RECEIVED
JUL 24 2018
Pesticides & Asbestos Programs and Enforcement Branch (3LC62) EPA Region III

9

West Virginia

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 7/19/2018

Operator Project No: 18-254

OFFICE USE ONLY	
Date Rec'd:	Check No:
Postmark Date:	Paid By:
Notification No:	Amount: $

Type of Notification:
☐ Original ☑ R-1 Revision (Highlight Changes) ☐ Cancellation

Type of Operation:
☐ Demolition ☐ Ordered Demolition ☑ Renovation ☐ Emergency Renovation

Facility Owner:
Name: Marshall University
Address: 400 Hal Greer Blvd.
City: Huntington State: WV Zip: 25755
Contact: Danny Hollland Phone: 304-696-2821

Facility Description:
Name: Jenkins Hall
Address: 1701 College Avenue City: Huntington
County: Cabell Location Within Facility: 1st Floor
Building Size (Sq. Ft.): 50,000 Number of Floors: 4 Age: 81
Present Use: Classroom/Ofices Prior use: Classrooms

Asbestos Contractor:
Name: Astar Abatement, Inc. Asbestos Contractor Lic. #: AC002373
Address: PO Box 13533
City: Sissonville State: WV Zip: 25360
Contact: Roger Pritt Phone: 304-343-5950 x 113

Other Contractor:
Name: WV Contractor Lic. #:
Address:
City: State: Zip:
Contact: Phone:

Building Inspection:
Inspection Date:
Asbestos Inspection By: Presumed by owner WV License #:
Lab: Analysis By:
Procedure Used to Detect Presence of Asbestos:
Is Asbestos Present at 1% or Greater: ☑ YES ☐ NO
Project Designer: Donald Morris WV License #: AD004041
Air Monitor: Triad Envrionmental WV License #: See Attached

Schedule:
Asbestos Removal: Start: 7/30/2018 Completion: 8/3/2018
Demo/Renovation: Start: Completion:
Abatement Work Hours: 5:00pm-3:00am Work Days: M TU W TH F SA SU
Demo Work Hours: Work Days: M TU W TH F SA SU

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: **N/A**

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency: **N/A**

Name: _____ Title: _____

Date of Order: _____ Date Order to Begin: _____

(Copy of order **must** be attached.)

Types of ACM:

Asbestos Containing Material To Be Removed:			Cat. I & II Non-friable ACM NOT To Be Removed:		
Type(s):	**Floor Tile/Mastic**		Type(s):		
Pipes (Ln. Ft.):		% Asbestos:	Pipes (Ln. Ft.):		% Asbestos:
Area (Sq. Ft.):	**1,184**	% Asbestos: **>1%**	Area (Sq. Ft.):		% Asbestos:
Other (Cu. Ft.):		% Asbestos:	Other (Cu. Ft.):		% Asbestos:

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached

Dispose of ACM at an EPA approved asbestos landfill

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.

Waste Transporter:

Name: **Dependable Roll-off**

Address: **PO Box 1343**

City: **Ashland** State: **KY** Zip: **41105**

Contact: **Linda Strickland** Phone: **800 649 0982**

Waste Disposal Site:

Name: **Green Valley Environmental** ID #: **045-00012**

Address: **100 Addington Road**

City: **Ashland** State: **KY** Zip: **41102**

Contact: **Patty** Phone: **606-928-0239**

Certification:

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt/ (CW) Date: **7/19/2018**

Name and Title (Print or Type): **Roger Pritt/ President**

West Virginia

RECEIVED
JUL 24 2018
Pesticides & Asbestos Programs
Enforcement Branch (3LC62)
EPA Region III

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 7/19/2018

Operator Project No: 18-250

OFFICE USE ONLY

Date Rec'd: Check #:
Postmark Date: Paid By:
Notification No: Amount: $

Type of Notification:
☐ Original ☑ R-1 Revision (Highlight Changes) ☐ Cancellation

Type of Operation:
☐ Demolition ☐ Ordered Demolition ☑ Renovation ☐ Emergency Renovation

