



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Solicitation

NUMBER
DNRB13064

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
GUY NISBET 304-558-8802

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DIVISION OF NATURAL RESOURCES
 JOBSITE
 SEE SPECIFICATIONS

DATE PRINTED
01/28/2013

BID OPENING DATE: 02/21/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		968-42		
ADDENDUM NO. 1 ADDENDUM FOR THE WV DNR TWIN FALLS STATE PARK, STRUCTURAL BEAM REPAIRS ISSUED TO PUBLISH THE ATTACHE INFORMATION TO THE VENDOR COMMUNITY. GENERAL CONSTRUCTION/REPAIRS ***** THIS IS THE END OF RFQ DNRB13064 ***** TOTAL:						

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: DNRB13064
 Addendum Number: No.01

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

The Addendum for the WVDNR Twin Falls State Park, structural beam repair issued to publish the following information to the vendor community.

1. Changes in Instructions to Bidders.
 Technical Question deadline extended to: February 04, 2013 at 3:00 PM. EST.
2. Pre-Bid Information and clarifications.
3. Copy of Abatement report
4. List of Pre-Bid attendees.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

ADDENDUM NUMBER 1

Twin Falls State Park
Structural Beam Repairs
RFQ # DNRB13064

Dated: January 23, 2013

This Addendum forms a part of the Contract Documents and modifies the original bidding documents as noted below.

This Addendum consists of thirty-three (33) pages.

Changes in Instructions to Bidders

The last day for technical questions has been extended to February 4, 2013

Pre-Bid Conference Information and Clarifications:

Attendees: See attached sign-in sheet(s).

All questions regarding this project must be submitted in writing to the Division of Purchasing, per the instructions in the project manual. Addenda will be only issued by the Division of Purchasing.

The Pre-Bid Conference was intended to provide a general introduction to the project and the site conditions. Only responses included in formal Addenda shall be relied upon as requirements of the project. This includes discussion during the meeting or any dialogue with representative of the WV DNR Engineering, Twin Falls State Park, or the Design Team.

1. Recent changes have been made to the state purchasing "Instructions to Vendors and Terms and Conditions" related to bidding. Contractors should pay careful attention to these changes. Also noted: contractors should closely follow all instructions to bidders when filling out bid forms and providing supplemental information.
2. It was specifically mentioned that the apparent low bidders will be required to provide a list of subcontractors within 24 hours of bid opening.
3. Clarification on date of substitutions as outlined in the Information to Bidders - "Requests for approval of substitutions must be addressed to and received by the Engineer, Division of Natural Resources, Park and Recreation Section, c/o Guy Nisbet, Purchasing Division, 2019 Washington Street, East, Charleston, WV 25305, and to be given consideration must be received by the date of the cut-off for technical questions as indicated in Solicitation."
4. Contractor is responsible for any necessary B&O taxes if Work is located within limits that require them.

5. This is a prevailing wage project.
6. The Twin Falls lodge, amenities, and especially the restaurant above the Work will remain open for business during this beam repair work.
7. Be courteous of guest and staff. 'Quite' times need to be respected. Coordinate any utility disruptions, anticipated noise, and any other disruptions to the "normal" routine of the Park, the Lodge, and the amenities with Scott Durham, Park Superintendent, or Tara Sheets, Assistant Park Superintendent, or other Park personnel as needed.
8. Contractor is responsible for protecting the building and its contents from moisture, dust, etc. entering the building due to this Work. Any issues resulting from areas being unprotected will be the responsibility of the contractor.
9. Contractor is permitted to splice new steel beam but sections shall be full penetration welder together.
10. The shoring plans must be submitted and sealed by a WV Professional Engineer. It is the contractor's responsibility to determine the best method of shoring.
11. Access for Park vendors must be maintained at all times. Coordinate with Park personnel on schedules and deliveries.
12. Safety and security of guests, staff personnel, and the building/contents must be maintained at all times.
13. Any Testing and Obtaining of any Licenses, permits, certifications, and warranties will be the responsibility of the contractor.
14. Park electricity may be available. Space for a small construction trailer and/or dumpster is available. Contractor is responsible for providing own dumpster and removal of Work trash. Contractor is responsible for their own toilet provisions.
15. Copy of the Abatement report is attached.
16. List of pre-bid attendees is attached.

End of Addendum

JOB #

12-656

DATE

11/12/2012 – 11/16/2012

LOCATION

WV DNR Twin Falls Resort
Nature Center & Mech. Rm
Rt 97
Mullens, WV 25882

West Virginia



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 11/19/2012

Operator Project No: 12-656

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

Type of Notification:

Original R2 Revision (Highlight Changes) Cancellation

Type of Operation:

Demolition Ordered Demolition Renovation Emergency Renovation

Facility Owner:

Name: WV DNR, Parks & Recreation
 Address: 324 4th Ave
 City: South Charleston State: WV Zip: 25303
 Contact: Brad Leslie Phone: 304-558-2764 X 51823

Facility Description:

Name: Twin Falls Resort
 Address: Rt 97 City: Mullens,
 County: Wyoming Location Within Facility: Storage Area & Mech. Rm
 Building Size (Sq. Ft.): 4000 Number of Floors: 2 Age: 70+
 Present Use: Resort Prior use: Resort

Asbestos Contractor:

Name: Astar Abatement, Inc. Asbestos Contractor Lic. #: AC001440
 Address: PO Box 13533
 City: Slissonville State: WV Zip: 25360
 Contact: Roger Pritt Phone: 304-343-5950

Other Contractor:

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

Building Inspection:

Inspection Date: 10/11/2012
 Asbestos Inspection By: Jeff Bailey WV License #: AI006984
 Lab: EM Lab P&K Analysis By: ID #982451
 Procedure Used to Detect Presence of Asbestos: PLM
 Is Asbestos Present at 1% or Greater: YES NO
 Project Designer: Curtis Johnson WV License #: AD003123
 Air Monitor: Arvin Gibbs WV License #: AA002069

Schedule:

Asbestos Removal: Start: 12/3/2012 Completion: 12/7/2012
 Demo/Renovation: Start: _____ Completion: _____
 Abatement Work Hours: 7: AM - 5:PM Work Days: M T U W T H F SA SU
 Demo Work Hours: _____ Work Days: M T U W T H 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:		Cat. I & II Non-friable ACM NOT To Be Removed:	
Asbestos Containing Material To Be Removed: Type(s): <u>Floor Tile & Mastic</u>		Type(s): _____	
Pipes (Ln. Ft.): _____	% Asbestos: _____	Pipes (Ln. Ft.): _____	% Asbestos: _____
Area (Sq. Ft.): <u>384</u>	% Asbestos: <u>3%</u>	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: 606-324-7837

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: *Gregory Pauley (BM)* Date: 11/19/2012
 Name and Title (Print or Type): Gregory Pauley/Environmental Manager

West Virginia



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 11/9/2012

Operator Project No: 12-656

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

Type of Notification: Original R1 Revision (Highlight Changes) Cancellation

Type of Operation: Demolition Ordered Demolition Renovation Emergency Renovation

Facility Owner:
 Name: WV DNR, Parks & Recreation
 Address: 324 4th Ave
 City: South Charleston State: WV Zip: 25303
 Contact: Brad Leslie Phone: 304-558-2764 X 51823

