

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM**

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

**RECEIVED**  
**MAR 16 2017**  
*Dept. of Environmental Quality*

**I. TYPE OF NOTICE:**           ( ) Original                              ( X ) 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: Vickie Garner          Telephone: (228) 938-4238

**IV. OWNER INFORMATION:** Name: Chevron Products Company  
Full Mailing Address: P. O. Box 1300, Pascagoula, MS 39568-1300  
Contact Person: Vickie Garner          Telephone: (228) 938-4238

**V. ASBESTOS REMOVAL CONTRACTOR:** Name: Brock Services LLC  
Certification No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Full Mailing Address: PO Box 1300 Pascagoula, MS 39568-1300  
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: March 15, 2017          Removal Project Stop: April 17, 2017

**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) \_\_\_\_\_ Surface Area (SQ FT) 500sqft of 4' X8' X5/8 Partition Wall  
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: PO 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 repairing of cooling tower structure which includes the removal of asbestos partition walls.

**XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, 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.

Vickie Garner, Safety Specialist  
 Type or Print Name and Title  
 MAIL TO: Office of Pollution Control  
101 West Capitol Street, Suite 100  
Jackson, MS 39201  
(601) 961-5171

14 March 2017  
 Date

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