

GRANCOR

Perfecting your environment.

Closeout Documents

**City of Albuquerque
Metro Development
600 2nd St NW, Suite 550
Albuquerque, NM 87102**

**Project:
Former De Anza Motel
4301 Central Ave, NE**

GRANCOR

Perfecting your environment.

December 11, 2008

City of Albuquerque
Metro Development
600 2nd St NW, Suite 550
Albuquerque, NM 87102

Attn: Al Soto

Re: GranCor Project No. 4273
Former DeAnza Motel
4301 Central Ave NE

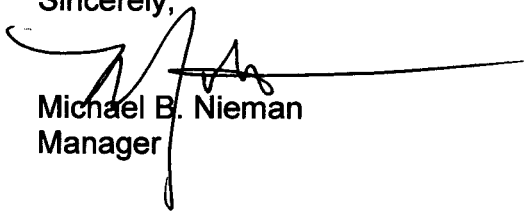
Grancor Enterprises, Inc. would like to thank you for the opportunity to provide environmental and construction services. The above referenced project has been completed following Local, State and Federal regulations pertaining to the safe removal of asbestos containing materials.

We certify that Grancor has completed our scope of work as contracted.

Attached you will find closeout documents for your records.

We appreciate your business and hope you will consider us for your future environmental needs. Thank you. Remember **GranCor Enterprises** for your next project.

Sincerely,



Michael B. Nieman
Manager

GranCor Enterprises Inc.

2121 Menaul NE • ABQ • NM • 87107 • Office (505) 872-0005 Fax (505) 872-2346

NMSCL# 91469



Keers Industries, Inc DBA
 Special Waste Disposal
 5904 Florence Ave. NE
 Albuquerque, New Mexico 87113
 Office 505.828.2650

WASTE MANIFEST FOR SHIPMENT OF ASBESTOS WASTES TO SPECIAL WASTE DISPOSAL FACILITY

Located 14 Mi. So. On Highway 55
 from Mountainair, New Mexico

All applicable blanks MUST BE COMPLETED, including signatures

Part I GENERATOR

A generator must sign and keep a copy of each manifest in accordance with 20NMAC 9.1.712 and retain a hand signed copy from the designated facility that received the waste. Only hand signed copies are legal documents for generators.

Job Number: 4273 Tracking Number: A 2008-0161
 Project Name: De Anza Motel Generator Name: City of Abq
 Address: 4301 Central Avenue Address: 1000-2nd St. NW #550
 City/State/Zip: Abq, NM 87110 City/State/Zip: Abq, NM 87102
 Telephone: _____ Telephone: 505-924-3475

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Name of Authorized Agent: [Signature] Signature: Michael N... Waste Generation Date: 110408

Part II CONTRACTOR CONTENTS

Contractor Name: Gran Cor Responsible Agency: NMED
 Address: 2121 Menaul NE # Santa Fe NM ✓
 City/State/Zip/Phone: Abq, NM 87107 872-0005

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Weight		Friable	
Bags	<u>429</u>	Non-Friable	✓
Barrels		UN2212 Pkg. Group II	
Cu. Yds.	<u>12</u>	UN2590 Pkg. Group III	

Special Handling Instructions:

Waste Description: Plaster / drywall

Name of Authorized Agent: [Signature] Signature: [Signature]

Part III TRANSPORTER

Name of Transporter #1: Gran Cor Int Inc Hauler Permit No.: 101300
 Mailing Address: 2121 Menaul NE 87107 Phone No.: 8720005 Truck No.: 1
 Name of Transporter #2: _____ Hauler Permit No.: _____
 Mailing Address: _____ Phone No.: _____ Truck No.: _____

The following statement must be signed by the truck driver prior to unloading at the Special Waste Disposal facility. "I certify that no other material has been placed in this truck since the containers described in Part I of the form were loaded."

Signature of Transporter #1: Robert B. Butch Date Received: 110408
 Signature of Transporter #2: _____ Date Received: _____

Part IV DISPOSAL SITE

This is to certify that the Special Waste Disposal facility, operating under NMED Solid Waste Bureau Facility ID No. SWM013035(SP) has been approved for the disposal of asbestos waste has received the above indicated waste (except for noted discrepancies)

Discrepancy Explanation: _____
 Active Area# 4 Cell# 1 Date Received: 110408
 Authorized Signature: [Signature]

RESPONSIBLE AGENCY
 New Mexico Environmental Department
 Solid Waste Bureau
 1190 St. Francis Drive
 Santa Fe, NM 87502

WHITE: Keers PINK: NMED-Air Quality Bureau YELLOW: Transporter #2 GREEN: Transporter: #1 GOLD: Generator/Contractor

PLEASE PRESS FIRMLY



Keers Industries, Inc DBA
 Special Waste Disposal
 5904 Florence Ave. NE
 Albuquerque, New Mexico 87113
 Office 505.828.2650

WASTE MANIFEST FOR SHIPMENT OF ASBESTOS WASTES TO SPECIAL WASTE DISPOSAL FACILITY

Located 14 Mi. So. On Highway 55
 from Mountainair, New Mexico

All applicable blanks MUST BE COMPLETED, including signatures.