Facility Description:
 Name: Twin Falls Resort
 Address: Rt 97 City: Mullens,
 County: Wyoming Location Within Facility: Storage Area & Mech. Rm
 Building Size (Sq. Ft.): 4000 Number of Floors: 2 Age: 70+
 Present Use: Resort Prior use: Resort

bestos Contractor:
 Name: Astar Abatement, Inc. Asbestos Contractor Lic. #: AC001440
 Address: PO Box 13533
 City: Sissonville State: WV Zip: 25360
 Contact: Roger Pritt Phone: 304-343-5950

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

Building Inspection:
 Inspection Date: 10/11/2012
 Asbestos Inspection By: Jeff Bailey WV License #: AI006984
 Lab: EM Lab P&K Analysis By: ID #982451
 Procedure Used to Detect Presence of Asbestos: PLM
 Is Asbestos Present at 1% or Greater: YES NO
 Project Designer: Curtis Johnson WV License #: AD003123
 Air Monitor: Arvin Gibbs WV License #: AA002069

Schedule:
 Asbestos Removal: Start: HOLD Completion: HOLD
 Demo/Renovation: Start: _____ Completion: _____
 Abatement Work Hours: 7:AM - 5:PM Work Days: M T U W T H F SA SU
 Demo Work Hours: _____ Work Days: M T U W T H 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:		Cat. I & II Non-friable ACM NOT To Be Removed:	
Asbestos Containing Material To Be Removed:		Type(s): _____	
Type(s): <u>Floor Tile & Mastic</u>		Pipes (Ln. Ft.): _____	% Asbestos: _____
Pipes (Ln. Ft.): _____	% Asbestos: _____	Area (Sq. Ft.): _____	% Asbestos: _____
Area (Sq. Ft.): <u>384</u>	% Asbestos: <u>3%</u>	Other (Cu. Ft.): _____	% Asbestos: _____
Other (Cu. Ft.): _____	% Asbestos: _____		

Description of Planned Demolition or Renovation Work and Method(s) to be used:
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Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):
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Dispose of ACM at an EPA approved asbestos landfill

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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: 606-324-7837

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: *Gregory Pauley (PW)* Date: 11/9/2012
 Name and Title (Print or Type): Gregory Pauley/Environmental Manager

West Virginia



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 10/26/2012Operator Project No: 12-656

OFFICE USE ONLY

Date Rec'd:

Check No:

Postmark Date:

Paid By:

Notification No:

Amount: \$

Type of Notification:

 Original Revision (Highlight Changes) Cancellation

Type of Operation:

 Demolition Ordered Demolition Renovation Emergency Renovation

Facility Owner:

Name: WV DNR, Parks & RecreationAddress: 324 4th AveCity: South CharlestonState: WVZip: 25303Contact: Brad LesliePhone: 304-558-2764 X 51823

Facility Description:

Name: Twin Falls ResortAddress: Rt 97County: WyomingBuilding Size (Sq. Ft.): 4000Present Use: ResortCity: Mullens,Location Within Facility: Storage Area & Mech. RmNumber of Floors: 2 Age: 70+Prior use: Resort

Asbestos Contractor:

Name: Astar Abatement, Inc.Address: PO Box 13533City: SlissonvilleState: WVAsbestos Contractor Lic. #: AC001440Zip: 25360Contact: Roger PrittPhone: 304-343-5950

Other Contractor:

Name: _____

Address: _____

City: _____

Contact: _____

WV Contractor Lic. #: _____

State: _____

Zip: _____

Phone: _____

Building Inspection:

Inspection Date: 10/11/2012Asbestos Inspection By: Jeff BaileyLab: EM Lab P&KProcedure Used to Detect Presence of Asbestos: PLMIs Asbestos Present at 1% or Greater: YES NOProject Designer: Curtis JohnsonAir Monitor: Arvin GibbsWV License #: AI006984Analysis By: ID #982451WV License #: AD003123WV License #: AA002089

Schedule:

Asbestos Removal:

Start: 11/12/2012Completion: 11/16/2012

Demo/Renovation:

Start: _____

Completion: _____

Abatement Work Hours: 7:AM - 5:PM

Work Days:

 M T 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): <u>Floor Tile & Mastic</u>		Type(s): _____	
Pipes (Ln. Ft.): _____	% Asbestos: _____	Pipes (Ln. Ft.): _____	% Asbestos: _____
Area (Sq. Ft.): <u>384</u>	% Asbestos: <u>3%</u>	Area (Sq. Ft.): _____	% Asbestos: _____
Other (Cu. Ft.): _____	% Asbestos: _____	Other (Cu. Ft.): _____	% Asbestos: _____

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 Contact: Linda Strickland Phone: 606-324-7837

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: Gregory Pauley (Bm) Date: 10/26/2012
 Name and Title (Print or Type): Gregory Pauley/Environmental Manager



ASBESTOS PROJECT DESIGN

FOR

THE REMOVAL OF ASBESTOS CONTAINING
PIPING INSULATION, FLOOR TILE & MASTIC
AT

WV DNR PARKS & RECREATION
TWIN FALLS RESORT
RT. 97
MULLENS, WV
12-656

A handwritten signature in cursive script that reads "Curtis Johnson". The signature is written in black ink and is positioned above the title "Project Designer".

Project Designer

Post Office Box 13533
Sissonville, West Virginia 25360
Voice: 304-984-4030 Fax: 304-984-4031
www.astarabatement.com
WV022387



This project design is written in conformance with West Virginia's Asbestos Abatement Licensing Rule 64-CSR-63.

- 8.1. **Chronological time frame for each facet of abatement activity.**
 SEE NOTIFICATION FOR STARTING & ENDING DATES
 TIME: 7:30 AM TO 5:30 PM
- 8.2. **The name and address of the building or structure where each asbestos abatement project is to occur.**
 SEE NOTIFICATION
- 8.3. **The name, address, phone number, certificate and license of project designer.**
 CURTIS JOHNSON – PO BOX 13533, SISSONVILLE, WV 304-984-4030
 CERTIFICATES / LICENSE – ATTACHED
- 8.4. **Floor Plan showing the project area.**
 SEE ATTACHED
- 8.5. **A statement identifying the abatement activity as repair, removal, encapsulation, or enclosure.**
 SEE COVER
- 8.6. **Floor Plan showing containment, size, entrance, exits, decon, HEPA AFU's, signs and barricade tape.**
 SEE ATTACHED
- 8.7. **Specifications for the construction of the containment system to separate it from the uncontaminated environment.**

PREPARE ALL REGULATED WORK AREAS IN THE ORDER IN WHICH THEY ARE PRESENTED BELOW:

- Shut down and lock out electric power to the work area where applicable. Provide temporary power and ensure safe installation of temporary power services and equipment, as specified in applicable electrical code requirements. Provide temporary and ground-fault interrupt circuits as a power source for electrical equipment. All modifications to the building's electrical system shall be performed by a certified electrician.
- Shut down and isolate heating, cooling, and ventilating air systems such as, but not limited to, fans, air handlers, and unit ventilators to prevent contamination of the units and fiber dispersal to other areas of the building.
- Seal off all ducts (such as, but not limited to, ducts, grilles and diffusers, and any other penetrations of the work area) with 6-mil plastic sheeting sealed with tape



- Construct the worker hygiene facility central to the regulated work area.
- Post warning signs as required per 29 CFR 1926.1101.

