

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

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|--|----------------------------------|-----------------------|--|-------------------|
| MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | | Postmark (mail only) | Date Received 5/9/2025 | AI Number 2299 |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Canceled | | | | |
| 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) 22 Plant C-2202 | | | | |
| Bldg. Name: | | | | |
| Address 250 Industrial Road | | | | |
| City: Pascagoula | | State: MS | Zip: 39581-3201 | County: |
| Site Location: 22 Plant | | | Tel: | |
| 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: Erin Spencer | | | Tel: 228-938-4731 | |
| ASBESTOS REMOVAL CONTRACTOR: Apache Industrial Services Inc. | | | | |
| Address: 250 Assay Street Ste. 500 | | | | |
| City: Houston | | State: TX | Zip: 77044 | |
| Contact: Stanley Smith | | | Tel: 409-718-5217 | |
| Certification Number: ABC#00012143 | | | Expiration Date: 8/27/2025 | |
| 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): 384 | | 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: 5/5/2025 | | | Complete: 5/15/2025 | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/5/2025 | | | Complete: 5/15/2025 | |

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

Insulation removal will be for CUI inspection to ensure vessel integrity (process safety).

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: 228-832-3144

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 CRUMBLLED, 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)

4/28/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Erin Spencer

Type or Print Name

(Signature of Owner/Operator)

4/28/2025

(Date)