

**THE CITY OF LOS ANGELES
DEPARTMENT OF RECREATION AND PARKS
200 N. MAIN ST
LOS ANGELES, CALIF.**

**ASBESTOS ABATEMENT PROJECT
HANSON DAM "TAVERN ON THE GREEN"
10400 GLENOAKS BLVD
PACOIMA, CALIF.**

PREPARED BY

**ACANDS INC.
2340 E. ARTESIA BLVD.
LONG BEACH, CALIF.**

PROJECT START DATE: 11/18/97

PROJECT COMPLETION DATE: 11/20/97

TABLE OF CONTENTS

1. BID DOCUMENTATION
2. INVOICE COPY
3. ASBESTOS LICENSE & CALIFORNIA CONTRACTOR'S LICENSE
4. SCAQMD NEGATIVE AIR PERMITS
5. OSHA and AQMD NOTIFICATIONS
6. DAILY SIGN-IN LOG
7. DAILY DIARY
8. ASBESTOS SHOWER LOG
9. ASBESTOS CONTAINMENT ENTRY LOG
10. MEDICAL, TRAINING, FIT TEST DOCUMENTATION
11. VISITORS LOG
12. WORKER LIST
13. PERSONAL AIR MONITORING DOCUMENTATION
14. AIR MONITORING CERTIFICATION
15. WASTE TRANSPORTER DOCUMENTATION
16. LANDFILL DOCUMENTATION
17. HAZARDOUS or NON-HAZARDOUS TRANSPORT DOCUMENTATION
18. SAFETY MEETING DOCUMENTATION



LOS ANGELES OFFICE

1320 SIMPSON CIRCLE

ANAHEIM, CA 92806

TEL: (714) 254-1380

FAX: (714) 254-1386

City of Los Angeles
Dept. of Recreation and Parks

Date: March 21, 1996

Attn: Leila Barker, City Departmental Project Manager Phone(213)485-4831

Subject: Asbestos Removal of Thirty Seven Roofs at Various Facilities Throughout
the City.
ACandS Proposal No. 396-16

DEAR MS. BARKER,

IN REFERENCE TO THE ABOVE SUBJECT PROJECT, AC AND S INC., IS PLEASED TO PROVIDE YOUR OFFICE WITH THE FOLLOWING QUOTATION TO ACCOMPLISH THE SCOPES OF WORK GIVEN TO AC AND S INC., AT THE ORGANIZED JOB WALKS CONDUCTED ON 3/13/96 AND 3/14/96. PLEASE REVIEW THE ATTACHED LIST OF CLARIFICATIONS INCLUDED IN THIS PACKAGE, SINCE OUR QUOTATION IS BASED ON THE SPECIFICATIONS PROVIDED BY YOUR DEPARTMENT AS WELL AS SPECIFICATIONS CONSIDERED TO BE NORMAL INDUSTRY PRACTICE, CONDUCTED WITHIN FEDERAL, STATE, AND LOCAL REGULATIONS GOVERNING THE HANDLING OF ASBESTOS CONTAINING, NON FRIABLE MATERIALS.

ACandS thanks you for the opportunity to provide a quotation to supply labor, materials and equipment to complete the above mentioned project.

SCOPE OF WORK

- A. REMOVAL AND DISPOSAL OF ROOF PATCH MASTIC ON AFFECTED ROOFS.
- B. REMOVAL AND DISPOSAL OF PEA GRAVEL COVERING ON AFFECTED ROOFS.
- C. REMOVAL AND DISPOSAL OF STEEL GRIP ROOFING MATERIALS FROM AFFECTED ROOF SCOPES.
- D. REMOVAL OF ROOF PATCH MASTIC ON AIR CONDITIONING EQUIPMENT ONLY IN CASES OF FOLLOWING.
 1. EQUIPMENT IS DAMAGED AND IS SLATED FOR REPAIR OR REPLACEMENT.
 2. EQUIPMENT IN QUESTION WILL DIRECTLY AFFECT THE REINSTALLATION NEW ROOF APPLICATION.

CLARIFICATIONS

1. ALL ROOF MASTIC, ROLLED ROOFING MATERIALS, AND TRANSITE MATERIALS WILL BE DISPOSED OF AS NON FRIABLE ASBESTOS CONTAINING MATERIALS.
2. AC AND S INC. WILL ACT AS TRANSPORTER #1 AT ITS OWN DISCRETION.
3. AC AND S WILL OPERATE ON A MAXIMUM 3 WORKING DAY SCHEDULE.
4. BDC SERVICES INC., WILL BE UTILIZED BY AC AND S INC., ON AN AS NEEDED BASIS ONLY.

Total Quality in Specialty Contracting

5. AZUSA LAND RECLAMATION WILL BE THE LANDFILL THAT ALL NON FRIABLE ASBESTOS MATERIAL WILL BE SHIPPED TO.
6. PRE SIGNED NON HAZARDOUS WASTE DATA FORMS WILL NEED TO BE PROVIDED BY THE CITY PRIOR TO THE COMPLETION OF EACH PROJECT.
7. AREA MONITERING NOT INCLUDED IN PRICE.
8. AC ANS S WILL CLEAN ALL AFFECTED GUTTERS ON AFFECTED BUILDINGS.
9. IT IS UNDERSTOOD THAT NO MORE THAN 1 ROOF WILL BE WORKED AT AT ONE TIME UNLESS DISCUSSED PRIOR TO PROJECT START UP.
10. AC AND S WILL WORK FROM MON-FRI EXCLUDING UNION HOLIDAYS ON DAYS PRIOR TO OR FOLLOWING SAME, WHICH EVER IS DESIGNATED IN UNION AGREEMENTS.
11. AQMD WILL NOT BE NOTIFIED ON SQ. FOOTAGE UNDER 100 SQ. FT..
12. OSHA WILL BE NOTIFIED ON ALL ROOFS 10 DAYS PRIOR TO FIRST ROOF START DATE. A COMPLETE SCHEDULE WILL NEED TO BE IN PLACE FOR THIS NOTIFICATION TO BE COMPLETE.
13. AC AND S INVOICE SCHEDULE WILL BE AS FOLLOVES:
EACH PROJECT WILL BE BILLED SEPARETLY, REFERENCING ONE COMMON PO#.
AND REQUEST FOR PAYMENT OF SAME SHALL REFERENCE A 45 DAY NET.
AC AND S EXPECTS THE SAME PROMPTNESS AFFORDED TO ITS CUSTOMERS BE RETURNED IN KIND REGARDING THIS MATTER.
TOTAL PRICE FOR PROJECT - \$89,975.00 .

respectfully,



AL GARCIA
PROJECT MANAGER

ACandS

ORIGINAL INVOICE

BRANCH LA #872	FEDERAL ID NO. 23-1517682	ACandS CONTRACT # 1731091-X4	SUBCONTRACT OR PO # SPO V296118	INVOICE # 415585	DOC. # # 1
SALESMAN Al Garcia	TERMS Net 30 days	Project # Envir. Management Division		DATE 12/26/97	
JOB NAME Hansen Dam Tavern on the Green			JOB LOCATION Hansen Dam	CUSTOMER # 944028	

CUSTOMER: * ACCOUNTS PAYABLE SECTION
ADDRESS: * RECREATION & PARKS - SPEC.ACCTS
* CITY OF LOS ANGELES
* 200 N. Main St., Room 1385, CHE
* Los Angeles CA 90012

PLEASE MAIL REMITTANCES TO:

ACandS, Inc.
PO BOX 8500-S-6835
PHILADELPHIA, PA 19178

DIRECT YOUR QUESTIONS TO:

ACandS, Inc.
2340 East Artesia Blvd.
Long Beach, CA 90805
Phone # (562) 422-7370
Fax No. (562) 422-8703

CONTACT: * Dave Attaway - Rm 709 CHE
PHONE #: * (213) 485-6178
FAX #: *

SUB-PURCHASE ORDER No. V-296118
Auth. #56481

\$3,271.04

BTRC #0008500-47 Vendor #000021343

BREAKDOWN:

#1 - Asb. Abatement Project Super. - 16 hrs x \$35.54/hr	\$568.64
#2 - Asb. Abatement Laborer 101 hrs x \$22.40/hr	\$2,262.40
#3 - Asb. Abatement Driver & Truck 14 hrs x \$55.00/hr	\$440.00

TOTAL FURNISHED

\$3,271.04

TOTAL AMOUNT FOR THIS INVOICE

\$3,271.04

Wet Signature: 

TOTAL AMOUNT DUE THIS INVOICE

\$3,271.04

****Thank you for giving ACandS the opportunity to provide this service for you****

LABOR BREAKDOWN

HANSEN DAM TAVERN ON THE GREEN FACILITY

LOS ANGELES, CALIF.

ASBESTOS ABATEMENT PROJECT MANAGER: \$ 35.54 X 16 HRS. = \$568.64

ASBESTOS ABATEMENT LABORER: \$ 22.40 X 101 HRS. = \$2,262.40

ASBESTOS ABATEMENT MECHANIC: \$ 22.40 X -0-

ASBESTOS ABATEMENT TRUCK AND DRIVER: \$ 55.00 X 8 HRS. = \$440.00

TOTAL AMOUNT OF BREAKDOWN: \$3,271.04

TOTAL AMOUNT OF CONTRACT: \$3,271.04

CITY OF LOS ANGELES

SUB PURCHASE ORDER

NOT TO EXCEED \$1000.00 UNLESS COVERED

SUB P.O.#

V296118

By a Contract Executed by the

Purchasing Agent of the City of Los Angeles

DEPT-LOC

DATE

8/15/97

REMIT TO

000021343

A C & S INC
 BOX 8500-S-6835
 PHILADELPHIA PA 19178

VENDOR

A C & S INC
 1320 SIMPSON CIRCLE
 ANAHEIM CA 92806

DELIVERY
 1 DAYS FROM RECEIPT OF ORDER OR SOONER

SHIP TO

CITY OF LOS ANGELES
 REC & PARKS DEPARTMENT
 200 N MAIN ST CHE ROOM 709
 LOS ANGELES CA 90012

173/091X4

F.O.B. DESTINATION

DELIVER THE FOLLOWING MATERIALS SUBJECT TO CONDITIONS
 THE REVERSE SIDE HEREOF OR ATTACHED HERETO:
DELIVERY SLIP MUST ACCOMPANY EACH SHIPMENT.

RECEIVED
 AUG 29 1997

SIGNATURE OF AUTHORIZED PERSON

THIS RECEIPT OF GOODS AND SERVICES COMPLETES THIS ORDER

YES NO

WRITE IN DATE AND NUMBER OF UNITS RECEIVED.

ITEM NO.	QUANTITY ORDERED	UNIT MEASURE	DEPARTMENTAL ACCOUNTING DATA	MATERIAL CODE	TAX CODE	UNIT PRICE	TOTAL AMOUNT
			ITEM AND DESCRIPTION				
			*****	CONFIRMING ORDER.		*****	
			*****	MATERIAL HAS BEEN RECEIVED.		*****	
			*****	DO NOT SHIP.		*****	
			ENVIRONMENTAL MANAGEMENT DIVISION 939				
			HANSEN DAM TAVERN ON THE GREEN X4 SPX939RR				
01	14	HR		9615191 N		35.5400	568
			ASBESTOS ABATEMENT PROJECT SUPERVISOR. REGULAR HOURS PRICE PER HOUR				
02	101	HR		9615193 N		22.4000	2,262
			ASBESTOS ABATEMENT LABORER. REGULAR HOURS PRICE PER HOUR				
03	8	HR		9615197 N		55.0000	440
			ASBESTOS ABATEMENT DRIVER AND TRUCK (FOR HAULING AND DISPOSAL). REGULAR HOURS PRICE PER HOUR				
PLUS COMBINED CITY AND STATE SALES OR USE TAX							0.

FOR QUESTIONS ABOUT THIS ORDER TO:

ATTAWAY

PHONE NO.

213 4856505

TOTAL INCL. SALES TAX

3,271.

BILL TO CITY OF LOS ANGELES.

FURNISH INVOICES IN TRIPLICATE

CASH DISCOUNT

% 30 D

RECREATION & PARKS-SPEC ACCTS 200 N. MAIN ST., RM 1385
 LOS ANGELES CA 90012

BTRC: 0008500-

DEPARTMENT RECREATION AND PARKS

FUND 302/89 RECREATION AND PARKS

ORDERING WHSE

CCC NO. 9390 -00

REQ. NO.

DEPT. CONTROL NO.

FISCAL YEAR 98

Authorization No. 56481

SUB-PURCHASE ORDER NO. V296118

EXPIR. DATE 3/31/98

ANDALL C. BACON
 GENERAL MANAGER
 AND
 PURCHASING AGENT BY

[Signature]

DEPT. OF GENERAL SERVICES
 ROOM 850, CITY HALL EAST
 200 NORTH MAIN STREET
 LOS ANGELES, CA 90012

Payment will be made on Invoices. Submit the invoice(s) for this order without delay. Both authorization and Sub-Purchase Order numbers must appear on all Invoices.

Renewal 9

State of California



Department of Industrial Relations
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Certificate of Registration for Asbestos-related Work

Certificate No. 032

Expiration Date 01/29/98

A C AND S, 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.

01/14/97

Date of Issuance


Chief

Division of Occupational Safety and Health

Effective Date : 01/30/97

CSLB No. 174536

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.
Keep Out."
4. 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.
5. 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.
6. 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.



CONTRACTORS STATE LICENSE BOARD

9825 COSTA ROAD, SACRAMENTO, CALIFORNIA

MAILING ADDRESS: P.O. BOX 25000

SACRAMENTO, CALIFORNIA 95824

1/916/255-3900

1/800/321-CSLB

Automated Phone System



License Number: 174536

Entity: CORP

A C AND S INC
1980 OLIVIER ROAD #0
CONCORD, CA 94520



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number 174536 = CORP

Business Name A C AND S INC

Classification C-2 ASB A B

Expiration Date 08/31/98





South Coast Air Quality Management District

21865 E. Copley Drive, Diamond Bar, CA 91765-4182
(909) 396-2000 • <http://www.aqmd.gov>

DATE: 07-16-97

EQUIPMENT LOCATED AT: VARIOUS LOCATIONS IN SCAQMD
ANAHEIM, CA 92806

LEGAL OWNER CO. ID: 76303
OR OPERATOR AC & S INC
1320 S SIMPSON CIR
ANAHEIM, CA 92806- 5531

PERMIT RENEWALS

PERMIT/ APPL NBR	EQUIPMENT DESCRIPTION	EXPIRE DATE
D53831	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53832	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53834	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53835	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53836	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53837	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53838	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53839	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53840	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53841	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53842	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53843	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53844	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53845	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53846	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53847	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D53848	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98



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ANAHEIM, CA 92806

LEGAL OWNER CO. ID: 76303
OR OPERATOR AC & S INC
1320 S SIMPSON CIR
ANAHEIM, CA 92806- 5531

PERMIT RENEWALS

PERMIT/ APPL NBR	EQUIPMENT DESCRIPTION	EXPIRE DATE
D87992	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D87993	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D87994	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
995	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D87996	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D87997	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D87998	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D87999	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D88003	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98
D89511	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	07-01-98



**SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000 <http://www.aqmd.gov>

AQMD USE ONLY		SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #							
COMPLETED BY		COMPANY ACandS, INC.			PHONE 562-422-7370								
DATE	CHECK #	FEE \$	PROJECT # Tavern on the Green										
NOTIFICATION TYPE	ORIGINAL	REVISION DATES	REVISION Other (highlight)		CANCELLATION								
I. PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (removal)	EMERGENCY REMOVAL	PLANNED RENO (annual)								
III. SITE INFORMATION	V. SITE NAME Hansen Dam												
SITE ADDRESS	10400 Glenoaks Blvd			CROSS STREET Foot Hill Blvd									
CITY	Pacifica	STATE	CA	ZIP	91436	COUNTY	LA						
DESCRIBE WORK LOCATION Roof Removal													
BUILDING SIZE (SQ FT)	17,500^{sq ft}	NUMBER OF FLOORS		BUILDING AGE (YEARS)	45⁺	NUMBER OF DWELLING UNITS							
V. BLDG PRIOR / PRESENT USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	Other	OFFICE	PUBLIC BLDG.	RESIDENCE	SCHOOL	SHIP	UNIV/COLLEGE			
SITE OWNER	City of LA Recreation			ADDRESS 200 N Main St									
CITY	Los Angeles	STATE	CA	ZIP	CONTACT	D. Atgway	PHONE	213 485 6178					
IV. REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT?	YES	NO	ASBESTOS SURVEY?	YES	NO	ASBESTOS REMOVED?	YES	NO	BUILDING TO BE DEMOLISHED?	YES	NO	
PROJECT DATES	START	11-18		END	11-20		WORK SHIFT (am/pm)						
VIII. ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE	CLASS I		CLASS II		TOTAL REMOVED (add row)							
VII. ASBESTOS REMOVED FROM	SURFACES		PIPES		COMPONENTS								
DESCRIBE TYPE & AMOUNT OF ASBESTOS	ACOUSTIC CEILING	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO	MAST						
VI. FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	ROOFING	OTHER (describe)								
CONTRACTOR INFORMATION		CSLB LICENSE # 174536		OSHA REG # 032		AQMD ID # 76303							
II. NAME ACandS, INC.		ADDRESS 2340 E. ARTESIA BLVD.											
CITY LONG BEACH		STATE	CA	ZIP	90805	SITE SUPVR		PHONE					
WASTE TRANSPORTER #1		BDC/FALCON SERVICES INC.			LANDFILL AZUSA LAND RECLAMATION CO.								
III. ADDRESS		766 S. AYON AVENUE			ADDRESS 1201 WEST GLADSTONE ST.								
CITY		AZUSA	STATE	CA	ZIP	91702	CITY		AZUSA	STATE	CA	ZIP	9170
VI. PROCEDURE USED TO DETECT ACM; P.L.M.													