Part I GENERATOR

generator must sign and keep a copy of each manifest in accordance with 20 NMAC 9.1 712 and retain a hand signed copy from the designated facility that received the waste. Only hand signed copies are legal documents for generators.

Job Number: 4273 Tracking Number: A 2008-0161
 Project Name: De Anca Motel Generator Name: City of Abq
 Address: 4301 Central Ave NE Address: 6000-2nd St NW 550
 City/State/Zip: Abq NM 87110 City/State/Zip: Abq NM 87102
 Telephone: Telephone: 505-924-3475

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Michael Niemi Signature

103008
 Waste Generation Date

Part II CONTRACTOR

Contractor Name: GRAN COR Responsible Agency: NMED
 Address: 2121 Menaul NE City/State/Zip/Phone: Abq, NM 87107 872-0003
 City/State/Zip/Phone: Abq, NM 87107 872-0003 Santa Fe, NM ✓

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Weight		Friable	
Barrels	1	Non-Friable	✓
Cu. Yds.	16	UN2212 Pkg. Group II	
		UN2590 Pkg. Group III	

Special Handling Instructions:

Waste Description
20 mil BULK liner
Dry wall, floor tile
plaster

Ediberfo Torres Signature

Part III TRANSPORTER

Name of Transporter #1: Granlor Ent Inc Hauler Permit No.: 10300
 Mailing Address: 2121 Menaul NE 87107 Phone No. 872-0003 Truck No.: 1
 Name of Transporter #2: Hauler Permit No.:
 Mailing Address: Phone No. Truck No.:

The following statement must be signed by the truck driver prior to unloading at the Special Waste Disposal facility. "I certify that no other material has been placed in this truck since the containers described in Part I of the form were loaded."

Signature of Transporter #1: Robert B Butler Date Received: 103008
 Signature of Transporter #2: Date Received:

Part IV DISPOSAL SITE

This is to certify that the Special Waste Disposal facility, operating under NMED Solid Waste Bureau Facility ID No. SWM013035(SP) has been approved for the disposal of asbestos waste has received the above indicated waste (except for noted discrepancies)

Discrepancy Explanation:
 Site Area# 4 Cell # 1 Date Received 103008
 Authorized Signature: [Signature]

RESPONSIBLE AGENCY
 New Mexico Environmental Department
 Solid Waste Bureau
 1190 St. Francis Drive
 Santa Fe, NM 87502

WHITE: Keers PINK: NMED-Air Quality Bureau YELLOW: Transporter #2 GREEN: Transporter: #1 GOLD: Generator/Contractor

PLEASE PRESS FIRMLY

7269



Keers Industries, Inc DBA
 Special Waste Disposal
 5904 Florence Ave. NE
 Albuquerque, New Mexico 87113
 Office 505.828.2650

**WASTE MANIFEST FOR SHIPMENT
 OF ASBESTOS WASTES TO SPECIAL
 WASTE DISPOSAL FACILITY**

Located 14.Mi. So. On Highway 55
 from Mountainair, New Mexico

All applicable blanks MUST BE COMPLETED, including signatures

Part I GENERATOR

generator must sign and keep a copy of each manifest in accordance with 20 NMAC 9.1 712 and retain a hand signed copy from the designated facility that received the waste. Only hand signed copies are legal documents for generators.

Job Number: 4273 Tracking Number: A-2008-0161
 Project Name: Deanza Motel Generator Name: City of Abq.
 Address: 4301 Central Ave NE Address: 600-2nd St NW #550
 City/State/Zip: Abq, NM 87110 City/State/Zip: Abq, NM 87102
 Telephone: _____ Telephone: 505-924-3475

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Name of Authorized Agent: Michael Nunez Signature: [Signature] Waste Generation Date: 110408

Part II CONTRACTOR

Contractor Name: GRANCOR Responsible Agency: NMED
 Address: 2121 Menaul NE City/State/Zip/Phone: Abq, NM 87107 872-0005
CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Weight		Friable	
Bin	<u>1</u>	Non-Friable	<input checked="" type="checkbox"/>
Barrels		UN2212 Pkg. Group II	
Cu. Yds.	<u>11</u>	UN2590 Pkg. Group III	

