

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 6/26/2025	AI Number 81569
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Colonial Pipeline Company				
Bldg. Name: CPC ROW near mile post 441.5 on Line 2				
Address near CPC ROW crossing Point Wanita Lake Road				
City: Meridian	State: MS	Zip: 39301	County: Lauderdale	
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: DDS				
Address: 87 Pickering Road				
City: Collins	State: MS	Zip: 39428		
Contact: Warren King		Tel: 601-433-4087		
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): 300	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/10/25			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:

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 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

Type or Print Name

(Signature of Owner/Operator)

6/26/25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Philip Hux

Type or Print Name

(Signature of Owner/Operator)

6/26/25

(Date)