MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: □Email □Mail □Hand Delivery	Postmark (mail only)	Date Received 10-03-2024		Al Number 33168					
I. Type of Notification (O=Original R=Revised	I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O								
II. TYPE OF OPERATION (D=Demo O= Orde	red Demo R=Renovation E=Emer.	Renovation):	r						
III. FACILITY DESCRIPTION (Include building	name, number and floor or room r	umber): Sta	te resource offic	ce area					
Bidg. Name: State Resources Office A		00-1004							
Address: 1410 Riverside Dr.									
City: Jackson	State: MS		Zip: 39202						
Site Location:			Tel: 601-313-6163						
Building Size: 25,000 +\-	# of Floors: 2		Age in Years: 50 +\-						
Present Use: military offices	Prior Use: sam	Prior Use: same							
IV. FACILITY INFORMATION (Identify owner,	asbestos removal contractor, and	other operato	r)						
OWNER NAME: Mississippi Militar	y Department								
Address: 1410 Riverside Dr.									
_{City:} Jackson	State: MS		Zip: 392026						
Contact: Phil Hardy			Tel: 601-313-6163						
ASBESTOS REMOVAL CONTRACTOR: Jeff	Evans, Inc d/b/a Eagle Co	nstruction	G						
Address: 1450 Old Brandon Rd			V.						
City: Flowood	State: MS	Zip: 39232							
Contact: Chuck Womack	-15	Tel: 601-940-5411							
Certification Number: ABC-1799	Expiration	Expiration Date: 3/4/2023							
OTHER OPERATOR: Conerly Construction	ion								
Address: P.O. Box 1500									
City: Clinton	State; MS		Zip: 39060						
Contact: Chris Moran	Tel: 228-669-8703								
V. WAS SITE INSPECTED TO DETERMINE F	PRESENCE OF ASBESTOS? (Yes	_{s/No):} yes							
WAS ASBESTOS PRESENT? (Yes/No): Yes	Inspection Date: 6-7-24								
Inspector Arvid Woodard	Date: 6-18-25								
VI. SUSPECT MATERIALS SAMPLED AND				OS MATERIAL:					
PLM - sheetrock, ceiling tiles	flooring pipe insulation,	duct ma	stic, plaster						
VII. QUANTITY OF RACM TO BE REMOVED	500 s/f duct mas	tic							
Pipes (LN FT):	Surface Area (SQ FT):		Volume of Facility Co	omponents (CU FT):					
VIII. QUANTITY OF NONFRIABLE ASBESTO	OS NOT REMOVED:								
Category I: Category II:									
IX. SCHEDULED DATES ASBESTOS REMO	VAL (MM/DD/YY) Start: 10-17-	24	Complete:	11-17-24					
X. SCHEDULED DATES DEMO/RENOVATIO	N (MM/DD/YY) Start: 10-17-24	4	Complete:	12-30-25					

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENG			
Removal of asbestos containing materia	ils with hand to	ools	
XII. DESCRIPTION OF WORK PRACTICES AND ENGINE DEMOLITION OR RENOVATION SITE:	ERING CONTROLS	TO BE USED TO PREVENT EN	MISSIONS OF ASBESTOS AT THE
Stop work and notify competent person, keep wet, seal	all critical barriers	& put under negative pressur	•
XIII. WASTE TRANSPORTER #1			
Name: ADS, Inc			
Address: P. O. Box 1296	MC	20060 12	06
City: Clinton	State: MS	Zip: 39060-12	
Contact Person: Mark Parkman	Tel: 601-925-0	1507	
WASTE TRANSPORTER #2			-305-07
Name: Eagle Construction			
Address: 1450 Old Brandon Rd	140	20222	
City: Flowood	State: MS	Zip: 39232	444
Contact Person: Chuck Womack		Tel: 601-940-5	9411
XIV. WASTE DISPOSAL SITE			
Name: Little Dixie Landfill			
Address: 1716 North County Line Rd	l we	20157	
City: Ridgeland	State: MS	Zip: 39157	1400
Contact Person:		Tel: 601-982-9	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AG	ENCY, PLEASE IDE		
Name:		Title:	
Authority:		777 7771	
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):		
XVI. FOR EMERGENCY RENOVATIONS:			
Date and Hour of Emergency (MM/DD/YY): Description of the sudden unexpected event:			
Description of the statement and specified events			
Explanation of how the event caused unsafe conditions or v	would cause equipme	nt damage or an unreasonable f	Inancial burden:
Expandion of now the event course of solid contains of			
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOW	ED IN THE EVENT T	HAT UNEXPECTED ASBESTO	S IS FOUND OR PREVIOUSLY
NONFRIABLE ASTESTOS MATERIAL BECOMES CRUM	BLED, PULVERIZED	, OR REDUCED TO POWDER	
Stop work & notify owner, keep wet and	double bag in	nmediately	
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE	DROVISIONS OF T	HIS DEGILI ATION (40 CER PA	RT 61 SURPART M\ WILL BE
ONSITE DURING THE DEMOLITION OR RENOVATION, I THIS PERSON WILL BE AVAILABLE FOR INSPECTION	AND EVIDENCE THA	AT THE REQUIRED TRAINING	HAS BEEN ACCOMPLISHED BY
Chuck Womack	(°O 0	7	10-3-24
Type or Print Name	(Signature of Own	er/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CO	RRECT:	1	10 7 50
Chuck Womack			10-3-54
Type or Print Name	(Signature of Own	nerrOperator)	(Date)







REPAIRS TO STATE RESOURCES OFFICE AREA (PKG 4) JOINT FORCES HEADQUARTERS

PN:28190300 ARMY NATIONAL GUARD JACKSON, MISSISSIPPI

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