



ARGUS CONTRACTING, INC.

2340 E. ARTESIA BLVD. • LONG BEACH, CA 90805-1740 • PHONE (562) 422-7370 • FAX (562) 422-8703 • LICENSE #802284

Argus Contracting, Inc.

POST JOB SUBMITTAL

For

City of Los Angeles
Department of Recreation and Parks
1200 W. 7th St., Suite 700
Los Angeles, CA 90017

Jobsite:

Encino Balboa Golf Course / Club House
5590 Balboa Blvd.
Encino, CA

Project # 2140749

Submitted To:

Leila Barker
City of Los Angeles
Department of Recreation and Parks
1200 W. 7th St., Suite 700
Los Angeles, CA 90017

Table of Contents

1	BID DOCUMENTATION
2	INVOICE COPY
3	ASBESTOS & CALIFORNIA CONTRACTORS LICENSES
4	SCAQMD NEGATIVE AIR PERMITS
5	NOTIFICATIONS
6	DAILY SIGN IN LOG
7	DAILY DIARY AND/OR DAILY LOG
8	ASBESTOS SHOWER LOG & ASBESTOS ENTRY LOG
9	WORKERS MEDICAL SURVEILLANCE
10	VISITOR LOG OR VISITOR LETTER
11	AIR MONITORING REPORTS
12	MANIFEST
13	WASTE TRANSPORTER
14	LANDFILL DOCUMENTATION
15	SAFETY MEETING



2340 E. Artesia Blvd. ~ Long Beach, CA 90805 ~ TEL.: (562) 422-7370 ~ FAX: (562) 422-8703 ~ License #802284

January 17, 2005

City of Los Angeles
Department of Recreation and Parks
1200 West 7th Street, Suite 700
Los Angeles CA 90017

Attention: Leila Barker
Environmental Supervisor

Office (213) 485-0521
Fax (213) 485-1304

Subject: Lead Abatement Project
Encino Balboa Golf Course, Club House Rest Rooms
Argus Contracting, Inc. Proposal LA # 214-0105-18

Leila:

Argus Contracting, Inc. would like to thank you for the opportunity to quote on the above referenced project. It is our desire to provide you with a quality solution to your abatement needs. As a highly qualified contractor, we feel that our experience, financial strength and environmental contracting techniques enable us to assure you a professional project.

Our proposed work will be done in compliance with federal, state and local laws governing abatement. Applicable regulations will be followed on this project and will be implemented in order to protect the safety of our employees as well as the general public near the site during our work.

All waste generated at the referenced site will be properly collected, containerized and stored prior to profiling, logging and waste characterization. Transportation and disposal will be done in compliance with Federal, State and Local EPA standards.

Our pricing provides for the cost of labor, material, equipment, transportation, disposal, OSHA/SCAQMD notifications, taxes and OSHA personal air monitoring for our employees. The following scope of work sets forth a summary of our proposed efforts, as well as the estimated materials to be removed based on our site inspection.

SCOPE OF WORK - LEAD ABATEMENT

Men's Rest Room – Remove ceramic tile from walls and floor
Women's Rest Room – Remove ceramic tile from walls and floor

SCOPE CLARIFICATIONS

1. Price includes one mobilization and is based on uninterrupted and continuous work.

2. Regulated work areas are assumed to be vacant during abatement activities. All removable obstructions such as toilets, sinks and hand dryers will be removed prior to our start.
3. City of Los Angeles shall provide a lay down area, sufficient water and electrical sources designated for Argus Contracting's use at or near the immediate work area for the duration of our schedule.
4. City of Los Angeles shall provide clearly marked layout of work scope with spray paint or other agreed upon method.
5. Argus Contracting shall not be responsible for damage of painted surfaces or other due to the use of duct tape which is required as part of the abatement process.
6. Work is to be done Monday through Friday 7:00am to 4:30pm.
7. Site security, fencing, scaffolding to protect vehicles or pedestrian sidewalk areas is not included in this proposal.
8. Argus Contracting will stage all equipment necessary for the execution of our work immediately near the building perimeter and will need to do so from 7:00am to 4:30pm Monday through Friday for the duration of our work in all regulated work areas. Please note that our equipment may need to be parked in portions of traffic areas in order to perform our work.
9. Argus Contracting has not provided pricing for Third Party Air Monitoring.
10. All work will be done in a neat and workmanlike manner.
11. Argus Contracting will have a Project Manager assigned to this project and he will be able to make decisions on behalf of Argus Contracting.
12. Standard Conditions can be found in the City of Los Angeles contract no. 58305.

SCHEDULE

Argus Contracting will perform the designated work in three (03) working shifts.

PRICE

Line item #2 Labor	\$ 6,072.00
Line Item #3 Equipment, Materials, Etc.	\$ 4,361.00
Argus Contracting's price for work will be	\$10,433.00

If you have any questions, comments or suggestions please call me directly at (310) 420-9428.

Regards,



Christopher Rennie
Account Manager



ORIGINAL INVOICE

BRANCH 214	FEDERAL ID NO. 23-3085947	ARGUS CONTRACT # 2140749	SUBCONTRACT OR PO # P.O.# 0000487048	INVOICE # 694649	DOC. # 1
SALESMAN CHRIS RENNIE		TERMS NET 30 DAYS	Project # Lead Abatement	DATE 2/24/2005	
JOB NAME ENCINO CLUBHOUSE RESTROOMS			JOB LOCATION 5590 Balboa Blvd. Encino CA	CUSTOMER # 944028	

CUSTOMER: * CITY OF LOS ANGELES
 ADDRESS: * Supply Svcs.,Accounts Payables
 * 555 Ramirez St. Space 312
 * Los Angeles, CA 90012
 *

PLEASE MAIL REMITTANCES TO:

ARGUS CONTRACTING, INC.
DEPT 9400
LOS ANGELES CA 90084-9400

DIRECT YOUR QUESTIONS TO:

ARGUS CONTRACTING, INC.
2340 E. Artesia Blvd.
Long Beach, CA 90805
Phone # (562) 422 -7370
FAX # (562) 422 -8703

CONTACT: * **Leila Barker**
 * (213) 485-0521
 * (213) 485-1304 fax
 * (323) 974-9801

SUBPURCHASE ORDER LUMP SUM \$ 10,433.00
 Contract # 58305
 BTRC # 536022-75

ITEM	COST	
2	LABOR	\$ 6,072.00
3	EQUIPMENT & MATERIAL	\$ 4,361.00

TOTAL AMOUNT OF THIS INVOICE \$ 10,433.00

WET SIGNATURE: _____

TOTAL AMOUNT DUE THIS INVOICE \$ 10,433.00

****Thank you for giving Argus Contracting the opportunity to provide this service for you****

State of California



Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

*Certificate of Registration
for
Asbestos-related Work*

Certificate No. 803

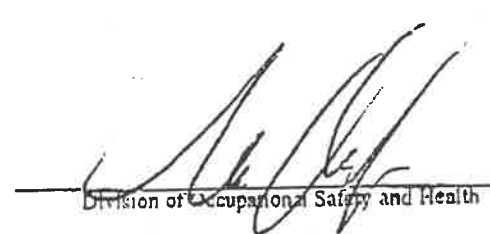
Expiration Date 18-Jun-05

ARGUS CONTRACTING INC.

(Name of Employer)

is duly registered by the Division of Occupational Safety and Health in accordance with the California Administrative Code, Title 8, Article 2.5 for asbestos-related work.

16-Jun-04
Date Of Issuance


Division of Occupational Safety and Health

Effective Date 19-Jun-04

Contractor's License No. 802284

This registration is valid only when the following requirements and conditions are met:

1. The registered employer shall safely perform asbestos-related work in compliance with relevant occupational safety and health regulations.
2. The registered employer shall notify the Division of changes in work locations or conditions as specified by Section 341.9 of Title 8 of the California Administrative Code.
3. The registered employer shall post a sign readable at 20 feet at the location of any asbestos-related work stating:

**Danger-Asbestos
Cancer and Lung Hazard
Authorized Personnel Only**

4. A copy of the registration shall be posted at the jobsite beside the Cal-OSHA poster.
5. The registered employer shall provide a copy of this registration certificate to the prime contractor and any other employers at the site before the commencement of any asbestos-related work.
6. The registered employer shall conduct a safety conference prior to the commencement of any asbestos-related work as specified by Section 341.11 of Title 8 of the California Administrative Code.
7. The registered employer acknowledges the Division's right to revoke or suspend this registration as provided by Section 341.14 of title 8 of the California Administrative Code.



State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **802284** Entity **CORP**

Business Name **ARGUS CONTRACTING INC**

Classification(s) **B C-2 ASB HIC**

Expiration Date **12/31/2005**



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CITY OF LOS ANGELES
 OFFICE OF FINANCE
 TAX AND PERMIT DIVISION
 P.O. BOX 53200
 LOS ANGELES, CA 90053-0200

00008


2340 E ARTESIA BL LONG BEACH CA 90805
 ARGUS CONTRACTING INC
 C/O IREX CORPORATION
 P O BOX 1268
 LANCASTER PA 17608-1268

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE				
THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED				
BUSINESS TAX				ISSUED: 08-25-01 S
ACCOUNT NO.	FUND	CLASS	DESCRIPTION	STARTED
536022-75	L	388	CONTRACTR-OUTSIDE LA	08-01-01

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2340 E ARTESIA BL LONG BEACH CA 90805
 ARGUS CONTRACTING INC
 C/O IREX CORPORATION
 P O BOX 1268
 LANCASTER PA 17608-1268



ISSUED BY:
Antoinette D. Christaud
 DIRECTOR OF FINANCE



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

DATE: 01-19-05

EQUIPMENT LOCATED AT: VARIOUS LOCATIONS IN SCAQMD
LONG BEACH, CA 90805

LEGAL OWNER CO. ID: 133181
OR OPERATOR ARGUS CONTRACTING INC
2340 E ARTESIA BLVD
LONG BEACH, CA 90805

RULE 222 FILING

FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
BILLING YEAR : 2004		
409151	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409153	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409154	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409155	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409156	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409157	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409158	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409159	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409160	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409161	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409162	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409164	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409165	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409166	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409167	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409169	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409171	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06



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2340 E ARTESIA BLVD
LONG BEACH, CA 90805

RULE 222 FILING

FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE

BILLING YEAR :	2004	
409112	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409113	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409115	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409116	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409117	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409118	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409119	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409120	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409121	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409122	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409123	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409124	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409125	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409126	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409127	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409128	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409130	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06



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2340 E ARTESIA BLVD
LONG BEACH, CA 90805

RULE 222 FILING

FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
BILLING YEAR : 2004		
409131	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409133	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409135	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409136	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409137	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409138	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409139	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409140	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409141	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409142	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409143	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409144	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409145	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409147	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409148	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409149	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409150	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06



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ARGUS CONTRACTING INC
2340 E ARTESIA BLVD
LONG BEACH, CA 90805

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FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
BILLING YEAR :	2004	
409172	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409173	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409175	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409176	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409177	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409178	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409180	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409181	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06



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LONG BEACH, CA 90805

RULE 222 FILING

FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
BILLING YEAR :	2004	
409093	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409094	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409095	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409096	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409097	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409098	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409099	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409100	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409101	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409102	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409103	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409104	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409105	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409106	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409107	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409108	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409110	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06



South Coast Air Quality Management District

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DATE: 01-19-05

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LONG BEACH, CA 90805

LEGAL OWNER CO. ID: 133181
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2340 E ARTESIA BLVD
LONG BEACH, CA 90805

RULE 222 FILING

FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
BILLING YEAR : 2004		
409056	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409057	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409058	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409059	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409060	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409061	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409062	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409063	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409064	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409065	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409067	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409068	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409069	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409070	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409071	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409073	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409074	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06



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LONG BEACH, CA 90805

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FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
BILLING YEAR : 2004		
409075	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409076	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409077	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409078	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409080	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409081	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409082	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409083	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409084	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409085	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409086	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409087	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409088	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409089	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409090	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409091	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06
409092	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	01-01-06

ABATEMENT OF LEAD HAZARDS NOTIFICATION TO CAL OSHA

Work is being conducted to abate lead-based paint or lead hazards in or on this structure. For more information, please contact the individuals and/or agencies listed below.

Section 1 - Employer Information

Company Name		Telephone Number	
Argus Contracting Group		(562) 422-7370	
Address (number, street)	City	State	Zip Code
2340 E. Artesia Blvd.	Long Beach	CA	90805-1740

Section 2 - Structure Where Abatement of Lead-Based Paint or Lead Hazards is Scheduled

Address (number, street, apartment number if applicable)	City	County	ZIP Code
5590 Belboa Blvd.	Encino	Los Angeles	91316
Type of structure (check one box only)			
<input type="checkbox"/> Single family dwelling	<input type="checkbox"/> Multi-family building	<input type="checkbox"/> Child-occupied facility	<input checked="" type="checkbox"/> Other (specify)
Golf Course Rest Rm			

Section 3 - Summary of Specific Work Areas Where Lead-Based Paint or Lead Hazards Will Be Abated

Club House Rest Rm Floors

Section 4 - Schedule

Projected starting date	Projected ending date	Number of workers
2-7-05	2-9-05	4

Section 5 - Description

Amount of Lead to be disturbed (in squared feet or linear feet) 1100 Square Feet

Description of work to be performed Remove ceramic tile

Work practices that will be utilized Full Containment, Negative Pressure, Wet Methods
PPE

Section 6 - Percentage of Lead

Amount of lead in the disturbed materials (percent by weight, parts per million or milligrams per square centimeter) if known.

