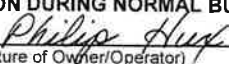
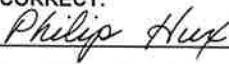


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 6/11/2025	AI Number 81569
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O					
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 post 309 on Line 1					
Address near CPC ROW crossing Brabham Rd					
City: Osyka		State: MS		Zip: 39657	County: Pike
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			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)					
OWNER NAME: Colonial Pipeline Company					
Address: PO Box 1298					
City: Collins		State: MS		Zip: 39428	
Contact: Philip Hux				Tel: 6016412044	
ASBESTOS REMOVAL CONTRACTOR: B&S Equipment					
Address: 2101 Engineers Road					
City: Belle Chasse		State: LA		Zip: 70037	
Contact: Ben Blancette				Tel: 601-517-0732	
Certification Number:				Expiration Date:	
OTHER OPERATOR: N/A					
Address: N/A					
City: 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 Date: N/A	
Inspector: 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): 100		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: 06/26/25				Complete: 10/31/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Adequately wet, wrap in shrink wrap, hit to disbond, place in wet labeled double bag, twist and seal		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Strip and Removal, Containment, Wet Method, Double Bagging		
XIII. WASTE TRANSPORTER #1		
Name: Kent Environmental		
Address: 1555 Beaulieu Ln		
City: Port Allen	State: LA	Zip: 70767
Contact Person: Jerry Horner		Tel: 225-718-0993
WASTE TRANSPORTER #2		
Name: N/A		
Address: N/A		
City: N/A	State: N/A	Zip: N/A
Contact Person: N/A		Tel: N/A
XIV. WASTE DISPOSAL SITE		
Name: Waste Management Woodside		
Address: 29340 Woodside Drive		
City: Walker	State: LA	Zip: 70785
Contact Person: N/A		Tel: N/A
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: <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">N/A</div>		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">N/A</div>		
XVII. 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:		
Stop work and reevaluate pipe coating removal method to alleviate making friable coating non-friable.		
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		06/11/25
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Philip Hux		06/11/25
Type or Print Name	(Signature of Owner/Operator)	(Date)