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

Roofing Material w/ Damp Methods

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Air monitor

Removal of Roofing Mtrl. w/ Damp Removal

XII. WASTE TRANSPORTER #1

Name: BDC Services Inc.

Address: 766 S. Ayon Avenue

City: Azusa

State: CA

Zip: 91702

Contact Person:

Tel: (818) 969-1384

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: AZUSA LAND RECLAMATION CO.

Location: 1201 W. Gladstone

City: Azusa

State: California

Zip: 91702

Telephone: (818) 334-0719

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

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the Sudden, Unexpected Event: NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: NA

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBELED, PULVERIZED, OR REDUCED TO POWDER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

(Signature of ~~Owner~~/Operator)

(Date) 11-18-97

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of ~~Owner~~/Operator)

(Date) 11-18-97

WASTE TRANSPORTER #2			WASTE STORAGE SITE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS FOR AQMD PRIOR APPROVAL. PROCEDURE #:

Procedure # 3

ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS (survey, bulk sampling, inspection, assumed ACWM, etc.):

Phase Light Microscopy

FOR DEMOLITIONS GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:

N/A

FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:

AUTHORIZING PERSON:
DATE OF ORDER:

N/A

TITLE
DATE ORDERED TO BEGIN:

N/A

FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:

*11-18-97 Damaged Roofing Material Leak
D. Attaway 213 485-6178*

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

TRAINING CERTIFICATION: I certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

PRINT NAME OF OWNER/OPERATOR

SIGNATURE OF OWNER/OPERATOR

DATE *11-18-97*

INFORMATION CERTIFICATION: I certify that the above information is correct and I have enclosed any required attachments.

PRINT NAME OF OWNER/OPERATOR

SIGNATURE OF OWNER/OPERATOR

DATE *11-18-97*

Notifications are not accepted without the required asbestos fee (AQMD Rule 301). Removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the asbestos amount to be removed. Fees are as follows:

FROM 100 TO 1,000 SQUARE FEET	\$ 10.40	DEMOLITIONS	\$ 26.20
FROM 1,001 TO 5,000 SQUARE FEET	\$ 78.60	REVISIONS	\$ 10.40
FROM 5,001 TO 10,000 SQUARE FEET	\$183.50	CANCELLATIONS	\$ 00.00
MORE THAN 10,000 SQUARE FEET	\$288.30	PROCEDURE 4 OR 5 PLANS	\$288.30
		RETURNED CHECK CHARGE	\$25.00

***ATTENTION:** STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY. STATE LAW DOES NOT REQUIRE PROOF THAT THE NOTIFICATION HAS BEEN RECEIVED BY AQMD. FOR YOUR CONVENIENCE MAIL ALL NOTIFICATIONS AND DO NOT HAND CARRY THEM SINCE AQMD HAS NO STAFF TO RECEIVE THEM. CONTRACTORS ARE REQUIRED TO FILL AND MAIL THE NOTIFICATION. FOR QUESTIONS CALL 909-396-2336.

***MAIL ORIGINAL TO:** SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950
TELEPHONE : (909) 396-2336 FAX: (909) 396-3342

ACandS INC.

DAILY SIGN IN LOG

Job Name: Hansen Dam Tailum on the Green

Job No. N/A

Start Date: 11/18/97

Foreman: Mario Gardea

DATE	EMPLOYEE NAME (Print)	EMPLOYEE SIGNATURE	TIME IN	TIME OUT
11/20/97	Gabriel Soto	<i>[Signature]</i>	6:30	
	Walter A Lopez	<i>[Signature]</i>	↓	
	Juan Vega	<i>[Signature]</i>		
	Mario Gardea	Mario Gardea		

FIELD OBSERVATIONS LOG

CLIENT: City of Los Angeles

PROJECT NAME: Hansen Dam Trench on the Green DATE 11/18/97

PROJECT ADDRESS: 10900 Glen Oaks Blvd. Pacoima PROJECT # N/A

TIME

OBSERVATIONS

- ~~7:30~~ As per our job walk this morning we will concentrate on the roof removal above the enclosed patio and finish it today so that E. Kelly can re-roof tomorrow morning.
- ~~8:00~~ It was brought to my attention that ~~#~~ 1 of the skylights was broken by us.
- 10:00 The airconditioners on the roof have been cleaned and sealed the skylights are taking some extra time because they are delicate and can be easily damaged.
- 12:30 The roof has passed inspection and we will now begin to clean up and pick up our poly from around the bldg.
- 1:30 At this time we are going through the entire area with Morris Williams of Integrity making sure that no debris is left behind.
- 2:00 End of the shift I will need to be back later this morning at 7:30 to walk the job with E. Kelly.

F I E L D O B S E R V A T I O N S L O G

CLIENT: City of Los Angeles

PROJECT NAME: Hansen Dam Tavern on the Green

DATE 11/19/97

PROJECT ADDRESS: 10400 Glen Oaks Blvd Pacoima

PROJECT # N/A

TIME

OBSERVATIONS

8:30am Today due to bad weather we will only be taking
Gravel off the roof unless the weather improve, this
is the way Glen the LA. City rep. on site

8:50 Weather has not improved and we are getting close to
disposing all the gravel

10:00 Gravel disposal and clean up is complete we will now
~~also~~ collect our tools and organize for tomorrow

10:30 End of the shift

F I E L D O B S E R V A T I O N S L O G

CLIENT: City of Los Angeles

PROJECT NAME: Hansen Dam Tavernen The Green

DATE 11/20/97

PROJECT ADDRESS: 10400 Glencoe's Blvd Pacoima

PROJECT # N/A

TIME

OBSERVATIONS

6:30 Start of the shift, today we will remove the mastic along the edge of top of the wall also we will remove the skylights to clean around the opening etc, we will also look for any mastic on the roof

9:30 Glen is looking over the roof and has pointed out a couple of spots he wants retouched

10:30 End of the shift

ACCS

ASBESTOS SMOKE LOG

Date: 11/20/97

Day of Week: Thursday

Foreman: Mario Bardea

	Employee Name (PRINT)	Employee's Signature	TIME IN	TIME
1)	Gabriel Soto	<i>[Signature]</i>	6:30	
2)	WALTER A Lopez	<i>[Signature]</i>	↓	
3)	Juan Vega	<i>[Signature]</i>	↓	
4)	Mario Bardea	<i>[Signature]</i>	↓	
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
4)				
25)				
26)				

ACGS

ASBESTOS SHOWER LOG

Date: 11/19/97

Day of Week: Wednesday

Foreman: Mario Gardea

	Employee Name (PRINT)	Employee's Signature	TIME IN	TIME
1)	JUAN ALVARADO	Juan Alvarado	6:30	10:30
2)	JESUS BOROJOS	Jesus Borjatos		
3)	José Navarro	José Navarro		
4)	Walter Rodriguez Lopez	Walter Lopez		
5)	CAROL SOTO	Carol Soto	↓	↓
6)	Mario Gardea	Mario Gardea	6:30	10:30
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
24)				
25)				
26)				

ACCS

ASSISTANT SECRETAR LOG

Date: 11/18/97

Day of Week: Tuesday

Forwards: Maria Cardes

	Employee Name (PRINT)	Employee's Signature	TIME IN	TIME
1)	Eduar E. Solano	<i>[Signature]</i>	16:30	2:00
2)	Jose Nunez	<i>Jose Nunez</i>		
3)	JESUS OSUNA	<i>[Signature]</i>		
4)	Jesus Borotac	Jesus Borotac		
5)	Juan Vega	<i>Juan Vega</i>		
6)	Gabriel Soto	<i>[Signature]</i>		
7)	Jorge Lopez	Jorge Lopez		
8)	Walter P Lopez	Walter P Lopez	↓	↓
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
24)				
25)				
26)				

AC & S
ASBESTOS CONTAINMENT ENTRY LOG

DATE: 11/20/97 DAY OF WEEK: Thursday FOREMAN: Mario Gardea
 JOB LOCATION: 10400 Glencaks Blvd Picoima Ca
 JOB NAME: Hanson Dam Tavern on the Green JOB NO. N/A

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

EMPLOYEE NAME (PRINT)	SOC. SEC. #	INITIALS	IN/OUT	IN/OUT
<u>Gabriel Soto</u>	<u>53498-96-82</u>	<u>G.S</u>	<u>6:30</u>	
<u>Walter Arturo Lopez</u>	<u>619423430</u>	<u>WAL</u>	<u>6:30</u>	
<u>Juan Vega</u>	<u>547-06-1748</u>	<u>JV</u>	<u>6:30</u>	
<u>Mario Gardea</u>	<u>560 63 2605</u>	<u>MG</u>	<u>6:30</u>	

AC & S
ASBESTOS CONTAINMENT ENTRY LOG

DATE: 11/14/97 DAY OF WEEK: Wednesday FOREMAN: Mario Bardea
 JOB LOCATION: 10400 Glenhurst Blvd Pacoima
 JOB NAME: Hansen Dam Tavern on the Green JOB NO. N/A

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

EMPLOYEE NAME (PRINT)	SOC. SEC. #	INITIALS	IN/OUT	IN/OUT
JUAN A MEYER	575539390	JA-	6:30 PM	10:30 PM
Jesus BOTOSAS	536847109	JB		
Jose Sanchez	20130453	JS		
Walter...	614423430	WA2		
Gabriel Soto	534-98-9687	GS		
Mario Bardea	560 63 2605	MG	↓	↓

LOCAL 5
1669 E. LINCOLN AVENUE
CITY OF ORANGE, CA 92865-1929
(714) 921-4802

THIS CERTIFICATE IS THE PROPERTY OF THE ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM OF SOUTHERN CALIFORNIA AND IS FOR THE USE OF THE SIGNATORY CONTRACTORS FOR USE ON JOBS COVERED BY THE AGREEMENT BETWEEN THE WESTERN STATES INSULATION CONTRACTORS ASSOCIATION AND LOCAL NO. 5. AND NOT TO BE GIVEN TO ANY OTHER PARTIES.

ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM OF
SOUTHERN CALIFORNIA

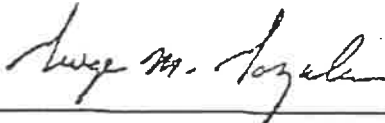
Certifies that MARIO GARDEA

SS # 560-63-2605

has attended the 1-day, Environmental Protection Agency approved
recertification from 04/17/97 to 04/17/97
for

ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR
MEETS ASHARA REQUIREMENTS

and has successfully passed the written examination on: 04/17/97
Certificate expires on: 04/17/98



Authorized Signature

CERTIFICATE
NUMBER

S - 4 - 2082

Maintenance Program

FOR ASBESTOS WORKERS

1689 EAST LINCOLN AVENUE
ORANGE, CA 92665-1929
FAX (714) 921-9789
PHONE (714) 921-4002

NAME Mario Sarda

SOCIAL SECURITY NUMBER 560-63-2405

MEDICAL EXAM DATE 9-21-96

PHYSICAL ONLY, BECAUSE HE/SHE IS UNDER 40 YEARS OLD AND HAS TAKEN A CHEST X-RAY WITHIN THE LAST THREE YEARS.

CHEST X-RAY ONLY, BECAUSE HE/SHE HAS TAKEN A PHYSICAL WITHIN THE LAST YEAR.

PHYSICAL AND CHEST X-RAY, BECAUSE HE/SHE IS OVER 40 YEARS OLD AND /OR OUR RECORDS INDICATE THAT HE/SHE IS DUE FOR BOTH.

3 VIEW CHEST X-RAY, PA AND 2 OBLIQUES EVERY 3 YEARS, IF WORKER IS OVER 40 YEARS OLD AND HAS WORKED 10 YEARS IN THE TRADE.


MULTI-FASIC

LEAD PHYSICAL

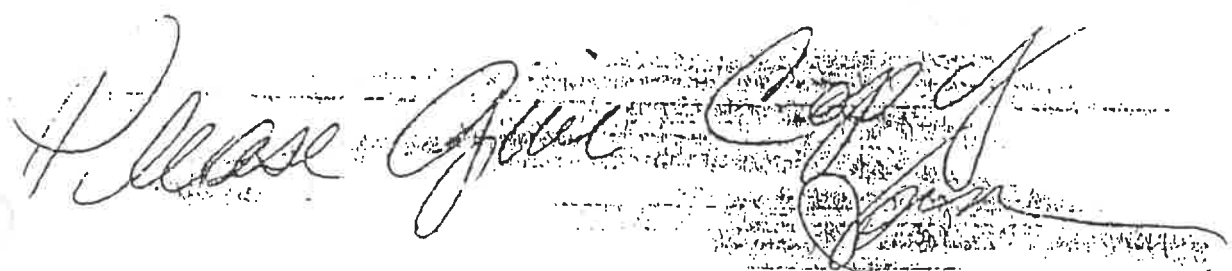
BLOOD LEAD

SIGNATURE: 

DATE: 9-21-96

OK 

ATTENTION CLINIC: PLEASE SEND THIS TO DR DONALD WHORTON MD INC. ALONG WITH EXAM HISTORY

Please Print Name of Referring Physician


WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase I: Certification of Examination and Recommendation for Respirator Use

This certifies that:

Name: Mario Jordan

Social Security Number: 560-63-2605

Medical Exam Date: 9-21-97

has completed a physical exam, complete medical history and spirometry at

ORANGE MEDICAL CENTER
2110 EAST KATELLA AVENUE
ANAHEIM, CA 92806

On the basis of this examination, the following are preliminary recommendations for respirator use, pending outcome of all outstanding tests.

- 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.

Final respirator clearance will be made by M. Donald Whorton, M.D., and will be sent to the union representative.

The custodian of all medical records is M. Donald Whorton, M.D., Inc., 1135 Atlantic Avenue, Alameda, CA 94501.

Signature of Examining Physician: Dr. Whorton

Date: 9-21-97

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.

**RESPIRATOR FIT TEST
AND
TRAINING RECORD**

EMPLOYEE NAME: MARIO GARIBAY
 Social Security No. 560-63-2605 Phone No. (909) 421-1758
 Address: 2782 W. VINE ST.
 City: REALTO State CA Zip Code 92376
 EMPLOYER: AC and S Inc. Phone No. (714) 254-1380
 EXAMINATION DATE: 4/22/97 EXAMINER'S NAME: J. ECKHART
 EQUIPMENT TYPE: Neg. Pressure Half-Mask MANUFACTURER: North
 Model No./Size: #7700 / Medium

TEST RESULTS

			<u>Initials</u>
(1) Negative Pressure Test	PASS (X)	FAIL ()	<u>AG</u>
(2) Positive Pressure Test	PASS (X)	FAIL ()	<u>AG</u>
(3) Isoamyl Acetate Vapor Test	PASS (X)	FAIL ()	<u>AG</u>
(4) Irritant Smoke Test	PASS (X)	FAIL ()	<u>AG</u>
Irritant detected			

Employee briefed on health hazards of the job and fundamental principles of respiratory protection, limitations, use, inspection, cleaning, maintenance and storage of equipment.

Yes (X) No () AG (Initials)

ADDITIONAL INFORMATION

Most recent employee physical exam conducted on _____
 Physician's certificate of ability to use respiratory equipment: YES (X) NO ()

Name of Medical Facility: ORANGE MEDICAL CENTER

Corrective lenses required for normal work tasks: YES () NO (X)

I hereby certify that the subject employee has been trained and Fit Tested in accordance with CISO 5144.