PREPARE ALL CONTAINED WORK AREAS IN THE ORDER IN WHICH THEY ARE PRESENTED BELOW:

- Shut down and lock out electric power to all work areas where applicable. Provide temporary power and lighting and ensure safe installation of temporary power services and equipment, as specified in applicable electrical code requirements. Provide temporary lighting and ground-fault interrupt circuits as a power source for electrical equipment. A licensed electrician shall perform all modifications to the building's electrical system.
- Shut down and isolate heating, cooling, and ventilating air systems such as, but not limited to, fans, air handlers, and unit ventilators to prevent contamination of the units and fiber dispersal to other areas of the facility. Seal all electrical components and equipment tightly to prevent moisture or water damage. Ventilation duct vents within the work area shall be sealed with tape and 6-mil plastic sheeting.
- Pre-clean contaminated movable objects (such as desks, tables, chairs, etc.) within the work area using HEPA-filtered vacuums and wet cleaning methods. Remove the decontaminated furniture from the work area and store in an uncontaminated part of the building.
- Pre-clean fixed objects within the proposed work area (such as but not limited to shelving, bookcases, hot-water heaters, pumps, radiators, unit ventilators, fans, ductwork, and motors) using HEPA-filtered vacuums and/or wet cleaning methods as appropriate, and enclose with 4-mil (minimum) plastic sheeting sealed with tape.
- Install HEPA-filtered air movement devices into the work area and vent exhaust ducts through openings to the outside of the building. Seal openings around exhaust ducts. Exhaust from the negative air movement equipment shall not be allowed to be released within the buildings. All HEPA filtered air movement equipment shall be maintained.
- Introduce scaffolding, ladders, and other large equipment into the work area and install the hygiene facility. Once the hygiene facility is in place, it shall be used as specified for the entrance and exit of all personnel and equipment.
- Seal off all openings (including but not limited to corridors, doorways, windows, skylight, ducts, grilles, diffusers, and any other penetrations of the work area) with 6-mil plastic sheeting sealed with tape.
- Post warning signs as required per 29 CFR 1926.1101.
- Remove, wet wipe and/or HEPA vacuum mounted objects (such as lights, speakers, and other items not previously sealed off) that interfere with asbestos-abatement activities.



Any item remaining in the work area shall be enclosed with 6-mil plastic sheeting sealed with tape.

CONSTRUCT A WORKER DECONTAMINATION ENCLOSURE SYSTEM CONTIGUOUS TO CONTAINED WORK AREAS THAT CONSISTS OF THREE TOTALLY ENCLOSED CHAMBERS AS FOLLOWS:

- An equipment room with adequate storage facilities.
- A shower room with one shower head for every ten workers or fraction thereof as required by 29 CFR 1910.141 (d) (3). Careful attention shall be paid to the shower enclosure to ensure against leaking of any kind. The shower wastewater shall be drained, collected, and filtered through a system with at least five to ten micron particle size collection capabilities. All expended filters shall be discarded as contaminated waste. Filtered water may be discharged to a sanitary or storm sewer drain.
- A clean room with one entrance or exit to uncontaminated areas of the building. The clean room shall have sufficient space for storage of workers' street clothes, towels, and other uncontaminated items. NOTE: Use black or opaque plastic for the walls of the worker decontamination enclosure system to ensure the privacy of the workers.



8.7.b Number and capacity of HEPA AFU's and backups.

THE FOLLOWING FORMULA SHALL BE USED FOR ESTIMATING THE NUMBER OF AIR FILTRATION DEVICES:

$$\text{NUMBER OF UNITS NEEDED} = \frac{\text{FT.}^2 \text{ OF WORK AREA X HEIGHT OF CEILING FT.}}{10 \text{ MINUTES X CFM* CAPACITY OF UNITS}}$$

NOTE*: IF ACTUAL CFM'S ARE NOT MEASURED, SEVENTY PERCENT (70%) OF THE RATED CAPACITY SHALL BE USED.

THE NUMBER OF AIR FILTRATION DEVICES ARE AS FOLLOWS:

1AFD RATED AT A MINIMUM OF 1600 CFM'S

8.7.c Air monitoring of personnel.

All exposure monitoring will be conducted in accordance with 29 CFR 1926.1101. At a minimum, the Contractor will monitor one out of four workers (i.e. 25% of the work force) involved in asbestos decontamination activities. The Contractor, will also collect a short-term thirty-minute excursion sample during peak exposure times, per activity each day. All sampling pumps will be calibrated between 0.5 to 2.5 liters/minute - calibration will be checked daily before and after the sampling period to verify proper flow rates. Environmental air samples shall be collected in accordance with NIOSH Method 7400. Environmental air samples shall be collected outside of all work areas with the potential for high fiber concentrations that may pose the greatest risk to human health. All air samples collected will be submitted to a laboratory for analyses as soon as possible.

8.7.d Clearance of the contained work area including the number of sample collection points and analytical method to be employed.

Visual clearance shall be conducted by the supervisor or an certified asbestos inspector to check the thoroughness of the removal project. Final Air Clearance shall be conducted by a 3rd party air monitor with the number of samples collected according to Table 64-63B of the WV Asbestos Licensing Rule.

8.8 Schematic location and the specs for the HVAC system shut-offs, electrical power, water source, fire exits, fire extinguisher, fire alarm, telephone, tool and equipment room, supply box, air monitoring station, offices and bathrooms.

- HVAC to be shut-off at breaker box and all vents sealed.
- Electrical power supplied from adjacent rooms or inside contained work area with GFCI's
- Water source is the portable



- Fire extinguisher is located in General Contractors Truck/Trailer
- Fire alarms are verbal
- Telephone access is the supervisors mobile phone
- Tools, equipment & supply box will be located by the clean room or the supervisor's vehicle.

8.9 Description of work procedures to be used.

FLOOR TILE AND MASTIC REMOVAL

Approx. 384 sq. ft.

After preparation of the work area is completed as specified, saturate the floor tile with amended water using equipment capable of providing a mist application. Once the floor tile has been thoroughly saturated, apply pressure to the underside of the floor tile with care taken to prevent unnecessary breakage. The tile shall remain wetted until placed into covered disposal containers. When specified, the Contractor shall use non-petroleum based solvent to dissolve flooring mastic with a flashpoint of one hundred fifty degrees (150°). If the solvent used requires extra ventilation, protective equipment and/or respiratory protection, according to the solvents MSDS, the Contractor shall furnish the necessary ventilation devices (i.e., additional air filtration devices), personal protective equipment and/or NIOSH approved cartridges. All residue/debris from using the solvent to dissolve the mastic shall be HEPA vacuumed and wet cleaned to remove visible traces of mastic inside the work area.

