

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Revised: 2/00

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

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

III. SITE INFORMATION: Name: Hunt Southland Refining Company
Description: Industrial Facility
Address: 177 Haney Road
City: Heidelberg County: Jasper State: MS Zip: 39439
Contact Person: Shane Turner Telephone: 601-426-8070

IV. OWNER INFORMATION: Name: Hunt Southland Refining Co.
Full Mailing Address: Highway 11 North, Lumberton, MS 39455
Contact Person: Shane Turner Telephone: 601-426-8070

V. ASBESTOS REMOVAL CONTRACTOR: Name: Maritech Marine & Industrial Service
Certification No.: 5078418 Exp. Date: _____
Full Mailing Address: PO Box 161076, Mobile AL 36616
Contact Person: Ahmad Zahra Telephone: 251-405-0066

VI. CONTRACTOR (Other): Name: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 01 / 02 / 2017 Removal Project Stop: 12 / 31 / 2017

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

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): _____ Bldg. Size (LN FT): Varies based on location in plant - mostly exterior
No. of Floors _____ Age in Years: _____
Present Use: Refinery Plant Prior Use: Refinery Plant

X. ASBESTOS INSPECTION: **TBD - All materials assumed positive - unless tested negative**
Was site inspected to determine presence of asbestos? () yes () no
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: For event < 260 lf < \$150 sf per event. Events greater than this will be done under 10 days notification
Pipes (LN FT) _____ Surface Area (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: Maritech Marine & Industrial Service
Full Mailing Address: PO Box 161076, Mobile AL 36616
Contact Person: Ahmad Zahra Telephone: 251-405-0066

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: ECO South Services LLC

Physical Location: 12950 A Highway 43, Axis AL 36505

Full Mailing Address: Same

Contact Person: Elizabeth Telephone: 251-675-9800

* All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):

Name: n/a

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): TBD

- Strip & Removal, Double Bagging, Mechanical Chipping, Component Removal, Wrecking Ball, Gross Demolition, Remove Intact, Bulldozer, Containment, Glove Bag, Explode, Negative Air, Wet Method, Roofing Saw, Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Work is to be determined on a case by case basis depending on any unscheduled event that may develop throughout the year. In the event more than 150 sqft or 260 lf of materials is required to be removed in a single event, a new 10 days notification will be sent for that event

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

Stop work - Post signs & Barrier tape to prevent unauthorized personnel from entering, notify MDEQ and owner wet material and clean up

*Will MDEQ be notified of any significant changes? () yes () no

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:

Name: n/a Title:

Authority:

Date of Order: Date Demolition to Begin: / /

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: / / , Time: :

Description of the sudden, unexpected event: n/a

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.

AHMAD ZAHRA, Resident Type or Print Name and Title

Signature

1/5/2017 Date

MAIL TO: Office of Pollution Control 101 West Capitol Street, Suite 100 OR Jackson, MS 39201 (601) 961-5171

P.O. Box 10385 Jackson, MS. 39289-0385