[Signature]
 Examiner's Signature Date 4/22/97

Mario Garibay
 EMPLOYEE'S SIGNATURE Date 4/22/97

EPA ACCREDITED

NO: 1 / . .
AHERA APPROVED

OCCTRAIN

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

GABRIEL SOTO

HAS SUCCESSFULLY COMPLETED A ^{SS# 534-98-9687} 1 DAY COURSE AND, AFTER PASSING

THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

MAY 20, 1997

FOR

ASBESTOS ABATEMENT

WORKER TRAINING Annual Refresher

SPANISH INSTRUCTION

COURSE DATES: MAY 20, 1997

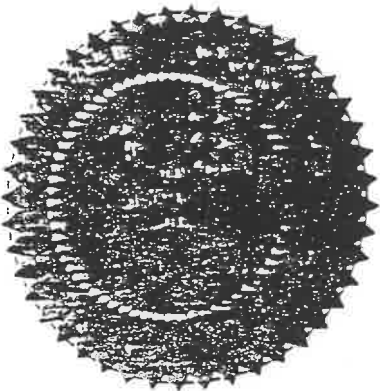
EXAM DATE: MAY 20, 1997

AAWT-R-4873-97

ACCREDITATION NO.

MAY 20, 1998

EXPIRATION DATE



[Signature]
AUTHORIZED SIGNATURE
[Signature]
EXAM ADMINISTRATOR

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc. (Occtrain) - 666 Baker St. Suite 7340 Costa Mesa, CA 92626, TEL: 714-546-7044

Robert C. Rossberg, M.D.

Alexander Hagenorn, M.D.

Ernest H. Files, M.D.

ALAMEDA INDUSTRIAL MEDICAL GROUP, INC.
1907 East Washington Boulevard
Los Angeles, California 90021
Telephone 747-7667

PHYSICIAN'S OPINION OF EMPLOYEE EXAMINATION

Physician's Name: Robert C. Rossberg, M.D. (X) License # C12322-CA
Edward D. Coates, M.D. () License # C68958

Date of Exam: 5-22-97 Evaluation Date 5-22-97

Patient's Name: SOTO, GABRIEL SS#: 534-98-9687

1. Has the employee been examined according to all of the requirements set forth in 29 CFR 1910.1001, 29 CFR 1910.134, and CAC 5208 and Title 8, section 1529.T?
(X) Yes () No
2. Can the employee safely wear a negative pressure respirator? Will the employee be able to perform his/her job normally while wearing a negative pressure respirator?
(X) Yes () No
3. Does the employee have any limitations on the tasks he/she can perform while wearing a respirator?
() Yes (X) No
If yes, specify limitations: _____
4. Does the employee have any medical condition which would place the employee at increased risk of health impairment from exposure to asbestos?
() Yes (X) No
If yes, explain _____
5. Have you informed the employee, as required by law, of the results of the examination and of any medical conditions that may result from exposure to Asbestos?
(X) Yes () No
6. Have the following examinations been performed and used to evaluate this employee's present medical condition?
Chest X-ray? (X) Yes () No Date of last X-ray 1996
Spirometry? (X) Yes () No

Physician's Signature: Robert C. Rossberg Date: 5-22-97

ALAMEDA INDUSTRIAL MEDICAL GROUP INC
1907 E WASHINGTON BLVD
LOS ANGELES CALIF 90021

PULMONARY FUNCTION TEST RESULTS

THE FOLLOWING EMPLOYEE WAS TESTED FOR HIS PULMONARY FUNCTION
ON A COSMED PONY SPIROMETER MODEL # 16500.

TEST WAS FOUND TO BE WITHIN NORMAL LIMITS PER PHYSICIANS REVIEW
OF RESULTS.

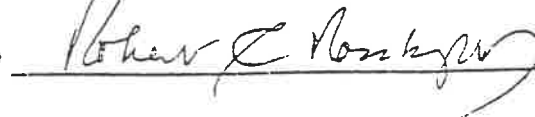
PATIENT: SOTO, GABRIEL

Test #1034

COMPANY: CONTROLLED ENVIRONMENTAL SOLUTIONS

PHYSICIANS SIGNATURE

ROBERT C ROSSBERG M.D.



EDWARD COATES M.D.

DATE: 05-22-97



Industrial Medical Clinics, Inc.

PROTECCION RESPIRATORIA HISTORIA CLINICA

Nombre Jorge Lopez Edad 24

Planta/Ubicación _____

Fecha en que empezó a trabajar _____

Por favor, conteste las siguientes preguntas:

1. Ha tenido alguna vez cualquiera de los siguientes:	Sí	No	No Sé
Cualquier problema del corazón	_____	_____	_____
Asma	_____	_____	_____
Tos crónica	_____	_____	_____
Dolor de pecho	_____	_____	_____
Cortedad del aliento	_____	_____	_____
Fiebre del heno (alergia estacional)	_____	_____	_____
Neumonía	_____	_____	_____
Tuberculosis	_____	_____	_____
Pulmon "negro" (pulmón del minero)	_____	_____	_____
Neumotórax (colapso del pulmón)	_____	_____	_____
Rayo-X del pecho anormales	_____	_____	_____
Bronquitis crónica	_____	_____	_____
Bronquitis aguda frecuente	_____	_____	_____
Fiemas frecuentes	_____	_____	_____
Enfisema	_____	_____	_____
Pleuresia	_____	_____	_____
Tumores del pulmón	_____	_____	_____
Silicosis	_____	_____	_____
Neumonconiosis	_____	_____	_____
Bronquiectasia	_____	_____	_____
Resfriados o gripes frecuentes	_____	_____	_____

2. Si contesto que "Si" a cualquiera de las preguntas arriba mencionadas, explique:

3. ¿Fuma? Si X No _____

¿Si es así, cuanto al día? 1-3 cigarrillos

¿Por cuantos años? 7

4. ¿Ha usado alguna vez un respirador? Si X No _____

5. Si contesto que "Si":

a. ¿Cuando lo uso? Lo uso Todo el tiempo en mi trabajo

b. ¿Dónde? _____

c. ¿Para qué tipo de trabajo? Asbestos Remol

FECHA 9/15/97

FIRMA DEL INTERESADO (EMPLEADO) Jorge Lopez

Anaheim Division
1740 West Medical Center Dr.
Anaheim, CA 92801
(714) 533-1902

Stanton Division
7777 Katella Avenue
Stanton, CA 90680
(714) 952-5020 • (714) 952-0993

Santa Fe Springs Division
13030 Firestone Blvd.
Santa Fe Springs, CA 90670
(213) 921-0341 • (714) 826-2210



Industrial Medical Clinics, Inc.

RESPIRATORY COMPLIANCE LETTER

DATE: 09-15-97

EMPLOYEE NAME: JORGE LOPEZ

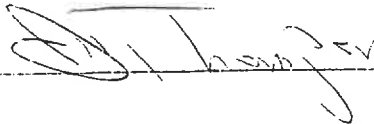
SOCIAL SECURITY NUMBER: 618-14-3121

COMPANY: _____

In accordance with 29 CFR/OSHA part 1910 134, persons should not be assigned to tasks requiring use of respirators unless it has been determined that they are physically able to perform the work while using the required respiratory equipment.

This is to certify I have examined the above named employee and this person may engage in duties where respiratory equipment is required.

Sincerely,

 M.D.

Anaheim Division
1740 W. Medical Center Dr.
Anaheim, CA 92801
(714) 533-1902

Stanton Division
7777 Katella Avenue
Stanton, CA 90680
(714) 952-5020

Santa Fe Springs Division
13030 Firestone Blvd.
Santa Fe Springs, CA 90670
(213) 921-0341 • (714) 826-2210

FUKUDA DENSHI CO., LTD.
SPIROSIFT 500

PULMONARY FUNCTION TEST REPORT

TESTED BY : GEORGE

DATE 09/15/97

BARO PRES 760 mmHg

NAME : GEORGE LOPEZ
PT. NO: 618143121 AGE : 24 YRS
SEX : MALE HEIGHT : 61 INS
RACE : OTHER WEIGHT : 140 LBS

	ACT	PRED	%PRED
FVC(L)	3.91	4.13	95
FEV.5(L)	2.51	2.79	90
FEV 1(L)	3.34	3.64	92
FEV 3(L)	3.81	4.13	92
FEV1/FVC(%)	85.42	86.70	99
FEV3/FVC(%)	97.44	98.90	99
FEF25-75%(L/S)	3.68	4.38	84
FEF75-85%(L/S)	1.19	---	---
BEST FVC(L)	3.91	4.13	95
BEST FEV1(L)	3.34	3.64	92
EX TIME(SEC)	14.70	---	---
PEF(L/S)	6.24	7.87	79
PEF25%(L/S)	6.18	7.31	85
PEF50%(L/S)	4.49	5.83	77
PEF75%(L/S)	1.89	2.83	67
MVV(L/M)		156.0	
RR(Br/M)		---	---
MTV(L)		---	---

NOTE: LITERS EXPRESSED BTSP.
FVC : #1 test, 1 accepted.

----- INTERPRETATION -----

NORMAL SPIROMETRY

UNCONFIRMED REPORT MUST BE REVIEWED
BY PHYSICIAN.

REVIEWED BY:

DATE:

[Signature] 9/15/97



ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM OF SOUTHERN CALIFORNIA

670 E. Foothill Blvd. # 3 • Azusa, CA. 91702
626 - 334 - 6884

This is to certify that

Elmer Solano

AC AND S

SSI# 623-78-3230

has completed & passed the **8 hr. Recertification** for the Environmental Protection Agency which meets all ASHARA requirements for the **Asbestos Abatement Worker Course** from 12/05/97 to 12/05/97

Certificate expires on: 12/05/98

Please call (626) 334-6884
to verify if the Training
certificate is authentic!

RWC

00021


12/05/97

Tom L. Gutierrez
JAC Administrator & Training Director
For the AWATP Facility for Local 5

Donald Whorton, M.D.

January 22, 1997

Leon Henricks
Asbestos Workers Local 5 Maintenance
1669 E. Lincoln Ave.
Orange, CA 92665-1929

RE: Elmer Solano
623-78-3230

Dear Mr. Henricks:

The above named employee has completed an examination through the Western States Maintenance Employee Medical Program. The date and location of the examination are indicated below.

Location: Orange - Orange Medical Center
Date of Exam: 01/17/97

On the basis of the medical history, physical examination, and lung function studies this employee has no restrictions for use of a respirator or other personal protective equipment. This employee has no restrictions for work as an insulator or asbestos abatement worker.

This clearance is limited to assignments with contractors in the Western States Contractors Association (WICA). The union office is required to give a copy of this letter to the employee within thirty days of receipt. 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.
Medical Consultant

MDW:db

M. Donald Whorton, M.D., Inc.
1135 Atlantic Avenue • Alameda • California 94501
Telephone 510-748-5760 • Facsimile 510-748-5765

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase II: Certification of Compliance

_____ certifies that

Name:

Elmer E. Salas

Social Security Number:

623-48-3230

Date of Chest x-ray:

01-17-97

has had a chest x-ray at:

Orange Medical Center

2110 EAST KATELLA AVE.

ANAHEIM, CA 92806

(714) 937-1919 • FAX 937-1968

_____ address

This employee has had a previous examination through this facility. The x-ray completes all OSHA medical monitoring requirements for asbestos-exposed workers as mandated by the Federal and California State Asbestos Standard.

All original x-ray film(s) will be sent to and stored by : M. Donald Whorton, M.D., Inc.
1135 Atlantic Avenue
Alameda, CA 94501

Whorton will supervise the x-ray "B" reading and will provide his written opinion to the union in 30 days.

Authorized Signature:

Donald Morales

Date:

JAN 17 1997

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase I: Certification of Examination and Recommendation for Respirator Use

This certifies that:

Name:

Elmer E. Jolas

Social Security Number:

023-78-3230

Medical Exam Date:

01-17-97

has completed a physical exam, complete medical history and spirometry at

Orange Medical Center

2110 EAST KATELLA AVE.

ANAHEIM, CA 92806

clinic

(714) 937-1919 • FAX 937-1966

On the basis of this examination, the following are preliminary recommendations for respirator use, pending outcome of all outstanding tests.

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.

Final respirator clearance will be made by M. Donald Whorton, M.D., and will be sent to the union representative.

The custodian of all medical records is M. Donald Whorton, M.D., Inc., 1135 Atlantic Avenue, Alameda, CA 94501.

Signature of Examining Physician:

Jesse Zepeda, M.D.

Date:

JAN 17 1997

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.

RESPIRATOR FIT TEST
AND
TRAINING RECORD

EMPLOYEE NAME: ELMER SOLANO
Social Security No. 623-78-3230 Phone No. (310) 218-7123
Address: 1315 E. 7TH ST. APT. 10
City: LONG BEACH State CA Zip Code 90813
EMPLOYER: AC and S Inc. Phone No. (714) 254-1380
EXAMINATION DATE: 2/13/97 EXAMINER'S NAME: J. F. HAZWESSE
EQUIPMENT TYPE: Neg. Pressure Half-Mask MANUFACTURER: North
Model No./Size: #7700 / Medium

TEST RESULTS

			<u>Initials</u>
(1) Negative Pressure Test	PASS (X)	FAIL ()	<u>JS</u>
(2) Positive Pressure Test	PASS (X)	FAIL ()	<u>JS</u>
(3) Isocamyl Acetate Vapor Test	PASS (X)	FAIL ()	<u>JS</u>
(4) Irritant Smoke Test	PASS (X)	FAIL ()	<u>JS</u>
Irritant detected			<u>JS</u>

Employee briefed on health hazards of the job and fundamental principles of respirator protection, limitations, use, inspection, cleaning, maintenance and storage of equipment.

Yes (X) No () JS (Initials)

ADDITIONAL INFORMATION

Most recent employee physical exam conducted on 1/18/97
Physician's certificate of ability to use respiratory equipment: YES () NO ()

Name of Medical Facility: ORANGE MEDICAL CENTER

Corrective lenses required for normal work tasks: YES () NO (X)

I hereby certify that the subject employee has been trained and Fit Tested in accordance with CISO 5144.

[Signature]
Examiner's Signature Date 2/13/97

[Signature]
EMPLOYEE'S SIGNATURE Date 02/13/97

Certificate of Attendance

CERTIFICATE NUMBER

12715

Eco)logics Lehr
Environmental Services
and Training Institute

This is to Certify that

JUAN VEGA SS # 547-06-1748

Has Completed the Course of

OSHA LEAD BASED PAINT ABATEMENT AWARENESS FOR WORKER

Complies with OSHA 29 CFR 1926.62 and title X.L.B.P.A. Not a California DHS Accredited


INSTRUCTOR

BERNANDO RAMIREZ


DIRECTOR

ARMANDO DUCOING

July 15, 1997

E071597LAAW

July 15, 1998

COMPLETION DATE

CLASS NUMBER

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500

ANAHEIM, CALIFORNIA 92807

PH: (714) 528-0000 FAX: (714) 524-2471

TO :
FROM : MILLION DOLLAR

PHONE NO. : 1028815624228703

AUG. 4.1997 7:50PM P 1
PHONE NO. : 2132646198

SUNRISE MEDICAL GROUP ANAHEIM

5635 E. ORANGETHORPE
ANAHEIM, CA

RADIOLOGY REPORT

PATIENT'S NAME: VEGA, JEAN

PATIENT'S DOB: 06-05-67

PHYSICIAN: DR. LIEM

X-RAY #:

EMPLOYER:

DATE: 07-20-97

STUDY: CHEST, ONE VIEW

Examination #1.

FINDINGS: The heart is not enlarged. The lungs are clear of active infiltrate. There is no pneumothorax or pleural fluid seen. The bones and soft tissues appear normal for a patient this age.

SUMMARY: Normal examination.



Alan F. White, M.D.
Certified American Board of Radiology

D: 07-22-97
T: 07/22/97 11:16am

AFW:PC

RESPIRATOR CERTIFICATE

Name of Employee JUAN VESA
 Social Security Number 542-06-1748
 Date 7/2/97
 Type of Respirator DUST MASK
 Possible Exposure DUST, SAND & MIST

Cal/OSHA 5144(h), General Industry Safety Orders, requires that employees should not be assigned tasks requiring the use of respirators until it has been determined that they are physically capable of working while using this equipment.

This is to certify that I have examined the above referenced employee and the individual is medically qualified to use the respiratory equipment listed above.