Facility Owner:
Name: **Wetzel County Board of Education**
Address: **333 Foundry Street**
City: **New Martinsville** State: **WV** Zip: **26155**
Contact: **Jamie Doty** Phone: **304-455-2441 x130**

Facility Description:
Name: **Paden City High School**
Address: **201 North Fourth Avenue** City: **Paden City**
County: **Wetzel** Location Within Facility: **2nd Floor**
Building Size (Sq. Ft.): **300,000** Number of Floors: **2** Age: **50+**
Present Use: **School** Prior use: **School**

Asbestos Contractor:
Name: **Astar Abatement, Inc.** Asbestos Contractor Lic. #: **AC002602**
Address: **PO Box 13533**
City: **Sissonville** State: **WV** Zip: **25360**
Contact: **Roger Pritt** Phone: **304-343-5950 x 113**

Other Contractor:
Name: WV Contractor Lic. #:
Address:
City: State: Zip:
Contact: Phone:

Building Inspection:
Inspection Date:
Asbestos Inspection By: **Presumed by Owner** WV License #:
Lab: Analysis By:
Procedure Used to Detect Presence of Asbestos:
Is Asbestos Present at 1% or Greater: ☑ YES ☐ NO
Project Designer: **Donald Morris** WV License #: **AD004041**
Air Monitor: **Triad Environmental** WV License #: **See Attached**

Schedule:
Asbestos Removal: Start: **8/6/2018** Completion: **8/10/2018**
Demo/Renovation: Start: Completion:
Abatement Work Hours: **7:AM - 5:30 PM** Work Days: M TU W TH F SA SU
Demo Work Hours: Work Days: M TU W TH F SA SU

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: **N/A**

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency: **N/A**

Name: _____ Title: _____

Date of Order: _____ Date Order to Begin: _____

(Copy of order **must** be attached.)

Types of ACM:

Asbestos Containing Material To Be Removed:			Cat. I & II Non-friable ACM NOT To Be Removed:		
Type(s):	**Floor Tile & Mastic**		Type(s):		
Pipes (Ln. Ft.):		% Asbestos:	Pipes (Ln. Ft.):		% Asbestos:
Area (Sq. Ft.):	**1,700**	% Asbestos: **>1%**	Area (Sq. Ft.):		% Asbestos:
Other (Cu. Ft.):		% Asbestos:	Other (Cu. Ft.):		% Asbestos:

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached

Dispose of ACM at an EPA approved asbestos landfill

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.

Waste Transporter:

Name: **Dependable Roll-off**

Address: **PO Box 1343**

City: **Ashland** State: **KY** Zip: **41105**

Contact: **Linda Strickland** Phone: **800 649 0982**

Waste Disposal Site:

Name: **Green Valley Environmental** ID #: **045-00012**

Address: **100 Addington Road**

City: **Ashland** State: **KY** Zip: **41102**

Contact: **Patty** Phone: **606-928-0239**

Certification:

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt (CW) Date: **7/19/2018**

Name and Title (Print or Type): **Roger Pritt/ President**

West Virginia

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

OFFICE USE ONLY	
Date Rec'd:	Check No:
Postmark Date:	Paid By:
Notification No:	Amount: $

Date: 7/19/2018

Operator Project No: 18-252

RECEIVED JUL 24 2018 Pesticides & Asbestos Programs and Enforcement Branch (3LC62) EPA Region III

Type of Notification:
☐ Original ☑ R-1 Revision (Highlight Changes) ☐ Cancellation

Type of Operation:
☐ Demolition ☐ Ordered Demolition ☑ Renovation ☐ Emergency Renovation

Facility Owner:
Name: **Katie Gardner Bradley**
Address: **852 Spring Road**
City: **Charleston** State: **WV** Zip: **25314**
Contact: **Katie Gardner Bradley** Phone:

Facility Description:
Name: **Residential Structure**
Address: **852 Spring Road** City: **Charleston**
County: **Kanawha** Location Within Facility: **basement**
Building Size (Sq. Ft.): **2400** Number of Floors: **2** Age: **60**
Present Use: **Residence** Prior use: **Residence**

