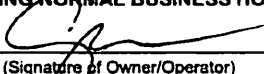
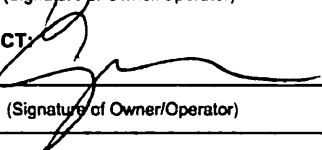


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 09-09-2024	AI Number 49021
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Sunset Plaza Apartments</b>				
Address: <b>3540 Sunset Drive</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39213</b>	
Site Location: <b>units E3-2; E3-1; E3-4 and E3-3</b>			Tel: <b>601-362-7855</b>	
Building Size: <b>10,000 sq ft</b>		# of Floors: <b>2</b>	Age in Years: <b>54</b>	
Present Use: <b>housing</b>		Prior Use: <b>housing</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Sunset plaza housing partners LP</b>				
Address: <b>26565 Agoura Rd, Ste. 200</b>				
City: <b>Calabasas</b>		State: <b>CA</b>	Zip: <b>1990</b>	
Contact: <b>601-362-7855</b>			Tel:	
ASBESTOS REMOVAL CONTRACTOR: <b>Pearson Environmental</b>				
Address: <b>130 Southpointe Dr., Ste. J</b>				
City: <b>Byram</b>		State: <b>MS</b>	Zip: <b>39272</b>	
Contact: <b>Chris Pearson</b>			Tel: <b>601-937-1186</b>	
Certification Number: <b>ABC-00005297</b>			Expiration Date: <b>12-27-24</b>	
OTHER OPERATOR: <b>Restoration 1 of Jackson</b>				
Address: <b>249 W. Mitchell Ave</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39213</b>	
Contact: <b>Tim Dukes</b>			Tel: <b>6016130538</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>			Inspection Date: <b>9-3-24</b>	
Inspector: <b>Chris Pearson</b>		Certification Number: <b>ABI-0002023</b>	Expiration Date: <b>12-27-24</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Ceiling texture; flooring throughout and sheetrock <span style="color: blue;">PLM analysis</span></b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>4000 sq ft</b>				
Pipes (LN FT):		Surface Area (SQ FT): <b>4000</b>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>N/A</b>				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9/20/24</b>			Complete: <b>9/25/24</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9/26/24</b>			Complete: <b>10/26/24</b>	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Removal of ceilings, walls and flooring to be replaced due to a fire		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Containment under negative pressure; wet method removal; debris bagged and sealed		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: <b>Pearson Environmental</b>		
Address: <b>130 Southpointe dr, ste J</b>		
City: <b>Byram</b>	State: <b>MS</b>	Zip: <b>39272</b>
Contact Person: <b>chris pearson</b>		Tel: <b>6019371186</b>
<b>WASTE TRANSPORTER #2</b>		
Name: <b>Restoration 1 of Jackson</b>		
Address: <b>249 w. mitchell ave.</b>		
City: <b>jackson</b>	State: <b>ms</b>	Zip: <b>39213</b>
Contact Person: <b>tim dukes</b>		Tel: <b>6016130538</b>
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: <b>Little Dixie landfill</b>		
Address: <b>1716 N county line rd</b>		
City: <b>Ridgeland</b>	State: <b>MS</b>	Zip: <b>39157</b>
Contact Person: <b>Mike Raley</b>		Tel: <b>6016138671</b>
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<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> additional monitoring and containment; keep wet and additional air monitoring		
<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>		
Chris Pearson		9/9/24
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Chris Pearson		9/9/24
Type or Print Name	(Signature of Owner/Operator)	(Date)