This is to certify that I have examined the above referenced employee and the individual is not medically qualified to use the respiratory equipment listed above.

N C [Signature]
 Doctor's Signature

LOCAL 5
1669 E. LINCOLN AVENUE
CITY OF ORANGE, CA 92865-1929
(714) 921-4802

THIS CERTIFICATE IS THE PROPERTY OF THE ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM OF SOUTHERN CALIFORNIA AND IS FOR THE USE OF THE SIGNATORY CONTRACTORS FOR USE ON JOBS COVERED BY THE AGREEMENT BETWEEN THE WESTERN STATES INSULATION CONTRACTORS ASSOCIATION AND LOCAL NO. 5. AND NOT TO BE GIVEN TO ANY OTHER PARTIES.

ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM
OF
SOUTHERN CALIFORNIA

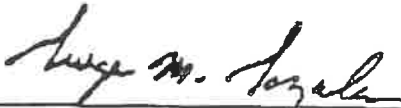
Certifies that JOSE ARTURO NORIEGA-GUERRERO

SS # 602-18-6453

has attended the 1-day, Environmental Protection Agency approved recertification from 07/15/97 to 07/15/97 for

ASBESTOS ABATEMENT WORKER
MEETS ASHARA REQUIREMENTS

and has successfully passed the written examination on: 07/15/97
Certificate expires on: 07/15/98



Authorized Signature

CERTIFICATE
NUMBER

S - 4634

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase I: Certification of Examination and Recommendation for Respirator Use

This certifies that:

Name:

Jose A. Noriega

Social Security Number:

002-18-6453

Medical Exam Date:

04-16-97

has completed a physical exam, complete medical history and spirometry at

ORANGE MEDICAL CENTER
2110 E. KATELLA AVE.
ANAHEIM, CA 92806
PHONE (714) 937-1919

On the basis of this examination, the following are preliminary recommendations for respirator use, pending outcome of all outstanding tests.

- This employee is cleared for respirator use.
- This employee's medical approval for respirator use is pending further physician review.
- This employee in NOT cleared for respirator use.
- This employee is cleared for a powered respirator only.

Final respirator clearance will be made by M. Donald Whorton, M.D., and will be sent to the union representative.

The custodian of all medical records is M. Donald Whorton, M.D., Inc., 1135 Atlantic Avenue, Alameda, CA 94501.

Signature of Examining Physician:

Jose Zepeda PA

Date:

APR 16 1997

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.

RESPIRATOR FIT TEST
AND
TRAINING RECORD

EMPLOYEE NAME: JOSE NORIEGA
Social Security No. 602-18-6453 Phone No. (213) 225-5589
Address: 221 AVE. 411 APT. 3
City: LOS ANGELES State CA Zip Code 90031
EMPLOYER: AC and S Inc. Phone No. (714) 254-1380
EXAMINATION DATE: 5/1/97 EXAMINER'S NAME: J. E. HEVESTI
EQUIPMENT TYPE: Neg. Pressure Half-Mask MANUFACTURER: North
Model No./Size: #7700 / Medium

TEST RESULTS

			<u>Initials</u>
(1) Negative Pressure Test	PASS (X)	FAIL ()	<u>JE</u>
(2) Positive Pressure Test	PASS (X)	FAIL ()	<u>JE</u>
(3) Isoamyl Acetate Vapor Test	PASS (X)	FAIL ()	<u>JE</u>
(4) Irritant Smoke Test	PASS (X)	FAIL ()	<u>JE</u>
Irritant detected			

Employee briefed on health hazards of the job and fundamental principles of respiratory protection, limitations, use, inspection, cleaning, maintenance and storage of equipment.

Yes (X) No () JE (Initials)

ADDITIONAL INFORMATION

Most recent employee physical exam conducted on 4/10/97
Physician's certificate of ability to use respiratory equipment: YES () NO ()

Name of Medical Facility: ORANGE MEDICAL CENTER

Corrective lenses required for normal work tasks: YES () NO (X)

I hereby certify that the subject employee has been trained and Fit Tested in accordance with CISO 5144.

[Signature]
Examiner's Signature Date 5/1/97

Jose Noriega
EMPLOYEE'S SIGNATURE Date

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase II: Certification of Compliance

This certifies that

Name:

Jose A. Noriega

Social Security Number:

602-18-6453

Date of Chest x-ray:

04-16-97

has had a chest x-ray at:

ORANGE MEDICAL CENTER
2110 E. KATELLA AVE.
ANAHEIM, CA 92806
PHONE (714) 937-1919

This employee has had a previous examination through this facility. The x-ray completes all OSHA medical monitoring requirements for asbestos-exposed workers as mandated by the Federal and California State Asbestos Standard.

All original x-ray film(s) will be sent to and stored by: M. Donald Whorton, M.D., Inc.

1135 Atlantic Avenue
Alameda, CA 94501

CXR IV

Dr. Whorton will supervise the x-ray "B" reading and will provide his written opinion to the union within 30 days.

Authorized Signature:

[Signature]

Date:

APR 16 1997

JOINT APPRENTICESHIP TRUST
INSULATORS & ASBESTOS WORKERS
TRAINING FACILITY LOCAL 5
CI 670 EAST FOOTHILL BLVD, SUITE 3
AZUSA, CA 91702

020-334-6884

THIS CERTIFICATE IS THE PROPERTY OF THE ASBESTOS WORKERS
ABATEMENT TRAINING PROGRAM OF SOUTHERN CALIFORNIA AND IS
FOR THE USE OF THE SIGNATORY CONTRACTORS FOR USE ON JOBS
COVERED BY THE AGREEMENT BETWEEN THE WESTERN STATES
INSULATION CONTRACTORS ASSOCIATION AND LOCAL NO. 5. AND
NOT TO BE GIVEN TO ANY OTHER PARTIES.

ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM
OF
SOUTHERN CALIFORNIA

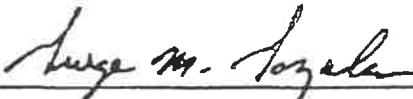
Certifies that **JESUS BARAJAS**

SS # 536-84-7109

has attended the 1-day, Environmental Protection Agency approved
recertification from 09/16/97 to 09/16/97

for
**ASBESTOS ABATEMENT WORKER
MEETS ASHARA REQUIREMENTS**

and has successfully passed the written examination on: 09/16/97
Certificate expires on: 09/16/98



Authorized Signature

CERTIFICATE
NUMBER

S - 4654

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase II: Certification of Compliance

This certifies that

Name:

James J. ...

Social Security Number:

536-84-7109

Date of Chest x-ray:

MAR 22 1997

has had a chest x-ray at:

ORANGE MEDICAL CENTER

2110 E. KATELLA AVE.

ANAHEIM, CA 92806

PHONE (714) 937-1919

This employee has had a previous examination through this facility. The x-ray completes all OSHA medical monitoring requirements for asbestos-exposed workers as mandated by the Federal and California State Asbestos Standard.

All original x-ray film(s) will be sent to and stored by: M. Donald Whorton, M.D., Inc.

1135 Atlantic Avenue
Alhambra, CA 94501

Dr. Whorton will supervise the x-ray "B" reading and will provide his written opinion to the union within 30 days.

Authorized Signature:

[Signature]

MAR 22 1997

Date:

RESPIRATOR FIT TEST AND TRAINING RECORD

EMPLOYEE NAME: Jesus Boyotas
 SOCIAL SECURITY #: 536 847109 PHONE NO: (213) 225 5589
 ADDRESS: 221 E. Avenida 41 APT 3
 CITY: Jolon Por STATE: _____ ZIP CODE: _____
 EMPLOYER: AC AND S INC PHONE NO: 714) 254-1340
 EXAMINATION DATE: 1-9-97 EXAMINER'S NAME: GARCIA
 EQUIPMENT TYPE: HE. Press. 1/2 mask MANUFACTURER: Muth
 MODEL NUMBER/SIZE: 7700 - MLEN

TEST RESULTS

(1) NEGATIVE PRESSURE TEST (2) POSITIVE PRESSURE TEST (3) ISOAMYL ACETATE VAPOR TEST (4) IRRITANT SMOKE TEST IRRITANT DETECTED	PASS (<input checked="" type="checkbox"/>) FAIL () PASS (<input checked="" type="checkbox"/>) FAIL () PASS (<input checked="" type="checkbox"/>) FAIL () PASS (<input checked="" type="checkbox"/>) FAIL ()	INITIALS _____ _____ _____ _____
--	--	--

Employee briefed on health hazards of the job and fundamental principles of respiratory protection, limitations, use, inspection, cleaning, maintenance and storage of equipment.
 YES () NO ()

ADDITIONAL INFORMATION

Most recent employee physical exam conducted on _____
 Physician's certificate of ability to use respiratory equipment
 YES () NO ()

Name of medical facility: Oscar Medical Center
 Corrective lenses required for normal work tasks
 YES () NO ()

I hereby certify that the subject employee has been trained and fit tested in accordance with CISO 5144.

[Signature] 1-9-97 Jesus Boyotas 1-9-97
 Examiner's Signature/Date Employee's Signature/Date

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase I: Certification of Examination and Recommendation for Respirator Use

This certifies that:

Name:

James Barajas

Social Security Number:

536 - 84 - 7109

Medical Exam Date:

MAR 22 1997

has completed a physical exam, complete medical history and spirometry at

ORANGE MEDICAL CENTER

2110 E. KATELLA AVE.

ANAHEIM, CA 92806

clinic

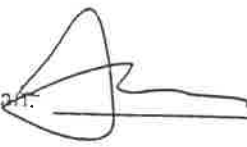
PHONE (714) 937-1919 address

On the basis of this examination, the following are preliminary recommendations for respirator use, pending outcome of all outstanding tests.

- 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.

Final respirator clearance will be made by M. Donald Whorton, M.D., and will be sent to the union representative.

The custodian of all medical records is M. Donald Whorton, M.D., Inc., 1135 Atlantic Avenue, Alameda, CA 94501.

Signature of Examining Physician: 

Date: MAR 22 1997

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.



1320 SIMPSON CIRCLE • ANAHEIM, CA 92806 • TEL: (714) 254-1380 • TEL: (800) 788-7807 • FAX: (714) 254-1386

City of Los Angeles

Subject: Visitors Log

No unauthorized visitors entered the jobsite during abatement operations performed by ACandS Inc.

Sincerely,

A handwritten signature in black ink, appearing to read 'AG', written over the typed name and title.

Albert Garcia
Project Manager

WORKER LIST

ELMAR SOLANO
JOSE NORREGA
JESUS OSUNA
JESUS BARAJAS
JUAN VEGA
GAGRIEL SOTO
JORGE LOPEZ
MARIO GARDEA
WALTER LOPEZ

1731091 x4

HUMPHREY LAURENT
8961 Joyzelle Drive
Garden Grove, CA 92841
714 537-6789

December 16, 1997

Mr. Al Garcia
ACandS
2340 E. Artesia Blvd.
Long Beach, Ca 90805

**RE: AIR MONITORING PROJECT
HANSEM DAM TAVERN**

Dear Al,

On November 18 and 20, 1997, Air Monitoring was performed for the presence of airborne fibers during removal of roofing material from Hansen Dam Tavern on the Green in Pacoima, California.

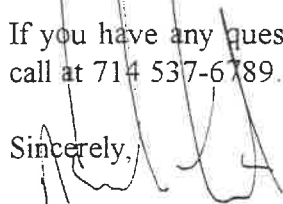
The samples were analyzed following collection by Phase Contrast Microscopy (PCM). PCM, NIOSH 7400 Method, is the analytical method specified in the Occupational Safety and Health Administration (OSHA) Asbestos Standard (29 CFR 1910.1001). PCM is a technique using a light microscope equipped to provide enhanced contrast between the asbestos fibers and the background.

Samples for PCM are collected on a Mixed Cellulose Ester (MCE) 0.8 micron pore size membrane filter. Filters are then mounted and cleared with a chemical solution so that trapped particulate can be viewed through the microscope at a magnification of approximately 400x.

Air sampling indicated that the airborne fiber level was below the Permissible Exposure Level (PEL) of 0.1 f/cc established in the 29 CFR 1926.58 and was therefore considered satisfactory. The laboratory report is attached.

If you have any questions or I can be of any further assistance to you, please do not hesitate to call at 714 537-6789.

Sincerely,


Humphrey O. Laurent
Certified Asbestos Consultant
DOSH No. 92-0298

AIR MONITORING REPORT

HANSEN 11 18

PROJECT No: HANSEN DAM
 PROJECT NAME: HANSEN DAM TAVERN
ON THE GREEN
PACOIMA, CA
 ACTIVITY: ROOF REMOVAL

REPORT DATE: 12/9/97 5 SAMPLES
 CLIENT: ACandS INC.
 ATTENTION: AL GARCIA
 COLLECTED: 11/18/97 Tue
 BY: MARIO GARDEA

Analyzed by the OSHA Reference Method Mandatory for Phase Contrast Microscopy (PCM) AIHA PAT Lab ID No. 11064.

Client ID	Sample	Name SS#	Start	Flow l/m	Fibers/	95%
Lab ID	Codes:	Location	Stop	Volume	Field	LCL
			Elap. H:M	Duration	f/cc	8/TWA
11/18/97	Type P	PATIO ROOF	7:00 PM	2 l/m		
1	Resp. A	MARIO GARDEA	10:00 PM	360.0	11	0.015
244304	Oper. R	560-63-2605	3:00	180 min.	100	0.010
11/18/97	Type P	PATIO ROOF	10:00 PM	2 l/m		
2	Resp. A	MARIO GARDEA	1:00 AM	360.0	5	0.007
244305	Oper. R	560-63-2605	3:00	180 min.	100	0.018
11/18/97	Type E	PATIO ROOF	1:00 AM	2 l/m		
3	Resp. A	MARIO GARDEA	1:30 AM	60.0	3.5	0.029
244306	Oper. C	560-63-2605	0:30	30 min.	100	0.010
11/18/97	B1 K	Blank	N/A	N/A	0	
244307					100	
11/18/97	B2 K	Blank	N/A	N/A	0	
244308					100	

EMPLOYEE(S) RECEIVING SIMILAR EXPOSURES:		Respirator No. TC-21C-152	
E SOLANO	623-78-3230	J. VEGA	547-06-1748
J NORIEGA	602-18-6453	G. SOTO	534-98-9687
J OZUNA		J. LOPEZ	
J BARAJAS	536-84-7109	W. LOPEZ	

ACTIVITIES:
 PATIO ROOF REMOVAL

INTERPRETATION OF REPORT: ACCEPTABLE, CLEARANCE SAMPLES BELOW EPA RE-OCCUPANCY LEVEL OF 0.01 F/CC AND PERSONNEL EXPOSURE BELOW PEL LEVEL OF 0.1 F/CC AND 1.0 F/CC 30 MIN EXCURSION.

Type	Respiratory	Operation
C=Clearance	B=P.A.P.R.	P=Prep N=None
D=During F=Fire Stop	N=None	R=Removal
P=Person E=Excursion	A=Half Face	B=G. Bag
B=Baselin K=Blank		C=Clean-Up

[Signature]
 Humphrey O. Laurent/C.A.C.# 92-0298

HUMPHREY LAURENT 8961 JOYZELLE DR. GARDEN GROVE CA 92841 (714) 537-6789

AIR MONITORING REPORT

HANSEN 11-18

PROJECT No: HANSEN DAM

PROJECT NAME: HANSEN DAM TAVERN
ON THE GREEN
PACOIMA, CA

ACTIVITY: ROOF REMOVAL

REPORT DATE: 12/9/97 5 SAMPLES

CLIENT: ACandS INC.

ATTENTION: AL GARCIA

COLLECTED: 11/18/97 Tue

BY: MARIO GARDEA

Analyzed by the OSHA Reference Method Mandatory for Phase Contrast Microscopy (PCM) AIHA PAT Lab ID No. 11064.

