## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only:  ⊠Email □Mail □Hand Delivery	Postmark (mail only)	Date Received Al Number 1/5/23	
I. Type of Notification (O=Original R=Revised	C=Canceled A= Annual): Annua	al	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation			
III. FACILITY DESCRIPTION (Include building			
Bldg. Name: Chevron Pascagoula Refir		tenio C. 1970 – Ispan in 1974 in the major shelf-interest ( ) and j	
Address: 250 Industrial Rd		Lattern Bodiff Drawe HUL Haster part age 15 a.d.	
<sub>City:</sub> Pascagoula	State: MS	<sub>Zip:</sub> 39581-3201	
Site Location:		Tel: 228-934-7553	
Building Size:	# of Floors:	Age in Years:	
Present Use:	Prior Use:	=7g/A	
IV. FACILITY INFORMATION (Identify owner, a	asbestos removal contractor, and	other operator)	
OWNER NAME: Chevron Products	Company	real real real	
Address: 250 Industrial Road		The sales have been a	
<sub>City:</sub> Pascagoula	State: MS	<sub>Zip:</sub> 39581-3201	
Contact: Benjamin Moore		Tel: 228-934-7553	
ASBESTOS REMOVAL CONTRACTOR: Broo	ck Services, LLC #ABC00	009559	
Address: 10343 Sam Houston Park Dr		serve to the 3-1	
<sub>City:</sub> Houston	State: TX	<sub>Zip:</sub> 77064	
Contact: Ken Sherman	Target in the state of the state	Tel: 228-990-3739	
Certification Number: ABC00009559		Expiration Date:	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):			
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:  Various materials may be sampled as needed (pipe insulation, vessel insulation, etc.), if sampling does not occur, the materials will be assumed to be asbestos. If sampling occurs, Bulk sampling and 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 22.05			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT): 4000*	Surface Area (SQ FT): 2000*	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/01/2023 Complete: 12/31/2023			
x. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/01/2023 Complete: 12/31/2023			

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 Road  City: Pass Christian  State: MS  Zip: 39571  Contact Person: Mike Hall  WASTE TRANSPORTER #2  Name:			
XIII. 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  WASTE TRANSPORTER #2			
Name: Waste Management of Mississippi - Gulf Coast  Address: Pecan Grove RDF, 9685 Firetower Road  City: Pass Christian  State: MS  Zip: 39571  Tel: 228-832-3144  WASTE TRANSPORTER #2			
Address: Pecan Grove RDF, 9685 Firetower Road  City: Pass Christian  Contact Person: Mike Hall  WASTE TRANSPORTER #2  Lip: 39571  Tel: 228-832-3144			
City: Pass Christian State: MS Zip: 39571  Contact Person: Mike Hall WASTE TRANSPORTER #2			
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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 Road			
City: Pass Christian State: MS Zip: 39571			
Contact Person: Tel: 228-225-5553			
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 ASTESTOS 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 Digitally signed by Benjamin Moore Date: 2023.01.05 11:44:32 -08:00' 1/5/2023			
Type or Print Name (Signature of Owner/Operator) (Date)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  Benjamin Moore  Digitally signed by Benjamin Moore Date: 2023.01.05 11:44:42-0690' 1/5/2023			
Type or Print Name (Signature of Owner/Operator) (Date)			