

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: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 08/29/2023	AI Number 49021
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 Drive				
City: Jackson		State: MS	Zip: 39213	
Site Location: Unit A1 and A2			Tel: 4803070244	
Building Size: 2500 sq ft		# of Floors: 2	Age in Years: 50+/-	
Present Use: housing		Prior Use: housing		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Sunset Plaza Housing Partners, LP				
Address: 26565 W. Agoura Rd. Ste. 200				
City: Calabasas		State: CA	Zip: 91302	
Contact: Brooks Woodbury			Tel: 480-307-0244	
ASBESTOS REMOVAL CONTRACTOR: Pearson Environmental				
Address: 130 Southpointe Drive, Suite J				
City: Byram		State: MS	Zip: 39272	
Contact: Chris Pearson			Tel: 6019371186	
Certification Number: ABC-00005297			Expiration Date: 12/19/2023	
OTHER OPERATOR: Wilshire Pacific Builders				
Address:				
City: Phoenix		State: AZ	Zip:	
Contact: Brooks Woodbury			Tel: 480-307-0244	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 10/2019	
Inspector: Chris Pearson		Certification Number: ABI-00002023	Expiration Date: 12/20/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor tile, sheetrock, ceiling texture, etc; bulk samples relinquished to a NVLAP lab for PLM analysis				
VII. QUANTITY OF RACM TO BE REMOVED: 2500				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 2500			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/18/2023			Complete: 9/22/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/23/23			Complete: 10/23/23	

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

Floors rebuilt ; walls hand demolished with some ceilings; detail cleaning and treatment for fire damage and rebuild

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

Containment set up under negative pressure via HEPA scrubbers; wet method removal with amended water; debris bagged in 6 mil. poly. bags and loaded for transport to Little Dixie for disposal; air monitoring throughout removal and PCM clearance before containment taken down

XIII. WASTE TRANSPORTER #1

Name: Pearson Environmental

Address: 130 Southpointe dr. ste. j

City: byram

State: ms

Zip: 39272

Contact Person: chris pearson

Tel: 6019371186

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1716 N. County Line Rd.

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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Work will be stopped; material kept wet and covered ; additional testing/air monitoring; DEQ notified

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.

chris pearson

Type or Print Name

(Signature of Owner/Operator)

8/29/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

chris pearson

Type or Print Name

(Signature of Owner/Operator)

8/29/23

(Date)