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 1/5/23		Al 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): Emergency							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Refinery							
Bldg. Name: Chevron Pascagoula Refinery							
Address: 250 Industrial Rd				Alivnani W	is Par event these was a		
_{City:} Pascagoula	Libert I	State: MS		Zip: 39581-320	of Design Company		
Site Location: 11 Plant - C-1101			Tel:		nutri dan surtamen		
Building Size:		# of Floors:		Age in Years: 55			
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:} 77064			
Contact: Ken Sherman			Tel: 228-990-3739				
Certification Number: ABC00009559			Expiration Date: 3/28/2023				
OTHER OPERATOR:							
Address:							
City: Stat		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. Materials include C-1101 Column (Industrial Vessel) insulation VII. QUANTITY OF RACM TO BE REMOVED:							
ipes (LN FT): Surface Area (SQ FT): 1400 Volume of Facility (omponents (CLLET):			
Pipes (LN FT): Surface Area (SQ FT): 1400 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: 1/9/2023 Complete: 1/18/2023							
x. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/9/2023 Complete: 1/18/2023							

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOV		• •	
Removal of Asbestos from C-1101 to perform CUI Inspection specified by this notification.	n. Inspection is critical to proce	ss sarety and must be performed in the time window	
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OR RENOVATION SITE:	RING CONTROLS TO BE USE	D TO PREVENT EMISSIONS OF ASBESTOS AT THE	
Strip & Removal, Containment, Wet Metho	d, Double Bagging, G	Blove 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	Julio.	Tel: 228-832-3144	
WASTE TRANSPORTER #2		1 101.	
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Tel:	
XIV. WASTE DISPOSAL SITE		1	
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 AGE	NCY, 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): 01/09/2023 - (06:00		
Description of the sudden unexpected event:			
Unplanned CUI inspection to ensure vess	el integrity (process	safety)	
Explanation of how the event caused unsafe conditions or wor			
The CUI inspection referenced above is critical to process safe notification due to the timeline of the maintenance outage.	ity of the vesser and must be pe	enormea in the specified time window dutilitied by this	
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBL	· · · · · · · · · · · · · · · · · · ·		
Work will stop. Notifications will be comp	·		
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XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE P ONSITE DURING THE DEMOLITION OR RENOVATION, AN THIS PERSON WILL BE AVAILABLE FOR INSPECTION DU	ID EVIDENCE THAT THE REC	UIRED TRAINING HAS BEEN ACCOMPLISHED BY	
Benjamin Moore	Digitally signate: 2022.	ned by Benjamin Moore 10.11 09:13:45 -05'00' 1/5/2023	
Type or Print Name	(Signature of Owner/Operator)	(Date)	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORI Benjamin Moore	Digitally sig	aned by Benjamin Moore 1.10.11 09:13:53 -0500' 1/5/2023	
Type or Print Name	(Signature of Owner/Operator)	(Date)	

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