0

Section 7 - Owner

Name		Telephone number	
City of Los Angeles		(323) 974-9801	
Address (number, street)	City	State	Zip code
55 1200 W 7th St. Suite 700	Los Angeles	CA	90017

Section 8 - Project Supervisor

Name	Telephone Number	DHS certification number
Chris Rennie	(310) 420 9428	9720

Section 9 - Local Agency

Health Department Lead Program Telephone Number
(300) 597 LEAD



203 CONTRACTING, INC.

JOB DIARY

Date: 02/07-05

Job Name: Club House Job# _____

Job Address 5590 BALBOA BLVD. Foreman: MARCEL PEREZ

Material requested/received: YES DELIVER BY 6000 LUIS

Visitors (Name & Co.): Integrity ISRAEL

Crew Size: 3 Weather Conditions: GOOD/IN DOOR

Daily Diary - Comments (Area worked, employee/customer discussions, etc.):

8⁰⁰ AM. ON SITE SIGN IN SAFETY meeting met with CHRIS RENNIE and ERNEST KELLY HE SHOW ME SCOPE OF WORK TO REMOVE CERAMIC TILE FROM WALLS and FLOOR. we establish NEG AIR and ONE STAGE DECON will work on. THE menl Botom 1st Problems with THE POWER WE NEED TO USE POWER FROM THE OUTSIDE

12 NOON we BROKE FOR LUNCH

12³⁰ BACK TO WORK and start cleaning work AREA getting ALL CERAMIC TILE on. Bld's

3⁰⁰ PM. we start Securing our tool and Material

4³⁰ PM THE END OF SHIF



US CONTRACTING, INC.

JOB DIARY

Date: 02/08-05

Job Name: Club House Job# _____

Job Address: 5590 BALBOA BLVD. Foreman: MARTIN PEREZ

Material requested/received: YES DELIVER BY JOHN TALENG

Visitors (Name & Co.): N/A

Crew Size: 4 Weather Conditions: GOOD / FA POOR

Daily Diary - Comments (Area worked, employee/customer discussions, etc.):

7:00 am ON SITE SIGN IN SAFETY making open POOL
 CHECK NEG AIR. and CRITICALS ALL WORKING GOOD

8:00 am CHRIS RENNIE ON SITE WE WENT OVER THE 13T REST ROOM
 TO LOOK THE SCOPE OF WORK

Called OFFICE FOR more BBLs and material TO DO GLOVES

11:00 am WE BROKE FOR LUNCH

11:30 am BACK TO WORK Continue with Ceramic tile ON SITE
 mens Bath Room - DONE NOW. Working on THE OTHER ONE
 WALLS coming GOOD FLOOR - IS HARD WE PUT ALL WASTE IN
 DUMPS

3 pm WE CLEAR WORK AREA and SECURED ARGUS TOOLS End of shift



ARGUS CONTRACTING, INC.

JOB DIARY

Date: 02/19/05

Job Name: Club House Job# _____

Job Address: 5590 BALBOA BLVD Foreman: Martin Perez

Material requested/received: N/A

Visitors (Name & Co.): ISRAEL From Integrity

Crew Size: 4 Weather Conditions: GOOD/FA DOOR

Daily Diary - Comments (Area worked, employee/customer discussions, etc.):

6⁰⁰ AM ON SITE SIGN IN SAFETY meeting ~~and~~ continue with we continue with final detail and Hepa vacuum. THE WHOLE AREA. WE PUT ALL WASTE IN BAGS PEOPLE ARE Complaining FROM THE NOISE

11⁰⁰ AM ISRAEL ON SITE HE IS GOING TO TAKE FINAL WETWIPESAMPLES IN BOTH Bathrooms He said Remove DECOR and NEG AIR. and SEAL BOTH ROOMS UNTIL WE GET CLEARANCE. SCOPE OF WORK DONE NOW WAITING FOR RESULTS and THE WETWIPES

ARGUS

LEAD CONTAINMENT ENTRY LOG

DATE: 02-07-05 DAY OF THE WEEK: MON FOREMAN: Martin PEREZ

JOB LOCATION: 5590 BALBOA BLVD.

JOB NAME: CLUBHOUSE REST ROOMS JOB #:

I UNDERSTAND THAT THIS IS AN LEAD CONTAINMENT TENT AND THAT I
HAVE BEEN TRAINED IN THE PROPER WAY OF REMOVAL AND SAFETY
EQUIPMENT.

	PRINT NAME	SOC. SEC. #	INITIALS	IN / OUT	IN / OUT	IN / OUT
1)	Martin PEREZ	576-29-3445	MMP	8 ⁰⁰ 12 ⁰⁰	1 ⁰⁰ 4 ³⁰	
2)	MARTIN PEREZ	571671462	MPS	8 ⁰⁰ 12 ⁰⁰	1 ⁰⁰ 4 ³⁰	
3)	Colonel Tolano	609-27-1332	E.S.	8 ⁰⁰ 12 ⁰⁰	1 ⁰⁰ 4 ³⁰	
4)	Bernabé Suy	626-46-2431	B S	8 ⁰⁰ 12 ⁰⁰	1 ⁰⁰ 4 ³⁰	
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						
21)						
22)						
23)						
24)						
25)						

ARGUS

LEAD CONTAINMENT ENTRY LOG

DATE: 02/18/05 DAY OF THE WEEK: TUES FOREMAN: MARTIN PEREZ
JOB LOCATION: 5590 BALBOA BLVD
JOB NAME: Club House REST ROOMS JOB #: _____

I UNDERSTAND THAT THIS IS AN **LEAD** CONTAINMENT TENT AND THAT I
HAVE BEEN TRAINED IN THE PROPER WAY OF REMOVAL AND SAFETY
EQUIPMENT.

	PRINT NAME	SOC. SEC. #	INITIALS	IN / OUT	IN / OUT	IN / OUT
1)	Martin Perez	570-29-3445	MP	7 ⁰⁰ 11 ⁰⁰	12 ⁰⁰ 3 ³⁰	
2)	Edmundo Hernandez	609-27-1332	E.S.	7 ⁰⁰ 11 ⁰⁰	12 ⁰⁰ 3 ³⁰	
3)	Martin Perez Jr	571-6914-62	MP Jr	7 ⁰⁰ 11 ⁰⁰	12 ⁰⁰ 3 ³⁰	
4)	Bernabe SUEH	626-46-2431	BS	7 ⁰⁰ 11 ⁰⁰	12 ⁰⁰ 3 ³⁰	
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						
21)						
22)						
23)						
24)						
25)						

ARGUS

LEAD CONTAINMENT ENTRY LOG

DATE: 02-09-05 DAY OF THE WEEK: (W)ED FOREMAN: MARTIN PEREZ

JOB LOCATION: 5590 BALBOA BLVD

JOB NAME: CLUBHOUSE REST ROOMS JOB #: _____

I UNDERSTAND THAT THIS IS AN **LEAD** CONTAINMENT TENT AND THAT I
HAVE BEEN TRAINED IN THE PROPER WAY OF REMOVAL AND SAFETY
EQUIPMENT.

	PRINT NAME	SOC. SEC. #	INITIALS	IN / OUT	IN / OUT	IN / OUT
1)	Elmer SOLANO	609.	ES	7 ⁰⁰ 11 ⁰⁰	12 ⁰⁰ 3 ³⁰	
2)	MARTIN PEREZ JR	571-67-1462	MMP JR.	7 ⁰⁰ 11 ⁰⁰	12 ⁰⁰ 3 ³⁰	
3)	Bernabe SOLY	626) 46-2431	BS	7 ⁰⁰ 11 ⁰⁰	12 ⁰⁰ 3 ³⁰	
4)	MARTIN PEREZ	570-39-3445	MMP	7 ⁰⁰ 11 ⁰⁰	12 ⁰⁰ 3 ³⁰	
5)						
6)						
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22)						
23)						
24)						
25)						

State of California Department of Health Services

**Lead-Related
Construction
Certificate**

**Certificate
Type**

**Expiration
Date**

**Worker
★**

08/30/2005



Elmer Solano

ID # 8208

Conditions of Certification

This individual meets the requirements of the State of California, Department of Health Services (DHS), to perform lead-related construction. DHS may suspend or revoke certification for:

1. any false statement in the application (for certification);
2. violations of relevant local, state or federal statutes or regulations;
3. misrepresentation; failure to disclose relevant facts, fraud, or issuance by mistake; or
4. failure to comply with any relevant regulation or order of the Department.

This certificate was issued by the Department of Health Services as authorized by 17 CCR 35001 et seq., and is non-transferable.

To verify authenticity call
(800) 597-LEAD or
510-622-5000



0349749

64891

Form number

COURSE COMPLETION FORM

Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the accredited training provider. The accredited training provider must submit the top (white) copy of this form to CLPPB and the last two (pink and yellow) copies to the student within 30 calendar days of the student's successful completion of the final examination. / Instrucciones: La parte de arriba de esta forma es para ser completada por el estudiante y la parte de abajo es para el acreditador. El acreditador tiene que mandar la copia blanca original de esta forma a CLPPB. Entre 30 días después de haber pasado el examen final. (To be completed by student. Please print or type. Press firmly. / Ser completado por el estudiante. Favor de escribir firmemente con tipo de prensa.)

Student Information

1. Name / Nombre (last / apellido) SOLANO (first / primer nombre) ELMER (middle initial / segundo nombre) E.

Home address (number, street, apartment number) / Dirección (número, calle, número de apartamento) 175 E. PLEASANT ST

City / Ciudad LONG BEACH State / Estado CA ZIP code / Código postal 90805 Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año) 09 / 30 / 66

Telephone number / número de teléfono (562) 533-0249

Mailing address (if different from above) / Dirección de correo (Si tiene otra dirección.) City / Ciudad State / Estado ZIP code / Código postal

2. Photo Identification / Foto de Identificación

Number / Número A8036310 Gender / Sexo Male / Masculino Female / Femenino

Type / Tipo Driver's license / Licencia Resident alien card / Tarjeta de residencia Other ID / otra tipo de ID: A8036310

Race/Ethnicity / Raza/étnico Asian / Asiático Black/African American / Negro/Africano Americano Latino/Hispanic / Latino Americano Native American / Americano Nativo

Pacific Islander / Pacífico Islano White / Blanco Other / Otro:

If currently DHS certified, provide DHS certificate ID number / Si esta certificado por DHS, favor de dar su número de DHS DHS # 8308

4. I authorize the below named accredited training provider to release information to the State of California, Department of Health Services (DHS) regarding my completion of this instruction for the purpose of Lead Certification. I understand that possession of this form does not constitute certification by DHS. I understand that I must apply to DHS within one year of successful completion of the final examination to be eligible for certification or renewal. For Privacy Statement, see back of form. / Yo autorizo al entrenamiento de acreditación aprobado para que den mi información al estado de California, departamento de salud (DHS) en relación del curso tomado para obtener la licencia del plomo. Yo entiendo que al obtener esta forma no constituye tener la licencia con (DHS). Yo entiendo que tengo un año para aplicar al DHS después de haber tomado el examen final. Declaración Sobre la Privacidad, ver detras de la forma.

Signature of student / Firma de estudiante  Date (month/day/year) / Fecha (mes/día/año) 09 / 17 / 04

(To be completed by accredited training provider. Please print or type. Press firmly.)

Training Information

5. Accredited Training Provider name (institution and/or individual offering course) Natco International, Inc. Course number Natco-005-CEW

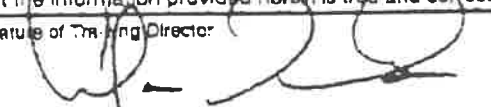
Course title Inspection/Assessment Supervision and Project Monitoring Supplemental Supervision and Project Monitoring Project Design Certified Industrial Hygienist General Continuing Education Continuing Education for Workers Work

7. Course dates (mm/dd/yy) 09/17/04 to 09/17/04 Number of contact hours of instruction completed 7 Date student passed course or continuing education final examination (mm/dd/yy) 09/17/04

8. Course completion form number from core instruction (if different)

Location of course 1100 Technology Circle - Anaheim, CA Core instruction date (if different) (mm/dd/yy)

As Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.

Name of Training Director Alan D. Dages Signature of Training Director  Date (mm/dd/yy) 09 / 24 / 04

Certificate Of Completion

Elmer Solano

(Ending four digits) SS#: 1332

Has attended and satisfactorily passed an examination covering the contents of the course entitled:



Lead Continuing Education for Worker INTERNATIONAL

DHS Accreditation: Natee-005-CEW SP

Certificate Number: LCWR091704012N

Course Director: Alan D. Rages

Director Signature: 

Course Start Date: 09/17/04
Course End (Exam) Date: 09/17/04
Course Expiration Date: 09/16/05
Instructor: Max Quintana

*This course satisfies the continuing education requirements of the California Department of Health Services
* Possession of this certificate does not constitute DHS State Certification*

NATEC INTERNATIONAL, INC.
1100 Technology Circle Unit A, Anaheim, CA 92805
714/678-2750 800/969-3228

02-Feb-2005

Clinical Reference Laboratory
CLIA #17D0667123 SAMHSA #0007 CAP #30211-01

10 9

US HEALTHWORKS
INGRID BAUTISTA/ GILLY
2499 S WILMINGTON AVE
COMPTON, CA 90220

PH: (310) 638-1113
COLL. SITE ID: UH6303

NAME: SOLANO, ELMER
DOB: 09/30/66 (AGE: 38 YRS)
SSN: 609-27-1332
GENDER: MALE
SLIP ID: 0043726627
REF ID: ARGUS/9594
REFERENCE 1: NONDOT DEFAULT
REFERENCE 2:

SAMPLE ID: 112237
COLLECTED: 01/27/05
RECEIVED: 01/31/05
COMPLETED: 02/02/05
FAX: (310) 638-8042

SITE ADDR: US HEALTHWORKS
2499 S WILMINGTON AVE
COMPTON, CA 90220

SITE BRANCH: US HEALTHWORKS/COMPTON
SITE PHONE: (310) 638-1113
SITE FAX: (310) 638-8042

REASON FOR TESTING: OTHER
SAMPLE TYPE: SINGLE TEST

BIOLOGICAL MONITORING

RESULT / STATUS

CUTOFF/EXPECTED VALUE

LEAD, BLOOD

<5

0-40 ug/dL

LAB DIRECTOR: S. C. Kammerer, PhD, RP

ELECTRONICALLY REVIEWED BY COMPUTER

Certificate Of Completion

Elmer Solano

(Ending four digits) SS#: 1332

Has attended and satisfactorily completed the requirements for the course entitled:

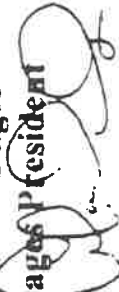
*Asbestos Contractor/Supervisor Refresher Course
Course Approval Number CA-0 15-0 4*

Certificate Number: AASR061104004N

Course Director: Alan D. Dages

Officer: Alan D. Dages, President

Officer Signature:



Course Start Date: 06/11/04

Course End Date: 06/11/04

Expiration Date: 06/10/05

Instructor: Guillermo Renteria

This course satisfies the education requirements for Asbestos accreditation under the Toxic Substances Control Act, Title II. This course has been approved by the Department of Industrial Relations, Division of Occupational Safety and Health of the State of California

NATEC INTERNATIONAL, INC.

