

South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4182
Phone: (909) 396-2336
www.aqmd.gov

Facility ID
165095

Notification Number
713735

Rule 1403 Notification of Routine Demolition

Please maintain a copy of this Notification at the job site, either electronic or paper.

Project Type

Project Type	Demolition	Project Urgency	Routine
Origin Date	8/29/2022 3:24:29 PM		
Completed By	Emily Renteria	Phone Number	(714) 921-4100
User Email	erenteria@american-integrated.com		

Contractor Information

Company Name	AMERICAN INTEGRATED RESOURCES, INC	Address	2341 PACIFIC ST
City	ORANGE	State	CA
Zip	92865		
CSLB License #	947563	OSHA REG #	998
Supervisor #1	Joe Zendejas	Phone	(714) 805-1984
Supervisor #2	Fortunato Atillo	Phone	(626) 417-6894
Supervisor #3	Christopher Obezo	Phone	(323) 510-9857

Site Information

Site Name	800 Meadow Pass	Project #	22-135
Site Street #	800	Street Name	MEADOW PASS RD
Cross Street		Site County	
City	WALNUT	State	CA
Zip	91789		
Contact Name	Jack Su	Contact Phone	(626)817-6989

Site Owner	Spring Meadows Homes LLC	Owner Address	18217 E Gale Avenue
City	City of Industry	State	CA
Zip	91748		

Project Start Date	9/14/2022	Project End Date	9/23/2022
Project Work Shift(s)	Day	Building Size in Sq.ft	12000
Number of Floors	1	Building Age (years)	50
Number of Building/Dwelling Units	1	Building Prior Use	House
Asbestos Survey	Yes	Asbestos Found	No
Asbestos Removed	NA	Building to be Demolished	Yes
Describe Work	Demolition of outdoor horse arena	Describe Work Location	Outdoor horse arena

Project Information

Demolition Information

All Asbestos containing materials must be removed prior to any demolition activity

Survey Information

Certified Asbestos Inspector Name **Ted B Strong** Certification Expiration Date **11/17/2022 12:00:00 AM**
Survey Plan Date **8/13/2022 12:00:00 AM** Phone Number **(562)598-4361**
EMail **tstrong1@verizon.net**
Size of Demolition Project in sq. ft **12000** Work Practices at Demolition Site **Spray Water , Exit Grates , Tarp Trucks/Bins**
Contingency Demolition plan **Stop Work , Isolate Work Area , Notify Owner , Stabilize , Secure , Characterize Waste , Survey**

Waste Information

Waste Transporter **GIOSAND ENVIRONMENTAL TRANSPORTATION**
Address **36622 ROSE STREET** City **PALMDALE**
State **CA** Zip **93552**
Landfill **Sunset Environmental Transfer Station**
Address **16122 Construction Cir W** City **Irvine**
State **CA** Zip **92606**

Fee Payment

Size of Demolition Project in sq. ft **12000**
Tracking Number **4053333**
Project Size Fee **813.82**
Additional Fee **0**
Total Fee **\$ 813.82**
Payment Made **\$ 813.82**
Balance Due **\$ 0**

By clicking the Sign & Submit button, I certify that an individual trained in the provisions of SCAQMD Rule 1403 and the Asbestos NESHAP (CFR Title 40, 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. In addition, I certify that all of the information contained herein and information submitted with this Notification is true and correct.