

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only) <i>Hand delivered 7-6-21</i>	Notification # (MDEQ use only)		
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: SUNSET PLAZA APARTMENTS					
Address: 3540 Sunset Dr, Jackson, MS 39213					
City: JACKSON	State: MS	Zip: 39213			
Site Location: Same as above		Tel: (601) 362-7855			
Building Size: 180,000sf	# of Floors: 2	Age in Years: 56			
Present Use: Residential Apartments	Prior Use: RESIDENTIAL APARTMENTS				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Sunset Plaza Housing Partners, L.P. 26565 West Agoura Rd., Suite 200 Calabasas, CA 91302					
Address: 26565 West Agoura Rd., Suite 200 Calabasas, CA 91302					
City: CALABASES	State: CA	Zip: 91302			
Contact: MITCH RHOADS		Tel: 480-486-9180			
REMOVAL CONTRACTOR ANDERSON ENVIRONMENTAL					
Address: 870 FOLEY STREET					
City: JACKSON	State: MS	Zip: 39202			
Contact: DARYL ANDERSON		Tel: 601-354-4400			
OTHER OPERATOR: Wilshire Pacific Builders LLC					
Address: 2250 E. Germann Rd., Ste 1 Chandler, AZ 85286					
City: CHANDLER	State: AZ	Zip: 85286			
Contact: TAMI MCCARTHY 480-542-8650					
V. IS ASBESTOS PRESENT? (Yes/No) YES					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
EPA 600/R-93/116 Bulk PLM (NVLAP lab); Inspector: CHRIS PEARSON; INSPECTION DATE 5/27/2021					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area Ceiling material	4700			Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7--20-21 Complete: 8-31-21					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-26-21 Complete: 9-30-21					

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

Limited asbetos abatement in 114 units less than 150 square feet per unit

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

Area barricaded using asbestos signs and danger tape, removed using wet methods and ACM bags and poly

XII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: 870 Foley 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:

XIII. WASTE DISPOSAL SITE

Name: Allied Waste Little Dixie Landfill

Address: 1718 N County Line Road

City: Ridgeland

State: MS

Zip: 39157

Tel: (601) 982-9488

XIV. 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):

XV. 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:

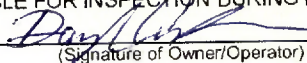
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Halt all work and notify the proper authority

XVII. 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

Type or Print Name


(Signature of Owner/Operator)

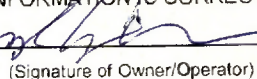
7-06-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name


(Signature of Owner/Operator)

7-06-21

(Date)