

REV

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 05-13-2024	AI Number 84271
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) IUKA MOTEL				
Bldg. Name: IUKA MOTEL				
Address 1750 W QUITMAN STREET				
City: IUKA		State: MS	Zip: 38852	County: TISHOMINGO
Site Location: 1750 W QUITMAN STREET			Tel: 662-660-7118	
Building Size 6,568		# of Floors: 1	Age in Years: 70	
Present Use: VACANT/ABANDONED		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Loblolly Muddell, LLC				
Address: 1750 W Quitman Street				
City: Iuka		State: MS	Zip: 38852	
Contact: Bradley Hogan			Tel: 949-285-1040	
ASBESTOS REMOVAL CONTRACTOR: Bradley Lake Hogan				
Address: 801 Indian Creek Street				
City: Iuka		State: MS	Zip: 38852	
Contact: Brad Hogan			Tel: 662-279-1491	
Certification Number: ABC 000 11778			Expiration Date: 11-20-2024	
OTHER OPERATOR: Loblolly Labratory, LLC				
Address: 801 Indian Creek Street				
City: Iuka		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			Inspection Date: 5/27/23, 5/30/23, 8/25/23 thru 8/28/23, 9/28/23 & 9/29/23	
Inspector: Bradley Hogan		Certification Number: ABI 000 12141	Expiration Date: 5-10-2024, renewal applied for 5-8-2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: floor tile, window puddy, cement tile siding tested and sent to an accrdited Lab for testing.				
see previous notification forms				
VII. QUANTITY OF RACM TO BE REMOVED: 3200 sq ft				
Pipes (LN FT):		Surface Area (SQ FT): 3200 sq ft	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 16,400				
Category I: concrete tile siding, asphalt roofing			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-15-2024			Complete: 8-10-2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6-15-2024			Complete: 10-31-2024	

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

see attached page 3/3

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

see attached page 3/3

XIII. WASTE TRANSPORTER #1

Name: Wade

Address: 2491 CR 302

City: Walnut

State: MS

Zip: 38683

Contact Person: Wade

Tel: 662-394-1146

WASTE TRANSPORTER #2 NA

Name: NA

Address: NA

City: NA

State:

Zip:

Contact Person: NA

Tel:

XIV. WASTE DISPOSAL SITE

Name: NE MS Regional Landfill

Address: 2491 CR 302

City: Walnut

State: MS

Zip: 38683

Contact Person: Jake

Tel: 662-760-3944

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, revise plan.

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.

Bradley Lake Hogan

Type or Print Name

(Signature of Owner/Operator)

~~5-10-2024~~ 5-13-2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bradley Lake Hogan

Type or Print Name

(Signature of Owner/Operator)

~~5-10-2024~~ 5-13-2024

(Date)

Continued, page 3/3.

XI – Description of Planned Renovation Work and Methods to be used.

New roof was placed over old roof.

Damaged cement tile siding to be removed and remedied located on North side of building, on the Northwest side of building, on the Northeast side of building and on the outside of kitchen Eastside hallway wall.

The window puddy will be removed before replacement of windows on all sides of building.

Floor tile and mastic glue will be saturated when removed in the back-office rooms and rooms on West side of building all suspect material will be disposed of accordingly.

XII – Description of Work Practices and Engineering controls to be used to prevent emissions of Asbestos at the renovation site.

Plan for project. Signs will be placed. Obtain and place all air and negative air machines and test for PEL and EL. Secure work site and take all safety precautions. Double encapsulated Clean, Shower and Equipment rooms and all required work areas with heavy 6 mil-poly, saturate with conditioned water, doubling bagging accordingly using PPE certified equipment. Qualified waste transporter will dispose as appropriate. A continuous tracking system will be monitoring the entire area inside and out.


Bradley Lake Hogan

5-13-2024
date