

A17AN0038



PIMA COUNTY

ENVIRONMENTAL QUALITY

33 N. STONE AVENUE, SUITE 700, TUCSON, AZ 85701

Phone: (520) 724-7400 Fax: (520) 838-7432

Email: Air.Notices@pima.gov

www.pima.gov/deq

ASBESTOS NESHAP ACTIVITY PERMIT APPLICATION AND NOTIFICATION OF DEMOLITION & RENOVATION

THIS LINE FOR REGULATORY AGENCY USE ONLY:	POSTMARK () HAND-DELIVERY ()	SUBMITTAL DATE: <u>4/18/17</u>	PERMIT #
---	-----------------------------------	--------------------------------	----------

1. TYPE OF NOTIFICATION ORIGINAL; REVISION # _____; CANCELLATION; COURTESY

2. TYPE OF OPERATION: Renovation; Emergency Renovation; Demolition; Ordered Demolition; Annual Non-Scheduled OPS

3. FACILITY OWNER INFORMATION

Name of Company Or Individual: Golden Pins LLC

Address: 1010 W. Miracle Mile

City: Tucson State: AZ Zip: 85705

Contact Person: Caryn Bustos Telephone: 520-888-4272 Email:

4. FACILITY DESCRIPTION (Attach site location map for multiple structures at one street address or installation)

Building or Facility Name: Golden Pins LLC Visible Signage:

Street Address: 1010 W. Miracle Mile Identifying Features:

City: Tucson County: PIMA State: AZ Zip: 85705

Building Size in Floor Area (Sq. Ft.): Number Of Floors Affected: 01 Age Of Facility in Years:

If Residential, Number Of Dwelling Units: Present Use: Commercial Prior Use: Commercial

5a. ASBESTOS REMOVAL CONTRACTOR / OPERATOR: SOUTHWEST HAZARD CONTROL INC

Address: 1953 W GRANT RD

City: TUCSON State: ARIZONA Zip: 85745

Contact Person: Stan Maxam Telephone: 520-622-3607 Email: smaxam@swhaz.com

5b. DEMOLITION CONTRACTOR / OPERATOR:

Address: N/A

City: State: Zip:

Contact Person: Telephone: Email:

5c. OTHER CONTRACTOR / OPERATOR:

Address: N/A

City: State: Zip:

Contact Person: Telephone: Email:

6. IS ASBESTOS PRESENT? YES NO

DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART, BY AN ASBESTOS HAZARD EMERGENCY RESPONSE ACT (AHERA) CERTIFIED BUILDING INSPECTOR: 3/30/17

7. PROCEDURE, INCLUDING ANALYTICAL METHOD, TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM: Polarized Light Microscopy [PLM]; Point Counting; Assumed; Other _____

NVLAP Laboratory Name: Desert Analytical Number Of Samples: 20 Date Analyzed: 3/31/17

8. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: (RACM= Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141)	AMOUNT OF RACM TO BE REMOVED OR GENERATED NOTE: Revise notice when amount of RACM changes more than 20%.	Amount of Nonfriable ACM To Be Removed		Amount of Nonfriable ACM Not To Be Removed Before Demo	
		CAT I	CAT II	CAT I	CAT II
On Facility Components; PIPES (LINEAR FEET)					
On Facility Components; SURFACE AREA (SQUARE FEET)	<u>554</u>	<u>280</u>			
Off Facility Components; VOLUME (CUBIC FEET)					