PIPE INSULATION/GLOVEBAG TECHNIQUE

Approx. 2 mudded joints

Prior to hanging any glove bags, all loose and friable material adjacent to the glovebag area shall be wrapped and sealed in two (2) layers of 6-mil poly. After the required hand tools and equipment are assembled, a polyethylene glovebag shall be installed, according to the manufacturer's instructions and 29 CFR 1926.1101, on a small section of asbestos-containing thermal system insulation to be removed. If negative pressure enclosure has not been established, the inner portion of the glovebag shall then be supported to allow negative air pressure, provided by a portable HEPA filtered vacuum, to be established inside the bag. All necessary tools and equipment shall be inserted into the bag before sealing the bag to the pipe. The exterior cover on the pipe insulation shall be cut and opened to allow thorough wetting of the insulation with amended water by inserting the nozzle of the portable sprayer into the bag. After the insulation has been opened and thoroughly wetted, the exterior cover shall be cut around the circumference of the section being removed. After removal of the insulation material, all material shall be contained in the lower compartment of the bag and thoroughly saturated. The inside of the glovebag and pipe shall be washed down with amended water, wet wiped and encapsulated. All tools shall be washed thoroughly before they are removed through the gloves of the bag. The glovebag shall then be evacuated with the portable HEPA filtered vacuum. While the bag is collapsed, it shall be squeezed below the tool pouch and twisted. The bag shall be sealed with tape or locking ties to separate the waste from the removal compartment. The glovebag shall be cut along the top and sides and removed from the pipe. The glovebag shall then be placed in the appropriate disposal container. **NOTES:** 1) At least two (2) persons shall perform all glovebag work per OSHA 29 CFR 1926.1101, and 2) Glovebags shall not be used on surfaces with temperature exceeding 150 °F.



Description of the materials and tools to be used in the abatement project.
ABATEMENT TOOLS MAY CONSIST OF VARIOUS HANDTOOLS AND/OR
POWER TOOLS AS NECESSARY TO COMPLETE THE PROJECT. LIST BELOW
SPECIALIZED TOOLS NECESSARY FOR THIS PROJECT IF ANY:

This Certificate is Awarded to Curtis Johnson

Who has successfully completed the below course with a score of 70% or better. This course is West Virginia and EPA approved and meets the requirements set forth in 40 CFR Part 763 (AHERA) for purposes of accreditation required under TSCA Title II. This Course was conducted by Astar Abatement, Incorporated.


Asbestos Project Designer Refresher

Course Start Date
10/4/2012 Thru 10/4/2012

Exam Date
10/4/2012
Expiration Date
10/4/2013

Robert A. Gerwig
Instructors Name


Instructors Signature

	WEST VIRGINIA
	Asbestos Program
	William Curtis Johnson
	IS LICENSED AS AN ASBESTOS PROJECT DESIGNER
License #	AD003123
Issued:	11/4/2011
Expires:	11/30/2012
	<i>Randy C. Curtis</i> Dir., WV RTIA DIV

Total Hours
8

Certificate Number
AC13107-688



Post Office Box 13533
Sissonville, WV 25360
Phone: (304) 343-5950
Fax: (304) 343-5961

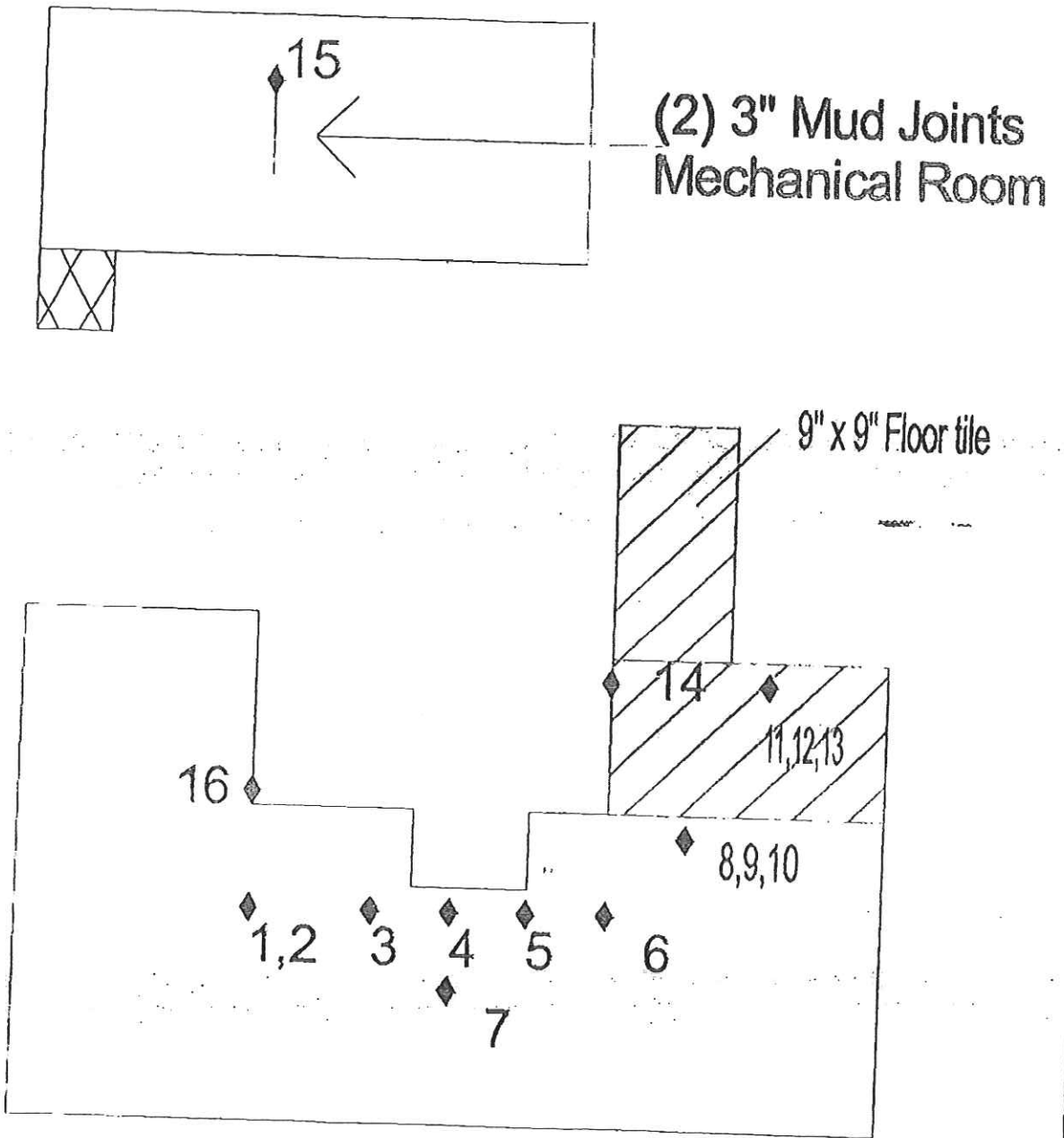
There is a printed watermark below the Instructors signature on the original