Special Handling Instructions: _____
 Waste Description: Sheet Rock, Roofing

Name of Authorized Agent: Robert B Butler Signature: [Signature]

Part III TRANSPORTER

Name of Transporter #1: GRANCOR Hauler Permit No.: 101300
 Mailing Address: 2121 Menaul NE, Abq Phone No. 872-0005 Truck No.: 1
 Name of Transporter #2: _____ Hauler Permit No.: _____
 Mailing Address: _____ Phone No. _____ Truck No.: _____

The following statement must be signed by the truck driver prior to unloading at the Special Waste Disposal facility. "I certify that no other material has been placed in this truck since the containers described in Part I of the form were loaded."

Signature of Transporter #1: Robert B Butler Date Received: 110408
 Signature of Transporter #2: _____ Date Received: _____

Part IV DISPOSAL SITE

This is to certify that the Special Waste Disposal facility, operating under NMED Solid Waste Bureau Facility ID No. SWM013035(SP) has been approved for the disposal of asbestos waste has received the above indicated waste (except for noted discrepancies)

Discrepancy: _____
 Explanation: _____
 Cell # 4 Date Received: 110408
 Authorized Signature: [Signature]

RESPONSIBLE AGENCY
 New Mexico Environmental Department
 Solid Waste Bureau
 1190 St. Francis Drive
 Santa Fe, NM 87502

WHITE: Keers PINK: NMED-Air Quality Bureau YELLOW: Transporter #2 GREEN: Transporter: #1 GOLD: Generator/Contractor

PLEASE PRESS FIRMLY

7273



Keers Industries, Inc-DBA
 Special Waste Disposal
 5904 Florence Ave. NE
 Albuquerque, New Mexico 87113
 Office 505.828.2650

WASTE MANIFEST FOR SHIPMENT OF ASBESTOS WASTES TO SPECIAL WASTE DISPOSAL FACILITY

Located 14 Mi. So. On Highway 55
 from Mountainair, New Mexico

All applicable blanks MUST BE COMPLETED, Including signatures

Part I GENERATOR

A generator must sign and keep a copy of each manifest in accordance with 20 NMAC 9.1 712 and retain a hand signed copy from the designated facility that received the waste. Only hand signed copies are legal documents for generators.

Job Number: 4273 Tracking Number: A-2008-0161
 Project Name: DeAnza Motel Generator Name: City of Abq.
 Address: 4301 Central Ave NE Address: 6000-2nd St. NN #350
 City/State/Zip: Abq. NM 87110 City/State/Zip: Abq. NM 87102
 Telephone: Telephone: 505-924-3475

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Name of Authorized Agent: Robert B. Bull Signature: Robert B. Bull Waste Generation Date: 110608

Part II CONTRACTOR

Contractor Name: GRAN COR Responsible Agency: NMED
 Address: 2121 Menaul NE City/State/Zip/Phone: Abq, NM 87107 872-0005
Santa Fe, NM

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Special Handling Instructions: _____
 Waste Description: ROOFING
 Name of Authorized Agent: Edberto Ramos Signature: Edberto Ramos

Part III TRANSPORTER

Name of Transporter #1: GRANCOR Hauler Permit No.: 30101
 Mailing Address: 2121 MENAUL NE, APO Phone No. 872-0005 Truck No.: 1
 Name of Transporter #2: _____ Hauler Permit No.: _____
 Mailing Address: _____ Phone No. _____ Truck No.: _____

The following statement must be signed by the truck driver prior to unloading at the Special Waste Disposal facility. "I certify that no other material has been placed in this truck since the containers described in Part I of the form were loaded."

Signature of Transporter #1: Robert B. Bull Date Received: 110608
 Signature of Transporter #2: _____ Date Received: _____

Part IV DISPOSAL SITE

This is to certify that the Special Waste Disposal facility, operating under NMED Solid Waste Bureau Facility ID No: SWM013035(SP) has been approved for the disposal of asbestos waste has received the above indicated waste (except for noted discrepancies)

Discrepancy Explanation: _____
 Active Area# 4 Cell # 1 Date Received: 110608
 Authorized Signature: [Signature]

RESPONSIBLE AGENCY
 New Mexico Environmental Department
 Solid Waste Bureau
 1190 St. Francis Drive
 Santa Fe, NM 87502

WHITE: Keers PINK: NMED-Air Quality Bureau YELLOW: Transporter #2 GREEN: Transporter: #1 GOLD: Generator/Contractor
PLEASE PRESS FIRMLY