Client ID	Sample	Name SS#	Start	Flow l/m	Fibers/		95%	
Lab ID	Codes:	Location	Stop	Volume	Field	f/cc	8/TWA	LCL
			Elap. H:M	Duration				UCL
11/18/97	Type	P	PATIO ROOF	7:00 PM	2	l/m		
1	Resp.	A	MARIO GARDEA	10:00 PM	360.0	l	11	0.015
244304	Oper.	R	560-63-2605	3:00	180	min.	100	0.010
								0.007
								0.033
11/18/97	Type	P	PATIO ROOF	10:00 PM	2	l/m		
2	Resp.	A	MARIO GARDEA	1:00 AM	360.0	l	5	0.007
244305	Oper.	R	560-63-2605	3:00	180	min.	100	
								0.003
								0.018
11/18/97	Type	E	PATIO ROOF	1:00 AM	2	l/m		
3	Resp.	A	MARIO GARDEA	1:30 AM	60.0	l	3.5	0.029
244306	Oper.	C	560-63-2605	0:30	30	min.	100	
								0.010
								0.082
11/18/97								
B1	K		Blank	N/A	N/A		0	
244307							100	
11/18/97								
B2	K		Blank	N/A	N/A		0	
244308							100	

EMPLOYEE(S) RECEIVING SIMILAR EXPOSURES:				Respirator No. TC-21C-152
E.SOLANO	623-78-3230	J.VEGA	547-06-1748	
J.NORIEGA	602-18-6453	G.SOTO	534-98-9687	
J.OZUNA		J.LOPEZ		
J.BARAJAS	536-84-7109	W.LOPEZ		

ACTIVITIES:

PATIO ROOF REMOVAL

INTERPRETATION OF REPORT: ACCEPTABLE, CLEARANCE SAMPLES BELOW EPA RE-OCCUPANCY LEVEL OF 0.01 F/CC AND PERSONNEL EXPOSURE BELOW PEL LEVEL OF 0.1 F/CC AND 1.0 F/CC 30 MIN EXCURSION.

Type	Respiratory	Operation
C=Clearance	B=P.A.P.R.	P=Prep N=None
D=During	F=Fire Stop	N=None
P=Person	E=Excursion	A=Half Face
B=Baselin	K=Blank	B=G. Bag
		C=Clean-Up


 Humphrey O. Laurent/C.A.C.# 92-0298

HUMPHREY LAURENT 8961 JOYZELLE DR. GARDEN GROVE CA 92841 (714) 537-6789

AIR MONITORING REPORT

HANSEN 11-20

PROJECT No: HANSEN DAM
 PROJECT NAME: HANSEN DAM TAVERN
ON THE GREEN
PACOIMA, CA
 ACTIVITY: MASTIC REMOVAL

REPORT DATE: 12/9/97 3 SAMPLES
 CLIENT: ACandS INC.
 ATTENTION: AL GARCIA
 COLLECTED: 11/20/97 Thu
 BY: MARIO GARDEA

Analyzed by the OSHA Reference Method Mandatory for Phase Contrast Microscopy (PCM) AIHA PAT Lab ID No. 11064.

Client ID	Sample	Name SS#	Start	Flow l/m	Fibers/			95%
Lab ID	Codes:	Location	Stop	Volume	Field	f/cc	8/TWA	LCL
			Elap. H:M	Duration				UCL
11/20/97	Type P	GOLF CART RM ROOF	6:30 PM	2 l/m				
1	Resp. A	MARIO GARDEA	10:30 PM	480.0	l	9	0.009	0.005
244309	Oper. R	560-63-2605	4:00	240	min.	100		0.004
								0.021
11/20/97								
B1	K	Blank	N/A	N/A		0		
244310						100		
11/20/97								
B2	K	Blank	N/A	N/A		0		
244311						100		

EMPLOYEE(S) RECEIVING SIMILAR EXPOSURES: **Respirator No. TC-21C-152**

J. BARAJAS 536-84-7109
 J. ALMEYDA 565-53-9395
 WALTER LOPEZ
 GABRIEL SOTO

ACTIVITIES:

ROOF REMOVAL OVER GOLF CART STORAGE ROOF.

INTERPRETATION OF REPORT: ACCEPTABLE, CLEARANCE SAMPLES BELOW EPA RE-OCCUPANCY LEVEL OF 0.01 F/CC AND PERSONNEL EXPOSURE BELOW PEL LEVEL OF 0.1 F/CC AND 1.0 F/CC 30 MIN EXCURSION.

<u>Type</u>	<u>Respiratory</u>	<u>Operation</u>
C=Clearance	B=P.A.P.R.	P=Prep N=None
)=During	F=Fire Stop N=None	R=Removal
P=Person E=Excursion	A=Half Face	B=G. Bag
B=Baselin K=Blank		C=Clean-Up


 Humphrey O. Laurent/C.A.C.# 92-0298

HUMPHREY LAURENT 8961 JOYZELLE DR. GARDEN GROVE CA 92841 (714) 537-6789

File ID # 4384-1869

The Deep South Center for Occupational Health & Safety

Certifies that

Hamphrey Laurent

Has Satisfactorily Completed

NIOSH 582-Sampling & Evaluating Airborne Asbestos Dust

July 7-10, 1987

And is Hereby Awarded This Certificate.



[Signature]
Course Instructor

Director, Center for Occupational Health & Safety



[Signature]
Dean, School of Public Health
University of Alabama
at Birmingham



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

National Institute for Occupational Safety and Health
Robert A. Taft Laboratories
4676 Columbia Parkway
Cincinnati OH 45226-1998

August 25, 1995

Lab ID: 11064
MR. HUMPHREY O. LAURENT
HUMPHREY LAURENT
8961 JOYZELLE DRIVE
GARDEN GROVE CA 92641

Dear MR. HUMPHREY O. LAURENT :

Enclosed are your results from the Proficiency Analytical Testing (PAT) Program for Round 122. As a reminder, there have been changes made in the way that a laboratory is evaluated by the PAT Program. There is no overall rating given to a laboratory. A proficiency rating is given for each type of sample (i.e., metals, silica, asbestos, organics) that a laboratory analyzed. For a sample type with more than one analyte (metals and organics), all samples must be analyzed each round or no individual rating will be given. If a round is missed and no data is reported for a sample type, no rating will be given for that sample type.

For PAT Round 123, the metals will be cadmium, lead, and zinc, while the silica samples will have a talc and coal mine dust background. Fiber samples for this round will contain two chrysotile asbestos samples and two glass fiber samples. To preclude problems in the statistical analysis of the data, only the "A" rules should be used when counting these fibers. The organic solvents will be chloroform, 1,2-dichloroethane, and tetrachloroethylene. The samples will be mailed by October 2, 1995 and the results will be due on November 8, 1995.

If you have any questions concerning the PAT Program, please either write or call:



P.O. Box 902
Stony Beach, CA 91024
(800) 221-4232
(818) 969-4971 Fax

2531 East 67th Street
Long Beach, CA 90805
(800) 252-1211
(310) 833-4444 Fax

February 5, 1997

To Our Valued Customers:

Due to the recent merger of BDC Services, Inc. (BDC) and Falcon Disposal Services (Falcon) to form BDC * Falcon Special Waste Services, the old United States EPA Identification Numbers that were assigned to BDC and Falcon have been de-activated. The new Identification Number which has been activated to represent the newly merged entity is: **CAR000017657**.

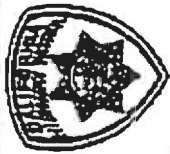
At your request, a copy of the new "Acknowledgement of Notification of Hazardous Waste Activity" from the Environmental Protection Agency verifying this new Identification Number will be made available to you.

If you have any questions in regards to this letter, please contact me at (800) 221-4232.

Thank-you

Steve Amromin
Operations Manager

A Division of USA Waste of California, Inc.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
NON-TRANSFERABLE LICENSE
CONTROL NUMBER: HM 124978

LICENSEE NAME AND PHYSICAL ADDRESS (only if different from below)

BDC * Falcon Special Waste Services
766 South Ayon Avenue CA 91702
Azusa

LICENSEE NAME AND MAILING ADDRESS

BDC * Falcon Special Waste Services
P. O. Box 662 CA 91025
Sierra Madre
ATTENTION: Frank J. Guierrez

CIP 30241 (Rev 7/85) 01068

LICENSE NUMBER 124978	ISSUE DATE 1/30/97	EFFECTIVE DATE	EXPIRATION DATE 1/31/98
CIP CARRIER NUMBER CA- 11870	LOCATION	<input type="checkbox"/> Duplicate <input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Replacement <input type="checkbox"/> Renewal

The person or firm named has been licensed pursuant to the California Vehicle code for:

OPERATION OF:

- Emergency Ambulances Armored Cars
- (IMS) Inspection -Maintenance Station, File Code Number _____
- School Bus Contractor's License

HAZARDOUS MATERIALS TRANSPORTATION

- (IHA) Explosive subject to Division 14, Vehicle Code, Materials subject to Section 31302, Vehicle Code, and other hazardous materials
- (HMO) Other Hazardous Materials.
- (HMW) Hazardous materials in certified waste hauler vehicles only (see exempt); registration number: _____

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region 9

75 Hawthorne Street
San Francisco, CA 94105

(For mailing address see below.)

RCRA ID NUMBER STATEMENT

The following RCRA ID number: CAR 000017657

has been assigned to: BDC Falcon Spec. Waste Service

766 S AYON Ave

AZUSA, CA 91702

Generator

TSD Facility

Transporter

Other _____

This permanent RCRA ID number is site-specific and is to be used for the regulated waste activity at the above site only. If there are any changes to the information your installation submitted on the EPA Notification of Regulated Waste Activity (Form 8700-12), you are required to notify the EPA by submitting a new Form 8700-12. Each section of the new Form 8700-12 must be filled out completely.

If your installation has a change of location, then note the following: do not use the RCRA ID number assigned to this location to manifest RCRA waste at the new location. Before conducting regulated waste activity at the new location, you must notify the EPA by submitting a Form 8700-12 for the new location. Your new location will be assigned a RCRA ID number specific to that location.

If in the future your installation's regulated waste activity at this location ceases because of closure or change of location, then submit a letter (deactivation letter) requesting deactivation of the RCRA ID number assigned to this location. The deactivation letter should be on company letterhead. Be sure to specify the following information regarding this location: the RCRA ID number to be deactivated, name of installation, location or address of installation, the date that regulated waste activity ceased, and an original ink signature (a deactivation letter with a photocopied or faxed signature will not be accepted).

If you have any questions, or need to submit a new Form 8700-12 or a deactivation letter, or if you need to obtain a current version of the Form 8700-12, then please contact:

U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street (H-3-4/PRC)
San Francisco, CA 94105

Questions? ☎ (415) 495-8895

Bill Genné



2/6/97

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Form Approved
OMB No. 2125-0074

Issued to BDC FALCON SPECIAL WASTE SERVICES of P.O. BOX 662, STEREA MADRE, CA 91025

Dated at PARSIPTANT, NJ this 1ST day of JANUARY, 19 96

Amending Policy No. CA 505 24 00 Effective Date 01/01/97

Name of Insurance Company COMMERCE & INDUSTRY INSURANCE COMPANY

Telephone Number (201) 402-6700 Counteragent Michelle Ruggello
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "", for the limits shown:

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

ENVIRONMENTAL RESTORATION means resolution for the loss,

damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

Thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured,

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE.

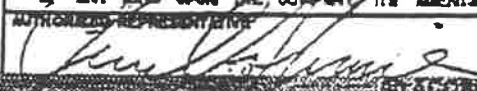
The limits shown in the schedule are for information purposes only.

PRODUCER EMAR GROUP, INC. 354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039 201-994-3131		DATE (MM/DD/YY) 1/17/97 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 BDC SERVICES INC P O BOX 882 SIERRA MADRE, CA 91025		COMPANIES AFFORDING COVERAGE COMPANY A COMMERCE & INDUSTRY INS CO COMPANY B NATIONAL UNION COMPANY C INSURANCE CO. OF STATE OF PA. COMPANY D ZURICH AMERICAN INSURANCE CO.	

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

OS LTD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	GL3408851	1/01/97	1/01/98	GENERAL AGGREGATE \$ 2000000 PRODUCTS-COMP/OP ACC \$ 1000000 PERSONAL & ADV INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000
		PLL5292582	1/01/97	1/01/98	FIRE DAMAGE (Any one fire) \$ 50000 MED EXP (Any one person) \$ 5000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA5052400	1/01/97	1/01/98	COMBINED SINGLE LIMIT \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
		CA5052401 (TEXAS ONLY)			
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UL8061972	1/01/97	1/01/98	EACH OCCURRENCE \$ 10000000 AGGREGATE \$ 10000000
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETORY PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC4085245/WC4085246	1/01/97	1/01/98	STATUTORY LIMITS EACH ACCIDENT \$ 1000000 DISEASE - POLICY LIMIT \$ 1000000 DISEASE - EACH EMPLOYEE \$ 1000000
B		WC4085247/WC4085248			
D	OTHER ALL RISK PROPERTY	MLP2190045	7/01/96	7/01/97	LIMIT: 50,000,000 PER OCCURRENCE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 THE CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED UNDER THE CONTRACTUAL PROVISION OF THE ABOVE GENERAL LIABILITY POLICY.

<p style="font-size: 2em; font-family: cursive;">Sample</p>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE  219888802 BILL W. SOLIMINE, PRESIDENT

Renewal 4

State of California



Department of Industrial Relations
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Certificate of Registration for Asbestos-related Work

Certificate No. 485

Expiration Date 12/13/97

AZUSA LAND RECLAMATION CO., 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

12/05/96

Date of Issuance

Chief
Division of Occupational Safety and Health

Effective Date : 12/14/96

CSLB No. EXEMPT

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.
Keep Out."

4. 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.
5. 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.
6. 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.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CAD009007626

INSTALLATION ADDRESS

AZUSA LAND RECLAMATION CO INC
PO. BOX 949
AZUSA CA 91702
1201 W GLADSTONE AVENUE
AZUSA CA 91702

EPA Form 8700-12A (4-80)

E.P.A.
CAD009007626



COUNTY OF LOS ANGELES

FIRE DEPARTMENT

1320 NORTH EASTERN AVENUE
LOS ANGELES, CALIFORNIA 90063-3294

Dear Business Owner/Operator:

The invoice for your 1995-96 Hazardous Waste License Fee is enclosed.

Upon payment of your fee, the Los Angeles County Fire Department will issue your Hazardous Waste License which will be valid through June 30, 1996. As we explained in our September 1, 1995 letter to you, this invoice has been delayed because the licensing responsibility has been transferred from the Los Angeles County Treasurer and Tax Collector to our Department. We apologize for any inconvenience this delay may have caused. (For your information, the Hazardous Waste License Fees have not been increased since 1989-90.)

The 1996-97 Hazardous Waste License Fee Invoices would normally be sent during June/July 1996. Because of the delay in the 1995-96 invoicing, we plan to invoice the 1996-97 fees during September 1996. Your 1995-96 license will automatically be extended to the invoicing period for the 1996-97 fees.

Please contact our Revenue Management Section at (213) 881-2444 if you have any questions about this invoice or your account.

January 1996

F:\CC\hw\stfoc.3

THIS HAZARDOUS WASTE LICENSE MUST BE CONSPICUOUSLY DISPLAYED AT PLACE OF BUSINESS

100
493992

COUNTY OF LOS ANGELES
HAZARDOUS WASTE LICENSE

Fiscal year 1995-96

LOCATION OF BUSINESS BEING LICENSED

01201 W GLADSTONE AV

AZUSA LAND RECLAMATION CO IN
AZUSA LAND RECLAMATION CO IN
1201 W. GLADSTON AVE., UNIT A
AZUSA, CA 91702



See Reverse Side

EXPIRATION DATE

June 30, 1996

ISSUE DATE

June 7, 1996


P. MICHAEL FREEMAN
L.A. COUNTY FIRE CHIEF

THIS LICENSE IS NOT TRANSFERABLE. VOID UPON CHANGE IN OWNERSHIP.



AZUSA LANDFILL

BFI's Azusa Landfill (Azusa Land Reclamation Co.) is located at 1201 W. Gladstone Street in Azusa, California. The landfill has operated since 1960 under Solid Waste Facility Permit 19-AA-0013. This facility accepts Class III wastes, municipal solid waste, asbestos-containing wastes and fuel-containing soils which are remediated through a thermal desorption process and recycled as cover material. The site also shreds, recycles and disposes of all sizes of tires. No liquids, hazardous waste or sludges are accepted at this site.

Facility Size

Azusa Landfill is located on 302 acres and is the reclamation site for an active sand and gravel mining operation. Eighty acres of the facility are currently permitted for municipal solid waste, and the remaining area is approved for inert wastes, asbestos disposal and tire handling.

Landfill Design

Twenty-two acres of the site are lined with a double composite, 12-layer liner system. The 80-acre municipal solid waste disposal area is naturally lined with clay silt from the mining operation. The site also includes a landfill gas recovery system composed of 169 gas wells, a flare and a condensate treatment plant. The facility produces approximately 3000 cubic feet per minute of gas.

Environmental Monitoring Systems

The groundwater monitoring system includes seven wells, which are monitored quarterly. The site also contains silt ponds that capture heavy rainfall.