Asbestos Contractor:
Name: **Astar Abatement, Inc.** Asbestos Contractor Lic. #: **AC002602**
Address: **PO Box 13533**
City: **Sissonville** State: **WV** Zip: **25360**
Contact: **Roger Pritt** Phone: **304-343-5950 x 113**

Other Contractor:
Name: WV Contractor Lic. #:
Address:
City: State: Zip:
Contact: Phone:

Building Inspection:
Inspection Date:
Asbestos Inspection By: **Presumed by owner** WV License #:
Lab: Analysis By:
Procedure Used to Detect Presence of Asbestos:
Is Asbestos Present at 1% or Greater: ☑ YES ☐ NO
Project Designer: **Donald Morris** WV License #: **AD004041**
Air Monitor: **Triad Environmental** WV License #: **See attached**

Schedule:
Asbestos Removal: Start: **8/13/2018** Completion: **8/15/2018**
Demo/Renovation: Start: Completion:
Abatement Work Hours: **7:AM - 5:30 PM** Work Days: M TU W TH F SA SU
Demo Work Hours: Work Days: M TU W TH F SA SU

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: **N/A**

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency: **N/A**

Name: Title:

Date of Order: Date Order to Begin:

(Copy of order **must** be attached.)

Types of ACM:

Asbestos Containing Material To Be Removed:			Cat. I & II Non-friable ACM NOT To Be Removed:		
Type(s):	**Floor Tile**		Type(s):		
Pipes (Ln. Ft.):		% Asbestos:	Pipes (Ln. Ft.):		% Asbestos:
Area (Sq. Ft.):	**600**	% Asbestos: **>1%**	Area (Sq. Ft.):		% Asbestos:
Other (Cu. Ft.):		% Asbestos:	Other (Cu. Ft.):		% Asbestos:

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached

Dispose of ACM at an EPA approved asbestos landfill

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.

Waste Transporter:

Name: **Dependable Roll-off**

Address: **PO Box 1343**

City: **Ashland** State: **KY** Zip: **41105**

Contact: **Linda Strickland** Phone: **800 649 0982**

Waste Disposal Site:

Name: **Green Valley Environmental** ID #: **045-00012**

Address: **100 Addington Road**

City: **Ashland** State: **KY** Zip: **41102**

Contact: **Patty** Phone: **606-928-0239**

Certification:

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt (CW) Date: **7/19/2018**

Name and Title (Print or Type): **Roger Pritt/ President**

West Virginia

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

OFFICE USE ONLY	
Date Rec'd:	Check No:
Postmark Date:	Paid By:
Notification No:	Amount: $

Date: 7/19/2018

Operator Project No: 18-213

RECEIVED JUL 24 2018 Pesticides & Asbestos Programs and Enforcement Branch (3LC62) EPA Region III

Type of Notification:
☐ Original ☑ R-3 Revision (Highlight Changes) ☐ Cancellation

Type of Operation:
☑ Demolition ☐ Ordered Demolition ☐ Renovation ☐ Emergency Renovation

Facility Owner:
Name: Venture III Holdings, LLC
Address: PO Box 1513
City: Charleston State: WV Zip: 25325
Contact: Bill Ellis Phone: 304-550-1000

Facility Description:
Name: Vacant Block Building
Address: 6334-6400 MacCorkle Avenue, SW City: St. Albans
County: Kanawha Location Within Facility: Roof
Building Size (Sq. Ft.): 500+ Number of Floors: 1 Age: 15
Present Use: Vacant Prior use: Comercial

Asbestos Contractor:
Name: Astar Abatement, Inc. Asbestos Contractor Lic. #: AC002602
Address: PO Box 13533
City: Sissonville State: WV Zip: 25360
Contact: Roger Pritt Phone: 304-343-5950 x 113

Other Contractor:
Name: Bob's Dumptruck Service WV Contractor Lic. #: WV014339
Address: 16 River Lane
City: Elkview State: WV Zip: 25071
Contact: Bob Hizer Phone: 304-965-0841

