

AMENDED 8-15-2023

"REV" MAP

# 8/16/23

## 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 8-16-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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): Motel				
Bldg. Name: luka Motel				
Address: 1750 W Quitman Street				
City: luka		State: MS	Zip: 38852	
Site Location: Hwy172, luka Motel, 1750 W Quitman St			Tel: 662-66-7118	
Building Size: .75 acres, 60,000 cu ft		# of Floors: 1	Age in Years: 68	
Present Use: vacant		Prior Use: motel, residence		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Loblolly Muddell, LLC				
Address: 1750 W Quitman Street				
City: luka		State: MS	Zip: 38852	
Contact: Bradley Hogan, Managing Member			Tel: 949-285-1040	
ASBESTOS REMOVAL CONTRACTOR: Bradley Lake Hogan				
Address: 801 Indian Creek Street				
City: luka		State: MS	Zip: 38852	
Contact: Bradley Hogan			Tel: 949-285-1040	
Certification Number: ABC -000-11778			Expiration Date: 12-16-2023	
OTHER OPERATOR: Loblolly Labratory, LLC				
Address: 801 Indian Creek Street				
City: luka		State: MS	Zip: 38852	
Contact: Bradley Hogan			Tel: 662-279-1491	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes, presumed ACBM			Inspection Date: 5-27, 5-30-23, & 8-25-23 thru 8-28-23	
Inspector: Bradley Hogan		Certification Number: ABI-000-12141	Expiration Date: 5-10-2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Physical Observation Inspection of floor tile, ceiling tile, ceiling accoutic popcorn, miscellaneous mat., black mastic glue, tape, puddy and mudd cohehssives, drywall, electrical conduit piping, concrete siding tiles, attic insulation and TSI.				
VII. QUANTITY OF RACM TO BE REMOVED: 2,000 CU FT				
Pipes (LN FT): 200 ln ft	Surface Area (SQ FT): 6,000 sq ft		Volume of Facility Components (CU FT): 750 cu ft	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 12,000 sq ft				
Category I: 10,000			Category II: 500 sq ft	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8-28-2023			Complete: 9-7-2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-16-2023			Complete: 12-16-2023	

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<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Set-up clean room, shower room, and equipment rooms. Place air machines and vaccumes and other tools and equipment in service. With PPE, spray with water, then remove by cutting, scraping, pulling and placing into double bags.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Water saturate all suspect material, using hoses, spray bottles. Run air filtering machines and vaccumes. Encapsulation with heavy poly, double bagging, PPE certified. Follow all regulations		
<b>XIII. WASTE TRANSPORTER #1</b> Waste Connections		
Name: Wade		
Address: 2491 CR 302		
City: Walnut	State: MS	Zip: 38683
Contact Person: Wade		Tel: 662-394-1146
<b>WASTE TRANSPORTER #2</b>		
Name: N/A		
Address: N/A		
City: N/A	State:	Zip:
Contact Person: N/A		Tel:
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: NE Mississippi Regional Landfill		
Address: 2941 CR 302		
City: Walnut	State: MS	Zip: 38683
Contact Person: Jake Jefcoat		Tel: 662-760-3944
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: N/A		Title: N/A
Authority: N/A		
Date of Order (MM/DD/YY): N/A		Date Ordered to Begin (MM/DD/YY): N/A
<b>XVI. FOR EMERGENCY RENOVATIONS: N/A</b>		
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		
<b>XVII. 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:</b> Saturate with water and double bag and or use heavy thick poly as barrier, bag with PPE using respirator with HEPA filters, etc		
<b>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.</b>		
Bradley Hogan <small>Type or Print Name</small>		8-15-2023 <small>(Date)</small>
_____ <small>(Signature of Owner/Operator)</small>		
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Bradley Lake Hogan <small>Type or Print Name</small>		8-16-2023 <small>(Date)</small>
_____ <small>(Signature of Owner/Operator)</small>		