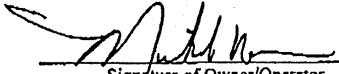
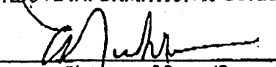


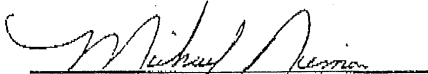
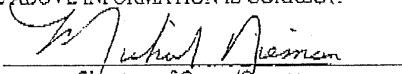
Operator Project #	Postmark	Date Received	Received By	Notification #
TYPE OF NOTIFICATION (O = Original, R = Revised, C = Canceled, and F = Courtesy):				Original
2. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
Owner Name:	Mountain Run Partners Ltd.			
Address:	5850 Eubank, NE - Suite B-62			
City:	Albuquerque	State:	NM	Zip: 87111
Owner Contact:	Pat Duetka	Phone:	275-0060	
Removal Contractor:	ATI Enterprises, Inc.			
Address:	4011 Carlisle Blvd. NE			
City:	Albuquerque,	State:	NM	Zip: 87107
Removal Contact:	Michael Grandjean	Phone:	(505) 881-2345	
Other Operator:	Chava Trucking Co.			
Address:	P.O. Box 25427			
City:	Albuquerque	State:	NM	Zip: 87105
Operator Contact:	Rudy Guzman	Phone:	873-3777	
TYPE OF OPERATION (D = Demolition, O = Ordered Demolition, R = Renovation, & E = Emergency Renovation): Demolition				
4. IS ASBESTOS PRESENT? (Yes/No):				YES
5. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:	The Old Elks Lodge (#461)			
Address:	1642 University, NE			
City:	Albuquerque	State:	NM	Zip: 87107
			County:	Bernalillo
Site Location:	1642 University, NE			
Building Size:	48610 sf	# of Floors:	1	Age in Years: 36
Future Use:	office & storage	Present Use:	vacant	Prior Use: fraternal lodge
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: survey by Shishman & Associates (PLM)				

7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
	RACM To Be Removed	ACM To Be Removed	Cat I	Cat II		
Pipes					Ln Ft: X	Ln M:
Surface Area	19500 (SACT)	11500 (VAT)			Sq Ft: X	Sq M:
Vol RACM Off Facility Component					Cu Ft: X	Cu M:
8. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)			Start:	07/11/01	Complete:	08/27/01
9. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)			Start:	06/26/01	Complete:	08/27/01
10. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: <i>Interior Demolition will include removal of walls and ceilings (plaster on metal lath), of brickwalls and of other internal walls and partitions; lifting of carpeting and other floor coverings; removal of equipment, fixtures, counters, lockers, etc. in the kitchen, restrooms and locker rooms.</i>						
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND/OR RENOVATION SITE: <i>Pre-renovation abatement of RACM's and ACM's will utilize specified engineering controls for containment of regulated work areas, negative pressure, critical barriers, wet removal procedures, multi-staged decontamination chamber for worker and bag-out decon, disposal of ACM's and asbestos contaminated wastes per regulations at asbestos approved landfill. Worker respiratory and personal protection to comply with OSHA regulations.</i>						
12. WASTE TRANSPORTER #1						
Contractor:	ATI Enterprises, Inc.					
Address:	4011 Carlisle NE					
City:	Albuquerque	State:	NM	Zip:	87107	
Contact:	Michael Grandjean			Phone:	505-881-2345	
WASTE TRANSPORTER #2						
Contractor:						
Address:						
City:		State:		Zip:		
Contact:				Phone:		

13. WASTE DISPOSAL SITE						
Name:	Keers Special Waste Monofill					
Contact:						
Location:	14 Miles South on Highway 55					
City:	Mountainair	State:	NM	Zip:	87036	
Telephone:	(505) 847-2917	Landfill Office	same		Main Office: 823-9006	
14. 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):			
15. FOR EMERGENCY RENOVATIONS						
Date and Hour of Emergency (MM/DD/YY):						
Description of the Sudden, Unexpected Event:						
Explanation of how event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:						
<p>16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER. In the event that unexpected asbestos is found on the project site or if it becomes friable in the process, ATJ shall stop work, identify the problem, notify the owner and the proper EPA authorities, and minimize the amount of airborne fiber contamination through the aid of amended water and isolation of the work area through critical barriers. ATJ shall comply with all Federal, State and Local regulations pertaining to the safe removal of asbestos at all times.</p>						
<p>17. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE 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.</p> <p style="text-align: center;">         Signature of Owner/Operator     </p> <p style="text-align: right;">       6-28-01        Date     </p>						
<p>18. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</p> <p style="text-align: center;">         Signature of Owner/Operator     </p> <p style="text-align: right;">       6-28-01        Date     </p>						

