

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
DEC 15 2016
Dept. of Environmental Quality

- I. TYPE OF NOTICE: Original Revision Canceled
 Annual Info. Only
- II. TYPE OF PROJECT: Renovation Demolition
 Ordered Demolition Emergency Renovation
- III. SITE INFORMATION: Name SHAERER Richardson Memorial Nursing Home
Description: Nursing Home
Address: 512 ROCKWELL DR.
City: OKOLONA County: _____ State: MS. ZIP: 38864
Contact Person: _____ Telephone: 662-447-5463
- IV. OWNER INFORMATION: Name: SHAERER Richardson Memorial Nursing Home
Full Mailing Address: 512 ROCKWELL DR OKOLONA, MS. 38860
Contact Person: _____ Telephone: 662-447-5463
- V. ASBESTOS REMOVAL CONTRACTOR: Name: SPECIALTY CONTRACTORS
Certification No.: ABC-0004325 Expiration Date: 1-29-17
Full Mailing Address: 8310 MADE RD. WARRIOR, AL 35180
Contact Person: SOHN TOTTEN Telephone: 205-907-7351
- VI. CONTRACTOR (Other): Name: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____
- VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 12/26/16 Removal Project Stop: 12/30/16
- VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): RENOVATION ON GOING
Project Start: _____ Project Stop: _____ Prep. Date: _____
- IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 4000 Bldg. Size (LNFT): 100
No. of Floors: 1 Age in Years: OVER 40
Present Use: Nursing home Prior Use: SAME
- X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: Yes No
Inspection Date: _____ Asbestos Present? Yes No
Inspector: RON ROBINSON Cert. No.: ABI0001499 Expiration Date: May 6, 2017
Identify suspect materials sampled: TSI CRAWL SPACE
Laboratory Analysis: TEM _____ PLM X Other _____
Name of Laboratory: CEI
- XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) 500 L.F. Surface Area (SQ FT) _____
Volume of Facility Components(CU FT) _____
- XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED:
Category I: _____ Category II: _____
- XIII. WASTE TRANSPORTER: Name: Waste PRO
Full Mailing Address: 1600 12th AVE. South Columbus, MS 39701
Contact Person: _____ Telephone: 662-328-5528

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Prairie Bluff Landfill
 Physical Location: 1649 Hwy 5 North Houston, MS 38851
 Full Mailing Address: same
 Contact Person: CHARLES GARDNER Telephone: 662-466-4560
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: _____
 Physical Location: _____
 Full Mailing Address: _____
 Contact Person: _____ Telephone: _____
 *All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):
 Strip & Removal Double Bagging _____ Mechanical Chipping _____ Component Removal
 _____ Wrecking Ball _____ Gross Demolition _____ Remove Intact _____ Bulldozer
 Containment Glove Bag _____ Explode Negative Air
 Wet Method _____ Roofing Saw _____ Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Renovation Floors, walls, ceilings, mechanical

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Seal off area NEG air, HEPA vacuum, amended water, asbestos bags, suits, Respirators.
 *Will MDEQ be notified of any significant changes? Yes No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: _____ Title: _____
 Authority: _____
 Date of Order: _____ Date Demolition to Begin: ____/____/____

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ____/____/____, Time: _____
 Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.
JOHN TOTTEN VP. [Signature] 12-12-16
 Type or Print Name & Title Signature Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
 P.O. Box 2261 Jackson, MS 39201
 Jackson, MS 39225
 (601) 961-5171