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 () Annual	() Rev () Inf		() Canceled		
п.	TYPE OF PROJECT:	(X) Renovation () Ordered Demol	ition	() Demolition () Emergence	y Renovation		
III.	SITE INFORMATION:		ron Products Comp	oany			
		tefinery					
	Address: 2 City: Pascagoula	50 Industrial Road County: Jack	kson	State: MS	Zip: 39581-3201		
		in Abernethy	XSOII	Telephone:	(228) 934-7553		
	110	III To Cilivary			X-2-7		
IV.	ONNER BEODMATIC	NATIONAL AND	Character Day Laste	C			
	OWNER INFORMATION: Name: Chevron Products Company Full Mailing Address: P. O. Box 1300, Pascagoula, MS 39568-1300						
		in Abernethy	oura, 1vi3 39306-1	Telephone:	(228) 934-7553		
	Contact i cison.	in receivedly		_ reteptione.	(220) 991 1000		
V.		CONTRACTOR: Name:		Brock Services LI	.C		
	Certification No.:	10040 G 11 . D 1	D G : 200 II	Exp. Date:			
	Full Mailing Address:	10343 Sam Houston Park	k Dr. Suite 200 Ho	Telephone:	(228) 990-3739		
	Contact Person: Ken	Sherman			(228) 990-3739		
VI.	CONTRACTOR (Other):	No other cont	ractors involved				
	Full Mailing Address:						
	Contact Person:				Telephone:		
VIII.	Removal Project Start: DEMOLITION/RENOVAT Project Start:	October 19, 2017 ION PROJECT DATES (M Project Stop	IM/DD/YY):	val Project Stop:	October 31, 2017 p. Date:		
				The state of the s	p. Date:		
IX.	BUILDING INFORMAT		- Ci (IN ET)	NI/A			
	Bldg. Size (SQ FT): No. of Floors:		g. Size (LN FT): e in Years:	N/A	_		
	Present Use:	N/A Age	an reas.	S	Prior Use:		
		2000					
X.	ASBESTOS INSPECTIO			MEO	NO V		
		rmine presence of Asbestos?	A abactos Descent?	YES _	NO X NO		
	Inspection Date:		Asbestos Present? ert. No.:	163	Exp. Date:		
	Identify suspect materials		EIL. NO		Exp. Date.		
	Laboratory Analysis:	TEM		PLM	Other		
	Name of Laboratory:						
,							
XI.	QUANTITY OF RACM T	O RE REMOVED.					
	Pipes (LN FT)	O DE REMOVED;	Su	rface Area (SQ FT)	3000		
	Volume of Facility Compo	onents (CU FT)	- 54	(04.1)			
	e company comp						
XII.		RIABLE ASBESTOS -		NOT REMOVE		:	
	Category I:			C	ategory II:		

XIII.	WASTE TRANSPORTER: Name: Waste Management of Mississippi - Gulf Coast						
	Full Mailing Address Contact Person: P. O. Box 3869, Gulfport, MS 39505 Mike Hall	Telephone: (228) 832-3144					
	Condition (1900).	(220) 002 3111					
	STATE OF MISSISSIPPI DEMOLITION	RENOVATION FORM -CONTINUED					
XIV.	. WASTE ASBESTOS DISPOSAL SITE: Name:	Waste Management of Mississippi - Gulf Coast					
	Physical Address Full Mailing Address Full Mailing Address Full Mailing Address Pecan Grove RDF, 9685 Firetower Road, Pass Christian, MS 3957						
	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 de	demolition debris (other than asbestos) should go to an authorized Rubbish Site,						
XVI.	REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all	that apply):					
X	Strip & Removal X Double Bagging	Mechanical Chipping Component Removal Remove Intact Bulldozer					
X	Wrecking Ball Gross Demolition Containment X Glove Bag	X Remove Intact Bulldozer Explode X Negative Air					
X	Wet Method Roofing Saw	Other - Explain Below:					
_							
XVII.	. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION W	ORK:					
This n	notification is for a planned renovation which includes the removal of 3000 sq.	ft of block insulation.					
XVIII.	I. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOOR REDUCED TO A POWDER OR SMALL PIECES:	OUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED,					
	OR REDUCED TO A FOWDER OR SMALL FIECES.						
	Work will stop. The extent of the asbestos will be assessed. Notifications v	vill be completed as necessary and proper work practices and engineering					
	controls will be instituted.						
	*Will MDEQ be notified of any significant changes?	YES X NO					
XIX.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDE	NTIFY AGENCY BELOW:					
(272)							
Name	ne: Title:						
	e of Order: Date Demoliti	on to Begin:					
XX.	EMERGENCY DEMOLITION/RENOVATIONS Date of Emergency:	Time of Emergency:					
Des	Description of the sudden, unexpected event:						
-	the state of the s						
Exp	explanation of how the event caused unsafe conditions or would cause equipment	t 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 Abernethy, Industrial Hygienist Type or Print Name and Title Office of Pollution Control 101 West Capitol Street, Suite 100 Jackson, MS 39201

MAIL TO:

OR

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

(601) 961-5171



October 13, 2017

Certified Mail Return Receipt No: 9171 9690 0935 0155 0191 76

Mr. Bickham Forshee Mississippi Department of Environmental Quality Office of Pollution Control PO Box 2261 Jackson, MS 39225



Removal of Asbestos from Chevron 18 Plant

Dear Mr. Forshee:

Please find attached the notification form for the removal of approximately 3,000 ft² of ACM block insulation from Chevron Pascagoula Refinery 18 Plant.

The removal of asbestos from this area is projected to start on October 19, 2017 and be completed by October 31, 2017 by Brock Services LLC, a certified asbestos company.

If you have any questions or comments regarding this notification please call me at (228) 934-7553.

Sincerely,

Kevin Abernethy, CIH, CSP IH/CHESM Team Lead kevin.abernethy@chevron.com

KA/lm #584.04 Attachment

cc: Andrew Nelson, Chevron

Ken Sherman, Brock Services LLC

Pascagoula Refinery
Chevron Products Company
A Chevron U.S.A. Inc. Division