1100 Technology Circle Unit A, Anaheim, CA 92805

714/678-2750 800/969-3228



**MEDIC
First Aid**
training programs

Successful Completion Card

- Basic** (CPR inclusive)
 Care Initiator (CPR inclusive)

This Successful Completion Card is not valid if more than one box is checked.

Name

Elmer E. Solano

Issued

10/26/02

Expires

10/26/2004

This Successful Completion Card is awarded for demonstration of reasonable proficiency in the core knowledge and skill elements as promulgated in the *National Guidelines for First Aid Training in Occupational Settings*, (found at <http://www.ngfatos.net>) and conforms to the Guidelines 2000 for CPR and ECC, *Circulation*, 2000; 102 (suppl 1) ©2000 American Heart Association, Inc. Additional information on course content and medical source authority can be found in the "Student Support" section of our Web site at www.medicfirstaid.com or call 800-800-7099.

Continued proficiency as a MEDIC FIRST AID® Basic Provider requires frequent retraining. This card expires as documented on the front or within 24 months of issue, whichever is earliest.

EMP International, Inc. is an independent corporation and is not affiliated with the American Heart Association.

Instructor

James D. Davis

Registry Number

27069

Produced by EMP International, Inc.

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FROM

FAX NO. :

Apr. 02 2004 11:13AM P1

AIRPORT URGENT CARE

Preliminary Clearance For Use Of Respirator and For Working With Asbestos

To: Laborer's Local and Employer
APR 0 2 2004

Date: _____

Re: Elmer Solana

SSN: _____ 1332

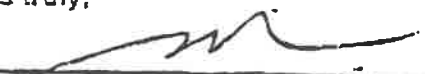
The above named person was examined today. At this time there do not appear to be any contraindications to having him/her wear protective equipment and to wear any type of respirator for use in working with potentially hazardous materials. He/she does not appear to be at any increased risk from the harmful effects of asbestos.

He/she has been informed of the results of this physical and has been told about the increased health danger of smoking tobacco products combined with working with asbestos.

A full report of the physical exam, pulmonary function test, and chest Xray will be sent in the future.

This clearance to work with asbestos may be rescinded upon my receipt of the radiologist's report of the chest Xray.

Yours truly,



physician signature

M. J. ASH, MD

printed physician name

Los Angeles Airport Urgent Care, Inc.

1117 West Manchester Boulevard, Inglewood, CA 90301

(310) 216-7100

FAX: (310) 216-7751

Respiratory Protection Fit Test Record

Employee: Elmer Solano Date: 3/3/04
 Social Security Number: 609-27-1332 Office: L.A.
 Respirator: 1/2 Face Respirator ID (#, initials, etc.): North 770
 Manufacturers Name: Rohloff Model/Size: Med.
 Tests: Negative Pressure Check Irritant Smoke Qualitative Test
 Positive Pressure Check Isoamyl Acetate Qualitative Test
 Other: P.A.P.R.

The test subject shall perform the following exercises in the order prescribed. CHECK EACH ONE

<input checked="" type="checkbox"/> Normal Breathing	In a normal standing position, without talking, the subject shall breathe normally.
<input type="checkbox"/> Deep Breathing	In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate
<input checked="" type="checkbox"/> Turning Head Side- To-Side	Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at extreme momentarily so the subject can inhale at each side.
<input checked="" type="checkbox"/> Moving Head Up & Down	Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).
<input checked="" type="checkbox"/> Talking	The subject shall talk out loud slowly and loud enough so as to be heard clearly the by test conductor. The subject can read from a prepared text such as the Rainbow Passage (see reverse page), count backward from 100, or recite a memorized poem or song.
<input checked="" type="checkbox"/> Grimace	The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for OLFT)
<input checked="" type="checkbox"/> Bending Over	The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as a shroud type OLFT or QNFT units that do not permit bending over at the waist.
<input checked="" type="checkbox"/> Normal Breathing	Same as First Exercise

NOTE: Each test exercise shall be performed for 1 minute except grimace (15 seconds). The test subject shall be questioned by the test conductor regarding comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once during the fit test exercises begin. Any adjustments voids the test, and the fit test must be repeated.

Employee briefed on fundamental principles of respiratory protection, use, inspection, cleaning, maintenance, and storage of equipment: Yes No

Corrective lenses required for normal work tasks: Yes No
If yes, which does employee use? prescription safety glasses prescription safety goggles respirator spectacles

Facial characteristics preventing seal (beard, missing dentures, etc.): Yes No
Medical restrictions on respirator use: Yes No

I hereby certify that the subject employee has been fit tested in accordance with the OSHA Respiratory Protection Standard 29 CFR 1910.34, Appendix A "Fit Testing Procedures", (Rev 1/8/98). The results of the test(s) indicated that the subject employee is accepted () / rejected () for work assignments requiring specified respiratory protection devices.

Elmer Solano Elmer E. Solano 3/3/04
 Employee (Print Name) (Signature) (Date)

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker
★

12/02/2005



Mr. Martin Perez
Argus Contracting, Inc.
2340 East Artesia Boulevard
Long Beach, California 90805

Martin Perez

ID # 8732

**Joint Apprenticeship Trust Insulators & Asbestos Workers
Of**

Southern California

670 E. Foothill Blvd. Azusa, Ca 91702
626-334-6884

This is to certify that:

Martin Perez Jr.
1462

has completed and passed the

**7-Hour Lead-Related Construction Continuing Education for Workers Course,
As defined in Sections 35055 through 35072 of Title 17, California Code of Regulations.**

Pursuant to Title 17, California Code of Regulations, Section 35001 et seq., the Department of Health Services,
Childhood Lead Poisoning Prevention Branch

Possession of this certificate does not constitute DHS Certification

Course Completion Date: March 2, 2004

This certificate is valid through: March 2, 2005

Course Certificate Number: IIAW-025-CEW-60679


3-2-04

**Tom L. Gutierrez
JAC Administrator & Training Director for the
Lead Training Facility JAT Local 5**

**Please call (626) 334-6884 to verify the
authenticity of this certificate**

Memo



CLINICAL REFERENCE LABORATORY

8433 Quivira Road • Lenexa, Kansas 66215
(316) 492-3652

ACCOUNT INFORMATION

Client I.D. _____

Client Name/Address US HEALTHWORKS/COMMERCIAL/COMMERCIAL

Requesting Physician _____ Collector Name _____

Collection Site Name/Address US HEALTHWORKS/COMMERCIAL/COMMERCIAL Code UH7-328

Test Panels _____

PATIENT INFORMATION

Company Name US CONTRACTORS

Company Branch _____

Patient Name MARILYN PETER

SS#: 571-67-1467

Sex: Male Female

Female

D.O.B.: 12/15/1980

Date of Last Food/Drink: MO 1 Day Year 20

Time of Last Food/Drink: AM PM

Specimen Date: MO 14 Day Year 2005

Specimen Time: AM PM

Reason for test: Pre employment

Employee Health

EPA/OSHA Monitoring

Other _____

SPECIMEN TYPE SENT (See Laboratory Manual for additional test)

- Serum (S)
- Lavender (L)
- Light Blue (LB)
- Urine (U)
- Gray (G)
- Royal Blue (RB)
- Green (GN)
- Other _____

Test Profiles

- | | | |
|----------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------|
| P674 <input type="checkbox"/> Anti-HBS/H5S Ratio (S) | P830 <input type="checkbox"/> Chem 20/CHD/Thy3/CBD (S,L) | P349 <input type="checkbox"/> MMR Profile (S) |
| P105 <input type="checkbox"/> CBD (L) | P193 <input type="checkbox"/> Chem 22/CHD/T4/CBD/UA (S,L,U) | V324 <input type="checkbox"/> MMRV Profile I (S) |
| V288 <input type="checkbox"/> Chem 8 (S) | P248 <input type="checkbox"/> Chem 23/CHD/Cholin/CBD/Retic/UA (S,L,U) | V340 <input type="checkbox"/> MMRV Profile II (S) |
| P419 <input type="checkbox"/> Chem 20 (S) | P161 <input type="checkbox"/> Chem 24/CBD/T4 (S,L) | V122 <input type="checkbox"/> Prenatal Profile (L,S) |
| P424 <input type="checkbox"/> Chem 20/CHD (S) | P432 <input type="checkbox"/> Electrolyte Profile (S) | V289 <input type="checkbox"/> Renal Function (Chem 10) (S) |
| P360 <input type="checkbox"/> Chem 20/CHD/CBD (S,L) | P434 <input type="checkbox"/> Hepatic Function (Liver) (S) | P643 <input type="checkbox"/> Rheumatoid Profile (L,S) |
| P845 <input type="checkbox"/> Chem 20/CHD/CBD/UA (S,L,U) | P632 <input type="checkbox"/> Hepatitis B, C/HIV Profile I (S) | P521 <input type="checkbox"/> Urinalysis w/ Micro (U) |
| | P498 <input type="checkbox"/> Lipid Profile (CHD) (S) | |

Individual Test Mark Appropriate Box (For additional test please refer to Laboratory Manual)

- | | | |
|--------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------|
| T004 <input type="checkbox"/> ABO/RH Blood Type (L) | T501 <input type="checkbox"/> Glucose (S) | T099 <input type="checkbox"/> PSA (Prostatic Specific Antigen) (S) |
| T005 <input type="checkbox"/> Alkaline Phosphatase (S) | T049 <input type="checkbox"/> Glycosylated Hemoglobin A1C (L) | T072 <input type="checkbox"/> PT (Prothrombin Time)w/ INR (LB) |
| T092 <input type="checkbox"/> Alpha-Fetoprotein (S) | T093 <input type="checkbox"/> HCG-Beta Subunit (Quant) (S) | T058 <input type="checkbox"/> Reticulocyte Count (L) |
| T107 <input type="checkbox"/> ANA (Antinuclear Antibody) (S) | T175 <input type="checkbox"/> Hepatitis A Antibody, Total IgM/IgG (S) | T102 <input type="checkbox"/> RPR/ Syphilis (S) |
| T520 <input type="checkbox"/> Bilirubin, Direct (S) | T106 <input type="checkbox"/> Hepatitis B Core Antibody Total (S) | T154 <input type="checkbox"/> Rubella Antibody, IgG (S) |
| T502 <input type="checkbox"/> BUN (Urea Nitrogen) (S) | T144 <input type="checkbox"/> Hepatitis B Surface AB Titer (S) | T138 <input type="checkbox"/> Rubella Antibody, IgG AB (S) |
| T131 <input type="checkbox"/> CA 19-9 (S) | T113 <input type="checkbox"/> Hepatitis B Surface Antibody (S) | T069 <input type="checkbox"/> Sedimentation Rate (ESR) (L) |
| T091 <input type="checkbox"/> CA 125 (S) | T103 <input type="checkbox"/> Hepatitis B Surface Antigen (S) | T210 <input type="checkbox"/> Thyroxine (T-4) (S) |
| T524 <input type="checkbox"/> Calcium (S) | T108 <input type="checkbox"/> Hepatitis C Antibody (S) | T209 <input type="checkbox"/> TSH (Thyroid Stimulating Hormone) (S) |
| T090 <input type="checkbox"/> CEA (S) | T011 <input type="checkbox"/> HIV-1-EIA antibody Screen (S) | T504 <input type="checkbox"/> Uric Acid (S) |
| T513 <input type="checkbox"/> Cholesterol Total (S) | T622 <input type="checkbox"/> Iron (S) | T152 <input type="checkbox"/> Varicella-Zoster Antibody IgG (S) |
| T490 <input type="checkbox"/> Cholinesterase, RBC (L) | T139 <input type="checkbox"/> Mumps Antibody, IgG (S) | T226 <input type="checkbox"/> Vitamin B-12 (S) |
| T494 <input type="checkbox"/> CPK (S) | T627 <input type="checkbox"/> Potassium (S) | |
| T499 <input type="checkbox"/> Cholinesterase, Serum (S) | T238 <input type="checkbox"/> Pregnancy Test, Urine (Qual) (U) | |
| T503 <input type="checkbox"/> Creatinine (S) | T510 <input type="checkbox"/> Protein, Total (S) | |

0042285825

Microbiology Testing

Source Required

- T269 Bacterial Culture (O)
- T273 Occult Blood, Feces (O)
- T274 Ova and Parasites (O)
- T272 Routine Genital Culture (O)
- T203 Routine Urine Culture (O)
- T119 Sputum Cytology (O)
- T271 Strep Screen (O)

EPA/OSHA Monitoring Panels

(See Laboratory Manual for additional test)

- V290 Complete Cadmium/Lead w/ZPP Profile (RB,U)
- P301 Heavy Metal, Blood (Hg,As,Pb) (RB)
- P304 Heavy Metal, Blood (Hg,As,Pb,Cd) (RB)
- P551 Heavy Metal, Urine (Hg,As,Pb) (U)
- P554 Heavy Metal, Urine (Hg,As,Pb,Cd) (U)
- P299 Lead w/ ZPP (FEP) (RB)
- P222 Osha Cadmium Profile (RB,U)
- T565 PCB's (S)
- P549 Phenol (Free&Conjugated) (U)

Other Test Requested:

A BLOOD LEAD

LAB COMMENTS

CMCNA# 000116

COURSE COMPLETION FORM

Form number

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(To be completed by student. Please print or type. Press firmly. / Ser completado por el estudiante. Favor de escribir firmemente con tipo de prensa.)

