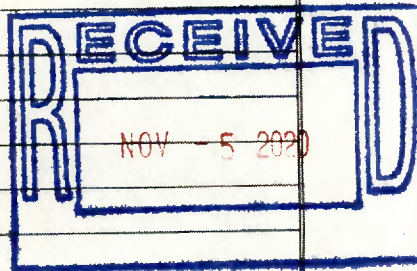


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) Original					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation Renovation #3 (R3)					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Shearer Richardson Memorial Nursing Home					
Bldg. Name: Kitchen Renovation					
Address: 512 Rockwell Dr					
City: Okolona	State: MS	Zip: 38860			
Site Location: Interior	Tel: 662-287-8079				
Building Size: unknown	# of Floors: unknown	Age in Years: 60+/-			
Present Use: nursing home kitchen	Prior Use: nursing home kitchen				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: The Shearer Richardson Memorial Nursing Home Board of Trustees					
Address: 512 Rockwell Dr					
City: Okolona	State: MS	Zip: 38860			
Contact: Lana Eaton	Tel: 662-287-8079				
REMOVAL CONTRACTOR Specialty Abatement Services Inc.					
Address: 5280 Elmore Rd					
City: Memphis	State: TN	Zip: 38134			
Contact: Dwight Grayson	Tel: 9015071203				
OTHER OPERATOR: (GC) CIG Contractors Inc.					
Address: 2072 South Tate St					
City: Corinth	State: MS	Zip: 38834			
Contact: Lana Eaton					
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):					
Bulk Sampling PLM Methods		6/5/20 Ron Robinson			
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	UNIT	
Pipes	200 Pipe Joints			Ln Ft: EACH	Ln M:
Surface Area VAT/Mastic	8,300/8,300			Sq Ft: SQFT	Sq M:
VAT RACM Off Facility Component (Cat II NF)	350 LF Caulk			Ln Ft: LF	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/20/20 11/9/20 Complete: 12/31/20 2/25/2021					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/20/20 11/9/20 Complete: 12/31/20 2/25/2021					



R3

WORK will be performed in phases - with phase 1 beginning on ~~10/20/20~~ **11/9/2020**
There will be 3 Total Phases, we will demobilize between each phase

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

Removal of ACM using hand tools and wet methods

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

wet methods, hand tools, splashguard containment, negative pressure, double bag waste, glove bag methods

XII. WASTE TRANSPORTER #1 SASI

Name: SASI

Address: 5280 Elmore Rd

City: Memphis

State: TN

Zip: 38134

Contact Person: Dwight Grayson

Tel: 9015071203

WASTE TRANSPORTER #2 Waste Management

Name: WM Memphis

Address: 3750 Hatcher Circle

City: Memphis

State: TN

Zip:

Contact Person: Carlton Gibson

Tel: 9013317187

XIII. WASTE DISPOSAL SITE WM The Tunica Landfill

Name: The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip:

Tel: Carlton Gibson

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

Name: n/a

Title: n/a

Authority: n/a

Date of Order (MM/DD/YY): n/a

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

All work will cease, workers will be removed from site, MDEQ will be called for inspection

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)

10/06/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

10/06/2020

(Date)