7274



Keers Industries, Inc DBA
 Special Waste Disposal
 5904 Florence Ave. NE
 Albuquerque, New Mexico 87113
 Office 505.828.2650

WASTE MANIFEST FOR SHIPMENT OF ASBESTOS WASTES TO SPECIAL WASTE DISPOSAL FACILITY

Located 14 Mi. So. On Highway 55
 from Mountainair, New Mexico

All applicable blanks MUST BE COMPLETED, including signatures

Part I GENERATOR

Generator must sign and keep a copy of each manifest in accordance with 20 NMAC 9.1.712 and retain a hand signed copy from the designated facility that received the waste. Only hand signed copies are legal documents for generators.

Job Number: 4273 Tracking Number: A2008-0161
 Project Name: Deanza Motel Generator Name: City of Abq.
 Address: 4301 Central Ave NE Address: 1600-2nd St NW
 City/State/Zip: Abq. NM 87110 City/State/Zip: Abq. NM 87102
 Telephone: _____ Telephone: 505-924-3475

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Name of Authorized Agent: M. John Nunez Signature: [Signature] Waste Generation Date: 111308

Part II CONTRACTOR

Contractor Name: GRAN COR Responsible Agency: NMED
 Address: 2121 Menaul NE City/State/Zip/Phone: Abq. NM 87107-872-0005 Santa Fe, NM ✓

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Weight	Friable
Heavy	Non-Friable
Bags	UN2212 Pkg. Group II
Barrels	UN2590 Pkg. Group III
Cu. Yds.	

Special Handling Instructions: _____
 Waste Description: TSI / FLOORING / Roof
 Name of Authorized Agent: Edberto James Signature: [Signature]

Part III TRANSPORTER

Name of Transporter #1: GRAN COR Hauler Permit No.: 25101300
 Mailing Address: 2121 MENAUL NE Phone No. 872-0005 Truck No.: 1
 Name of Transporter #2: _____ Hauler Permit No.: _____
 Mailing Address: _____ Phone No.: _____ Truck No.: _____

The following statement must be signed by the truck driver prior to unloading at the Special Waste Disposal facility. "I certify that no other material has been placed in this truck since the containers described in Part 1 of the form were loaded."

Signature of Transporter #1: Robert B. Butler Date Received: 111308
 Signature of Transporter #2: _____ Date Received: _____

Part IV DISPOSAL SITE

This is to certify that the Special Waste Disposal facility, operating under NMED Solid Waste Bureau Facility ID No. SWM013035(SP) has been approved for the disposal of asbestos waste has received the above indicated waste (except for noted discrepancies)

Discrepancy Explanation: _____
 Active Area# 4 Cell # 12 Date Received 111308
 Authorized Signature: [Signature]

RESPONSIBLE AGENCY
 New Mexico Environmental Department
 Solid Waste Bureau
 1190 St. Francis Drive
 Santa Fe, NM 87502

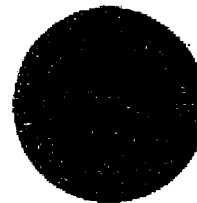
WHITE: Keers PINK: NMED-Air Quality Bureau YELLOW: Transporter #2 GREEN: Transporter #1 GOLD: Generator/Contractor

PLEASE PRESS FIRMLY

7276

CITY OF ALBUQUERQUE

Environmental Health Department
Air Quality Division



Martin J. Chávez, Mayor

October 16, 2008

GranCor Enterprises Inc.
2121 Manual NE
Albuquerque, NM 87107

RE: NOTICE OF ASBESTOS DEMOLITION/RENOVATION 40 CFR
PART 61, SUBPART M

Dear Michael Nieman,

This is to confirm receipt of the notification from GranCor Enterprises Inc. postmarked , submitting an original notice of asbestos removal for the Former De Anza Motel, 4301 Central Ave NE. The Air Quality Division, Environmental Health Department, City of Albuquerque, enforces the regulations as established under the New Mexico Air Quality Act, NM1978 74-2-4,74-2-5.C; the Joint Air Quality Control Board Ordinance 94-5; the Joint Air Quality Control Ordinance, Revised Ordinances of Albuquerque 1994-5-5-1-4. The Division's jurisdiction includes the City of Albuquerque and all of Bernalillo County.

The notice submitted includes all the information required by NESHAPS- the National Emission Standards for Hazardous Air Pollutants for removal of friable asbestos material as contained in 40 CFR, Part 61.145 and is deemed complete. The notification targets 150 Ln. ft. of RACM, 2900 sq. ft. of RACM, 2300 sq. ft. of ACM and 950 Ln. ft. of ACM to be removed. The description of work practices under the notification specifies full containment and negative pressure.