ASTAR ABATEMENT, INC
Quality Safety Reliability

Material Description	Sample #	Quantity	Result	Room #
Pipe run 3"	627-01	-----	NAD	Nature Center (above wood slat ceiling)
Pipe joint 3"	627-02- 03	-----	NAD	Nature Center (above wood slat ceiling)
Pipe run 3"	627-04	-----	NAD	Nature Center (above wood slat ceiling)
HVAC duct wrap	627-05- 06	-----	NAD	Nature Center (above wood slat ceiling)
Ceiling coating (on concrete ceiling)	627-07	-----	NAD	Nature Center (above wood slat ceiling)
12" x 12" Floor tile	627-08- 09-010	-----	NAD	Nature Center
9" x 9" Floor tile and black mastic over concrete	627- 011- 012-013	384 SF	3% Chrysotile	Nature Center (office and storage area)
Drywall	627-014	-----	NAD	Nature Center
Mud Joint	627-015	2 JTS	25% Chrysotile	Mechanical Room
Cove base	627-016	-----	NAD	Nature Center

SF-Square Feet LF - Linear Feet JT - Joints NAD - No Asbestos Detected



[/] Asbestos Containing Materials

◆ Approx. Sample Locations

Asbestos Inspection

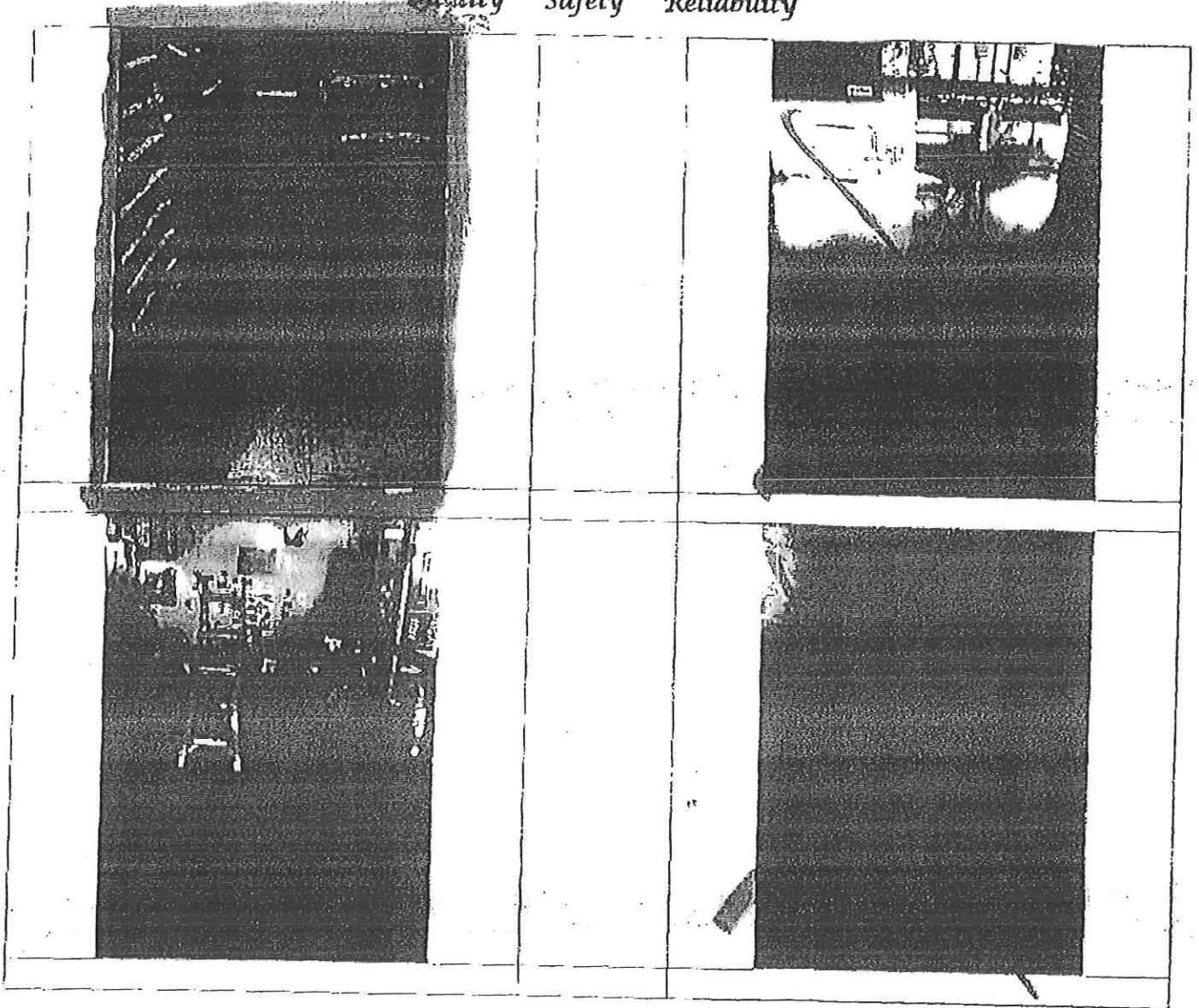
Date
10/19/2012

Project
12-627
Drawn By
JGB

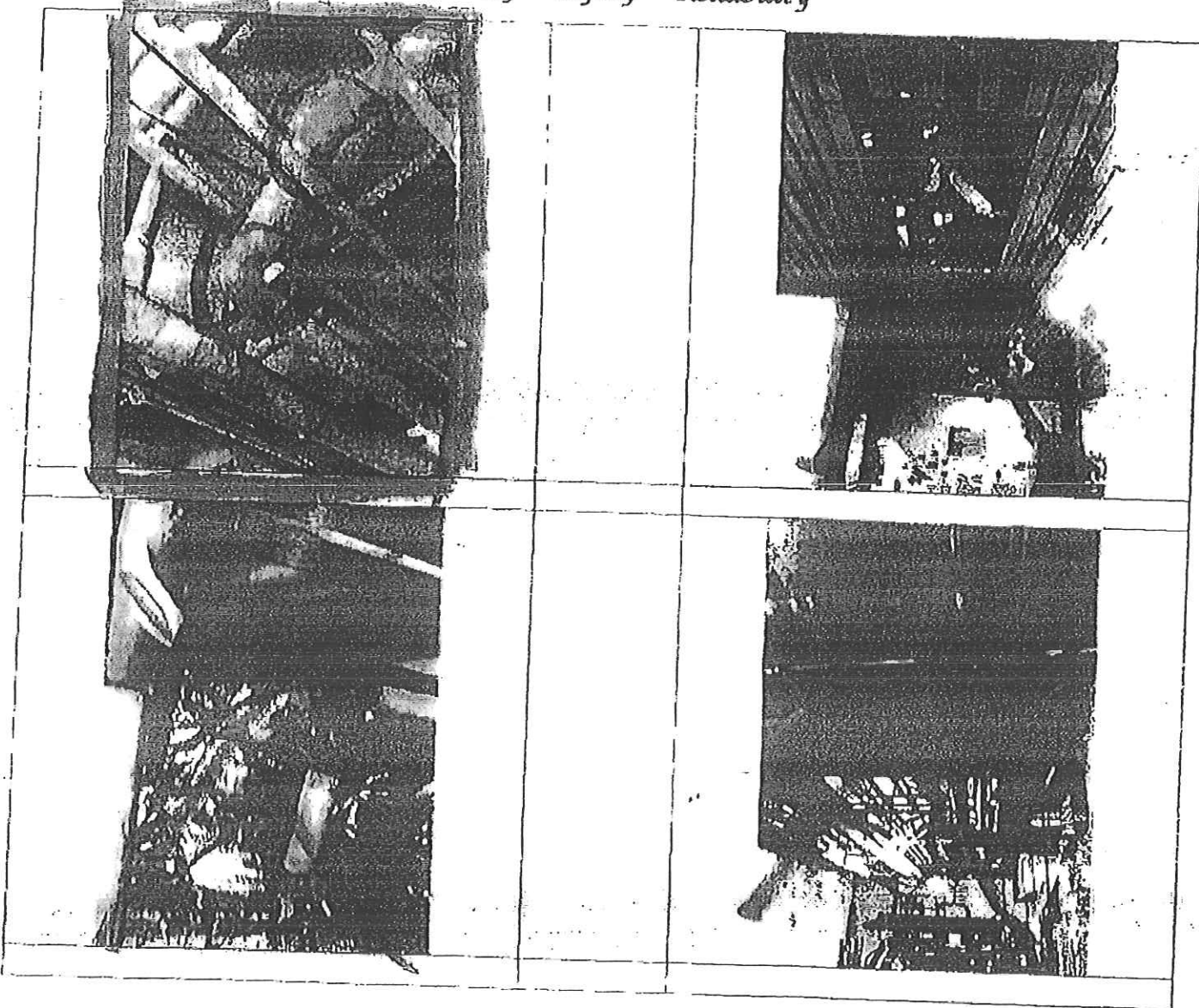
Twin Falls Resort
Nature Center

Page 1

ASTAR ABATEMENT, INC
Quality Safety Reliability



ASTAR ABATEMENT, INC
Quality Safety Reliability



Post Office Box 13533
Sissonville, West Virginia 25360

ASTAR ABATEMENT, INC

Quality Safety Reliability

Post Office Box 13533
 Sissonville, West Virginia 25360
 Phone: 304-884-4030 Fax: 304-984-4031

Job #: 12-656
 Date: 12-3-12
 Supervisor: Detek Staman

Project Description: Floor tile/mastic and 2 mod fittings

Did Asbestos Removal Activities Occur This Date?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Danger Tape Around Work Site?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Danger Signs Posted?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
HVAC Shut Down?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Floor Covered?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Walls Covered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Ceiling Covered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Penetrations Sealed (Criticals)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Decon Setup?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Negative Air Units In Place?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	# of Stages <input type="text" value="3"/>
Differential Pressure Achieved?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	# of Units <input type="text" value="1"/>
Recording manometer operating?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
GFCIs in use?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
ACM removed wet?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Material promptly bagged?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Bags properly labeled and goose-necked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
HEPA Vacuum used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Work area cleaned at end of shift?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Workers decontaminated at end of each shift?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Smoking, eating or drinking inside containment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	
Proper PPE used? Type of Resp. <input type="text" value="7700HE"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Personal air sampling conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	# of samples <input type="text" value="3"/>

Description of the days activities: Started at 6:00 am, loaded truck with tools and supplies then headed for Twin Falls St Park, after arriving we set up with the ~~main~~ pack, fans and located at job. Then unloaded tools and started build enclosure around work area, put poly, criticals, decon, neg air, signs and danger tape, tools, bags, water bottles and hepa vac, etc. We set down, removed then bagged tile, bagged out and placed on poly, ~~spores~~ sprayed out mastic remover, brushed it, the vac'd it up, fan clearance while air test was running we glove bagged 2 mod fittings in mechanical room after enclosure passed we tore down enclosure, loaded trucks with tools, supplies and waste then headed for next job site. we will, unload truck after next job, all waste will be loaded into double lined dumpster.

Record Temperature if below freezing and will affect project: Start Middle End

Total Number of Bags for today:

CHECK LIST

1 Will you be working with or around			
