				Tel: N/A			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO							
WAS ASBESTOS PRESENT? (Yes/No): Assumed Inspection			on Date: N/A				
Inspector: N/A	tor: N/A Certification Number: N/A Expiration Date: N/A						
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
Assumed coating							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT): 300	Surface Area (SQ FT): 0 Volume of Facility Components (CU FT): 0						
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category I: N/A  Category II: N/A							
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/30/2024 Complete: 8/31/2024							
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:							

YE DESCRIPTION OF DEALINED DEMOLITION OF BENCH					
XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOV Adequately wet, wrap in shrink wrap, hit to	o disbond, plac	omethod(s) to be ce in wet labled	used: I double bag, twist and seal		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OR RENOVATION SITE:	RING CONTROLS TO	O BE USED TO PREV	/ENT EMISSIONS OF ASBESTOS AT THE		
Strip and Removal, Containment, Wet Me			*		
XIII. WASTE TRANSPORTER #1					
Name: Complete Environmental					
Address: 37 Davis Swan Lane					
<sub>City:</sub> Purvis	State: MS Zip.		<sub>Zip:</sub> 39475		
Contact Person: Kevin Ivy	Tel:		Tel: 601-951-8136		
WASTE TRANSPORTER #2 N/A					
Name: N/A					
Address: N/A					
City: N/A	State: N/A	zip: N/A	z <sub>ip:</sub> N/A		
Contact Person: N/A		Tel: N/A	Tel: N/A		
XIV. WASTE DISPOSAL SITE					
Name: Waste Management Woodside					
Address: 29340 Woodside Drive					
<sub>City:</sub> Walker	State: LA	<sub>Zip:</sub> 707	85		
Contact Person: N/A		Tel:			
XV. 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): N/A  Date Ordered to Begin (MM/DD/YY): N/A					
XVI. FOR EMERGENCY RENOVATIONS:					
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					
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 and reevaluate pipe coating removal method to alleviate making friable coating nonfriable.					
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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.					
Philip Hux	Philip	Hux	04/19/2024		
Type or Print Name	(Signature of Owner/C	Operator)	(Date)		
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRI Philip Hux	ECT:	11			
Type or Print Name	(Signature of Owner)	Strik	<u>04/19/2024</u>		
Type of Fine Hallie	(Signature of Owner/C	Jperator)	(Date)		