

OCT 19 2017

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) <i>Revised</i>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <i>Demot Reno</i>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <i>Shearer Richardson Nursing Home</i>					
Address: <i>512 Rockwell Drive</i>					
City: <i>Okolona</i>	State: <i>MS</i>	Zip: <i>38860</i>			
Site Location: <i>Okolona</i>		Tel: <i>662-837-6211</i>			
Building Size: <i>15,000 sq ft</i>	# of Floors: <i>1</i>	Age in Years: <i>35 plus</i>			
Present Use: <i>Nursing Home</i>		Prior Use: <i>same</i>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <i>same</i>					
Address:					
City:	State:	Zip:			
Contact:	Tel:				
REMOVAL CONTRACTOR <i>Socrates Garrett Enterprises</i>					
Address: <i>2659 Livingston Rd</i>					
City: <i>Jackson</i>	State: <i>MS</i>	Zip: <i>39217</i>			
Contact: <i>Joseph Antoin</i>	Tel: <i>601-212-9555</i>				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <i>Yes</i>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <i>PLM Ron Robinson</i>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT	
Pipes	<i>Floor tile</i>		<i>Floor tile</i>	Ln Ft:	Ln M:
Surface Area	<i>3,000 sq ft</i>		<i>3,000 sq ft</i>	Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>10/23/2017</i>				Complete: <i>11/2/2017</i>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>11/8/2017</i>				Complete: <i>6/10/2018</i>	

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

Remove floor tile 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 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.

Joseph Antoine Joseph Antoine 10/20/2017
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine Joseph Antoine 10/20/2017
Type or Print Name (Signature of Owner/Operator) (Date)