Student Information

1. Name / Nombre (last / apellido) (first / primer nombre) (middle initial / segundo nombre)

Home address (number, street, apartment number) / Dirección (número, calle, número de apartamento)

Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año)

City / Ciudad

State / Estado

ZIP code / Código postal

Telephone number / número de teléfono

Mailing address (if different from above) / Dirección de correo (si tiene otra dirección.)
(number, street, apartment number / número, calle, número de apartamento)

City / Ciudad

State / Estado

ZIP code / Código postal

2340 EAST ARTESIA BLVD.

Long Beach

CA

90805

2. Photo Identification / Foto de identificación

Number / Número

Gender / Sexo

Male / Masculino

Female / Femenino

Race/Ethnicity / Raza/étnico

Asian / Asiático

Black/African American/
Negro/Africano Americano

Latino/Hispanic / Latino Americano

Native American / Americano Nativo

Pacific Islander / Pacífico Isleno

White / Blanco

Other / Otro:

Type / Tipo

Driver's license / Licencia

Resident alien card / Tarjeta de residencia

Other ID / otra tipo de ID:

3. Currently DHS certified, provide DHS certificate ID number / Si esta certificado por DHS, favor de dar su número de DHS

4. I authorize the below named accredited training provider to release information to the State of California, Department of Health Services (DHS) regarding my completion of this instruction for the purpose of Lead Certification. I understand that possession of this form does not constitute certification by DHS. I understand that I must apply to DHS within one year of successful completion of the final examination to be eligible for certification or renewal. For Privacy Statement, see back of form. / Yo autorizo al entrenamiento de acreditación aprobado para que den mi información al estado de California, departamento de salud (DHS) en relación del curso tomado para obtener la licencia del plomo. Yo entiendo que al obtener esta forma no constituye tener la licencia con (DHS). Yo entiendo que tengo un año para aplicar al DHS después de haber tomado el examen final. Declaración Sobre la Privacidad, ver detras de la forma.

Signature of student / Firma de estudiante

Date (month/day/year) / Fecha (mes/día/año)

(To be completed by accredited training provider. Please print or type. Press firmly.)

Training Information

5. Accredited Training Provider name (institution and/or individual offering course)

Joint Apprenticeship Trust Insulators & Asbestos Workers Local 5

6. Course number

JATIAW-025-CE

Course title

Inspection/Assessment

Supervision and Project Monitoring

Supplemental Supervision and Project Monitoring

Project Design

Certified Industrial Hygienist

General Continuing Education

Continuing Education for Workers

Work

7. Course dates (mm/dd/yy)

Number of contact hours of instruction completed

Date student passed course or continuing education final examination (mm/dd/yy)

8. Course completion form number from core instruction (if different)

Location of course

670 East Foothill Blvd. Azusa Ca

Core instruction date (if different) (mm/dd/yy)

9. Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.

Name of Training Director

TOM L. GUTIERREZ

Signature of Training Director

Date (mm/dd/yy)



Medical Recommendations for the Use of Respiratory Protective Equipment

Applicant / Employee MARTIN POPEZ JR. SSA 571 67 1468

Position Title CONSTRUCTION WORKER

Company ARBUS INC

Based on the information provided to me on my evaluation of the Respirator Medical Evaluation Questionnaire and / or my medical evaluation, it is my opinion that the aforementioned applicant / employee is:

- Medically qualified for the use of respirators without restrictions.
- Medically qualified for the use of respirators with the following restrictions:
 - Personal Egress / Evacuation Emergency only
 - Only PAPR
 - Other _____
- Medically NOT qualified for the use of respirators.
- in need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____

Comments:

I hereby certify that in accordance with OSHA 29 CFR 1910.134, I have informed the applicant / employee of the results of his / her evaluation and I have given him / her a copy of these recommendations.

CLINICIAN Name: KAREN DELAHOUBAYE P.A.C

Signature: [Handwritten Signature]

Date: 1-11-05

Respiratory Protection Fit Test Record

Employee: Martin Perez Jr Date: 11/3/04
 Social Security Number: 571-67-1469 Office: LA
 Respirator: 1/2 Face Respirator ID (#, initials, etc.): North 7700
 Manufacturer's Name: Rocaf Model/Size: Med.
 Tests: Negative Pressure Check Irritant Smoke Qualitative Test
 Positive Pressure Check Isoamyl Acetate Qualitative Test
 Other: P.A.P.R.

The test subject shall perform the following exercises in the order prescribed. CHECK EACH ONE

<input checked="" type="checkbox"/> Normal Breathing	In a normal standing position, without talking, the subject shall breathe normally.
<input type="checkbox"/> Deep Breathing	In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate
<input checked="" type="checkbox"/> Turning Head Side- To-Side	Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at extreme momentarily so the subject can inhale at each side.
<input checked="" type="checkbox"/> Moving Head Up & Down	Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).
<input checked="" type="checkbox"/> Talking	The subject shall talk out loud slowly and loud enough so as to be heard clearly by test conductor. The subject can read from a prepared text such as the Rainbow Passage (see reverse page), count backward from 100, or recite a memorized poem or song.
<input checked="" type="checkbox"/> Grimace	The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for OLFT)
<input checked="" type="checkbox"/> Bending Over	The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as a shroud type OLFT or QNFT units that do not permit bending over at the waist.
<input type="checkbox"/> Normal Breathing	Same as First Exercise

NOTE: Each test exercise shall be performed for 1 minute except grimace (15 seconds). The test subject shall be questioned by the test conductor regarding comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once during the fit test exercises begin. Any adjustments voids the test, and the fit test must be repeated.

Employee briefed on fundamental principles of respiratory protection, use, inspection, cleaning, maintenance, and storage of equipment: Yes No

Corrective lenses required for normal work tasks: Yes No

If yes, which does employee use? prescription safety glasses prescription safety goggles respirator spectacles

Facial characteristics preventing seal (beard, missing dentures, etc.): Yes No

Medical restrictions on respirator use: Yes No

I hereby certify that the subject employee has been fit tested in accordance with the OSHA Respiratory Protection Standard 29 CFR 1910.34, Appendix A "Fit Testing Procedures", (Rev 1-8-98). The results of the test(s) indicated that the subject employee is accepted () rejected () for work assignments requiring specified respiratory protection devices.

Martin Perez Jr (Print Name) Martin Perez Jr. (Signature) 11/3/04 (Date)
Martin Kaydale (Print Name) Martin Kaydale (Signature) 11/3/04 (Date)

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker

11/15/2005



Martin Perez

ID # 2036

Conditions of Certification

This individual meets the requirements of the State of California, Department of Health Services (DHS), to perform lead-related construction. DHS may suspend or revoke certification for:

1. any false statement in the application (for certification);
2. violations of relevant local, state or federal statutes or regulations;
3. misrepresentation, failure to disclose relevant facts, fraud, or issuance by mistake; or
4. failure to comply with any relevant regulation or order of the Department.

This certificate was issued by the Department of Health Services as authorized by 17 CCR 35001 et seq., and is non-transferable.

To verify authenticity call
(800) 597-LEAD or
510-622-5000



3349011

COURSE COMPLETION FORM

Nº 60668

Form number

Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the accredited training provider. The accredited training provider must submit the top (white) copy of this form to CLPPB **and** the last two (pink and yellow) copies to the student within **30 calendar days** of the student's successful completion of the final examination. / **Instrucciones:** La parte de arriba de esta forma es para ser completada por el estudiante y la parte de abajo es para el acreditador. El acreditador tiene que mandar la copia blanca original de esta forma a CLPPB. **Entre 30 días** después de haber pasado el examen final.
(To be completed by student. Please print or type. Press firmly. / Ser completado por el estudiante. Favor de escribir firmemente con tipo de prensa.)

Student Information

1. Name / Nombre (last / apellido) Perez		(first / primer nombre) Martin		(middle initial / segundo nombre)	
Home address (number, street, apartment number) / Dirección (número, calle, número de apartamento) 4639 Strang St				Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año) 11/15/59	
City / Ciudad Los Angeles		State / Estado CA	ZIP code / Código postal 90022	Telephone number / número de teléfono (323) 780-1063	
Mailing address (if different from above) / Dirección de correo (Si tiene otra dirección.) (number, street, apartment number / número, calle, número de apartamento)			City / Ciudad	State / Estado	ZIP code / Código postal

2. Photo Identification / Foto de Identificación

Number / Número N 9431307	Gender / Sexo <input type="checkbox"/> Male / Masculino <input type="checkbox"/> Female / Femenino	Race/Ethnicity / Raza/étnico <input type="checkbox"/> Asian / Asiático <input type="checkbox"/> Black/African American / Negro/Africano Americano <input checked="" type="checkbox"/> Latino/Hispanic / Latino Americano <input type="checkbox"/> Native American / Americano Nativo	<input type="checkbox"/> Pacific Islander / Pacífico Isleno <input type="checkbox"/> White / Blanco <input type="checkbox"/> Other / Otro: _____
Type / Tipo <input checked="" type="checkbox"/> Driver's license / Licencia <input type="checkbox"/> Resident alien card / Tarjeta de residencia <input type="checkbox"/> Other ID / otra tipo de ID:			

If currently DHS certified, provide DHS certificate ID number / Si esta certificado por DHS, favor de dar su número de DHS

4. I authorize the below named accredited training provider to release information to the State of California, Department of Health Services (DHS) regarding my completion of this instruction for the purpose of Lead Certification. I understand that possession of this form does not constitute certification by DHS. I understand that I must apply to DHS within one year of successful completion of the final examination to be eligible for certification or renewal. For Privacy Statement, see back of form. / Yo autorizo al entrenamiento de acreditación aprobado para que den mi información al estado de California, departamento de salud (DHS) en relación del curso tomado para obtener la licencia del plomo. Yo entiendo que al obtener esta forma no constituye tener la licencia con (DHS). Yo entiendo que tengo un año para aplicar al DHS después de haber tomado el examen final. Declaración Sobre la Privacidad, ver detras de la forma.

Signature of student / Firma de estudiante Martin Perez	Date (month/day/year) / Fecha (mes/día/año) 03/02/04
-------------------------------------------------------------------	----------------------------------------------------------------

(To be completed by accredited training provider. Please print or type. Press firmly.)

Training Information

5. Accredited Training Provider name (Institution and/or individual offering course) Joint Apprenticeship Trust Insulators & Asbestos Workers Local 5			6. Course number JATIAW-025-CEW
Course title <input type="checkbox"/> Inspection/Assessment <input type="checkbox"/> Certified Industrial Hygienist	<input type="checkbox"/> Supervision and Project Monitoring <input type="checkbox"/> General Continuing Education	<input type="checkbox"/> Supplemental Supervision and Project Monitoring <input checked="" type="checkbox"/> Continuing Education for Workers	<input type="checkbox"/> Project Design <input type="checkbox"/> Work
7. Course dates (mm/dd/yy) 03/02/04 to 03/02/04	Number of contact hours of instruction completed 7	Date student passed course or continuing education final examination (mm/dd/yy) 03/02/04	8. Course completion form number from core instruction (if different)
Location of course 670 East Foothill Blvd. Azusa Ca			Core instruction date (if different) (mm/dd/yy) ____/____/____

I, Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.

Name of Training Director TOM L. GUTIERREZ	Signature of Training Director 	Date (mm/dd/yy) 03/02/04
------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------	------------------------------------

Joint Apprenticeship Trust Insulators & Asbestos Workers

Of

Southern California

670 E. Foothill Blvd. Azusa, Ca 91702
626-334-6884

This is to certify that:

Martin Perez

3445

has completed and passed the

7-Hour Lead-Related Construction Continuing Education for Workers Course,

As defined in Sections 35055 through 35072 of Title 17, California Code of Regulations.

Pursuant to Title 17, California Code of Regulations, Section 35001 et seq., the Department of Health Services,
Childhood Lead Poisoning Prevention Branch

Possession of this certificate does not constitute DHS Certification

Course Completion Date: March 2, 2004

This certificate is valid through: March 2, 2005

Course Certificate Number:

IIAW-025-CEW-60668



Tom L. Gutierrez
JAC Administrator & Training Director for the
Lead Training Facility JAT Local 5

3-2-04

**Please call (626) 334-6884 to verify the
authenticity of this certificate**

LABORATORY REPORT



Unilab Corporation
 18408 Oxnard Street
 Torrance, CA 91356
 (818) 996-7300
 So. Ca. (600) 339-4299
 www.unilab.com

Medical Director and Pathologist
 Paul T. Wentlake, M.D.