Building Inspection:
Inspection Date: 5/25/2018
Asbestos Inspection By: Bob Hizer WV License #: AI009348
Lab: Unknown Analysis By: Unknown
Procedure Used to Detect Presence of Asbestos: PLM
Is Asbestos Present at 1% or Greater: ☑ YES ☐ NO
Project Designer: Donald Morris WV License #: AD004041
Air Monitor: N/A WV License #:

Schedule:
Asbestos Removal: Start: CANCEL Completion: CANCEL
Demo/Renovation: Start: CANCEL Completion: CANCEL
Abatement Work Hours: 7:AM - 5:30 PM Work Days: M TU W TH F SA SU
Demo Work Hours: 7AM-5:30PM Work Days: M TU W TH F SA SU

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: **N/A**

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency: **N/A**

Name: _____ Title: _____

Date of Order: _____ Date Order to Begin: _____

(Copy of order **must** be attached.)

Types of ACM:

Asbestos Containing Material To Be Removed:			Cat. I & II Non-friable ACM NOT To Be Removed:		
Type(s):	**Roofing**		Type(s):		
Pipes (Ln. Ft.):		% Asbestos:	Pipes (Ln. Ft.):		% Asbestos:
Area (Sq. Ft.):	**500**	% Asbestos: **>1%**	Area (Sq. Ft.):		% Asbestos:
Other (Cu. Ft.):		% Asbestos:	Other (Cu. Ft.):		% Asbestos:

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached

Dispose of ACM at an EPA approved asbestos landfill

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.

Waste Transporter:

Name: **Dependable Roll-off**

Address: **PO Box 1343**

City: **Ashland** State: **KY** Zip: **41105**

Contact: **Linda Strickland** Phone: **800 649 0982**

Waste Disposal Site:

Name: **Green Valley Environmental** ID #: **045-00012**

Address: **100 Addington Road**

City: **Ashland** State: **KY** Zip: **41102**

Contact: **Patty** Phone: **606-928-0239**

Certification:

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt (CW) Date: **7/19/2018**

Name and Title (Print or Type): **Roger Pritt/ President**

West Virginia

RECEIVED
JUL 24 2018
Pesticides & Asbestos Programs and Enforcement Branch (3LC62) EPA Region III

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 7/19/2018

Operator Project No: 18-247

OFFICE USE ONLY	
Date Rec'd:	Check No:
Postmark Date:	Paid By:
Notification No:	Amount: $

Type of Notification:
☐ Original ☑ R-2 Revision (Highlight Changes) ☐ Cancellation

Type of Operation:
☑ Demolition ☐ Ordered Demolition ☑ Renovation ☐ Emergency Renovation

Facility Owner:
Name: Pierson
Address: 118 Bowles Hollow Road
City: Charleston State: WV Zip: 25311
Contact: Debbie Robinson-KCP Phone: 304-357-0570

Facility Description:
Name: Vacant Structure
Address: behind 118 Bowles Hollow Road City: Charleston
County: Kanawha Location Within Facility: kitchen/bath/hallway
Building Size (Sq. Ft.): 1000+ Number of Floors: 1 Age: unkn.
Present Use: Vacant Prior use: unknown

Asbestos Contractor:
Name: Astar Abatement, Inc. Asbestos Contractor Lic. #: AC002602
Address: PO Box 13533
City: Sissonville State: WV Zip: 25360
Contact: Roger Pritt Phone: 304-343-5950 x 113

Other Contractor:
Name: WV Contractor Lic. #:
Address:
City: State: Zip:
Contact: Phone:

Building Inspection:
Inspection Date: 5/30/2018
Asbestos Inspection By: Rick Carter WV License #: AI009680
Lab: Pinnacle Environmental Analysis By: Miranda Reedy
Procedure Used to Detect Presence of Asbestos: PLM
Is Asbestos Present at 1% or Greater: ☑ YES ☐ NO
Project Designer: Donald Morris WV License #: AD004041
Air Monitor: N/A WV License #:

Schedule:
Asbestos Removal: Start: ON Completion: HOLD
Demo/Renovation: Start: Completion:
Abatement Work Hours: 7:AM - 5:30 PM Work Days: M TU W TH F SA SU
Demo Work Hours: Work Days: M TU W TH F SA SU

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: **N/A**

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency: **N/A**

Name: _____ Title: _____

Date of Order: _____ Date Order to Begin: _____

(Copy of order **must** be attached.)

