



PIMA COUNTY BOARD OF SUPERVISORS

130 WEST CONGRESS STREET, 11TH FLOOR

TUCSON, AZ 85701-1317

(520)724-2738

ALLY MILLER

SUPERVISOR, DISTRICT 1

VIA CERTIFIED / RETURN RECEIPT

May 9, 2018

Mr. Craig Johnson
Valbridge Property Appraisers
6061 E. Grant Road
Suite 121
Tucson, AZ 85712

Re: Golden Pin Lanes Property Appraisals

Dear Mr. Johnson:

I am writing to request a response from you related to the asbestos study that was done on this property in April 18, 2017. I am attaching the analysis that was conducted by Desert Analytical on March 30, 2017. I did not find any mention of the presence of asbestos when I reviewed the appraisal and wanted to ensure that you were aware of this report. Did you consider the positive testing for asbestos when you prepared your appraisals for Pima County dated December 29, 2017?

In addition, I had a question regarding why there were two different appraised values transmitted to Pima County. One appraisal was transmitted on January 11, 2018 for \$2,000,000; the second appraisal was transmitted on January 17, 2018 for \$2,200,000. Please explain the differences in the two appraisals.

Finally, we note there was some activity related to the sewer connection on this property. Were there any notations of concern related to the sewer connection for appraisal purposes? As you know, the Board of Supervisors will be considering this item on a May 15, 2018 agenda, so it is critical that we get this information prior to that date.

Do not hesitate to call me if you require further information. Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Ally Miller".

Ally Miller
Supervisor – District 1

Attachment (1) – Asbestos Activity Report

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/deg

ASBESTOS NESHAP ACTIVITY PERMIT APPLICATION AND NOTIFICATION OF DEMOLITION & RENOVATION

THIS LINE FOR REGULATORY AGENCY USE ONLY:	POSTMARK () HAND-DELIVERY ()	SUBMITTAL DATE: 4/18/17	PERMIT #
1. TYPE OF NOTIFICATION <input checked="" type="checkbox"/> ORIGINAL; REVISION # _____; CANCELLATION; COURTESY			
2. TYPE OF OPERATION: <input checked="" type="checkbox"/> Renovation; <input type="checkbox"/> Emergency Renovation; <input type="checkbox"/> Demolition; <input type="checkbox"/> Ordered Demolition; <input type="checkbox"/> 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: 520-858-4272	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@swshaz.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?	DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART, BY AN ASBESTOS HAZARD EMERGENCY RESPONSE ACT (AHERA) CERTIFIED BUILDING INSPECTOR:		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3/30/17		
7. PROCEDURE, INCLUDING ANALYTICAL METHOD, TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM: <input checked="" type="checkbox"/> Polarized Light Microscopy [PLM]; <input checked="" type="checkbox"/> Point Counting; <input type="checkbox"/> Assumed; <input type="checkbox"/> 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	Amount of Nonfriable ACM To Be Removed
		NOTE: Revise notice when amount of RACM changes more than 20%.	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)		554	280
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 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; 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)