US HEALTHWORKS-VAN NUYS 50816
 THOMAS TURNER, M.D. -MRU 1001
 16300 ROSCOE BLVD. 1052
 VAN NUYS, CA 91406

UNILAB		PT PHONE #: _____		FINAL	
REQUISITION NUMBER	ROOM/LOC	PATIENT DOB	FASTING		
DATE COLLECTED	DRAW TIME	CHART/OTHER ID			
12/17/2003	3:30 PM				
PROVIDER	SUPV. M.D.	RECEIVED	REPORTED	SPEC. NO.	
-	TURNER	12/17	12182003	407684142	

PATIENT NAME	AGE	SEX	PATIENT ID	PROVIDER	SUPV. M.D.	RECEIVED	REPORTED	SPEC. NO.
PEREZ, MARTIN	44	M		-	TURNER	12/17	12182003	407684142

TEST NAME	RESULT	OUT OF RANGE	REFERENCE	UNITS	LOC
LEAD, BLOOD (OCCUPATIONAL)	8.9 (1)		0.0-25.0	MCG/DL	
LEAD, BLOOD					

Footnotes:
 (1) ~~Unilab reports all blood lead results to the State of California, Department of Health Services.~~

~~Blood Lead Management Guidelines for Adults:~~

<10 mcg/dL	No action needed
10-24 mcg/dL	Identify and minimize lead exposure.
25-49 mcg/dL	Remove from exposure if symptomatic. Monitor blood lead and zinc protoporphyrin.
50-79 mcg/dL	Remove from work with lead. Immediate medical evaluation indicated. Chelation not indicated unless significant symptoms due to lead poisoning.
≥80 mcg/dL	As above. Chelation may be indicated if symptomatic.

Important to consult on individual basis. Consult Cal/OSHA General Industry and Construction Lead Standards for occupational exposure. For more information, call the California Department of Health Services, Occupational Lead Poisoning Prevention Program at (510) 622-4332, or your nearest University of California Occupational and Environmental Health Clinic (San Diego, Irvine, Los Angeles, San Francisco, and Sacramento).

SCAFFOLD TRAINING INSTITUTE



This is to certify that

MARTIN PEREZ - S.S. 570-39-3445

has completed the course of

COMPETENT PERSON SCAFFOLD TRAINING

Date 10/20/19

Instructor M. Reyes CSP

*Injury/Illness
Prevention Program
Certificate*

is hereby presented to

MARTIN PEREZ

December 16, 1998

Presenter: Jerry P. Ray, CSP



This is to certify that

Martin Perez

has successfully completed the OSHA Outreach Training Course in

10-Hour Construction Safety and Health

Date 7/24/99

Instructor

Thomas R. Cessario

Thomas R. Cessario, CSP
OSHA Certified Trainer

Certificate of Completion

This is to certify that

Martin Perez

has successfully completed an advanced technical seminar

Mold Remediation in Buildings

based on the *IIIRC Standard S500* and the
ACGIH guidance document *Bioaerosols: Assessment and Control*

June 13/14/15, 2002

Newport Beach, California
CM Approval #15025



Peter H. Sierck, REA

Director

Certificate No. 690



CPR 2000™

Martin Perez Sr.

has completed a CPR 2000™ Training Course

Oct 23, 2004
Expiration Date

Kam Ben

Issuer's Signature

Instructor I.D. #: T0001

"Core Training"
(CPR & First Aid)

YES NO
Pediatric CPR Inclusive
(Hands On Practice)

CPR & FBAC
Only

The "source authority" for treatment guidelines in this program include: American Heart Association, JAMA 1992 Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care, and other sources including national consensus guidelines for first aid training in occupational settings (NGFATOS)

Core Training includes Scene Safety and BSI, Initial and Ongoing Assessment, Airway Management (including FBAC), Rescue Breathing, One Rescuer CPR, Medical Emergencies, Bleeding, Shock and Injuries to Muscles and Bones.

O.S.T.S. Inc. (909) 468-3602

Certificate Of Completion

Martin Perez

(Ending four digits) SS#: 3445

Has attended and completed the training course entitled:

Asbestos Contractor / Supervisor Refresher

DOSH Course # CA-015-04

Certificate # AASR111304009N

Training Director **Alan D. Dages**

Signature: 

Start Date: 11/13/04

Course End Date: 11/13/04

Expiration Date: 11/12/05

Instructor: Rodger Sandlin

This course satisfies the education requirements for Asbestos accreditation under the Toxic Substances Control Act, Title II. This course has been approved by the Department of Industrial Relations, Division of Occupational Safety and Health of the State of California

NATEC INTERNATIONAL, INC.

1100 Technology Circle – Suite A, Anaheim, CA 92805

www.natecintl.com 714/678-2750 800/969-3228 (FAX) 714/ 678-2757

Important Industry Contacts

CAL-OSHA: Ph# (916) 574-2993
Ph# (916) 483-0572 Fax Notification
Website: www.dir.ca.gov/calosha.com

DHS/CLPPB: Ph# (510) 622-5000
Website: www.dhs.ca.gov/childlead

SCAQMD: Ph# (909) 396-3739
Ph# (909) 396-3342 (Fax)

Equipment Services: ABATIX Ph# (562) 944-3445

NATEC International, Inc

Environmental Training and Consulting

1100 Technology Circle, Suite A • Anaheim, CA 92805
(714) 678-2750, (800) 969-3228, Fax (714) 678-2757
www.natecintl.com

NATEC International, Inc

1100 Technology Circle, #A, Anaheim, CA
714/628-2750 (Fax) 714/678-2757 92905

This Card Acknowledges That

Martin Perez

Holds Training Certification For
Asb. Contractor / Super. Ref.
(Valid for 12 months)

Training Date 11/13/04

Alan D. Dages

**Joint Apprenticeship/Maintenance and Abatement Program
Asbestos Workers Local 5**

**CERTIFICATION OF EXAMINATION AND X-RAY(S)
RECOMMENDATION FOR RESPIRATOR USE**

This certifies that:

Name: Mark Penn

Social Security Number: 570-39-3945

Has completed:

- physical exam, urinalysis (dipstick), vision (Snellen) medical history and spirometry
- one view chest x-ray
- three view chest x-ray

On the basis of this examination, the following are preliminary recommendations for respirator use, pending outcome of all outstanding tests. (Final respirator clearance will be made by M. Donald Wharton, MD, and will be sent to the union representative.)

- This employee is cleared for respirator use.
- This employee's medical approval for respirator use is pending further physician review.
- This employee is NOT cleared for respirator use.
- This employee is cleared for a powered respirator only.
- Other restrictions (e.g. corrective lenses). List _____

This also certifies that I have informed the above employee of the results of his/her medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment. The employee has additionally been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Date of Medical Examination: 5/1/04

Signature of Examining Physician: [Signature]

Clinic Name and Address: Concentra Medical Center
2110 E. Katella Ave
Anaheim, CA 92806
714-937-1919 Fax 937-0131

**WORKCARE™**

A Trademark of WorkCare, Inc.

May 6, 2004

Tom Gutierrez
Asbestos Workers Local 5
670 E. Foothill Blvd., Suite 3
Azusa, CA 91702-2628

RE: Martin Perez
570-39-3445

Dear Mr. Gutierrez:

The above named employee has completed an examination through the Asbestos Workers Local 5 Employee Maintenance Medical Program. The date and location of the examination are indicated below.

Location: Concentra Medical Center - Anaheim
Date of Exam: 5/1/04

On the basis of the medical history, physical examination and lung function studies this employee HAS THE FOLLOWING RESTRICTIONS for the use of a respirator or other personal protective equipment. This worker has been informed of the results of the medical examination and of any medical conditions that may result from asbestos exposure.

Cleared for respirator use. Must wear corrective lenses.

This clearance is limited to assignments with contractors in the Western States Contractors Association (WICA). The trust office is required to keep copies of this clearance and provide them to contractors if necessary. This examination completes all medical monitoring requirements for asbestos exposed workers as mandated by the State of California, Title 8 California Code of Regulation 5208 and 1529 (asbestos) and 5144 (respiratory protective equipment) and the federal asbestos regulation, Title 29 Code of Federal Regulation 1910.1001 (asbestos) and 1910.134 (respiratory protective equipment). All examination results are stored in this office.

Sincerely,

M. Donald Whorton, M.D.
WorkCare, Inc.
Medical Consultant



May 26, 2004

Tom Gutierrez
Asbestos Workers Local 5
670 E. Foothill Blvd., Suite 3
Azusa, CA 91702-2628

Dear Mr. Gutierrez:

On 5/1/04, Martin Perez (570-39-3445) had a one-view chest x-ray examination as a part of the Asbestos Workers Local 5 Employee Maintenance Medical Program. On the basis of his age and years in the trade, he should have a one view chest x-ray examination in 2005.

I have informed the above employee of the results of his/her medical examination and of any medical conditions resulting from asbestos exposure that requires further explanation or treatment. The employee has additionally been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Sincerely,

M. Donald Whorton, M.D.
WorkCare, Inc.
Medical Consultant

MDW:ts

Argue

Respiratory Protection Fit Test Record

Employee: Martin Perez SR. Date: 11/4/04

Social Security Number: 570-39-3445 Office: L.A.

Respirator: 1/2 Face Respirator ID (#, initials, etc.): North 7700

Manufacturers Name: Raeal Model/Size: Med

Tests: Negative Pressure Check Irritant Smoke Qualitative Test
 Positive Pressure Check Isoamyl Acetate Qualitative Test
 Other: P.A.P.R.

The test subject shall perform the following exercises in the order prescribed. CHECK EACH ONE

<input checked="" type="checkbox"/> Normal Breathing	In a normal standing position, without talking, the subject shall breathe normally
<input checked="" type="checkbox"/> Deep Breathing	In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate
<input checked="" type="checkbox"/> Turning Head Side- To-Side	Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at extreme momentarily so the subject can inhale at each side.
<input checked="" type="checkbox"/> Moving Head Up & Down	Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e. when looking toward the ceiling).
<input checked="" type="checkbox"/> Talking	The subject shall talk out loud slowly and loud enough so as to be heard clearly by test conductor. The subject can read from a prepared text such as the Rainbow Passage (see reverse page), count backward from 100, or recite a memorized poem or song.
<input checked="" type="checkbox"/> Grimace	The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for OLF1)
<input checked="" type="checkbox"/> Bending Over	The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as a shroud type OLF1 or QNFT units that do not permit bending over at the waist.
<input checked="" type="checkbox"/> Normal Breathing	Same as First Exercise

NOTE: Each test exercise shall be performed for 1 minute except grimace (15 seconds). The test subject shall be questioned by the test conductor regarding comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once during the fit test exercises begin. Any adjustments voids the test, and the fit test must be repeated.

Employee briefed on fundamental principles of respiratory protection, use, inspection, cleaning, maintenance, and storage of equipment: Yes No

Corrective lenses required for normal work tasks: Yes No

If yes, which does employee use? prescription safety glasses prescription safety goggles respirator spectacles

Facial characteristics preventing seal (beard, missing dentures, etc.): Yes No

Medical restrictions on respirator use: Yes No

I hereby certify that the subject employee has been fit tested in accordance with the OSHA Respiratory Protection Standard 29 CFR 1910.34, Appendix A "Fit Testing Procedures", (Rev 1/8/98). The results of the test(s) indicated that the subject employee is accepted () rejected () for work assignments requiring specified respiratory protection devices.

Martin Perez SR. [Signature] 11/4/04
Employee (Print Name) (Signature) (Date)

Maria Rosedale [Signature] 11/4/04
Examiner (Print Name) (Signature) (Date)

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker

01/04/2008



Bernabe Sny

ID # 8990

Conditions of Certification

This individual meets the requirements of the State of California, Department of Health Services (DHS), to perform lead-related construction. DHS may suspend or revoke certification for:

1. any false statement in the application (for certification);
2. violations of relevant local, state or federal statutes or regulations; misrepresentation, failure to disclose relevant facts, fraud, or issuance by mistake; or
4. failure to comply with any relevant regulation or order of the Department.

This certificate was issued by the Department of Health Services as authorized by 17 CCR 35001 et seq., and is non-transferable.

To verify authenticity call
(800) 597-LEAD or
510-622-5000



0316683

Certificate Of Completion

Bernabe Suy

(Ending four digits) SS#: 2431

Has attended and satisfactorily passed an examination covering the contents of the course entitled:

Lead Continuing Education for Worker

DHS Accreditation: Natec-005-CEW SP

Certificate Number: LCWR082104004N

Course Director: Alan D. Dages

Director Signature: 

Course Start Date: 08/21/04

Course End (Exam) Date: 08/21/04

Course Expiration Date: 08/20/05

Instructor: Guillermo Renteria

*This course satisfies the continuing education requirements of the California Department of Health Services
Possession of this certificate does not constitute DHS State Certification

NATEC INTERNATIONAL, INC.

1100 Technology Circle Unit A, Anaheim, CA 92805

714/678-2750 800/969-3228

64785

COURSE COMPLETION FORM

Form number

Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the accredited training provider. The accredited training provider must submit the top (white) copy of this form to CLPPB and the last two (pink and yellow) copies to the student within 30 calendar days of the student's successful completion of the final examination. / Instrucciones: La parte de arriba de esta forma es para ser completada por el estudiante y la parte de abajo es para el acreditador. El acreditador tiene que mandar la copia blanca original de esta forma a CLPPB. Entre 30 días después de haber pasado el examen final.

(To be completed by student. Please print or type. Press firmly. / Ser completado por el estudiante. Favor de escribir firmemente con tipo de prensa.)