9. DATES FOR ASBESTOS REMOVAL:		START DATE: <u>5.2.17</u>	COMPLETION DATE: <u>5.5.17</u>
10. DATES FOR DEMOLITION/RENOVATION:		START DATE: <u> / / </u>	COMPLETION DATE: <u> / / </u>
11. DESCRIPTION OF PLANNED DEMOLITION / RENOVATION WORK: <input type="checkbox"/> Complete Demolition; <input type="checkbox"/> Partial Demolition; <input type="checkbox"/> Thermal System Insulation; <input checked="" type="checkbox"/> Ceiling Texture / Tiles; <input type="checkbox"/> Duct / Seam Tape; <input checked="" type="checkbox"/> Regulated Drywall System; <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> Asbestos Cement Pipe; <input type="checkbox"/> Asbestos Cement Shingles / Siding; <input checked="" type="checkbox"/> VAT / Mastic; <input type="checkbox"/> Asbestos Cement Siding; <input type="checkbox"/> ≥5580 sq ft w/rotating blade cut Other, please specify: _____			
REMOVAL METHODS: <input checked="" type="checkbox"/> Hand/Non-Mechanical Tools; <input checked="" type="checkbox"/> Mechanical/Power Tools; <input checked="" type="checkbox"/> Mastic Solvents; <input type="checkbox"/> Blast Trac™ Machine Other, please specify: _____			
12. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS: <input checked="" type="checkbox"/> Adequately Wet; <input checked="" type="checkbox"/> Full Containment; <input checked="" type="checkbox"/> Critical Barriers; <input checked="" type="checkbox"/> Negative Air Machines, No. <u>2</u> of units to be used; <input type="checkbox"/> Glove-Bag; <input checked="" type="checkbox"/> Leak-Tight Wrap; <input checked="" type="checkbox"/> 6-mil Bags; <input type="checkbox"/> Mini-containment; <input checked="" type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work; <input type="checkbox"/> Other, Describe _____			
13. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: <input checked="" type="checkbox"/> Stop Work; <input checked="" type="checkbox"/> Notify Owner; <input checked="" type="checkbox"/> Revise Notification; <input checked="" type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures; <input checked="" type="checkbox"/> AHERA Certified Contractor/Supervisor On-site			
14. ASBESTOS WASTE TRANSPORTER:			
Company Name: <u>SOUTHWEST HAZARD CONTROL INC</u>			
Address: <u>1953 W GRANT RD</u>			
City: <u>TUCSON</u>	State: <u>ARIZONA</u>	Zip: <u>85745</u>	
Contact Person:	Telephone:	Email:	
15. ASBESTOS WASTE DISPOSAL SITE: <u>WASTE MGMT</u>			
Company Name: <u>MARANA REGIONAL LANDFILL</u>			
Address: <u>14508 W AVRA VALLEY ROAD</u>			
City: <u>MARANA</u>	State: <u>ARIZONA</u>	Zip: <u>85653</u>	
Contact Person: <u>TRACY DUNCAN</u>	Telephone: <u>520-329-6538</u>	Email:	
16. IF DEMOLITION IS ORDERED BY GOVERNMENT AGENCY (40 CFR 61, §61.145(A)(3)), ATTACH A COPY OF THE ORDER LETTER			
Name: <u>N/A</u>	Title:		
State or Local Government Agency:	Authority:		
Date of Order:	Date Demolition Ordered to Begin:		
17. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv)) <u>N/A</u>			
Date and Hour of Emergency (MM/DD/YY-HH:MM): <u> / / - : </u>			
Description of the Sudden, Unexpected Event:			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable damage or an unreasonable financial burden:			
18. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE ON-SITE.			
<u>Hilda Scott</u> (Print Name: Owner/Operator)	<u>Adm Mgr</u> (Title)	<u>[Signature]</u> (Signature of Owner/Operator)	<u>4/18/17</u> (Date)
19. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR:			
<u>Stan Maxam</u> (Print Name of Inspector)	<u>ETC</u> (Training Provider)	<u>08184342</u> (AHERA Certificate Number)	<u>12/13/17</u> (Expiration Date)
20. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Company Name: _____ Revision Date: _____			
<u>Hilda Scott</u> (Print Name: Owner/Operator)	<u>Adm Mgr</u> (Title)	<u>[Signature]</u> (Signature Of Owner/Operator)	<u>4/18/17</u> (Date)