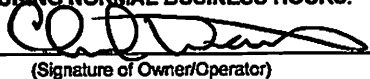
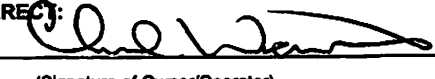


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

| | | | |
|---|---------------------------------|--|--------------------|
| MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | Postmark (mail only) | Date Received 3/19/2025 | AI Number 71311 |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O | | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): | | | |
| Bldg. Name: Beechwood Cottages Mississippi State Hospital | | | |
| Address: 3550 Highway 468 West | | | |
| City: Whitfield | State: MS | Zip: 39193 | |
| Site Location: MS state hosp - main campus | | | Tel: 601-351-8000 |
| Building Size: 10,000 s/f +/- | # of Floors: 1 | Age in Years: 80 +/- | |
| Present Use: Vacant | Prior Use: Dorm | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | |
| OWNER NAME: Bureau of Building, Grounds and Real Property Management | | | |
| Address: 501 North West St Suite 1401B | | | |
| City: Jackson | State: MS | Zip: 39201 | |
| Contact: Adrian Massey | | | Tel: 601-359-1343 |
| ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction | | | |
| Address: 1450 Old Brandon Rd | | | |
| City: Flowood | State: MS | Zip: 39232 | |
| Contact: Chuck Womack | | | Tel: 601-940-5411 |
| Certification Number: ABC-1799 | | Expiration Date: 03.06.2026 | |
| OTHER OPERATOR: Conerly Construction | | | |
| Address: P.O. Box 1500 | | | |
| City: Clinton | State: MS | Zip: 39060 | |
| Contact: Chris Moran | | | Tel: 228.669.8703 |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes | | | |
| WAS ASBESTOS PRESENT? (Yes/No): Yes | | Inspection Date: 01.10.19 | |
| Inspector: Mark S Walters | Certification Number: ABI- 6317 | Expiration Date: 03.09.19 | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | | | |
| PLM - Plaster, Window caulk, Window glazing, insulation & roofing, Plaster | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: 10,000 sq ft Ceiling Materials | | | |
| Pipes (LN FT): | Surface Area (SQ FT): | Volume of Facility Components (CU FT): | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: | | | |
| Category I: | | Category II: | |
| IX SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04.02.25 | | Complete: 04.30.25 | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04.30.25 | | Complete: 12.30.25 | |

| | | |
|---|--|-----------------|
| XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: | | |
| Removal of asbestos containing materials with hand tools | | |
| XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: | | |
| Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure | | |
| XIII. WASTE TRANSPORTER #1 | | |
| Name: ADS, Inc | | |
| Address: P. O. Box 1296 | | |
| City: Clinton | State: MS | Zip: 39060-1296 |
| Contact Person: Mark Parkman | Tel: 601-925-0507 | |
| WASTE TRANSPORTER #2 | | |
| Name: Eagle Construction | | |
| Address: 1450 Old Brandon Rd | | |
| City: Flowood | State: MS | Zip: 39232 |
| Contact Person: Chuck Womack | Tel: 601-940-5411 | |
| XIV. WASTE DISPOSAL SITE | | |
| Name: Little Dixie Landfill | | |
| Address: 1716 North County Line Rd | | |
| City: Ridgeland | State: MS | Zip: 39157 |
| Contact Person: | Tel: 601-982-9488 | |
| XV. 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): | |
| XVI. 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: | | |
| XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: | | |
| Stop work & notify owner, keep wet and double bag immediately | | |
| XVIII. 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. | | |
| Chuck Womack |  | 03.13.25 |
| Type or Print Name | (Signature of Owner/Operator) | (Date) |
| XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: | | |
| Chuck Womack |  | 03.13.25 |
| Type or Print Name | (Signature of Owner/Operator) | (Date) |