MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) 53 Plant

Bldg. Name: Chevron Pascagoula Refinery

Address 250 Industrial Road

City: Pascagoula	State: MS	Zip: 39581-3201
Site Location: 53 Plant (C-5310 Shell, C-5300 Bottom Head)		Tel:
Building Size	# of Floors:	Age in Years: 50
Present Use:	Prior Use:	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Chevron Products Company

Address: 250 Industrial Road

City: Pascagoula	State: MS	Zip: 39581-3201
Contact:		Tel:

REMOVAL CONTRACTOR Brock Services, LLC #ABC00009559

Address: 10343 Sam Houston Park Dr. Suite 200

City: Houston	State: TX	Zip:
Contact: Ken Sherman		Tel: 228-990-3739

OTHER OPERATOR:

Address:

City:	State:	Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No)

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

Bulk sampled and analyzed Analyses performed in accordance with methodologies as outlined in Interim Methods for the Determination of Asbestos in Bulk Insulation EPA-600/R-93/116 and Standard Method of Testing for Asbestos Containing Materials by Polarized Light Microscopy ASTM D 22 06

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area	X			SqFt: 2200	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/01/2020 Complete: 3/15/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Planned renovation which includes the removal of 2,200 SgFt of insulation

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Strip & Removal, Containment, Wet Method, Double Bagging, Glove Bag, Remove Intact, Negative Air

XII. WASTE TRANSPORTER #1

Name: Waste Management of Mississippi - Gulf Coast

Address: Pecan Grove RDF, 9685 Firetower Road

City: Pass Christian	State: MS	Zip: 39571
Contact Person: Mike Hall		Tel: 228-832-3144

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management of Mississippi - Gulf Coast

Address: Pecan Grove RDF, 9685 Firetower Road

City: Pass Christian	State: MS	Zip: 39571

Tel:

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

Name:	Title:

Authority:

Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Work will stop. Notifications will be completed as necessary. Proper controls will be instituted.

XVII. 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.

Joel Brakebill — 1/21/2020

Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joel Brakebill — 1/21/2020

Type or Print Name (Signature of Owner/Operator) (Date)