Operator Project #	Postmark	Date Received	Received By	Notification #
1. TYPE OF NOTIFICATION (O = Original, R = Revised, C = Canceled, and F = Courtesy):				<i>Revision 1</i>
2. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
Owner Name:	<i>Mountain Run Partners Ltd.</i>			
Address:	<i>5850 Eubank, NE - Suite B-62</i>			
City:	<i>Albuquerque</i>	State:	<i>NM</i>	Zip: <i>87111</i>
Owner Contact:	<i>Pat Duetka</i>	Phone:	<i>275-0060</i>	
Removal Contractor:	<i>ATI Enterprises, Inc.</i>			
Address:	<i>4011 Curisile Blvd. NE</i>			
City:	<i>Albuquerque,</i>	State:	<i>NM</i>	Zip: <i>87107</i>
Removal Contact:	<i>Michael Grandjean</i>	Phone:	<i>(505) 881-2345</i>	
Other Operator:	<i>Chava Trucking Co.</i>			
Address:	<i>P.O. Box 25427</i>			
City:	<i>Albuquerque</i>	State:	<i>NM</i>	Zip: <i>87105</i>
Operator Contact:	<i>Rudy Guzman</i>	Phone:	<i>873-3777</i>	
3. TYPE OF OPERATION (D = Demolition, O = Ordered Demolition, R = Renovation, & E = Emergency Renovation): <i>Demolition</i>				
4. IS ASBESTOS PRESENT? (Yes/No):				<i>YES</i>
5. FACILITY DESCRIPTION (Include building name, number and floor or room number )				
Bldg. Name:	<i>The Old Elks Lodge (#461)</i>			
Address:	<i>1642 University, NE</i>			
City:	<i>Albuquerque</i>	State:	<i>NM</i>	Zip: <i>87107</i> County: <i>Bernalillo</i>
Site Location:	<i>1642 University, NE</i>			
Building Size:	<i>48610 sf</i>	# of Floors:	<i>1</i>	Age in Years: <i>36</i>
Future Use:	<i>office &amp; storage</i>	Present Use:	<i>vacant</i>	Prior Use: <i>fraternal lodge</i>
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <i>survey by Shishman &amp; Associates (PLM)</i>				

7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
	RACM To Be Removed	ACM To Be Removed	Ca: I	Ca: II		
Pipes					Ln Ft: X	Ln M:
Surface Area	21600 + 2500 (SACT) (LCT)	10900 (VAT)			Sq Ft: X	Sq M:
Vol RACM Off Facility Component					Cu Ft: X	Cu M:
8. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)			Start:	07/16/01	Complete:	09/01/01
9. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)			Start:	06/26/01	Complete:	10/01/01
10. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: <i>Interior Demolition will include removal of walls and ceilings (plaster on metal lath), of brickwalls and of other internal walls and partitions; lifting of carpeting and other floor coverings; removal of equipment, fixtures, counters, lockers, etc. in the kitchen, restrooms and locker rooms.</i>						
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND/OR RENOVATION SITE: <i>Pre-renovation abatement of RACM's and ACM's will utilize specified engineering controls for containment of regulated work areas, negative pressure, critical barriers, wet removal procedures, multi-staged decontamination chamber for worker and bag-out decon, disposal of ACM's and asbestos contaminated wastes per regulations at asbestos approved landfill. Worker respiratory and personal protection to comply with OSHA regulations.</i>						
12. WASTE TRANSPORTER #1						
Contractor:	ATI Enterprises, Inc.					
Address:	4011 Carlisle NE					
City:	Albuquerque	State:	NM		Zip:	87107
Contact:	Michael Grandjean			Phone:	505-881-2345	
WASTE TRANSPORTER #2						
Contractor:						
Address:						
City:		State:			Zip:	
Contact:				Phone:		

WASTE DISPOSAL SITE					
Name:	Keers Special Waste Monofill				
Contact:					
Location:	14 Miles South on Highway 55				
City:	Mountainair	State:	NM	Zip:	87036
Telephone:	(505) 847-2917	Landfill Office:	same	Main Office:	823-9006
14. 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):		
15. FOR EMERGENCY RENOVATIONS					
Date and Hour of Emergency (MM/DD/YY):					
Description of the Sudden, Unexpected Event:					
Explanation of how event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:					
16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER. <i>In the event that unexpected asbestos is found on the project site or if it becomes friable in the process, ATI shall stop work, identify the problem, notify the owner and the proper EPA authorities, and minimize the amount of airborne fiber contamination through the aid of amended water and isolation of the work area through critical barriers. ATI shall comply with all Federal, State and Local regulations pertaining to the safe removal of asbestos at all times.</i>					
17. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE 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.					
 Signature of Owner/Operator				7-10-01 Date	
18. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.					
 Signature of Owner/Operator				7-10-01 Date	