

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>Original</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Greenbough Nursing Home</b>				
Bldg. Name: <b>Greenbough Nursing Home</b>				
Address <b>340 Desoto Ave Ext</b>				
City: <b>Clarksdale</b>	State: <b>MS</b>	Zip: <b>38614</b>		
Site Location: <b>Interior/Patient Rooms</b>		Tel: <b>662-627-3486</b>		
Building Size: <b>unknown</b>	# of Floors: <b>unknown</b>	Age in Years: <b>60+/-</b>		
Present Use: <b>Nursing Home</b>	Prior Use: <b>Unknown</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Gulfcoast Healthcare</b>				
Address: <b>40 S Palafax Place #400</b>				
City: <b>Pensacola</b>	State: <b>FL</b>	Zip: <b>32502</b>		
Contact: <b>Jacqueline Holiday</b>		Tel: <b>800-881-9905</b>		
REMOVAL CONTRACTOR <b>Specialty Abatement Services, Inc.</b>				
Address: <b>5280 Elmore Rd</b>				
City: <b>Memphis</b>	State: <b>TN</b>	Zip: <b>38134</b>		
Contact: <b>Dwight Grayson</b>		Tel: <b>901-507-1203</b>		
OTHER OPERATOR: <b>n/a</b>				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>Bulk sampling using PLM methods/Chester Ervin 3/24/2016</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes				Ln Ft:      Ln M:
Surface Area <b>VAT/mastic</b>	600 SF			Sq Ft:      Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>1/31/2017</b>		Complete: <b>2/5/2017</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>1/31/2017</b>		Complete: <b>2/5/2017</b>		

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JAN 20 2017  
Dept. of Environmental Quality

Original Mailed 1/17/2017

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

Removal of VAT/mastic using handtools + wet methods.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

# Removal of vat/mastic using hand tools & wet methods

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services inc.

Address: 5280 Elmore Rd

City: Memphis

State: TN

Zip: 38134

Contact Person: Dwight Grayson

Tel: 901-507-1203

WASTE TRANSPORTER #2

Name: Frac-N-Vac

Address: 767 Del Tin Hwy

City: El Dorado

State: AR

Zip: 71730

Contact Person: Carlton Gibson

Tel: 870-862-1602

XIII. WASTE DISPOSAL SITE

Name: Waste Mgmt The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip:

Tel: 901-331-7187

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: n/a

Title:

Authority: n/a

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: n/a

Date and Hour of Emergency (MM/DD/YY): n/a

Description of the sudden unexpected event: n/a

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

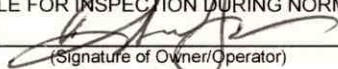
n/a

XVI. 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:

XVII. 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.

Dwight Grayson

Type or Print Name

  
(Signature of Owner/Operator)

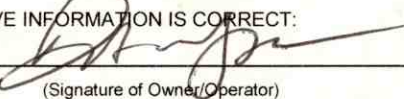
01/17/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

  
(Signature of Owner/Operator)

01/17/2017

(Date)