

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 6/21/22	AI Number
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): Refinery				
Bldg. Name: Chevron Pascagoula Refinery				
Address: 250 Industrial Rd				
City: Pascagoula		State: MS	Zip: 39581-3201	
Site Location: 20 Plant - C2051, E2052, E2082			Tel:	
Building Size:		# of Floors:	Age in Years: 44	
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Chevron Products Company				
Address: 250 Industrial Road				
City: Pascagoula		State: MS	Zip: 39581-3201	
Contact: Benjamin Moore			Tel: 228-934-7553	
ASBESTOS REMOVAL CONTRACTOR: Brock Services, LLC #ABC00009559				
Address: 10343 Sam Houston Park Dr. Suite 200				
City: Houston		State: TX	Zip: 228-990-3739	
Contact: Ken Sherman			Tel:	
Certification Number: ABC00009559			Expiration Date: 3/28/2023	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No - Assumed to be asbestos				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed materials are the only materials to be removed.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 620	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/06/2022			Complete: 09/01/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/06/2022			Complete: 09/01/2022	

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

Removal of presumed asbestos containing insulation from C2051, E2052, and E2082 to perform inspections

XII. 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.

XIII. WASTE TRANSPORTER #1

Name: Waste Management of Mississippi - Gulf Coast

Address: Pecan Grove RDF, 9685 Firetower Rd

City: Pass Christian

State: MS

Zip: 39571

Contact Person: Rick Prickett

Tel: 228-832-3144

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Waste Management of Mississippi - Gulf Coast

Address: Pecan Grove RDF, 9685 Firetower Rd

City: Pass Christian

State: MS

Zip: 39571

Contact Person:

Tel: 228-255-5553

XV. 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):

XVI. 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:

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

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

XVIII. 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.

Benjamin Moore

Type or Print Name

(Signature of Owner/Operator)

Digitally signed by Benjamin Moore
Date: 2022.06.21 12:24:01 -0500

6/21/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Benjamin Moore

Type or Print Name

(Signature of Owner/Operator)

Digitally signed by Benjamin Moore
Date: 2022.06.21 12:24:07 -0500

6/21/2022

(Date)