Fire	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Electrical Equipment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Mechanical Equipment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Hydraulic Equipment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
2 Will be exposed to chemicals			
Inhalation hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Absorption hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Ingestion hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Injection hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3 Is there a Slip, Trip or Fall hazard			
To the same level	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
To a lower level	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4 Is there a danger of being struck by a moving or flying object			
By falling material	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
By other material	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
5 Can you be caught between pinch points			
Between 2 moving objects	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
On moving objects or machinery	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
On machinery protruding objects	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
In moving machinery	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
In an pinch points or crushing	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
6 Can you come in contact with extreme heat			
Extreme cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Electrical current	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Harmful gases or fumes	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Radiation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Flare materials	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
7 Can you be injured through motion while lifting			
Pushing	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Pulling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Twisting	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Reaching	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8 Can you be injured by an inappropriate work environment			
Inappropriate tools	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Poor lighting	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Poor floor design	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
9 Have you been instructed and wearing appropriate PPE			
Yes	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
10 Are the most current procedures for doing the job being followed			
Yes	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Key and all known safety hazards must be identified prior to starting the job. It is the responsibility of the supervisor/foreman to work through any known hazards and assuring a safe work environment for their crews.

Derek Staman
Supervisor's Signature

LIST THE NAMES OF THE WORKERS AND ALL VISITORS ON THIS PAGE

- Derek Staman
- Eric Shepard
- Arvin Gibbs (BHI)
- Carolyn Mansberger (DNR)

This Certificate is Awarded to Eric Shepard

Who has successfully completed the below course with a score of 70% or better. This course is West Virginia and EPA approved and meets the requirements set forth in 40 CFR Part 763 (AHERA) for purposes of accreditation required under TSCA Title II. This course was conducted by Astar Abatement, Incorporated.

Asbestos Supervisor Refresher

Course Dates
1/20/2012 Thru 1/20/2012

Total Hours
8

Exam Date
1/20/2012

Certificate Number
AC13107-490

Expiration Date
1/20/2013

ASTAR ABATEMENT, INC

Quality Safety Reliability

Post Office Box 13533

Sissonville, West Virginia 25360

Phone: (304) 343-5950

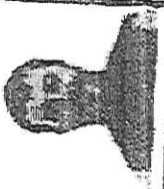
Fax: (304) 343-5961

Gregory Panley
Instructors Name

Gregory Panley
Instructor Signature

There is a printed watermark below the Instructors signature on the original.

WEST VIRGINIA
Asbestos Program
Eric L. Shepard
IS LICENSED AS AN
ASBESTOS SUPERVISOR
Assistant Director
WV RTIA DIV



License #: AS013184
Issued: 8/3/2012
Expires: 8/31/2013
Ralphory Turner
Assistant Director
WV RTIA DIV

This Certificate is Awarded to Derek Sigman

Who has successfully completed the below course with a score of 70% or better. This course is West Virginia and EPA approved and meets the requirements set forth in 48 CFR Part 763 (AHERA) for purposes of accreditation required under TSCA Title II. This course was conducted by Astar Abatement, Incorporated.