Student Information

1. Name / Nombre (last / apellido) Bernabe, Sus (first / primer nombre) (middle initial / segunda nombre)
Home address (number, street, apartment number) / Dirección (número, calle, número de apartamento) 11716 Palmdale Av
Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año) 1 / 04 / 68
City / Ciudad Los Angeles State / Estado Ca ZIP code / Código postal 70057 Telephone number / número de teléfono (323) 569-6900
Mailing address (if different from above) / Dirección de correo (Si tiene otra dirección.) (number, street, apartment number / número, calle, número de apartamento) City / Ciudad State / Estado ZIP code / Código postal

2. Photo Identification / Foto de identificación

Number / Número A9570249 Gender / Sexo [X] Male / Masculino [] Female / Femenino Race/Ethnicity / Raza/étnico [] Asian / Asiático [] Black/African American / Negro/Africano Americano [] Pacific Islander / Pacífico Isleno [] White / Blanco [] Other / Otro: [X] Driver's license / Licencia CA [] Resident alien card / Tarjeta de residencia [] Other ID / otra tipo de ID: [X] Latino/Hispanic / Latino Americano [] Native American / Americano Nativo

3. If currently DHS certified, provide DHS certificate ID number / Si esta certificado por DHS, favor de dar su número de DHS # 7970

I authorize the below named accredited training provider to release information to the State of California, Department of Health Services (DHS) regarding my completion of this instruction for the purpose of Lead Certification. I understand that possession of this form does not constitute certification by DHS. I understand that I must apply to DHS within one year of successful completion of the final examination to be eligible for certification or renewal. For Privacy Statement, see back of form. / Yo autorizo al entrenamiento de acreditación aprobado para que den mi información al estado de California, departamento de salud (DHS) en relación del curso tomado para obtener la licencia del plomo. Yo entiendo que al obtener esta forma no constituye tener la licencia con (DHS). Yo entiendo que tengo un año para aplicar al DHS después de haber tomado el examen final. Declaración Sobre la Privacidad, ver detrás de la forma.

Signature of student / Firma de estudiante [Signature] Date (month/day/year) / Fecha (mes/día/año) 8 / 21 / 09

(To be completed by accredited training provider. Please print or type. Press firmly.)

Training Information

5. Accredited Training Provider name (Institution and/or individual offering course) NICE INDUSTRIAL, INC. 6. Course number NICE 1112
Course title [] Inspection/Assessment [] Supervision and Project Monitoring [] Supplemental Supervision and Project Monitoring [] Project Design [] Certified Industrial Hygienist [] General Continuing Education [X] Continuing Education for Workers [] Work
7. Course dates (mm/dd/yy) 12/21/04 to 12/21/04 Number of contact hours of instruction completed 7 Date student passed course or continuing education final examination (mm/dd/yy) 12/21/04 8. Course completion form number from core instruction (if different) _____
Location of course NICE INDUSTRIAL, INC. Anaheim, CA Core instruction date (if different) (mm/dd/yy) _____
9. As Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.
Name of Training Director [Signature] Signature of Training Director [Signature] Date (mm/dd/yy) 12/21/04

25 Jan-2005

Clinical Reference Laboratory
CLIA #17D0667123 SAMHSA #0007 CAP #30211-01

10:4

US HEALTHWORKS
INGRID BAUTISTA/ GILLY
2499 S WILMINGTON AVE
COMPTON, CA 90220

NAME: SOY, BERNABE
DOB: 01/04/68 (AGE: 37 YRS)
SSN:
GENDER: MALE
SLIP ID: 0043726610
REF ID: ARGUS CONSTRUCTING
REFERENCE 1: NONDOT DEFAULT
REFERENCE 2:

SAMPLE ID: 1122187
COLLECTED: 01/20/05
RECEIVED: 01/24/05
COMPLETED: 01/25/05
FAX: (310) 638-8042

PH: (310) 638-1113
COLL. SITE ID: UH6303

SITE ADDR: US HEALTHWORKS
2499 S WILMINGTON AVE
COMPTON, CA 90220

SITE BRANCH: US HEALTHWORKS/COMPTON
SITE PHONE: (310) 638-1113
SITE FAX: (310) 638-8042

REASON FOR TESTING: OTHER
SAMPLE TYPE: SINGLE TEST

BIOLOGICAL MONITORING

RESULT / STATUS

CUTOFF/EXPECTED VALUE

LEAD, BLOOD

<5

0-40 ug/dL

LAB DIRECTOR: S. C. Kammerer, PhD, RP

ELECTRONICALLY REVIEWED BY COMPUTER

JC
1/25/05

EPA ACCREDITED

Nº 10156
AHERA APPROVED



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Bernabe Suy

HAS SUCCESSFULLY COMPLETED A ¹ DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON
July 24, 2004

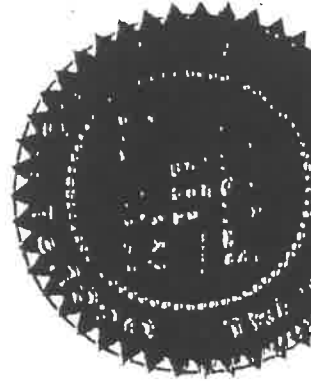
FOR
ASBESTOS ABATEMENT
WORKER TRAINING - ANNUAL REFRESHER
(SPANISH INSTRUCTION)

COURSE DATES: July 24, 2004 EXAM DATE: July 24, 2004

AAWT-R - 2083-04

ACCREDITATION NO.
July 24, 2005

EXPIRATION DATE



D.W. Eaton
DAVID W. EATON
Administrator

David W. Eaton-Administrator

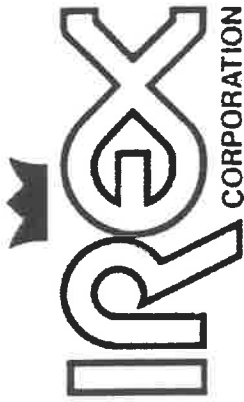
AUTHORIZED SIGNATURE

Max Cerdillo
EXAM ADMINISTRATOR

Max Cerdillo-Candidate

DOSH APPROVAL #CA-017-02

For purposes of accreditation required by the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (Occutrain) - 660 Baker St., Suite #615, Costa Mesa, CA 92626. TEL #714 555-7644



This is to certify that

Bernabe Suy

has successfully completed the operations technical seminar in

Mold Remediation in Buildings

Based on the IICRC Standard S500, the ACGIH guidance document Bioaerosols: Assessment and Control, The New York City Guidelines, and Mold Remediation in Schools and Commercial Buildings, US EPA, Office of Air and Radiation Indoor Environments Division.

Date: October 13, 2001

A handwritten signature in cursive script that reads "Thomas M. Konecsni".

Thomas M. Konecsni
Regional Manager Safety, Health & Environmental



Laborers' National Health and Welfare Fund
Attention: Henry J. Moreschi, Administrator
905 16th Street N.W.
Washington, D.C. 20006-1765

Re : SUY, BERNABE
Social Security # : XXX-XX-2431
Date of Exam : MAY 17, 2004

Dear Mr. Moreschi:

The physical examination required by OSHA Construction Standard 29CFR 1926.58 including appendices D, E, and I has been completed for the above named person.

The employer has provided the following:

1. A copy of the the applicable OSHA Standard Appendices.
2. A description of the affected employee's duties as they are related to the employee's exposures.
3. The employee's representative exposure level or expected exposure level.
4. A description of any personal protective and respiratory equipment used or to be used.

The results of the exam are as follows:

Pulmonary Function Test (FVC/FEV-1):	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fall
Xray: Posterior-anterior Chest:	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fall

1. Healthy, medically cleared to wear respirator and do work in asbestos abatement.
2. Minor medical abnormality, medically cleared to wear respirator and do work in asbestos abatement.
3. Cleared for powered air purifying respirator only.
4. Medical abnormality, needs further testing. NOT cleared for work.
5. Medical work restriction. NOT cleared for work.

This physical examination was completed in compliance with 29CFR 1926.58 including applicable appendices as well as Cal/OSHA requirements T8 Ch4 1529.

I have informed the above employee of the results of the medical examination and of any medical conditions resulting from asbestos exposure that requires further explanation or treatment. The employee has additionally been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Marc L. Daeh, M.D.

Los Angeles Airport Urgent Care, Inc.
1117 West Manchester Boulevard, Inglewood, CA 90301
(310) 218-7100
FAX: (310) 216-7751

Respiratory Protection Fit Test Record

Employee: Bernabe Sully Date: 10/11/04
 Social Security Number: 426-46-2431 Office: L.A.
 Respirator: 1/2 Face Respirator ID (#, initials, etc.): North 7700
 Manufacturer's Name: Racal Model/Size: LALC
 Tests: Negative Pressure Check Irritant Smoke Qualitative Test
 Positive Pressure Check P.A.P.R. Isoamyl Acetate Qualitative Test
 Other: _____

The test subject shall perform the following exercises in the order prescribed. CHECK EACH ONE

<input checked="" type="checkbox"/> Normal Breathing	In a normal standing position, without talking, the subject shall breathe normally
<input checked="" type="checkbox"/> Deep Breathing	In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate
<input checked="" type="checkbox"/> Turning Head Side-To-Side	Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at extreme momentarily so the subject can inhale at each side.
<input checked="" type="checkbox"/> Moving Head Up & Down	Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).
<input checked="" type="checkbox"/> Talking	The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage (see reverse page), count backward from 100, or recite a memorized poem or song.
<input checked="" type="checkbox"/> Grimace	The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for OLF1)
<input checked="" type="checkbox"/> Bending Over	The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as a shroud type OLF1 or QNFT units that do not permit bending over at the waist.
<input checked="" type="checkbox"/> Normal Breathing	Same as First Exercise

NOTE: Each test exercise shall be performed for 1 minute except grimace (15 seconds). The test subject shall be questioned by the test conductor regarding comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once during the fit test exercises begin. Any adjustments voids the test, and the fit test must be repeated.

Employee briefed on fundamental principles of respiratory protection, use, inspection, cleaning, maintenance, and storage of equipment: Yes No

Corrective lenses required for normal work tasks: Yes No
 If yes, which does employee use? prescription safety glasses prescription safety goggles respirator spectacles

Facial characteristics preventing seal (beard, missing dentures, etc.): Yes No
 Medical restrictions on respirator use: Yes No

I hereby certify that the subject employee has been fit tested in accordance with the OSHA Respiratory Protection Standard 29 CFR 1910.34, Appendix A "Fit Testing Procedures", (Rev 1-3-98). The results of the test(s) indicated that the subject employee is accepted rejected () for work assignments requiring specified respiratory protection devices.

Bernabe Sully (Employee Print Name) [Signature] (Signature) 10/11/04 (Date)
MARINA V. RAGSDALE (Examiner Print Name) [Signature] (Signature) 10/11-04 (Date)



THE ARGUS CONTRACTING GROUP

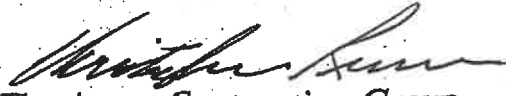
2340 E. ARTESIA BLVD • LONG BEACH, CA 90805 • TEL : (562) 422-7370 • FAX : (562) 422-8703

Date: 2/10/05

Subject: **VISITORS LOG**

No Unauthorized visitors entered the jobsite during abatement operations performed by The Argus Contracting group.

Sincerely,


The Argus Contracting Group
Project Manager

BDC SPECIAL WASTE SERVICES

No. 202232



766 S. AYON AVE. • AZUSA, CA 91702
(626) 969-1384 • FAX (626) 969-4971

NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME CITY OF LOS ANGELES DEPT OF REC. & PARKS CONTACT: LEILA BARKER
ADDRESS 1200 W. 7TH ST STE #700 SITE: Encino-Balboa Golf Club
EPA I.D. NO. 000000017557

CITY, STATE, ZIP LOS ANGELES, CA 90017 PHONE NO. (213) 928-9135

CONTAINERS: No. 5 B4 VOLUME/CY 16 WEIGHT/TONS _____
TYPE: ROLL-OFF TRUCK DUMP TRUCK DRUMS CARTONS OTHER Roll-off Cube Van

WASTE DESCRIPTION NON FRIABLE ASBESTOS GENERATING PROCESS REMOVAL

COMPONENTS OF WASTE	PPM %	COMPONENTS OF WASTE	PPM %
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

VOC-OVA READINGS _____

SITE ADDRESS 5500 BALBOA BL, ENCIENO, CA 91316

PROPERTIES: pH 11.0 SOLID LIQUID SLUDGE SLURRY OTHER GRUIS

HANDLING INSTRUCTIONS: USE PROPER SAFETY EQUIPMENT

THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.
Danner Brock TYPED OR PRINTED FULL NAME & SIGNATURE DATE 2/11/05

