

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 2/13/2025	AI Number 2299
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):			C-6101	
Bldg. Name:				
Address: 250 Industrial Rd				
City: Pascagoula		State: MS	Zip: 39581-3201	
Site Location: 61 plant			Tel:	
Building Size:		# of Floors:	Age in Years: 45	
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	
Contact:			Tel:	
ASBESTOS REMOVAL CONTRACTOR: Brand Safway				
Address: 600 Galleria Pkwy SE suite 1100				
City: Atlanta		State: GA	Zip: 30339	
Contact: KIRK MOBLEY			Tel: 678-285-1422	
Certification Number: 20779-SC ABC -00005802			Expiration Date: 1/25/2026	
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): 750	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: 3/3/2025			Complete: 3/28/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/3/2025			Complete: 3/28/2025	

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

Removal of class 1 psi on C-6101 for inspection. wet methods containment , negative air

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 Waste Management of Mississippi - Gulf Coast

Name:

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.

Erin Spencer

Type or Print Name


(Signature of Owner/Operator)

2/13/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Erin Spencer

Type or Print Name


(Signature of Owner/Operator)

2/13/2025

(Date)