Types of ACM:

Asbestos Containing Material To Be Removed:			Cat. I & II Non-friable ACM NOT To Be Removed:		
Type(s):	**linoleum**		Type(s):		
Pipes (Ln. Ft.):		% Asbestos:	Pipes (Ln. Ft.):		% Asbestos:
Area (Sq. Ft.):	**240**	% Asbestos: **2-15%**	Area (Sq. Ft.):		% Asbestos:
Other (Cu. Ft.):		% Asbestos:	Other (Cu. Ft.):		% Asbestos:

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached

Dispose of ACM at an EPA approved asbestos landfill

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.

Waste Transporter:

Name: **Dependable Roll-off**

Address: **PO Box 1343**

City: **Ashland** State: **KY** Zip: **41105**

Contact: **Linda Strickland** Phone: **800 649 0982**

Waste Disposal Site:

Name: **Green Valley Environmental** ID #: **045-00012**

Address: **100 Addington Road**

City: **Ashland** State: **KY** Zip: **41102**

Contact: **Patty** Phone: **606-928-0239**

Certification:

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt (CW) Date: **7/19/2018**

Name and Title (Print or Type): **Roger Pritt/ President**

West Virginia

RECEIVED
JUL 24 2018
Pesticides & Asbestos Programs
Enforcement Branch (3LC62)
EPA Region III

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 7/19/2018

Operator Project No: **18-215**

OFFICE USE ONLY	
Date Rec'd:	Check No:
Postmark Date:	Paid By:
Notification No:	Amount: $

Type of Notification:
☐ Original ☑ R-5 Revision (Highlight Changes) ☐ Cancellation

Type of Operation:
☐ Demolition ☐ Ordered Demolition ☑ Renovation ☐ Emergency Renovation

Facility Owner:
Name: **Logan County Board of Education**
Address: **506 Holly Avenue**
City: **Logan** State: **WV** Zip: **25601**
Contact: **Rhonda Justice** Phone: **304-792-2044**

Facility Description:
Name: **Logan High School**
Address: **One Wildcat Way** City: **Logan**
County: **Logan** Location Within Facility: **2 Classrooms**
Building Size (Sq. Ft.): **8000+** Number of Floors: **2+** Age: **30+**
Present Use: **School** Prior use: **School**

Asbestos Contractor:
Name: **Astar Abatement, Inc.** Asbestos Contractor Lic. #: **AC002602**
Address: **PO Box 13533**
City: **Sissonville** State: **WV** Zip: **25360**
Contact: **Roger Pritt** Phone: **304-343-5950 x 113**

Other Contractor:
Name: WV Contractor Lic. #:
Address:
City: State: Zip:
Contact: Phone:

Building Inspection:
Inspection Date: **Presumed**
Asbestos Inspection By: WV License #:
Lab: Analysis By:
Procedure Used to Detect Presence of Asbestos:
Is Asbestos Present at 1% or Greater: ☑ YES ☐ NO
Project Designer: **Donald Morris** WV License #: **AD004041**
Air Monitor: **Triad Environmental** WV License #: **See Attached**

Schedule:
Asbestos Removal: Start: **6/25/2018** Completion: **7/23/2018**
Demo/Renovation: Start: Completion:
Abatement Work Hours: **7:AM - 5:30 PM** Work Days: M TU W TH F SA SU
Demo Work Hours: Work Days: M TU W TH F SA SU

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: **N/A**

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency: **N/A**

Name: _____ Title: _____

Date of Order: _____ Date Order to Begin: _____

(Copy of order **must** be attached.)