TRANSPORTER I

NAME BDC SPECIAL WASTE SERVICES EPA I.D. NO. 000000017557

ADDRESS 766 S. AYON SERVICE ORDER NO. _____

CITY, STATE, ZIP AZUSA, CA 91702 PICK UP DATE _____

PHONE NO. (626) 969-1384 Gal. McNeel TYPED OR PRINTED FULL NAME & SIGNATURE DATE 2/11/05

TRANSPORTER II

NAME _____ EPA I.D. NO. _____

ADDRESS _____ SERVICE ORDER NO. -85476

CITY, STATE, ZIP _____ PICK UP DATE _____

PHONE NO. () _____ TYPED OR PRINTED FULL NAME & SIGNATURE DATE _____

TSD FACILITY

NAME AZUSA LAND RECLAMATION EPA I.D. NO. 000000007500 DISPOSAL METHOD

ADDRESS 121 W. BLADSTONE LANDFILL OTHER _____

CITY, STATE, ZIP AZUSA, CA 91702

PHONE NO. (626) 334-8717 Gal. McNeel TYPED OR PRINTED FULL NAME & SIGNATURE DATE 2/11/05

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/O		RT/CD	HWDF	NONE

DISCREPANCY _____

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7350

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A R 0 9 8 1 1 4 4 3 1 2 9 1 9 9 5 7	Manifest Document No. 1 of 1	2. Page 1	Information in the shaded area is not required by Federal law.
3. Generator's Name and Mailing Address CITY OF LOS ANGELES DEPT OF REC. & PARKS 1200 W. 7TH ST STE 0700 LOS ANGELES, CA 90017			A. State Manifest Document Number 24219397		
4. Generator's Phone 213 483-0501 CONTACT: LEILA BARKER			B. State Generator's ID H 0 9 0 3 5 0 3 0 0 0 0		
5. Transporter 1 Company Name BDC SPECIAL WASTE SERVICES 766 E. AYON AZUSA, CA 91702			C. State Transporter's ID (Required) G 2 1 9 0 5 1 3 0 0		
6. US EPA ID Number C A R 0 0 0 0 0 1 7 6 5 7			D. Transporter's Phone 626 905 1300		
7. Transporter 2 Company Name			E. State Transporter's ID (Required)		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address AZUSA LAND RECLAMATION 1211 W. BLADSTONE AZUSA, CA 91702			G. State Facility's ID C A 0 8 0 9 0 0 7 6 2 6		
10. US EPA ID Number C A 0 8 0 9 0 0 7 6 2 6			H. Facility's Phone 626 33-0719		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	E. Waste Number
RG, ASBESTOS, S, NA 2212, P0111		001 BA	00011	Y	State EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
15. Additional Descriptions for Materials Listed Above FRYABLE ASBESTOS CONTAINING WASTE		K. Bonding Codes for Wastes Listed Above a. 03 b.			
16. Special Handling Instructions and Additional Information EMERGENCY RESPONSE COMPANY 1-800-451-8346 use of proper safety equipment SCARD 21865 E. COPLEY DR DIAMOND BAR CA 91789 (909) 396-3456 ASBESTOS REMOVAL REQUIREMENT 40CFR61 (BAGGED SEALED & LABELED) SITE: Encino-Balboa Golf Cou 5598 BALBOA BL. ENCINO, CA 91316					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Leila Barker		Signature <i>[Signature]</i>		Month Day Year 01/21/15	
17. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name Glen McVee		Signature <i>[Signature]</i>		Month Day Year 01/21/15	
18. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
-85476					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Glen McVee					
Signature <i>[Signature]</i>		Signature <i>[Signature]</i>		Month Day Year 01/21/15	

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law
		C A D 9 8 1 4 4 3 0 2 9 2 4 2 8 4			
3. Generator's Name and Mailing Address CITY OF LOS ANGELES DEPT OF PARKS AND REC 1200 W. 7th ST., STE #700, LOS ANGELES, CA 90017			A. State Manifest Document Number 23624284		
4. Generator's Phone (213) 495-0824 924-7133			B. State Generator's ID		
5. Transporter 1 Company Name BDC SPECIAL WASTE SERVICES		6. US EPA ID Number C A R 0 0 0 8 1 7 0 5 7		C. State Transporter's ID Number	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address CROSSBY & OVERTON 1630 N. 17th STREET LONG BEACH, CA 90813		10. US EPA ID Number C A D 0 2 8 4 0 9 0 1 9		E. Facility's Phone	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
a. RD. HAZARDOUS WASTE SOLID, N.O.S., (LEAD), 9, HA 3077, PG III (0088)		0111 D H		09400 P	
b.					
c.					
d.					
14. Unit Weight/Volume				15. Waste Number Scale EPA Code Scale EPA Code Scale EPA Code	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.		17. Additional Descriptions for Materials Listed Above 11c. CERAMIC TILE WITH LEAD EPA #171		K. Handling Codes for Wastes Listed Above 14	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE SAFETY EQUIPMENT 24 HOUR EMERGENCY CONTACT: (800) 451-8346 PROFILE # 10642 CONTRACTOR: AREAS		SITE: ENCLINO-BALBOA GOLF COURSE 5500 BALBOA BLVD. ENCLINO, CA 91316			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.					
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name James Barber		Signature		Month Day Year 02/11/05	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Glen McNecci		Signature		Month Day Year 02/11/05	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space -85477					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name JOSE R. SAENZ		Signature		Month Day Year 02/18/05	

DO NOT WRITE BELOW THIS LINE.



Department of Toxic Substances Control



Terry Tamminen
Agency Secretary
Cal/EPA

8800 Cal Center Drive
Sacramento, California 95826-3200



Arnold Schwarzenegger
Governor

HAZARDOUS WASTE TRANSPORTER REGISTRATION

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

BDC SPECIAL WASTE SERVICES
766 SOUTH AYON AVENUE
AZUSA, CA 91702

TRANSPORTER REGISTRATION NO: 3720

EXPIRATION DATE: July 31, 2005

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO
TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN
ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE
HEALTH AND SAFETY CODE AND TITLE 22 OF THE CALIFORNIA CODE OF
REGULATIONS, DIVISION 4.5.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT
OF HAZARDOUS WASTE.

FOR REGISTRATION INFORMATION, PLEASE CALL (916) 255-4368.

(AUTHORIZED SIGNATURE)

JUL 14 2004

(DATE)

MOTOR CARRIER PERMIT



A Public Service Agency

DEPARTMENT OF MOTOR VEHICLES

Motor Carrier Permit Branch
 P.O. Box 92370
 Sacramento, CA 94232-3700

USA WASTE OF CALIFORNIA INC
 13793 REDWOOD AVE
 ATTN: NOREEN MELCHERT
 CHINO, CA 91710
 USA

Valid
 From:

08/05/2004

Valid
 Through:

07/31/2005

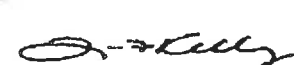
CA#: 0001243

THE CARRIER NAME ON THIS PERMIT, HAVING MADE WRITTEN APPLICATION TO THE DEPARTMENT OF MOTOR VEHICLES FOR PERMIT TO OPERATE AS A MOTOR CARRIER OF PROPERTY AS DENIED IN VEHICLE CODE SECTION 34601 AND HAVING MET THE REQUIREMENTS AND PAID THE APPROPRIATE FEES, IS GRANTED A PERMIT OF THE FOLLOWING CLASSIFICATION:



**Full Year
 Corporation**

Permit Date:	08/05/2004	Office #:	154
Account #:	28851	Tech ID:	ML
Sequence #:	0014	Amt Paid:	\$2,540.00

CERTIFICATE OF INSURANCE						Date: (MM/DD/YY) 1/5/2004
PRODUCER Lockton Companies of Houston, Inc. 5847 San Felipe, Suite 320 Houston, TX 77057 866-260-3538 (Phone) 866-492-1055 (Fax)			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED: WASTE MANAGEMENT and BDC Special Waste Services 766 South Ayon Avenue Azusa, CA 91702			INSURERS AFFORDING COVERAGE			
			Insurer A:		ACE American Insurance Company	
			Insurer B:		Indemnity Insurance Company of North America	
			Insurer C:			
			Insurer D:			
Insurer E:						
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY BE EXHAUSTED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
	GENERAL LIABILITY	HDO G21693054	1/1/2004	1/1/2005	EACH OCCURRENCE	\$ 5,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (ANY ONE FIRE)	\$ 5,000,000
	<input checked="" type="checkbox"/> OCCURRENCE				MED EXP (PER PERSON)	
	<input checked="" type="checkbox"/> XCU INCLUDED				PERSONAL & ADV INJURY	\$ 5,000,000
	<input checked="" type="checkbox"/> ISO FORM CG 00 01 10 01				GENERAL AGGREGATE	\$ 6,000,000
	GENL AGGREGATE LIMIT APPLIES PER:				PRODUCTS/COMP. OP. AGG	\$ 6,000,000
	<input checked="" type="checkbox"/> PROJECT					
	<input checked="" type="checkbox"/> LOCATION					
	AUTOMOBILE LIABILITY	ISA H08010948	1/1/2004	1/1/2005	COMBINED SINGLE LIMIT (EACH ACCIDENT)	\$ 10,000,000
A	<input checked="" type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> ALL OWNED AUTOS					
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<input checked="" type="checkbox"/> MCS-90					
	EXCESS LIABILITY/UMBRELLA	XOOG21808234	1/1/2004	1/1/2005	EACH OCCURRENCE	\$ 15,000,000
A	<input checked="" type="checkbox"/> OCCURRENCE				AGGREGATE	\$ 15,000,000
	<input type="checkbox"/> CLAIMS MADE					
	WORKERS' COMPENSATION and EMPLOYERS LIABILITY	WLR C43972765 SCF C43972728 (WI)	1/1/2004	1/1/2005	WORKERS' COMPENSATION	STATUTORY
B	<input type="checkbox"/>				EL EACH ACCIDENT	\$ 3,000,000
A	<input type="checkbox"/>				EL DISEASE-EA EMPLOYEE	\$ 3,000,000
	<input type="checkbox"/>				EL DISEASE-POLICY LIMIT	\$ 3,000,000
REMARKS: DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT PROVISIONS:						
CHECK BOX <input checked="" type="checkbox"/> BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT <input checked="" type="checkbox"/> CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMPEN) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT						
CERTIFICATE HOLDER: "For Bid Purposes Only" c/o BDC Special Waste Services				CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES EXCEPT 10 DAYS NOTICE FOR NON-PAYMENT.		
				AUTHORIZED REPRESENTATIVE: 		

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
HOU-000391042-02

PRODUCER

MARSH USA INC.
WELLS FARGO PLAZA
1000 LOUISIANA
SUITE 4000
HOUSTON, TX 77002

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

- COMPANY
A AMERICAN INTERNATIONAL SPECIALTY LINES INS CO
- COMPANY
B
- COMPANY
C
- COMPANY
D

WMI -10/20-PLL-04-06 BDC

INSURED

BDC Special Waste Services
A Division of Waste Management
766 South Ayon Avenue
Azusa, CA 91702-5123

COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$								
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE-POLICY LIMIT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE-EACH EMPLOYEE</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$	EL DISEASE-POLICY LIMIT	\$	EL DISEASE-EACH EMPLOYEE	\$
WC STATUTORY LIMITS	OTHER												
EL EACH ACCIDENT	\$												
EL DISEASE-POLICY LIMIT	\$												
EL DISEASE-EACH EMPLOYEE	\$												
A	OTHER Pollution Legal Liability	PLS 1213484	01/01/04	01/01/06	Each Incident Limit 10,000,000 Aggregate Limit 20,000,000 Is Excess the SIR Self Insured Retention Limit 5,000,000								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

'FOR INFORMATION PURPOSES ONLY'

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Marlene McLoad

MM1(3/02)

Marlene McLoad

VALID AS OF: 01/14/04



STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
INDUSTRY OPERATIONS DIVISION



REGISTRATION RECEIPT - Truck

SSRS Unit MS# HL60
P.O. Box 932332
Sacramento, CA 94232-2232
(916) 657-6636

Effective: 01/01/2004 Expires: 12/31/2004
Receipt No: TRM035216 (Initial Order)

This receipt authorizes this motor carrier
to operate in the following states:

*****CA(00016),*****

In accordance with Public Law 104-88,
this receipt (evidencing compliance
with FMCSA registration regulations)
must be carried in the vehicle cab and
may not be altered. Alteration will
result in confiscation and penalties.

ICC Nbr: 265711
USA WASTE OF CALIFORNIA, INC.
BDC SPECIAL WASTE SERVICES
766 S. AYON
AZUSA, CA 91702

Form RS-3

Mail to:
USA WASTE OF CALIFORNIA, INC.
BDC SPECIAL WASTE SERVICES
2280 GRASS VALLEY HWY. 152
AUBURN, CA 95603

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
RESEARCH AND SPECIAL PROGRAMS ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2004-2005**

Registrant: BDC SPECIAL WASTE SERVICES
ATTN: STEVE AMROMIN
766 SO AYON AVENUE
AZUSA, CA 91702-0000

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 060804551029M **Issued:** 06/08/04 **Expires:** 06/30/05

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with RSPA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U.S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, DHM-60 Research and Special Programs Administration, U.S. Department of Transportation, 400 Seventh Street, SW, Washington, DC 20590, telephone (202) 366-4109.



AZUSA LANDFILL
A WASTE MANAGEMENT COMPANY

1211 W. Gladstone Street
Azusa, CA 91702
(626) 334-0719
(626) 969-1529 Fax

TO: All Azusa Land Reclamation Customers

FROM: Leigh Ann Cullen, Waste Acceptance

DATE: January 12, 2001

SUBJECT: Procedures for Disposal of Asbestos Containing Wastes

The following are the acceptance procedures for disposal of asbestos containing waste at Azusa Land Reclamation, as well as information, which will answer some recurring questions.

GENERAL INFORMATION

The Azusa Land Reclamation (ALR) landfill operates under permits from the California Integrated Waste Management Board, the Regional Water Quality Control Board, and the City of Azusa. The landfill accepts non-hazardous waste as well as asbestos as allowed by the California Health & Safety Code.

ALR is a regulated non-hazardous waste landfill, which accepts inert waste and is permitted to accept asbestos and asbestos containing material, both friable and nonfriable, under RWQCB Waste Discharge Permits. The landfill EPA number is CAD 009007626. ALR requires that generators and transporters of asbestos containing wastes follow all appropriate regulations for the packaging, labeling, and transporting of the wastes.

DEFINITIONS

ASBESTOS CONTAINING WASTES - are wastes, which contain greater than one-percent (%) asbestos, by weight.

FRIABLE ASBESTOS CONTAINING WASTE - is one which can be reduced to a powder or dust under hand pressure when dry. Friable wastes are classified as hazardous by the Department of Toxic Substances Control.

NONFRIABLE ASBESTOS CONTAINING WASTE - is considered to be non-hazardous regardless of asbestos content. Nonfriable asbestos containing wastes may become friable by improper handling, removal, transport or disposal. Nonfriable containing material that may be rendered friable include, but are not limited to, fractured or crushed asbestos products, transite siding, mastic, roofing felts, roofing tiles, cement water pipes and vinyl floor tiles.