Asbestos Supervisor Refresher

Course Dates

1/20/2012 Thru 1/20/2012

Total Hours

8

Exam Date

1/20/2012

Certificate Number

AC13107-491

Expiration Date

1/20/2013

ASTAR ABATEMENT, INC

Quality Safety Reliability

Post Office Box 13533

Siscoeville, West Virginia 25360

Phone: (304) 343-5950

Fax: (304) 343-5961

Gregory Pauley
Instructor's Name

Gregory A. Pauley
Instructor's Signature

There is a printed watermark below the instructor's signature on the original.

WEST VIRGINIA

Asbestos Program

Derek A. Sigman

IS LICENSED AS AN
ASBESTOS SUPERVISOR

License #: AS013131

Issued: 7/18/2012

Expires: 7/31/2013

Gregory Pauley

Assistant Director
WV RTA Div





Pinnacle Environmental Consultants, Inc.

400-D Prestige Park

Hurricane, WV 25526

<http://www.pinnacleinc.biz>

ARVIN GIBBS

Has successfully completed the West Virginia Air Clearance Monitor Refresher Course with of score of seventy percent (70%) or better. This course is West Virginia (WV) and Environmental Protection Agency (EPA) approved and meets the requirements of 40 CFR part 763 Asbestos Hazard Emergency Response Act (AHERA) for purposes of accreditation required under TSCA Title II. This class was conducted at the Pinnacle Training Facility located in Hurricane, WV.

Training Dates

02-10-12

Training Hours

4

Certificate Identification

ACMR-021012-001

Exam Date

02-10-12

Expiration Date

02-10-13

Instructor

License #	AA002069	
Issued:	1/30/2012	
Expires:	1/31/2013	
WEST VIRGINIA Asbestos Program Arvin G. Gibbs IS LICENSED AS AN ASBESTOS AIR CLEARANCE MONITOR		
Kathy C. Curtis, D., WV RTA/DN		



Best Home Inspection, LLC

2509 Grant Avenue
St. Albans, WV 25177

Phone: (304) 444-1259
arvin@wvinspect.com

Environmental: Asbestos Inspections, Air Clearance, Mold Air Sampling

Final Air Clearance Report

Client: Astar Abatement

Project #: 12-656

Location: Twin Falls Resort Basement Area

Date: 12-3-12

Contractor: _____

The above named area/location has passed the Final Air Clearance Testing. The contractor may proceed with the removal of all contractor-installed items and return all items moved by the contractor to their original location.

Sample #	Location	Fibers/CC	Pass/Fail
656 - 01	Basement Area	0.004	PASS
656 - 02	Basement Area	0.004	PASS
656 - 03	Basement Area	0.003	PASS
656 - 04	Blank	0	PASS
656 - 05	Blank	0	PASS

Abatement Supervisor: Derek Simon

Clearance Air Monitor: Ann Wells

WV License AA002069 LA000106





Abatement WV 022387

Project ID DNR Twin Falls

Insulation WV 022288

Supervisor Derek Sigman

Date 12-3-12

Job # 12-656

PERSONAL SAMPLES

Sample #	Pump ID	Location	Time Off	Time On	Total Time	Flow Rate	Volume
656-01	D-01	Eric Shepard	10:00	9:30		1.5	
656-02	D-01	Eric Shepard	4:30	10:00		1.5	

AREA SAMPLES

Sample #	Pump ID	Location	Time Off	Time On	Total Time	Flow Rate	Volume
656-02	D-02	outside regulated area near decon	4:30	9:30		1.5	

Type of Respiratory Protection being utilized _____

Relinquished by _____

Date _____

Received by Bernadette A. Mook

Date 12/10/12

REGULATED ASBESTOS MATERIALS WASTE SHIPMENT RECORD

Job# 12-656

GENERATOR

OWNER:			WORK SITE:		
Name: <u>WV DNR, Parks & Recreation</u>			County: <u>Wyoming</u>		
Address: <u>324 4th Ave</u>			Name: <u>Twin Falls Resort</u>		
City: <u>South Charleston</u>		State: <u>WV</u>	Address: <u>RI 97</u>		
Zip: <u>25303</u>			City: <u>Mullens,</u>		State: <u>WV</u>
Telephone #: <u>304-558-2764 X 51823</u>					

DESCRIPTION OF MATERIALS	QUANTITY	UNIT
ASBESTOS, 9, NA2212, PG III, RQ		
<u>Floor Tile / Mast H/L</u>	<u>14</u>	<u>Bags</u>
<u>Mud Fittings (TSF)</u>	<u>2</u>	<u>Bags</u>

Name, address of responsible agency (Local, District or EPA Office):
WV Bureau for Public Health, Asbestos Compliance Program, 1 Davis Square, Charleston, WV 25301

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Abatement Company Name: Astar Abatement, Inc. Date: 12-3-12
 Address: PO Box 13533
 City: Sissonville State: WV Zip: 25360
 Company Rep: Derek Sigman Signature: Derek Sigman

TRANSPORTER

Transporter #1

Name: Dependable Roll-off Phone: 606-324-7837
 Address: PO Box 1343
 City: Ashland State: KY Zip: 41105

James Duncan
 DRIVER SIGNATURE
James Duncan
 DRIVER NAME (Print)

12-28-12
DATE

Transporter #2

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

DRIVER SIGNATURE _____ DATE _____
 DRIVER NAME (Print) _____

DESTINATION (DISPOSAL SITE)

Name: Green Valley Environmental Permit #: 045-00012
 Address: 100 Addington Road Phone: 606-928-0239
 City: Ashland State: KY Zip: 41102

I hereby certify that the above named material has been delivered/accepted and to the best of my knowledge the foregoing is true and accurate.

Patricia Parks Printed/Typed Name & Title Patricia Parks Signature 12/28/12 Date



Bonham Business Plaza
539 Kanawha Two Mile Road
Charleston, West Virginia 25312
Tel: 304-343-5950
Fax: 304-343-5961
www.astarabatement.com
WV022387/WV022288

December 15, 2012

Bradley S. Leslie, P.E.
WV DNR, Parks & Recreation
324 4th Ave.
South Charleston, WV 25303-1228

Dear: Brad Leslie

Re: Project #12-656
Twin Falls Resort
Nature Center & Mech. Rm
Rt 97
Mullens, WV 25882

Astar Abatement, Inc. has completed asbestos abatement of approximately 384 sq. ft of Floor Tile & Mastic and 2 mudded Fittings from the structure located at Rt 97 Mullens, WV 25882

If any suspect material is uncovered during demolition that has not been identified in the inspection report as asbestos containing, this material should be treated as asbestos containing until properly sampled and analyzed.

Should you have any questions, please contact us.

Sincerely,

ASTAR ABATEMENT, INC.

Burnadean Meeks
Remediation Services Coordinator

PRE-BID CONFERENCE
SIGN IN SHEET

Request for Quotation Number DNRB 13064 Date 01-23-13 Park Twin Falls State Park - Structural Beam Repair

PLEASE PRINT LEGIBLY. THIS INFORMATION IS ESSENTIAL TO CONTACT THE ATTENDEES IN A TIMELY MANNER. FAILURE TO DO SO MAY RESULT IN DELAYS IN YOUR COMPANY GETTING IMPORTANT BID INFORMATION.