Methane monitoring probes located at 57 positions throughout the site are inspected daily.

Each incoming truck is monitored for radiation with a Bicon Radiation Monitor located at the scalehouse.

Landfill personnel also conduct annual asbestos monitoring.

Community Programs

BFI works closely with the City of Azusa, the Azusa Parks and Recreation Department, the Azusa School District, Azusa Pacific University and the Chambers of Commerce of Azusa and Irwindale to sponsor and promote programs and activities that benefit the communities we serve.

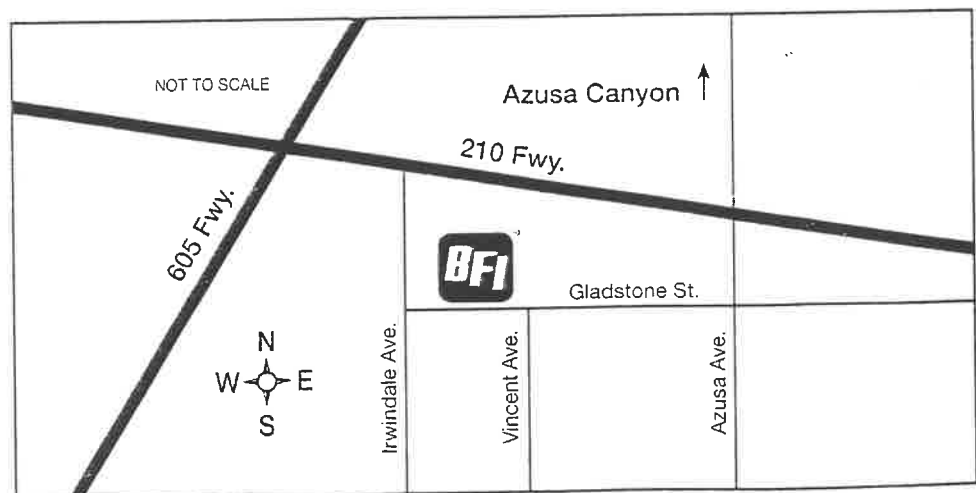
Operating Hours

Azusa Landfill is open Monday through Friday from 8:00 am to 5:00 pm. The landfill is closed on Saturdays, Sundays, New Years Day, Memorial Day, the Fourth of July, Labor Day and Christmas.

Facility Contact

Azusa Land Reclamation Co.
1201 Gladstone Street
P.O. Box 949
Azusa, California 91702

Phone: (818) 334-0719
Fax: (818) 969-1529



PRODUCER

Marsh & McLennan, Incorporated
1166 Avenue of the Americas
New York, NY 10036-2774

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 LISTED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A NATIONAL UNION FIRE INS. CO.**

INSURED

• BROWNING FERRIS INDUSTRIES
• AZUSA LAND RECLAMATION
• 1201 W. GLADSTONE ST.
P O BOX 949
AZUSA, CA. 91702

COMPANY LETTER

COMPANY LETTER

C INS. CO. OF THE STATE OF PA

COMPANY LETTER

D BIRMINGHAM FIRE INS CO OF PA

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED 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 LISTED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. 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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input checked="" type="checkbox"/> OWNER'S CONTRACTOR'S PROT. <input checked="" type="checkbox"/> Contractual Lia	RMGL 121-67-86	5/01/96	5/01/97	GENERAL AGGREGATE \$ 100000 PRODUCTS-COMP/OP AGG \$ 25000 PERSONAL & ADV INJURY \$ 25000 EACH OCCURRENCE \$ 25000 FIRE DAMAGE (Any one fire) \$ 2500 MED. EXPENSE (Any one person) \$ 100
A	AUTOMOBILE LIABILITY <input checked="" 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	RMCA 135-32-34 RMCA 135-32-35 (TX)	5/01/96	5/01/97	COMBINED SINGLE LIMIT \$ 50000 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 \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	BE 9320740	5/01/96	5/01/97	EACH OCCURRENCE \$ 75000 AGGREGATE \$ 75000
A C C D	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	RMWC 211-86-66 CA RMWC 136-23-71 TX RMWC 136-23-72 AOS RMWC 211-86-65 OR	5/01/96 5/01/96 5/01/96 5/01/96	5/01/97 5/01/97 5/01/97 5/01/97	STATUTORY LIMITS <input checked="" type="checkbox"/> EACH ACCIDENT \$ 25000 DISEASE - POLICY LIMIT \$ 25000 DISEASE - EACH EMPLOYEE \$ 25000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

(SEE REVERSE AND/OR ATTACHED)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE POLICIES LISTED 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 & MCLENNAN, INCORPORATED
BY:

MM 1 (8/95)

VALID AS OF: 4/23/96



BDC • FALCON
SPECIAL WASTE SERVICES
 A USA WASTE SERVICES COMPANY

SOUTHERN CALIFORNIA
 (800) 221-4232
 FAX (626) 969-4971

OAKLAND
 (800) 428-5232
 FAX (510) 568-5885

ALY
 No. 55256
 SACRAMENTO
 (800) 228-4232
 FAX (916) 387-6495

NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME House Dam Tavern on the Green

ADDRESS 10400 Glenock Ave EPA I.D. NO.

CITY, STATE, ZIP Madison CA 91764 PHONE NO. ()

CONTAINERS: No. 1 - 40 VOLUME/CY 40 WEIGHT/TONS _____

TYPE: TANK TRUCK DUMP TRUCK DRUMS CARTONS OTHER _____

WASTE DESCRIPTION NON HAZARDOUS GARBAGE GENERATING PROCESS REPAIRS

COMPONENTS OF WASTE	PPM %	COMPONENTS OF WASTE	PPM %
1. <u>Roofing</u>		3. _____	
2. _____		4. _____	

VOC-OVA READINGS _____

SITE VERIFICATION

PROPERTIES: pH 11.7 SOLID LIQUID SLUDGE SLURRY OTHER _____

HANDLING INSTRUCTIONS: USE A PROPERLY OPERATED EQUIPMENT

THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.

Alvin Gardner TYPED OR PRINTED FULL NAME & SIGNATURE DATE 11/21/89

TRANSPORTER I

NAME ALVIN GARDNER EPA I.D. NO.

ADDRESS 10400 GLENOCK AVE

CITY, STATE, ZIP MADISON CA 91764 SERVICE ORDER NO. _____

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

TRUCK, UNIT, I.D. NO. _____

TRANSPORTER II

NAME _____ EPA I.D. NO.

ADDRESS _____

CITY, STATE, ZIP _____ SERVICE ORDER NO. _____

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

TRUCK, UNIT, I.D. NO. _____

TSD FACILITY

NAME _____ EPA I.D. NO.

ADDRESS _____

CITY, STATE, ZIP _____ DISPOSAL METHOD LANDFILL OTHER _____

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

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

DISCREPANCY _____



CONSTRUCTION SAFETY MEETING REPORT

Company Name: City of Los Angeles

Project Name: Hansen Dam Tavern on the Green

Job No.: N/A

Type Meeting:

Date of Meeting: 11/18/97

Management

Number of Employees Attending: 8

Supervisor's

Total Employees on Job: 8

Foremen's

Tool Box

TOPICS DISCUSSED: lifting, respiratory protection Nails and weak spots on roof and openings on the roof

TYPE MEETING: Safety

SUGGESTIONS OFFERED: None

ACTION TO BE TAKEN: None

ACCIDENTS REVIEWED: None

NEAR MISS: None

SUPERINTENDENT'S REMARKS: Work safe

SIGNATURES OF EMPLOYEES ATTENDING

Jose Alvarez
Jesus De
Jesus Borjas
Juan Vega
Gabriel Soto

Jorge Lopez
Walter A Lopez

Closeout Documents

**Asbestos Removal Project
Hansen Dam - Tavern on the Green
11770 Foothill Boulevard
Lakeview Terrace, California 91040**

Prepared For

City of Los Angeles
Department of Recreation and Parks
Room 709
City Hall East
200 North Main Street
Los Angeles, California 90012

22981 MILL CREEK DRIVE

SUITE B

LAGUNA HILLS, CA 92653


TEL. (714) 586-1414

FAX. (714) 586-5922

E-Mail: mrahdari@ix.netcom.com

November 1997

Prepared and Reviewed by
Integrity Environmental Consultants, Inc.


Massoud Rahdari, President
California-Certified Asbestos Consultant 92-0376
California-Registered Environmental Assessor 04138

1. FINAL CLEARANCE REPORT

EXECUTIVE SUMMARY

Asbestos-containing material (ACM), consisting of roof mastic applications, was located at Hansen Dam, Tavern on the Green, 11770 Foothill Boulevard, Lakeview Terrace, California (subject property).

PURPOSE AND SCOPE OF PROJECT

The purpose of this project was to properly remove the specified quantities of ACM from the subject property and properly dispose of the asbestos-containing waste. The scope of services for Integrity Environmental Consultants, Inc. (INTEGRITY), was performed under Contract Number 56299, Sub-Purchase Order Number V294287 with the City of Los Angeles (CLIENT). To date, INTEGRITY has completed the scope of services as listed below.

■ Pre-abatement Meeting and Submittal Review

- Conducted a pre-abatement meeting at the job site

■ Abatement Monitoring

- Reviewed the contractor's required pre-entry (to the work area) submittal to ensure that all workers were trained and fit to use respirators
- Performed routine visual observations of the work area and the surrounding areas and documented asbestos abatement activities
- Monitored the abatement progress
- Advised the abatement contractor of any discrepancies noted with regard to work practices or procedures and recommended a corrective action when required
- Conducted a final visual inspection of abated areas
- Collected ambient air samples during the project and analyzed samples
- Interacted with the CLIENT and other parties involved in the project for coordination of abatement-related activities

■ Post-abatement Data Collection and Closeout Report

- Presented the required closeout documents including our compiled field documentation and this Executive Summary

The scope of work performed by ACandS (Abatement Contractor) consisted of proper removal and disposal of the ACM. The Abatement Contractor properly removed the ACM described below.

- Non-asbestos roofing and roofing mastic from the roof of the restaurant and roofing mastic from the base of the skylights and from various areas along the parapet wall of the roof of the cart house

ASBESTOS ABATEMENT ACTIVITIES

The Abatement Contractor completed the removal and disposal of the ACM from November 18 through 20, 1997. Abatement activities were generally performed on weekdays between 6:00 p.m. and 02:30 a.m.

ABATEMENT MONITORING AND DOCUMENTATION

Certified and experienced representatives of INTEGRITY performed the abatement monitoring on this project. All the field monitors were generally State of California-certified asbestos consultants (CAC), as defined in California Code of Regulations, Title 8, Article 2.6. When a State of California-certified site surveillance technician (SST) is assigned a project, he or she will then work under the direct supervision of a CAC. Mr. Morris Williams (SST No. 95-1738) and Mr. Massoud Rahdari (CAC No. 92-0376) monitored the abatement activities when INTEGRITY was present onsite.

Ambient air monitoring was conducted to measure the levels of airborne fiber concentrations during abatement activities. During the abatement activities, ambient air samples were collected during nonconsecutive periods from various locations inside and outside the work area. Removal in-progress samples were used for clearance to ensure that asbestos was adequately abated in the previously contaminated surface areas. At the conclusion of the abatement, a visual inspection was performed to ensure that the ACM was adequately abated.

INTEGRITY maintained daily logs for the duration of the project. The daily logs include:

- Starting and stopping times for each shift
- Workers' submittal checklist updates
- Notations concerning visual observation of the work area barriers and the integrity of the work area barriers, including quality control of engineering methods and recommendations for corrective measures as required
- Ambient air sampling data entries and review of the analysis reports
- Visitors log for the site
- Notations concerning all relevant work activities, approximate amount of ACM cleanup
- Incidents, problems, infractions, and operational occurrences of relevance

The Abatement Contractor worker's submittals were reviewed against the database established by INTEGRITY, which is included in tabular form in this section.

ASBESTOS SAMPLING AND ANALYTICAL PROCEDURES

Sixteen air samples were collected for this project. Air samples were collected in accordance with the National Institute of Occupational Safety and Health, Analytical Method 7400 (NIOSH-7400). The pumps were calibrated before and after sampling using a utility rotameter, which had been previously calibrated with a primary standard (bubble burette). Twenty-five millimeter cassettes with 2-inch extension cowls containing 0.8-micron pore sized mixed cellulose ester membrane were used for the collection of all air samples. The cassettes were attached to the pumps using tygon tubing.

Air samples were analyzed using phase contrast microscopy (PCM) in accordance with the NIOSH-7400, "A" counting rule. The samples were analyzed onsite to expedite the abatement work in progress. Based on the sample analysis by PCM, fiber concentration levels during this project remained below the Permissible Exposure Limit of 0.1 fiber/cubic centimeter (f/cc), as defined by Occupational Safety and Health Administration. Based on the sample analyses at the conclusion of abatement at each work area, the fiber concentrations inside each work area remained at or below 0.01 f/cc prior to removal of the work area

barriers.

INACCESSIBLE AREAS

All specified ACM was accessible for removal by the Abatement Contractor.

GENERATED WASTE DISPOSAL

The waste generated during this abatement consisted of non-friable asbestos-containing waste material, which should be treated as non-hazardous waste material. Information as to the transporter of the waste and the landfill to which the waste was transported was not available to INTEGRITY at the time of this report.

Waste manifests and the landfill weighmaster ticket will be submitted to the CLIENT by the Abatement Contractor and should be filed in Section 9 of the closeout documents.

CONCLUSIONS AND RECOMMENDATIONS

In the professional opinion of INTEGRITY, the abatement activities were conducted in a controlled manner, and the Abatement Contractor maintained the integrity of the work area parameters. Fiber concentration levels remained at acceptable levels throughout the project. The specified ACM waste was properly removed from the site. The clearance ambient air samples did not exceed United States Environmental Protection Agency-recommended clearance levels. Based on INTEGRITY'S observations, the Abatement Contractor satisfied the applicable federal regulations, state rules, local ordinances, and accepted industry work practices. INTEGRITY has reviewed and compiled only the submittals received prior to, during, and at the conclusion of abatement activities. We understand that the remainder of the submittals will be directly forwarded to the CLIENT by the Abatement Contractor.