Types of ACM:

Asbestos Containing Material To Be Removed:			Cat. I & II Non-friable ACM NOT To Be Removed:		
Type(s):	**Asbestos Ceiling Plaster/Tile**		Type(s):		
Pipes (Ln. Ft.):		% Asbestos:	Pipes (Ln. Ft.):		% Asbestos:
Area (Sq. Ft.):	**1,895**	% Asbestos: **>1%**	Area (Sq. Ft.):		% Asbestos:
Other (Cu. Ft.):		% Asbestos:	Other (Cu. Ft.):		% Asbestos:

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached

Dispose of ACM at an EPA approved asbestos landfill

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.

Waste Transporter:

Name: **Dependable Roll-off**

Address: **PO Box 1343**

City: **Ashland** State: **KY** Zip: **41105**

Contact: **Linda Strickland** Phone: **800 649 0982**

Waste Disposal Site:

Name: **Green Valley Environmental** ID #: **045-00012**

Address: **100 Addington Road**

City: **Ashland** State: **KY** Zip: **41102**

Contact: **Patty** Phone: **606-928-0239**

Certification:

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt/ (CW) Date: **7/19/2018**

Name and Title (Print or Type): **Roger Pritt/ President**

West Virginia

RECEIVED
JUL 24 2018
Pesticides & Asbestos Programs and Enforcement Branch (3LC62) EPA Region III

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 7/19/2018

Operator Project No: 18-216

OFFICE USE ONLY	
Date Rec'd:	Check No:
Postmark Date:	Paid By:
Notification No:	Amount: $

Type of Notification: ☐ Original ☑ Revision (Highlight Changes) R-3 ☐ Cancellation

Type of Operation: ☐ Demolition ☐ Ordered Demolition ☑ Renovation ☐ Emergency Renovation

Facility Owner:
Name: **West Liberty University**
Address: **Route 88 North**
City: **West Liberty** State: **WV** Zip: **26074**
Contact: **Joe Mills** Phone: **304-336-8267**

Facility Description:
Name: **West Liberty University Campus- Main Hall**
Address: **101 Faculty Drive** City: **Wst Liberty**
County: **Ohio** Location Within Facility: **Main Hallway- Basement**
Building Size (Sq. Ft.): **25,000+** Number of Floors: **unkn.** Age: **unkn.**
Present Use: Prior use:

Asbestos Contractor:
Name: **Astar Abatement, Inc.** Asbestos Contractor Lic. #: **AC002602**
Address: **PO Box 13533**
City: **Sissonville** State: **WV** Zip: **25360**
Contact: **Roger Pritt** Phone: **304-343-5950 x 113**

Other Contractor:
Name: WV Contractor Lic. #:
Address:
City: State: Zip:
Contact: Phone:

Building Inspection:
Inspection Date: **Presumed**
Asbestos Inspection By: WV License #:
Lab: Analysis By:
Procedure Used to Detect Presence of Asbestos:
Is Asbestos Present at 1% or Greater: ☑ YES ☐ NO
Project Designer: **Donald Morris** WV License #: **AD004041**
Air Monitor: **Triad Environmental** WV License #: **See Attached**

Schedule:
Asbestos Removal: Start: **ON** Completion: **HOLD**
Demo/Renovation: Start: Completion:
Abatement Work Hours: **7:AM - 5:30 PM** Work Days: M TU W TH F SA SU
Demo Work Hours: Work Days: M TU W TH F SA SU

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: **N/A**

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency: **N/A**

Name: _____ Title: _____

Date of Order: _____ Date Order to Begin: _____

(Copy of order **must** be attached.)

Types of ACM:

Asbestos Containing Material To Be Removed:			Cat. I & II Non-friable ACM NOT To Be Removed:		
Type(s):	**Transite**		Type(s):		
Pipes (Ln. Ft.):		% Asbestos:	Pipes (Ln. Ft.):		% Asbestos:
Area (Sq. Ft.):	**608**	% Asbestos: **>1%**	Area (Sq. Ft.):		% Asbestos:
Other (Cu. Ft.):		% Asbestos:	Other (Cu. Ft.):		% Asbestos:

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached

Dispose of ACM at an EPA approved asbestos landfill

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.

