MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MAP

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 09-15-2023	AI Number

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: Pickwick Apartments

Address: 308 Pickwick Cir, Iuka, MS 38852

City: Iuka	State: MS	Zip: 38852
Site Location: Same as above		Tel: (662) 423-5314
Building Size: Approx. 26,300sqft	# of Floors: 1	Age in Years: 50+
Present Use: Apartment	Prior Use: Apartment	

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

OWNER NAME: North MS Partners LP

Address: 124 One Madison Plaza Suite 1500, Madison, MS 39110

City: Iuka	State: MS	Zip: 38852
Contact: Jason Walker		Tel: (662) 423-9232

ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL

Address: 783 HARRIS STREET

City: JACKSON	State: MS	Zip: 39202
Contact: DARYL ANDERSON		Tel: 601-354-4400
Certification Number: ABC-00002173		Expiration Date: 10-22-23

OTHER OPERATOR: Unicorp LLC

Address: 124 One Madison Plaza Suite 1500, Madison, MS 39110

City: Madison	State: MS	Zip: 39110
Contact: Jason Walker		Tel: (601) 321-7600

V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes

WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 7-21-23
Inspector: Blake K Lease	Certification Number: ABI-00012289	Expiration Date: 3-8-2024

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Floors, ceilings, pipes, walls
Procedure PLM-Polarized Light Microsopy
This is considered non-regulated, less than 150sf, there is only 25sf of floor tile in each units bathroom to be removed.

VII. QUANTITY OF RACM TO BE REMOVED: 1200sf of floor tile and mastic

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: 9-29-23 Complete: 10-10-23

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-14-23 Complete: 12-28-23

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Renovation of selective areas in apartments

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Area contained, material kept wet and placed in acm bags for disposal, each area less than 150sf

XIII. WASTE TRANSPORTER #1

Name: Anderson Environmental		
Address: 783 Harris Street		
City: Jackson	State: MS	Zip: 39202
Contact Person: Daryl Anderson		Tel: (601)354-4400

WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill		
Address: 1716 N County Line Rd, Ridgeland, MS 39157		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: Mike Raley		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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
Halt all work and notify the proper authority

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.

DARYL ANDERSON		9-15-23
Type or Print Name	(Signature of Owner/Operator)	(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DARYL ANDERSON		9-15-23
Type or Print Name	(Signature of Owner/Operator)	(Date)