**ASBESTOS AIR MONITORING SUMMARY
HANSEN DAM - TAVERN ON THE GREEN
11770 FOOTHILL BOULEVARD
LAKEVIEW TERRACE, CALIFORNIA 91040**

SAMPLE NUMBER	DATE COLLECTED	SAMPLE TYPE	SAMPLE LOCATION	VOLUME (liter)	RESULT (PCM*) (fb/cc)
1	11/18/97	REM	IB - restaurant, north	2,400	0.002
2	11/18/97	REM	IB - restaurant, south	2,400	0.002
3	11/18/97	REM	IWA - roof, north	1,975	0.004
4	11/18/97	REM	IWA - roof, south	1,975	0.003
5	11/18/97	FB	-	-	ND
6	11/18/97	LB	-	-	ND
7	11/19/97	REM	IB - cart house, south	1,200	0.004
8	11/19/97	REM	IB - cart house, north	1,200	0.003
9	11/19/97	FB	-	-	ND
10	11/19/97	LB	-	-	ND
11	11/20/97	REM	IB - cart house, south	1,350	0.002
12	11/20/97	REM	IB - cart house, north	1,350	0.004
13	11/20/97	REM	IWA - roof, east	1,350	0.004
14	11/20/97	REM	IWA - roof, west	1,350	0.004
15	11/20/97	FB	-	-	ND
16	11/20/97	LB	-	-	ND
Legend:					
fb/cc	Fibers per cubic centimeter				
FB	Field blank				
IWA	Inside work area				
LB	Laboratory blank				
PCM	Phase contrast microscopy				
ND	None detected				
REM	Removal				
* Samples are collected and analyzed in accordance with NIOSH 7400 Method, Rev. 3					

**WORKERS COMPLIANCE RECORD CHECKLIST
ASBESTOS REMOVAL PROJECT
HANSEN DAM - TAVERN ON THE GREEN
11770 FOOTHILL BOULEVARD
LAKEVIEW TERRACE, CALIFORNIA 91040**

LAST NAME	FIRST NAME	SOCIAL SECURITY NO	TRAINING EXPIRES	MEDICAL EXPIRES	FIT TEST EXPIRES
Almeyda	Juan	565-53-9395			
Barajas	Jesus	536-84-7109	9/16/98	3/22/98	7/9/97*
Gardena	Mario	560-63-2605	4/17/97	9/21/98	10/22/97*
Lopez	Walter	619-42-3430			
Lopez	Jorge	618-14-3121			
Noriega	Jose	602-18-6453	7/15/98	4/16/98	11/1/97*
Osuna	Jesus	563-99-6473	3/5/98	1/14/98	
Solano	Elmer	623-78-3230	1/16/98	1/17/98	7/17/97*
Soto	Gabriel	534-98-9687	5/20/98	5/22/98	
Vega	Juan	547-06-1748	7/18/97	7/20/98	1/21/98
*	Expired certificate				

2. CERTIFICATE OF COMPLETION

3. BUILDING SURVEY REPORTS

4. PROJECT SPECIFICATIONS

5. PROPOSALS AND CONTRACTS

6. **Penmar Golf Course Restaurant**

Not to Exceed \$550 for 1, 8-hour shift

- 001 Project Manager - 2 hrs. at \$45 per hour = \$90
- 002 Air Monitoring Technician - 12 hrs. at \$35 per hour = \$420
- 005 PCM Analysis - 4 at \$10 each = \$50

7. **Normandie Recreation Center**

Not to Exceed \$960 for 2, 8-hour shifts

- 001 Project Manager - 4 hrs. at \$45 per hour = \$180
- 002 Air Monitoring Technician - 20 hrs. at \$35 per hour = \$700
- 005 PCM Analysis - 8 at \$10 each = \$80

8. **Penmar Service Center**

Not to Exceed \$550 for 1, 8-hour shift

- 001 Project Manager - 2 hrs. at \$45 per hour = \$90
- 002 Air Monitoring Technician - 12 hrs. at \$35 per hour = \$420
- 005 PCM Analysis - 4 at \$10 each = \$40

9. **Hanson Dam Tavern on the Green**

Not to Exceed \$550 for 1, 8-hour shift

- 001 Project Manager - 2 hrs. at \$45 per hour = \$90
- 002 Air Monitoring Technician - 12 hrs. at \$35 per hour = \$420
- 005 PCM Analysis - 4 at \$10 each = \$40

- The original will be mailed
- The original will not be mailed



REQUEST FOR CHANGE ORDER NUMBER 1 TO SUB-P.O. V294287

Mr. David Attaway
Environmental Supervisor
Department of Recreation & Parks
City Hall East
200 North Main Street
Los Angeles, California 90012

CONTRACT NO.	56299
SUB-PURCHASE ORDER NO.	V294287
APPROVED AMOUNT	Not to exceed \$550
CHANGE ORDER AMOUNT	Not to exceed \$550
TOTAL AMOUNT	Not to exceed \$1,100
REQUEST DATE	11/17/97
REFERENCE	Asbestos Abatement Air Monitoring Hansen Dam Tavern on the Green 11770 Foothill Boulevard Lake View Terrace, California

This Change Order (C.O.) is to cover one additional, eight-hour shift. Costs for the requested C.O. are itemized below:

001	Project Manager – 2 hrs. at \$45 per hr.	\$90.00
002	Air Monitoring Technician – 12 hrs. at \$35 per hr.	\$420.00
005A	Air Sample Analysis - (PCM) 4 at \$10 ea.	\$40.00
	C.O. NO. 1 TOTAL	\$550.00

22981 MILL CREEK DRIVE

SUITE B

LAGUNA HILLS, CA 92653

TEL. (714) 586-1414

FAX: (714) 586-5922

E-Mail: mrahdari@ix.netcom.com



Printed on Recycled Paper

COPY



REQUEST FOR CHANGE ORDER NUMBER 2 TO SUB-P.O. V294287

Mr. Dave Attaway
Environmental Supervisor
Department of Recreation & Parks
Room 709
City Hall East
200 N. Main Street
Los Angeles, California 90012

CONTRACT NO.	56299
SUB-PURCHASE ORDER NO:	V294287
APPROVED AMOUNT	Not to exceed \$550
CHANGE ORDER NO. 1	Not to exceed \$550
CHANGE ORDER NO. 2	Not to exceed \$475
TOTAL AMOUNT	Not to exceed \$1,575
REQUEST DATE	11/21/97
REFERENCE	Asbestos Abatement Air Monitoring Hansen Dam Tavern on the Green 11770 Foothill Boulevard Lakeview Terrace, California

This Change Order (C.O.) is to cover one additional shift and attendance at a preabatement meeting; the preabatement meeting is normally scheduled immediately prior to the start of work.

22981 MILL CREEK DRIVE

SUITE B

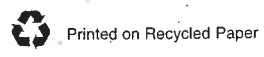
LAGUNA HILLS, CA 92653

001	Project Manager – 2 hrs. at \$45 per hr.	\$90.00
002	Air Monitoring Technician – 10 hrs. at \$35 per hr.	\$350.00
005	Air Sample Analysis - (PCM) 5 at \$7 ea.	\$35.00
005A	Air Sample Analysis - (PCM)0 at \$10 ea	\$0.00
C.O. NO. 2 TOTAL		\$475.00

TEL. (714) 586-1414

FAX. (714) 586-5922

E-Mail: mrahdari@ix.netcom.com



**CITY OF LOS ANGELES
SUB PURCHASE ORDER**

SUB P. O.#

COPY
V294287

NOT TO EXCEED \$1000.00 UNLESS COVERED

By a Contract Executed by the

Purchasing Agent of the City of Los Angeles

REMIT TO 000033974

DEPT-LOC	DATE	PAY
	7/08/97	

DELIVERY
45 DAYS FROM RECEIPT OF ORDER OR SOONER

SHIP TO CITY OF LOS ANGELES 66

VENDOR
INTEGRITY ENVIRONMENTAL
CONSULTANTS INC
22981 MILL CREEK DR #B
LAGUNA HILLS CA 92653

REC & PARKS DEPARTMENT
200 N MAIN ST CHE ROOM 709
LOS ANGELES CA 90012

F.O.B. DESTINATION
DELIVER THE FOLLOWING MATERIALS SUBJECT TO CONDITIONS C
THE REVERSE SIDE HEREOF OR ATTACHED HERETO:
DELIVERY SLIP MUST ACCOMPANY EACH SHIPMENT.

DELIVERED SIGNATURE OF AUTHORIZED PERSON THIS RECEIPT OF GOODS AND SERVICES COMPLET THIS ORDER YES NO
WRITE IN DATE AND NUMBER OF UNITS RECEIVED.

QUANTITY ORDERED	UNIT MEASURE	DEPARTMENTAL ACCOUNTING DATA	MATERIAL CODE	TAX CODE	UNIT PRICE	TOTAL AMOUNT
<p>*** CONFIRMING ORDER. ***</p> <p>*** MATERIAL HAS BEEN RECEIVED. ***</p> <p>*** DO NOT SHIP. ***</p>						
<p>ENVIRONMENTAL MANAGEMENT HANSEN DAM TAVERN ON THE GREEN 939 VALX3110</p>						
01	2	HR	9615060	N	45.0000	90.
<p>ASBESTOS ABATEMENT MONITORING PERSONNEL PROJECT MANAGER, REGULAR HOURS PRICE PER HOUR</p>						
2	12	HR	9615060	N	35.0000	420.
<p>ASBESTOS ABATEMENT MONITORING PERSONNEL EPA-CERTIFIED AIR MONITORING TECHNICIAN, REGULAR HOURS PRICE PER HOUR</p>						
3	4	EA	9615061	N	10.0000	40.
<p>ASBESTOS AIRBORNE SAMPLE ANALYSIS PHASE CONTRAST MICROSCOPY (PCM) ANALYSIS FOR AIRBORNE SAMPLES. PRICE PER SAMPLE RUSH TURNAROUND - WITHIN 8 HOURS OF RECEIPT</p>						

FOR QUESTIONS ABOUT THIS ORDER TO: ATTAWAY 213 4856505 PHONE NO. TOTAL INCL. SALES TAX
CITY OF LOS ANGELES. FURNISH INVOICES IN TRIPLICATE FORWARD

RECREATION & PARKS-SPEC ACCTS 200 N. MAIN ST., RM 1385 CASH DISCOUNT 1.0% 30 D
LOS ANGELES CA 90012 BTRC#

RECREATION AND PARKS 302/89 RECREATION AND PARKS ORDERING WHSE

ACCOUNT NO. 390 -00 REQ. NO. DEPT. CONTROL NO. FISCAL YEAR 98 AUTHORIZATION NO. 56299 SUB-PURCHASE ORDER NO. V294287
EXPIR. DATE 10/31/98

ANDALL C. BACON
GENERAL MANAGER AND
PURCHASING AGENT BY *M. [Signature]*

DEPT. OF GENERAL SERVICES
ROOM 850, CITY HALL EAST
200 NORTH MAIN STREET
LOS ANGELES, CA 90012

Payment will be made on Invoices. Submit the invoice(s) for this ord without delay. Both authorization and Sub-Purchase Order numbers mu appear on all Invoices.

CITY OF LOS ANGELES SUB PURCHASE ORDER

SUB P. O.#

V294287

By a Contract Executed by the
Purchasing Agent of the City of Los Angeles

DEPT-LOC	DATE	PAI
	7/08/97	

REMIT TO

DELIVERY
DAYS FROM RECEIPT OF ORDER OR SOONER

SHIP TO
CITY OF LOS ANGELES

VENDOR

F.O.B.

DELIVER THE FOLLOWING MATERIALS SUBJECT TO CONDITIONS ON THE REVERSE SIDE HEREOF OR ATTACHED HERETO:
DELIVERY SLIP MUST ACCOMPANY EACH SHIPMENT.

DELIVERED	SIGNATURE OF AUTHORIZED PERSON	THIS RECEIPT OF GOODS AND SERVICES COMPLETES THIS ORDER
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		<small>WRITE IN DATE AND ↓ NUMBER OF UNITS RECEIVED.</small>

QUANTITY ORDERED	UNIT MEASURE	DEPARTMENTAL ACCOUNTING DATA	MATERIAL CODE	TAX CODE	UNIT PRICE	ITEM AND DESCRIPTION	TOTAL AMOUNT
<p style="text-align: right; margin-right: 50px;">PLUS COMBINED CITY AND STATE SALES OR USE TAX</p>							

FOR QUESTIONS ABOUT THIS ORDER TO:

PHONE NO.

TOTAL INCL. SALES TAX

TO CITY OF LOS ANGELES,

FURNISH INVOICES IN TRIPLICATE

CASH DISCOUNT

550.00

%

D/

DEPARTMENT

FUND

ACCOUNT NO.

REQ. NO.

DEPT. CONTROL NO.

FISCAL YEAR

Authorization No.

SUB-PURCHASE ORDER NO.

V294287

EXPIR. DATE

DANDALL C. BACON
GENERAL MANAGER
AND
PURCHASING AGENT BY _____

DEPT. OF GENERAL SERVICES
ROOM 850, CITY HALL EAST
200 NORTH MAIN STREET
LOS ANGELES, CA 90012

Payment will be made on Invoices. Submit the invoice(s) for this order without delay. **Both authorization and Sub-Purchase Order numbers must appear on all Invoices.**

6. MISCELLANEOUS CORRESPONDENCE



VIA FACSIMILE

To Joe Rojas
Company AC&S
Fax No. 562-422-8703
Subject Worker's Submittals
Hansen Dam – Tavern on the Green Project

From Pam Gatts
Date November 21, 1997
Pages 1 (Including this page)

As per our telephone conversation this afternoon, I am missing the following worker's submittals for the above-referenced project. This project was performed for the City of Los Angeles, Department of Recreation and Parks, on November 18 through 20.

- Missing all documentation (training certificates, medical exam, and fit test):

Juan Almevda (565-53-9395)
Walter Lopez (619-42-3430)
Jorge Lopez (618-14-3121)

- Expired (or missing) fit tests:

Elmer Solano (623-78-3230)
Jose Noriega (602-18-6453)
Jesus Barajas (536-84-7109)
Jesus Osuna (563-99-6473)
Gabriel Soto (534-98-9687)
Mario Gardena (560-63-2605)

22981 MILL CREEK DRIVE

SUITE B

LAGUNA HILLS, CA 92653

TEL. (714) 586-1414

FAX. (714) 586-5922

E-Mail: mrahdari@ix.netcom.com

Will you please fax me the missing documentation as soon as possible? Thank you very much.

-
- The original will be mailed
 The original will not be mailed
-



TRANSMITTAL

November 21, 1997

Mr. David Attaway
City of Los Angeles
Department of Recreation and Parks
Room 709
City Hall East
200 North Main Street
Los Angeles, California 90012

**Closeout Documents
Asbestos Removal Project
Hansen Dam – Tavern on the Green
11770 Foothill Boulevard
Lakeview Terrace, California**

Enclosed are the original and one copy of Integrity Environmental Consultants, Inc.'s closeout documents for the above-referenced project. Also enclosed are the original and two copies of our invoice for this project. Please sign the Verification of Receipt of Invoice and return one copy of the invoice to us.

The abatement contractor:

- Has submitted worker's documentation for our review. The documentation is included in Section 8 of the closeout documents.
- Has submitted worker's documentation for our review. The documentation was reviewed on site and returned to the abatement contractor.
- Has not submitted worker's documentation to Integrity Environmental Consultants, Inc. The abatement contractor will submit the documentation directly to the City of Los Angeles.

22981 MILL CREEK DRIVE

SUITE B

LAGUNA HILLS, CA 92653

TEL. (714) 586-1414

FAX. (714) 586-5922

E-Mail: mrahdari@ix.netcom.com

If you have any questions, please call.

Cordially,
Integrity Environmental Consultants, Inc.

Pamela Gatts, Technical Editor

Enclosures

7. FIELD DATA FOR AIR MONITORING SERVICE

FIELD OBSERVATIONS LOG

CLIENT CITY OF LOS ANGELES

DATE 11-18-97

PROJECT NAME HANSEN DAM - TAVERN ON THE GREEN

PROJECT NO. 9611-R31

PROJECT ADDRESS 11770 FOOTHILL BLVD.

TIME	OBSERVATIONS
1800	ARRIVED ON SITE, MET WITH CHRISTINE HEIN & DOTTIE OF HANSEN DAM GOLF COURSE. I SET UP MY AIR PUMPS IN RESTAURANT. PUMPS ARE CALIBRATED AT 5 LPM. DOTTIE CLOSED AND LOCKED RESTAURANT. MET WITH MARIO GARDIA OF AC'S. MARIO HAS SEVEN (7) WORKERS AND HIMSELF AS SUPERVISOR. AC'S WILL BE REMOVING FAR WEST ROOF FROM OVER DINING ROOM OF TAVERN ON THE GREEN. WORKERS MOBILIZED AND PREP PERIMETER AT GROUND LEVEL. CRITICAL BARRIERS ARE ESTABLISHED.
1900	POLY HAS BEEN PLACED AROUND WORK AREA AT GROUND LEVEL TO CATCH ANY FALLING DEBRIS. DUMPSTER IS POSITIONED ON EAST SIDE OF BUILDING. AC'S REQUEST VISUAL OF WORK AREA. O.K. IS GIVEN TO START WORK. ROOF AIR MONITORING IS STARTED AT 1930 HRS. WORKERS DON TYVEK SUITS, HALF FACE RESPIRATORS, WORK GLOVES. WORKERS MOVE MAIN HVAC UNIT TO BE SAVED TO OPPOSING ROOF. AC'S BEGINS HVAC SYSTEM REMOVAL.
2000	WORK CONTINUES, WORKERS ARE IN COMPLIANCE.
2100	WORKERS HAVE REMOVED SKY LIGHTS AND ARE CLEANING MASTIC. ONE SKY LIGHT WAS BROKEN. WORKERS COVERED IT WITH POLY. 9:30PM AC'S STOPPED FOR LUNCH.
2200	AC'S RETURNED FROM LUNCH. 90% OF ROOF HAS BEEN TORN UP. MASTIC DETAILING IS TAKING PLACE. AC'S HAS TWO WORKERS ON CART HOUSE ROOF. WORKERS ARE REMOVING CAP METAL FROM PERIMETER WALL. WORKERS ALSO BEGAIN SWEEPING ROCK ON ROOF OF CART HOUSE.
2300	MASTIC IS REMOVED FROM CORNICES AND PERIMETER OF SKY LIGHTS AND FROM AROUND LEGS OF SATELLITE DISH. VENTS HAVE BEEN REMOVED. POLY WILL COVER OPENINGS.
2400	AC'S IS CLEANING UP ALL DEBRIS. ROOF LOOKS GOOD.
0100	AC'S REQUEST VISUAL INSPECTION. SOME MINOR DETAILING IS DONE. AREA IS APPROVED. AIR MONITORING IS STOPPED. SAMPLES ARE ANALYZED.
0200	AC'S REMOVES POLY FROM PERIMETER. GROUND LEVEL IS CLEAN.
0230	ALL WORKERS AND CONSULTANTS ARE OFF SITE.
PROJECT MONITOR <u>MORRI S. WIL</u> · CERTIFICATION NO. <u>95-1738</u> PG. <u>1</u> OF <u>1</u>	

FIELD OBSERVATIONS LOG

CLIENT <u>CITY OF LOS ANGELES</u>	DATE <u>11-19-97</u>
PROJECT NAME <u>MANSON DAM</u>	PROJECT NO. <u>9611-R31</u>
PROJECT ADDRESS _____	

TIME	OBSERVATIONS
1800	ARRIVED ON SITE. MET GLENN EDER FROM THE CITY OF LOS ANGELES. ALSO MARIO GARDA OF ACE'S. MARIO HAS FIVE WORKERS. WORKERS DONN TRUCK SUITS HALF FACE RESPIRATORS AND WORK GLOVES. WORKERS WILL FINISH SWEEPING ROCK OFF OF ROOF. IT IS MISTING RAIN, MAY GET HEAVIER.
1900	WORKERS CONTINUE WORK AIR MONITORING IS INITIATED INSIDE ONLY. IT IS RAINING A LITTLE HARDER DON'T WANT TO DAMAGE PUMPS OUTSIDE.
2000	WORKERS ARE STILL SWEEPING UP ROCK FROM ROOF. ACE'S COVERS ROOF OVER THE RESTAURANT WITH POLY.
2100	WORK CONTINUOUS. RAIN IS COMING DOWN HARDER.
2200	GLENN EDER AND MIKE FEY DECIDE TO STOP WORK DUE TO RAIN. ACE'S COVERS CABT HOUSE ROOF. WORKERS PICK UP POLY FROM SURROUNDING GROUND. AREA IS CLEAN
2300	ALL WORKERS AND CONSULTANTS ARE OFF SITE.