Waste Transporter:

Name: **Dependable Roll-off**

Address: **PO Box 1343**

City: **Ashland** State: **KY** Zip: **41105**

Contact: **Linda Strickland** Phone: **800 649 0982**

Waste Disposal Site:

Name: **Green Valley Environmental** ID #: **045-00012**

Address: **100 Addington Road**

City: **Ashland** State: **KY** Zip: **41102**

Contact: **Patty** Phone: **606-928-0239**

Certification:

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt (CW) Date: **7/19/2018**

Name and Title (Print or Type): **Roger Pritt/ President**

West Virginia

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 7/19/2018

Operator Project No: 18-243

OFFICE USE ONLY	
Date Rec'd:	Check No:
Postmark Date:	Paid By:
Notification No:	Amount: $

RECEIVED JUL 24 2018 Pesticides & Asbestos Programs and Enforcement Branch (3LC62) EPA Region III

Type of Notification: ☐ Original ☑ R-2 Revision (Highlight Changes) ☐ Cancellation

Type of Operation: ☐ Demolition ☐ Ordered Demolition ☐ Renovation ☑ Emergency Renovation

Facility Owner:

Name: Mingo County Schools
Address: Rt.2 Box 310
City: Williamson State: WV Zip: 25661
Contact: William Hensley Phone: 304-235-7150

Facility Description:

Name: Gilbert Middle School
Address: 1 Lion Drive City: Gilbert
County: Mingo Location Within Facility: 2nd Floor
Building Size (Sq. Ft.): 21,000 Number of Floors: 2 Age: 50+
Present Use: School Prior use: School

Asbestos Contractor:

Name: Astar Abatement, Inc. Asbestos Contractor Lic. #: AC002602
Address: PO Box 13533
City: Sissonville State: WV Zip: 25360
Contact: Roger Pritt Phone: 304-343-5950 x 113

Other Contractor:

Name: WV Contractor Lic. #:
Address:
City: State: Zip:
Contact: Phone:

Building Inspection:

Inspection Date:
Asbestos Inspection By: Presumed by Owner WV License #:
Lab: Analysis By:
Procedure Used to Detect Presence of Asbestos:
Is Asbestos Present at 1% or Greater: ☑ YES ☐ NO
Project Designer: Donald Morris WV License #: AD004041
Air Monitor: Triad Environmental WV License #: See Attached

Schedule:

Asbestos Removal: Start: 7/9/2018 Completion: 7/18/2018
Demo/Renovation: Start: Completion:
Abatement Work Hours: 7:AM - 5:30 PM Work Days: M TU W TH F SA SU
Demo Work Hours: Work Days: M TU W TH F SA SU

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: **N/A**

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency: **N/A**

Name: _____ Title: _____

Date of Order: _____ Date Order to Begin: _____

(Copy of order **must** be attached.)

Types of ACM:

Asbestos Containing Material To Be Removed:			Cat. I & II Non-friable ACM NOT To Be Removed:		
Type(s):	**Floor Tile/Mastic**		Type(s):		
Pipes (Ln. Ft.):		% Asbestos:	Pipes (Ln. Ft.):		% Asbestos:
Area (Sq. Ft.):	**2,160**	% Asbestos: **>1%**	Area (Sq. Ft.):		% Asbestos:
Other (Cu. Ft.):		% Asbestos:	Other (Cu. Ft.):		% Asbestos:

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached

Dispose of ACM at an EPA approved asbestos landfill

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.

