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) R Revised

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo + Reno

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Shearer Richardson Nursing Home

Address 512 Rockwell drive

City: Okolona State: MS Zip: 38860

Site Location: Okolona Tel: 662-837-6211

Building Size 15,000 # of Floors: 1 Age in Years: 35 plus

Present Use: Nursing Home Prior Use: Same

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Same

Address:

City: State: Zip:

Contact: Tel:

REMOVAL CONTRACTOR Socrates Garrett Enterprises

Address: 2659 Livingston Rd

City: Jackson State: MS Zip: 39213

Contact: Joseph Antoine Tel: 601-212-9555

OTHER OPERATOR:

Address:

City: State: Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No) Yes

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

PLM Ron Robinson 6/2016

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: Category I	Nonfriable Asbestos Material Not To Be Removed: Category II	Indicate Unit of Measurement Below: UNIT	
Pipes			Floor tile	LnFt:	Ln M:
Surface Area	3,000SF		3,000SF	SqFt: 3,000	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/1/2017 Complete: 9/22/2017

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/22/2017 Complete: 6/10/2018

RECEIVED

AUG 21 2017

Dept. of Environmental Quality

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

Remove floortile and spray on ceiling to be replaced

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

Keep Material Wet

XII. WASTE TRANSPORTER #1

Name: Waste Management

Address: 1904 Pontotoc Parkway West

City: Pontotoc | State: MS | Zip: 38863

Contact Person: | Tel: 662-488-0444

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Regional landfill

Address: 1904 Pontotoc Parkway West

City: Pontotoc | State: MS | Zip: 38863

Tel: 662-488-0444

XIV. 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):

XV. 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:

XVI. 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:

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.

Joseph Antoine (Type or Print Name) | Joseph Antoine (Signature of Owner/Operator) | 8/21/2017 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine (Type or Print Name) | Joseph Antoine (Signature of Owner/Operator) | 8/21/2017 (Date)