

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly. Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE: (X) Original () Revision () Canceled () Annual () Info. Only

II. TYPE OF PROJECT: (X) Renovation () Demolition () Ordered Demolition () Emergency Renovation

III. SITE INFORMATION: Name: Chevron Products Company Description: Refinery Address: 250 Industrial Road City: Pascagoula County: Jackson State: MS Zip: 39581-3201 Contact Person: Kevin Abernethy Telephone: (228) 934-7553

IV. OWNER INFORMATION: Name: Chevron Products Company Full Mailing Address: P. O. Box 1300, Pascagoula, MS 39568-1300 Contact Person: Kevin Abernethy Telephone: (228) 934-7553

V. ASBESTOS REMOVAL CONTRACTOR: Name: Brock Services LLC Certification No.: #ABC-0000745 Exp. Date: 03/02/2017 Full Mailing Address: 10343 Sam Houston Park Dr. Suite 200 Houston, TX 77064 Contact Person: Ken Sherman Telephone: (228) 990-3739

VI. CONTRACTOR (Other): No other contractors involved Full Mailing Address: Contact Person: Telephone:

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Start: December 2, 2016 Removal Project Stop: December 31, 2016

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start: Project Stop: Prep. Date:

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): N/A Bldg. Size (LN FT): N/A No. of Floors: N/A Age in Years: Present Use: Prior Use:

X. ASBESTOS INSPECTION: Was site inspected to determine presence of Asbestos? YES NO X Inspection Date: Asbestos Present? YES NO Inspector: Cert. No.: Exp. Date: Identify suspect materials sampled: Laboratory Analysis: TEM PLM Other Name of Laboratory:

XI. QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) 200 LN FT Surface Area (SQ FT) 3,000 SQ FT Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED TO BE REMOVED: Category I: Category II:

XIII. WASTE TRANSPORTER: Name: Waste Management of Mississippi - Gulf Coast Full Mailing Address: P. O. Box 3869, Gulfport, MS 39505 Contact Person: Mike Hall Telephone: (228) 832-3144

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Waste Management of Mississippi - Gulf Coast
 Physical Address Pecan Grove RDF, 9685 Firetower Road, Pass Christian, MS 39571
 Full Mailing Address 9685 Firetower Road, Pass Christian, MS 39571
 Contact Person Rick Pickett Telephone (228) 255-5553
or (850) 232-2228
 All asbestos waste will go to a permitted landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: _____
 Physical Location: _____
 Full Mailing Address: _____
 Contact Person: _____ Telephone: _____
 * All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):

<input checked="" type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input checked="" type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input checked="" type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
 This notification is for a planned renovation which includes the removal of 200 LN FT of piping and 3,000 SQ FT of insulation material split between C1901 and C1902.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
 Work will stop. The extent of the asbestos will be assessed. Notifications will be completed as necessary and proper work practices and engineering controls will be instituted.
 *Will MDEQ be notified of any significant changes? YES NO


XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY BELOW:
 Name: _____ Title: _____
 Authority: _____
 Date of Order: _____ Date Demolition to Begin: _____

XX. EMERGENCY DEMOLITION/RENOVATIONS
 Date of Emergency: _____ Time of Emergency: _____
 Description of the sudden, unexpected event: _____
 Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden: _____

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.

Kevin Abemethy, Industrial Hygienist
 Type or Print Name and Title
 MAIL TO: Office of Pollution Control
101 West Capitol Street, Suite 100
Jackson, MS 39201
(601) 961-5171


 Signature
 November 21, 2016
 Date
 OR
 P. O. Box 10385
 Jackson, MS 39289-0385