Waste Transporter:

Name: **Dependable Roll-off**

Address: **PO Box 1343**

City: **Ashland** State: **KY** Zip: **41105**

Contact: **Linda Strickland** Phone: **800 649 0982**

Waste Disposal Site:

Name: **Green Valley Environmental** ID #: **045-00012**

Address: **100 Addington Road**

City: **Ashland** State: **KY** Zip: **41102**

Contact: **Patty** Phone: **606-928-0239**

Certification:

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt/ CEW (CW) Date: **7/19/2018**

Name and Title (Print or Type): **Roger Pritt/ President**

West Virginia

RECEIVED
JUL 24 2018
Pesticides & Asbestos Programs and Enforcement Branch (3LC62) EPA Region III

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 7/19/2018

Operator Project No: 18-255

OFFICE USE ONLY

Date Rec'd: Check No:
Postmark Date: Paid By:
Notification No: Amount: $

Type of Notification:
☐ Original ☑ Revision (Highlight Changes) R-1 ☐ Cancellation

Type of Operation:
☐ Demolition ☐ Ordered Demolition ☑ Renovation ☐ Emergency Renovation

Facility Owner:
Name: University of Charleston
Address: 2300 MaCorkle Avenue,SE
City: Charleston State: WV Zip: 25304
Contact: Gary Boyd Phone: 304-357-4704

Facility Description:
Name: Residential Structure
Address: 2122 Kanwha Avenue City: Charleston
County: Kanawha Location Within Facility: 3rd Floor
Building Size (Sq. Ft.): 4000 Number of Floors: 3 Age: 95+
Present Use: Residence Prior use: Residence

Asbestos Contractor:
Name: Astar Abatement, Inc. Asbestos Contractor Lic. #: AC002602
Address: PO Box 13533
City: Sissonville State: WV Zip: 25360
Contact: Roger Pritt Phone: 304-343-5950 x 113

Other Contractor:
Name: WV Contractor Lic. #:
Address:
City: State: Zip:
Contact: Phone:

Building Inspection:
Inspection Date: 6/28/2018
Asbestos Inspection By: Jackie Slate Jr. WV License #: AI009368
Lab: CEI Eurofins Analysis By: Gary Swanson
Procedure Used to Detect Presence of Asbestos: PLM
Is Asbestos Present at 1% or Greater: ☑ YES ☐ NO
Project Designer: Donald Morris WV License #: AD004041
Air Monitor: Triad Environmental WV License #: See Attached

Schedule:
Asbestos Removal: Start: 8/6/2018 Completion: 8/8/2018
Demo/Renovation: Start: Completion:
Abatement Work Hours: 7:AM - 5:30 PM Work Days: M TU W TH F SA SU
Demo Work Hours: Work Days: M TU W TH F SA SU

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: **N/A**

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency: **N/A**

Name: _____ Title: _____

Date of Order: _____ Date Order to Begin: _____

(Copy of order **must** be attached.)

Types of ACM:

Asbestos Containing Material To Be Removed:			Cat. I & II Non-friable ACM NOT To Be Removed:		
Type(s):	**Ceiling Plaster/Linoleum/Fiberboard**		Type(s):		
Pipes (Ln. Ft.):		% Asbestos:	Pipes (Ln. Ft.):		% Asbestos:
Area (Sq. Ft.):	**485**	% Asbestos: **2-70%**	Area (Sq. Ft.):		% Asbestos:
Other (Cu. Ft.):		% Asbestos:	Other (Cu. Ft.):		% Asbestos:

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached

Dispose of ACM at an EPA approved asbestos landfill

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.

Waste Transporter:

Name: **Dependable Roll-off**

Address: **PO Box 1343**

City: **Ashland** State: **KY** Zip: **41105**

Contact: **Linda Strickland** Phone: **800 649 0982**

Waste Disposal Site:

Name: **Green Valley Environmental** ID #: **045-00012**

Address: **100 Addington Road**

City: **Ashland** State: **KY** Zip: **41102**

Contact: **Patty** Phone: **606-928-0239**

Certification:

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt (CW) Date: **7/19/2018**

Name and Title (Print or Type): **Roger Pritt/ President**

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PO Box 13533
Sissonville WV 25360

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US Environmental Protection Agency
Region III
Attn: Asbestos Coordinator (3WC32)
1650 Arch Street
Philadelphia, PA 19103-2029

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