<p>Firm Name: <u>WV DNR</u> Firm Address: <u>324 4th Ave</u> <u>Charleston, WV</u></p> <p>Representative Attending: <u>Carolyn Mansberger</u> Phone Number: <u>304 558-2764</u> Fax Number: <u>Brian Carner PE</u> Email Address: <u>Carolyn.M.Mansberger@wv.gov</u></p>	<p>Firm Name: <u>LCC Contracting LLC</u> Firm Address: <u>PO Box 151</u> <u>Sardis Park WV, 26450</u></p> <p>Representative Attending: <u>Rick LeMaster + Daniel Coffey</u> Phone Number: <u>304-991-1614 304 290-3303</u> Fax Number: <u>304-295-5592</u> Email Address: <u>LeMaster_RRK@yahoo.com</u></p>
<p>Firm Name: <u>Eastern Door & Glass</u> Firm Address: <u>PO Box 1727</u> <u>Pinck, WV</u> <u>261740</u></p> <p>Representative Attending: <u>Ed WK Harkins</u> Phone Number: <u>304-425-1783</u> Fax Number: <u>304-425-2171</u> Email Address: <u>Ed.Harkins@edward.com</u></p>	<p>*709050415 Firm Name: <u>Miscellaneous Paint Co</u> Firm Address: <u>1110 - 1st Ave</u> <u>Charleston WV 25387</u></p> <p>Representative Attending: <u>J.W. Scoville</u> Phone Number: <u>304-344-1200 x 109</u> Fax Number: <u>304-344-1281</u> Email Address: <u>J.W.Scoville@miscellaneouspaint.com</u></p>
<p>*117142357 Firm Name: <u>MAIN STREET BUILDERS</u> Firm Address: <u>PO BOX 309</u> <u>PRENCEON, WV 24740</u></p> <p>Representative Attending: <u>CHRIS HALL</u> Phone Number: <u>304-487-3912</u> Fax Number: <u>304-425-2171</u> Email Address: <u>Chall@msbwv.com</u></p>	<p>*521140000 Firm Name: <u>JARRETT CONSTRUCTION SERVICES INC</u> Firm Address: <u>PO BOX 5250</u> <u>CHARLESTON WV 25301</u></p> <p>Representative Attending: <u>CHRIS BRUMFIELD & COLLIER PERSINGER</u> Phone Number: <u>(304) 344-9140</u> Fax Number: <u>(304) 344-9143</u> Email Address: <u>CHRIS.BRUMFIELD@JARRETT-CONSTRUCTION.COM</u></p>

CHRIS BRUMFIELD & COLLIER PERSINGER
JARRETT CONSTRUCTION SERVICES INC

PRE-BID CONFERENCE
SIGN IN SHEET

Request for Quotation Number DNRB 13064 Date 01-23-13 Park Twin Falls State Park – Structural Beam Repair

PLEASE PRINT LEGIBLY. THIS INFORMATION IS ESSENTIAL TO CONTACT THE ATTENDEES IN A TIMELY MANNER. FAILURE TO DO SO MAY RESULT IN DELAYS IN YOUR COMPANY GETTING IMPORTANT BID INFORMATION.

<p>* Firm Name: <u>Allegheny Restoration</u> Firm Address: <u>106 Central Ave</u> <u>Beckley WV</u> Representative Attending: <u>Doug Richardson</u> Phone Number: <u>304 252-9202 - Cell 304 593-1250</u> Fax Number: <u>304 929-2240</u> Email Address: <u>blair@alleghenyrestoration.com</u></p>	<p>*701085036 Firm Name: <u>Oval Construction</u> Firm Address: <u>P.O. Box 401 / Marlinton, WV</u> <u>25322</u> Representative Attending: <u>Brandon Copeland</u> Phone Number: <u>304-347-8820</u> Fax Number: <u>304-347-5721</u> Email Address: <u>brandon@ovalconstruction.com</u></p>
<p>*709053330 Firm Name: <u>Dawhill Construction Co</u> Firm Address: <u>P.O. 685 Gauley Bridge WV</u> <u>25085</u> Representative Attending: <u>Dale Legg</u> Phone Number: <u>304-632-1600</u> Fax Number: <u>304-632-1501</u> Email Address: <u>dclawhill@hotmail.com</u></p>	<p>*709054108 Firm Name: <u>CHAPMAN TECHNICAL GROUP</u> Firm Address: <u>200 SIXTH AVE</u> <u>ST. ALBANS WV 25779</u> Representative Attending: <u>Tom Cloer</u> Phone Number: <u>(304) 761-5501</u> Fax Number: Email Address: <u>TCLOER@CHAPTECH.COM</u></p>
<p>Firm Name: <u>MCP ENTERPRISES LLC</u> Firm Address: <u>P.O. Box 498 Hurricane WV</u> <u>25526</u> Representative Attending: <u>KEVIN HAYNES</u> Phone Number: <u>(304) 539-4956</u> Fax Number: <u>(304) 513-6484</u> Email Address: <u>Kevin.haynes@MCP@49800.com</u></p>	<p>*412142440 Firm Name: <u>CAS Structural Engineering</u> Firm Address: <u>PO Box 469</u> <u>Alum Creek WV 25005</u> Representative Attending: <u>Carol A Stevens</u> Phone Number: <u>(304) 756-7564</u> Fax Number: <u>(304) 756-2565</u> Email Address: <u>Carol@caseng.com</u></p>

PRE-BID CONFERENCE
SIGN IN SHEET

Request for Quotation Number DNRB 13064 Date 01-23-13 Park Twin Falls State Park – Structural Beam Repair

PLEASE PRINT LEGIBLY. THIS INFORMATION IS ESSENTIAL TO CONTACT THE ATTENDESS IN A TIMELY MANNER. FAILURE TO DO SO MAY RESULT IN DELAYS IN YOUR COMPANY GETTING IMPORTANT BID INFORMATION.

<p>* 403113551 Firm Name: <u>Gillegliery Restoration Inc</u> Firm Address: <u>1517 Park Blvd</u> <u>Boh Pa 15216</u> Representative Attending: <u>R. C. Mason;</u> Phone Number: <u>412-554-8473</u> Fax Number: <u>412-343-3022</u> Email Address: <u>rc@gilleglieryrestoration.com</u></p>	<p>* Firm Name: <u>Scott DURHAM SUPT</u> Firm Address: <u>TWIN FALLS STATE PARK</u> <u>Rt 97, Box 667</u> <u>MULLERS WV 25882</u> Representative Attending: _____ Phone Number: <u>304-294-4000</u> Fax Number: <u>304-294-5000</u> Email Address: <u>scott.a.durham@wv.gov</u></p>
<p>Firm Name: _____ Firm Address: _____ Representative Attending: _____ Phone Number: _____ Fax Number: _____ Email Address: _____</p>	<p>Firm Name: _____ Firm Address: _____ Representative Attending: _____ Phone Number: _____ Fax Number: _____ Email Address: _____</p>
<p>Firm Name: _____ Firm Address: _____ Representative Attending: _____ Phone Number: _____ Fax Number: _____ Email Address: _____</p>	<p>Firm Name: _____ Firm Address: _____ Representative Attending: _____ Phone Number: _____ Fax Number: _____ Email Address: _____</p>

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: _____

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|---|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Company

Authorized Signature

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
 Revised 6/8/2012