A Division of Azusa Land Reclamation

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January 12, 2001

Dear Customer:

Enclose you will find a copy of our asbestos handling procedures, and asbestos related permits. These packages have been compiled for your use and distribution as needed.

The permit package has been revised to include only those permits, which apply. A list of regulatory contacts has also been included for your reference.

I hope that this package of information will serve your needs. Please do not hesitate to call me if you require additional information

Sincerely,

Leigh Ann Cullen

PACKAGING

Asbestos containing wastes must be contained or packaged and transported in one of the following ways.

In sealed, leak-tight and non-returnable containers (e.g. plastic bags of 6-mil thickness, cartons, or drums) from which fibers cannot escape. Waste within containers must be adequately wetted to prevent blowing of fibers in case the container is broken.

For bulk wastes that will not fit into containers without additional breaking, place wastes into sealed and leak-tight wrapping after wetting. If the wastes are to be placed directly in trailers or drop-boxes, the trailer or drop-box should be lined with plastic sheeting. The wrapping should be sealed (e.g. with duct tape). This method is known as burrito wrapping. The trailer or drop-box is to be covered or trapped.

Nonfriable material should be packaged so as to prevent fibers from becoming air blown if material become broken during transport. Burrito wrapping works well for most nonfriable material. Frayed ends of AC pipe must be wrapped to prevent fibers from blowing.

LABELING AND MARKING

It is required that ALL packaging (bags and wrappers) of asbestos containing waste be labeled with a CAUTION label. This applies to friable and nonfriable asbestos containing wastes. Attachment 1 gives examples of approved label wording from the various regulations.

Hazardous waste marking per Title 22, Section 66262.32 requires additional language be used for friable asbestos containing waste, or when transporting asbestos containing waste on a Uniform Hazardous Manifest. The hazardous waste marking on each bag must contain generator name, address and manifest document number. A Class 9 marking label must also be placed on each bag. An example is attached. The marking must be on a white background to meet regulations.

Please note that labeling and marking requirements must be on each primary containment package bag. Labeling or marking on a burrito wrap only does not meet the regulations.

PROPER PROTECTIVE EQUIPMENT

ALR requires that all drivers or individuals entering the asbestos areas to be properly trained in the handling of asbestos wastes. All drivers prior to entering the site must complete an ACM qualification certification. All drivers are required to wear an approved respirator with HEPA filter cartridges. Hard hat and orange traffic vests are also required when exiting the vehicle. ALR also requires that persons unloading waste wear appropriate clothing. Shirts and long pants are required, protective footwear is recommended.

MANIFESTS

The California State Department of Toxic Substance Control (DTSC) has increased enforcement of proper manifesting procedures. Please ensure that manifests are completed and correct prior to arrival at the facility.

ALR mails out the generator copy of the completed manifest within a few days of receipt. There have been many copies returned or lost due to incorrect addresses. Please ensure that the address placed in box 3 of the uniform hazardous waste manifest is the correct mailing address. This address, (not the site address) must be a valid address where the generator receives their mail. A site address must also be provided adjacent to the mailing address, if different.

The proper description, which should appear in box 11a, is R.Q., ASBESTOS, 9 NA 2212, III. Please ensure this reads correctly on the manifest.

The state waste code for asbestos is 151 and should be placed in box I of the shaded area. An EPA waste code number is not required.

A Land Disposal Restriction Form (LDR) is required to accompany each hazardous waste manifest. (Attachment2).

Cubic yards are also required to be provided on the manifest.

Space 19, Discrepancy Space, is used by the landfill to record any significant discrepancy found on the manifests.

ALR is requesting its customer's cooperation the proper handling of asbestos material. Noncompliance with these procedures may result in the loss of disposal privileges. Should you have any questions please do not hesitate to call.

APPROVED LABEL WORDING

Caution Labels for All Bags

**CAUTION
CONTAINS ASBESTOS FIBERS
AVOID CREATING DUST
BREATHING ASBESTOS MAY CAUSE
SERIOUS BODILY HARM
(TITLE 8, SECTION 5208)**

**CAUTION
CONTAINS ASBESTOS FIBERS
AVOID OPENING OR BREAKING CONTAINER
BREATHING ASBESTOS IS HAZARDOUS TO YOUR HEALTH**

OR

**DANGER
CONTAINS ASBESTOS FIBERS
AVOID CREATING DUST
CANCER AND LUNG DISEASE HAZARD
(RULE 1403, SCAQMD)**

**CAUTION CONTAINS ASBESTOS
AVOID OPENING OR BREAKING CONTAINER
BREATHING ASBESTOS IS HAZARDOUS
TO YOUR HEALTH
(NESHAP, 40 CFR 61.153 (b)(1) (iv))**

**Additional labeling required if material is friable asbestos material, i.e.
transported as a hazardous waste, per Title 22, section 66262.32.**

**HAZARDOUS WASTE
STATE AND FEDERAL LAW
PROHIBITS IMPROPER DISPOSAL
IF FOUND, CONTACT THE NEAREST
POLICE OR PUBLIC SAFETY AUTHORITY
OF THE CALIFORNIA DEPARTMENT OF
HEALTH SERVICES**

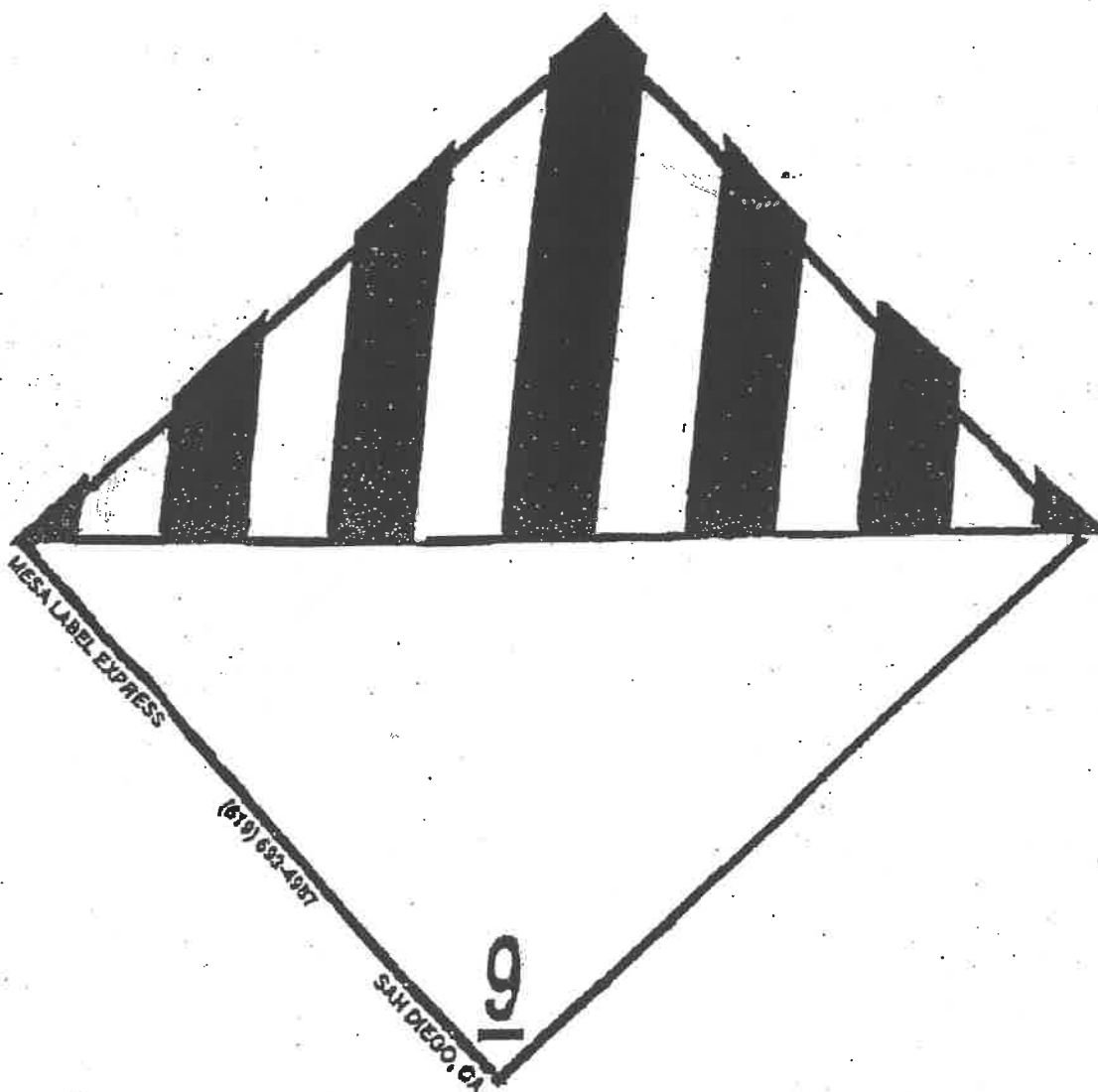
**Generator Name _____
Generator Address _____
Manifest Document Number _____**

PACKAGE MARKING REQUIRED ON ALL FRIABLE ASBESTOS

Required on each bag

Class 9 identification

Must be on a White Background and no smaller than shown below





AZUSA LANDFILL
A WASTE MANAGEMENT COMPANY

1211 W. Gladstone Street
Azusa, CA 91702
(626) 334-0719
(626) 969-1529 Fax

**AZUSA LAND RECLAMATION COMPANY
ACM QUALIFICATION
ASBESTOS MANAGEMENT/CERTIFICATION**

Disposal of Asbestos Containing Materials (ACM) at Waste Management's Azusa Land Reclamation Landfill must be performed in an environmentally sound and safe manner, handling and disposal must follow the applicable state, local and federal regulatory policies as well as those of Waste Management. The following checklist is designed to ensure the proper disposal of ACM waste streams.

To assure proper management of all ACM loads please read and sign the certification below:

1. I have inspected the ACM load for proper packaging and labeling.
2. My transportation vehicle has the necessary markings required for the transportation of ACM.
3. I have the required personnel-protective equipment (consisting of at least a respirator, disposal gloves and a Tyvek suit).
4. I have been properly fit tested for my respirator.
5. I understand that if there is an asbestos spill, it will need to be cleanup, re-wetted and re-bagged. All spills, regardless of size must be reported to the Operations Manager. The Operations Manager will initiate the proper Spill Response Plan.
6. When asbestos containing materials are unloaded, it shall be done in such a manner as not to rupture any bags or produce any airborne particulate matter.

I have read and understand these procedures as outlined above. I realize these procedures are to ensure my safety and the safety of all other personnel involved. Failure to adhere to these procedures may result in disciplinary action for the landfill employees and the prohibition of my future ability to personally use this or other Waste Management facilities.

Drivers Signature

Date

A Division of Azusa Land Reclamation

NOTICE AND CERTIFICATION

The waste identified on manifest number _____ and bearing the California Waste Code 151 is subject to land disposal restrictions contained in Article 40, Title 22, California Code of Regulations. The waste meets definition of a treated hazardous waste pursuant to Health and Safety Code Section 25179.3 (1) (2), which states that waste is considered treated if the waste does not contain any substance above the soluble Thresholds Limit Concentration (STLC) values established in Article 11 Title 22, California Code of Regulations; and the waste is not prohibited from land disposal as provided in Health and Safety Code section 25179.6 Waste Analysis is attached for these wastes, where available).

As required by Article 40, Title 22 California Code of Regulations, the following certification is made on behalf of the below-named generator whose name appears on the above-listed manifest for these restricted wastes:

I warrant that I am an authorized representative of the below-named generator. I certify under penalty of law that the waste is considered treated in accordance with Health and Safety section 25179.3 (1)(2) and complies with all applicable prohibitions set forth in Health and Safety Section 25179.6. I believe that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

Generator: _____

Address: _____

Phone: _____

Print Name

Signature

Title

Date

ARGUS

CONSTRUCTION SAFETY MEETING REPORT

PROJECT NAME: Club House

JOB #: _____

TYPE OF MEETING:

DATE OF MEETING: 02/07/05

MANAGEMENT

OF EMPLOYEES ATTENDING: 3

SUPERVISOR'S

TOTAL OF EMPLOYEES ON JOB: 3

FOREMEN'S

10 MINS

TOOL BOX

TOPICS DISCUSSED: we talked about using ALL PERSONAL EQUIPMENT LADDER SAFETY and USE G&E and EYE PROTECTION

RECOMMENDATIONS OFFERED: THINK SAFETY FIRST

ACTION TO BE TAKEN: NONE

ACCIDENTS REVIEWED: N/A

NEAR MISS: N/A

SUPERINTENDENT REMARKS: SAFETY HELMETS SAFETY GLASSES WORK BOOTS

SIGNATURES OF ALL ATTENDING PERSONNEL

<u>Bernadette Gray</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ARGUS

CONSTRUCTION SAFETY MEETING REPORT

PROJECT NAME: Club House

JOB #: _____

TYPE OF MEETING:

DATE OF MEETING: 02/09/05

- MANAGEMENT
- SUPERVISOR'S
- FOREMEN'S
- TOOL BOX

OF EMPLOYEES ATTENDING: 4

TOTAL OF EMPLOYEES ON JOB: 4

TOPICS DISCUSSED: We talked about using safety glasses when using shovels, hammers. Report any injury to your supervisor

TESTIONS OFFERED: THINK SAFETY FIRST

ACTION TO BE TAKEN: NONE

ACCIDENTS REVIEWED: N/A

NEAR MISS: N/A

SUPERINTENDENT REMARKS: 5th Hand Hats Safety Glasses work boots

SIGNATURES OF ALL ATTENDING PERSONNEL

<u>[Signature]</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____