An inspection of this project may be conducted to determine field compliance with any applicable regulations. Please reference tracking # A2008-0161 on any correspondence with the City of Albuquerque concerning this removal. Thank you.

Sincerely,

Chris Luna, Environmental Health Specialist I
Air Quality Control Division
Environmental Health Department, City of Albuquerque

1850 Sunset Gardens SW

Albuquerque

NM 87121

www.cabq.gov/airquality

Operator Project #	Postmark	Date Received	Received By	Notification
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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:	City of Abq, Metro Development			
Address:	600 2 nd St NW, Suite 550			
City:	ALBUQUERQUE	State:	NM	Zip: 87102
Owner Contact:	Al Soto	Phone:	505-924-3475	
Removal Contractor:	GranCor Enterprises Inc.			
Address:	2121 Menaul NE			
City:	Albuquerque,	State:	NM	Zip: 87107
Removal Contact:	Michael Nieman	Phone:	(505) 872-0005	
Other Operator:				
Address:				
City:		State:		Zip:
Operator Contact:		Phone:		

3. TYPE OF OPERATION (D = Demolition, O = Ordered Demolition, R = Renovation, & E = Emergency Renovation): **RENOVATION**

4. IS ASBESTOS PRESENT? (Yes/No): **YES**

5. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name:	Former De Anza Motel			
Address:	4301 Central Ave NE			
City:	ABQ	State:	NM	Zip: 87110 County: BERN
Site Location:	Interior and Exterior			
Building Size:	18,000 sf	# of Floors:	1-3	Age in Years: 40+
Future Use:	Redeveloped	Present Use:	Vacant	Prior Use: Motel

5. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: **PLM**

APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:			Non-friable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
	RACM To Be Removed	ACM To Be Removed	Cat I	Cat II		
Non Friable Roofing Parapet Pipe TSI	150	950			LnFt: XX	LnM:
Vacant Area Floor Tiles/Mastic Wall/Ceiling Texture	2900	2300			SqFt: XX	Sq M:
RACM Off Facility Component					CuFt:	Cu M:

SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/22/2008	Complete:	11/10/08
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SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)	Start:	11/11/2008	Complete:	11/30/2008
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DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
 Approximately 2900sqft of asbestos containing wall/ceiling texture, 2300 sqft of floor tiles/mastic, 150 linft of pipe TSI and 950 lin ft of roofing mastic have been identified for removal at the above referenced vacant locations. All interior asbestos material shall be removed utilizing HEPA air filtered enclosures. Pipe TSI will be removed using glove bags. All materials shall be removed by hand and while wet. All asbestos waste shall be properly packaged and transported to an EPA approved asbestos landfill.

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND/OR RENOVATION SITE: Approximately 2900sqft of asbestos containing wall/ceiling texture, 2300 sqft of floor tiles/mastic, 150 linft of pipe TSI and 950 lin ft of roofing mastic have been identified for removal at the above referenced vacant locations. All interior asbestos material shall be removed utilizing HEPA air filtered enclosures. Pipe TSI will be removed using glove bags. All materials shall be removed by hand and while wet. All asbestos waste shall be properly packaged and transported to an EPA approved asbestos landfill.

WASTE TRANSPORTER #1					
Contractor:	GranCor Enterprises				
Address:	2121 Menaul NE				
City:	Albuquerque	State:	NM	Zip:	87107
Contact:	Michael Nieman	Phone:	505-872-0005		

WASTE TRANSPORTER #2					
Contractor:					
Address:					
City:		State:		Zip:	
Contact:		Phone:			

WASTE DISPOSAL SITE

Name:	Keers Special Waste Monofill				
Contact:	Ray Hendrix				
Location:	14 Miles South on Highway 55				
City:	Mountainair	State:	NM	Zip:	87036
Telephone:	(505) 847-2917	Landfill Office	same	Main Office: 823-9006	

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

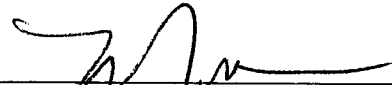
Name:		Title:	
Authority:			
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):	

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:	

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, GranCor will adjust work practices, notify the proper EPA authorities as required if the quantities are increased by over 20 % of the total on the permit.

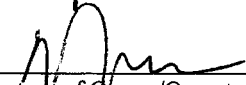
7. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.



 Signature of Owner/Operator

 Date 10/10/08

8. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.



 Signature of Owner/Operator

 Date 10/10/08