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FIELD OBSERVATIONS LOG

CLIENT CITY OF LOS ANGELES DATE 11-20-97
 PROJECT NAME HANSEN DAM - TAVERN ON THE GROUN PROJECT NO. 9611-R31
 PROJECT ADDRESS 11770 FOOTHILL BLVD.

TIME	OBSERVATIONS
1800	ARRIVED ON SITE - MET WITH GLEN WITH THE CITY OF LOS ANGELES AND MARIO OF ACE'S. MARIO HAS THREE WORKERS. WORKERS DOWN THEIR SUITS, HALF FACE RESPIRATORS AND WORK GLOVES. AIR MONITORING IS INITIATED INSIDE AND OUT SIDE OF CART HOUSE. ALL ROCK HAS BEEN SWEEP OFF OF ROOF. ACE'S WILL REMOVE MASTIC FROM BASE OF SKYLIGHTS AND VARIOUS AREAS ALONG PARAPET WALL. AIR MONITORING HAS BEEN STARTED.
1900	WORK CONTINUING ON
2000	WORKERS ARE DETAILING AREAS AROUND BASE OF SKYLIGHT.
2100	WORK CONTINUING ON
2200	ALL SKYLIGHTS HAVE BEEN CLEANED. WORKERS ARE DETAILING AREAS AROUND PERIMETER. ACE'S ASK FOR INSPECTION. GLEN & I INSPECT CART HOUSE ROOF. EVERYTHING LOOKS GOOD.
2300	ACE'S BEGINS CLEAN-UP OF ROOF AND AROUND PERIMETER. GROUND LEVEL INSIDE AIR SAMPLES ARE ANALYZED AND ARE WITHIN THE CLEARANCE LEVEL.
2400	ALL WORKERS AND CONSULTANTS ARE OFF SITE.

PROJECT MONITOR Mori S. Ball CERTIFICATION NO. 95-1738 PG. 1 OF 1

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AMBIENT AIR MONITORING DATA SHEET

CLIENT CITY OF LOS ANGELES DATE 11-18-97
 PROJECT NAME HAWKEN DAM / TAUGERAN ON THE GREEN PROJECT NO. 9611-R31
 PROJECT ADDRESS 11770 FOOTHILL BLVD.

SAMPLE ID NUMBER	SAMPLE LOCATION	SAMPLE TYPE	FLOW RATE (LIT/MIN)	TIME ON TIME OFF	VOLUME (LIT)	FIBERS FIELDS	FIBER CONCENTRATION (FIBERS/CC)*
01	RESTAURANT NORTH IB	REM/FC	5.0 / 5.0	<u>1500</u> <u>0200</u>	480 / 2400	10 / 100	14.0 .0022467
02	RESTAURANT SOUTH IB	REM/FC	5.0 / 5.0	<u>1802</u> <u>0202</u> <u>1930</u>	480 / 2400	7.5 / 100	10.5 .0016850
03	ROOF NORTH IWA	REM	5.0 / 5.0	<u>0205</u>	395 / 1975	14 / 100	19.6 .0038222
04	ROOF SOUTH IWA	REM	5.0 / 5.0	<u>1932</u> <u>0207</u>	395 / 1975	12 / 100	16.8 .0032762
05	FIELD BLANK	F.B.	—	—	—	0 / 100	—
06	LAB BLANK	L.B.	—	—	—	0 / 100	—

LEGEND - SAMPLE TYPE

BG	BACKGROUND	FC	FINAL CLEARANCE	P	PERSONAL
EX	EXCURSION	IC	INITIAL CLEARANCE	PREP	PREPARATION
FB	FIELD BLANK	LB	LABORATORY BLANK	QC	QUALITY CONTROL
		REM	REMOVAL	REMOVAL	

LEGEND - SAMPLE LOCATION

DCN	DECON	OB	OUTSIDE BUILDING
EXH	AFD EXHAUST	OWA	OUTSIDE WORK AREA
IWA	INSIDE WORK AREA		

* SAMPLES ARE COLLECTED AND ANALYZED IN ACCORDANCE WITH NIOSH 7400 METHOD, REV. 3



AMBIENT AIR MONITORING DATA SHEET

CLIENT CITY OF LOS ANGELES DATE 11-19-97
 PROJECT NAME HANSEN DAM / TAVUBEN ON THE GREEN PROJECT NO. 9611-R31
 PROJECT ADDRESS 11770 FOOTHILL BLVD.

SAMPLE ID NUMBER	SAMPLE LOCATION	SAMPLE TYPE	FLOW RATE (LIT/MIN)	TIME ON TIME OFF	VOLUME (LIT)	FIBERS FIELDS	FIBER CONCENTRATION (FIBERS/CC)*
07	CART HOUSE SOUTH IB	REM	5.0 / 5.0	<u>1830</u> <u>2230</u>	240 / 1200	9/105	12.6 .0040441
08	CART HOUSE NORTH IB	REM	5.0 / 5.0	<u>1832</u> <u>2232</u>	240 / 1200	7/100	9.8 .0031454
09	FIGO BLANK	F.D.	—	—	—	0/100	—
10	LAB BLANK	L.B.	—	—	—	0/100	—

LEGEND - SAMPLE TYPE												LEGEND - SAMPLE LOCATION																			
BG	BACKGROUND	FC	FINAL CLEARANCE	P	PERSONAL	DCN	DECON	OB	OUTSIDE BUILDING	EX	EXCURSION	IC	INITIAL CLEARANCE	PREP	PREPARATION	EXH	AFD EXHAUST	OWA	OUTSIDE WORK AREA	FB	FIELD BLANK	LB	LABORATORY BLANK	QC	QUALITY CONTROL	IWA	INSIDE WORK AREA	OWA	OUTSIDE WORK AREA	REM	REMOVAL

* SAMPLES ARE COLLECTED AND ANALYZED IN ACCORDANCE WITH NIOSH 7400 METHOD, REV. 3



AMBIENT AIR MONITORING DATA SHEET

CLIENT CITY OF LOS ANGELES DATE 11-20-97
 PROJECT NAME HANSEN DAM / TAVERN ON THE GREEN PROJECT NO. 9611-R31
 PROJECT ADDRESS 1170 FOOTHILL BLVD.

SAMPLE ID NUMBER	SAMPLE LOCATION	SAMPLE TYPE	FLOW RATE (LIT/MIN)	TIME ON TIME OFF	VOLUME (LIT)	FIBERS FIELDS	FIBER CONCENTRATION (FIBERS/CC)*
11	CART HOUSE SOUTH IB	REM/FC. 5.0 / 5.0	5.0 / 5.0	1830 / 2300	270 / 1350	6 / 100	8.4 .0023965
12	CART HOUSE NORTH IB	REM/FC. 5.0 / 5.0	5.0 / 5.0	1832 / 2302	270 / 1350	9 / 100	12.6 .0035947
13	ROOF EAST IWA	REM 5.0 / 5.0	5.0 / 5.0	1836 / 2305	270 / 1350	11 / 100	15.4 .0043936
14	ROOF WEST IWA	REM 5.0 / 5.0	5.0 / 5.0	1837 / 2307	270 / 1350	9.5 / 100	13.3 .0037944
15	FIELD BLANK	F.B.	—	—	—	0 / 100	—
16	LAB BLANK	L.B.	—	—	—	0 / 100	—

LEGEND - SAMPLE TYPE		LEGEND - SAMPLE LOCATION			
BG	BACKGROUND	FC	FINAL CLEARANCE	P	PERSONAL
EX	EXCURSION	IC	INITIAL CLEARANCE	PREP	PREPARATION
FB	FIELD BLANK	LB	LABORATORY BLANK	QC	QUALITY CONTROL
		REM	REMOVAL	REMOVAL	
		DCN	DECON	DCN	DECON
		EXH	AFD EXHAUST	EXH	AFD EXHAUST
		IWA	INSIDE WORK AREA	IWA	INSIDE WORK AREA
		OB	OUTSIDE BUILDING	OB	OUTSIDE BUILDING
		OWA	OUTSIDE WORK AREA	OWA	OUTSIDE WORK AREA

* SAMPLES ARE COLLECTED AND ANALYZED IN ACCORDANCE WITH NIOSH 7400 METHOD, REV. 3





PROJECT DAILY EMPLOYEE AND VISITOR LOG

CLIENT CITY OF LOS ANGELES DATE 11-18-97

PROJECT NAME HANSEN DAM / TAVERN ON THE GREEN PROJECT NO. 9611-R31

PROJECT ADDRESS 11720 FOOTHILL BLVD.

NAME (PRINTED)	SIGNATURE	SOCIAL SECURITY NUMBER	FIRM	TIME	
				ON SITE	OFF SITE
Robert E. Adams	<i>[Signature]</i>	623-783230	AC and S	6:30	2:30A
Jesus Osuna	<i>[Signature]</i>	563-99-6473	CNES	6:30pm	
Jesus Borajas	<i>[Signature]</i>	536877109	CNES		
jose Navega	<i>[Signature]</i>	002180453	CNES		
Juan Vega	<i>[Signature]</i>	547-06-1748	ACTS		
Gabriel Soto	<i>[Signature]</i>	534-98-9687	ACTS		
Jorge Lopez	<i>[Signature]</i>	618-14-3121	ACTS		
Mario Garden	<i>[Signature]</i>	560 03 2606	ACTS	6:30PM	
WALTER A. LOPEZ	<i>[Signature]</i>	619423430	AC and	6:30PM	
MORRI S. WILSON	<i>[Signature]</i>		INTEGRITY	6:30 PM	2:30A

PROJECT DAILY EMPLOYEE AND VISITOR LOG

CLIENT CITY OF LOS ANGELES DATE 11-19-97
 PROJECT NAME HAUSER DAM - TAVENON ON THE GREEN PROJECT NO. 9611-R31
 PROJECT ADDRESS 11770 FOOTHILL BLVD.

NAME (PRINTED)	SIGNATURE	SOCIAL SECURITY NUMBER	FIRM	TIME	
				ON SITE	OFF SITE
Mario Garcia	Mario Garcia	560 63 2605	AC&S	6:30	11:00
Walter H. Lopez	Walter H. Lopez	619 42 3430		AC&S	6:30
Juan Almeida	Juan Almeida	565-539395	↓	↓	↓
Jesus Batajao	Jesus Batajao	536847109			
José Ortega	José Ortega	602180453	↓	↓	↓
Gabriel Soto	Gabriel Soto	534-98-9687			
MORRIS S. WILLIAMS	MORRIS S. WILLIAMS		INTEGRITY	6:30	11:00



PROJECT DAILY EMPLOYEE AND VISITOR LOG

CLIENT CITY OF LOS ANGELES DATE 11-20-97
 PROJECT NAME HANSEN DAM - TAVERN ON THE GREEN PROJECT NO. 9611-R31
 PROJECT ADDRESS 11770 FOOTHILL BLVD.

NAME (PRINTED)	SIGNATURE	SOCIAL SECURITY NUMBER	FIRM	TIME	
				ON SITE	OFF SITE
Mario Garcia	<i>Mario Garcia</i>	560 623 2605	ACS	6:00	12:00 M/D
Gabriel Soto	<i>Gabriel Soto</i>	534-98-96-87			
WALTER A. Lopez	<i>Walter Lopez</i>	619-42 3430			
Suan Vega	<i>Suan Vega</i>	517-06-1748	ACS		
Maria S. Viel	<i>Maria S. Viel</i>		INTEGRITY	6:00 PM	12:00 M/D



DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
 ASBESTOS CONSULTANT CERTIFICATION UNIT

2211 Park Towne Circle, Suite 1
 Sacramento, CA 95825
 (916) 574-2993 FAX (916) 483-0572



207060376C 13 47
 Massoud Rahdari
 24863 Lakefield Street
 Lake Forest CA 92630

August 22, 1997

Dear Certified Asbestos Consultant or Technician:

Enclosed is your certification card. **To maintain your certification, please abide by the rules printed on the back of the certification card.**

Your certification is valid for a period of one year. If you wish to renew your certification, you must apply for renewal at least 60 days before the expiration date shown on your card.

Please hold and do not send copies of your required AHERA refresher renewal certificates to the Division until you apply for renewal of your certification.

Please inform the Division of any changes in your mailing address or work address within 15 days.

Sincerely,

Rick Axe, CIH
 Senior Industrial Hygienist

RA/dor

Attachment

cc: File

State of California
 Division of Occupational Safety and Health
 Certified Asbestos Consultant

Massoud Rahdari

Name

Certification No. 92-0376

Expires on 08/31/98

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7180 et seq. of the Business and Professions Code.



STATE OF CALIFORNIA

California Environmental Protection Agency

Massoud Rahdari

has fulfilled the requirements for registration as a

REGISTERED ENVIRONMENTAL ASSESSOR
(REA)

State of California
California Environmental Protection Agency



REGISTERED ENVIRONMENTAL ASSESSOR

Issued to:

Expires on:

Signature

James M. Strock

James M. Strock
Secretary for Environmental Protection
California Environmental Protection Agency

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
ASBESTOS CONSULTANT CERTIFICATION UNIT



2211 Park Towne Circle, Suite 1
Sacramento, CA 95825
(916) 574-2993 FAX (916) 483-0572

506081738T 109 115
Morris Williams
National Econ Corporation
18552 MacArthur Blvd., #101
Irvine CA 92612

August 19, 1996

Dear Certified Asbestos Consultant or Technician:

Congratulations, you have passed your certification examination!

Enclosed is your certification card. To maintain your certification, please abide by the rules printed on the back of the certification card.

Your certification is valid for a period of one year. If you wish to renew your certification, you must apply for renewal at least 60 days before the expiration date shown on your card. [8CCR 341.15(h)(1)].

Please hold and do not send copies of your required AHERA refresher renewal certificates to the Division until you apply for renewal of your certification.

Please inform the Division of any changes in your mailing address or work address within 15 days.

Sincerely,

Rick Axe, CIH
Senior Industrial Hygienist

State of California
Division of Occupational Safety and Health
Certified Site Surveillance Technician
Morris S. Williams

RA/dor

Attachment

cc: File

newcard 3/96



Name
Certification No. 95-1738
Expires on 10/27/97

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7180 et seq. of the Business and Professions Code



8. ABATEMENT CONTRACTOR SUBMITTAL

WORKER'S COMPLIANCE RECORD CHECKLIST

CLIENT CITY OF LOS ANGELES DATE 11-18-97
 PROJECT NAME HAUSEN DAM - TAVORA ON THE GREEN PROJECT NO. 9611-R31
 PROJECT ADDRESS 11770 FOOTHILL BLVD.

WORKER'S NAME	SOCIAL SECURITY NUMBER	TRAINING (EXPIRATION DATE)	MEDICAL (EXPIRATION DATE)	FIT TEST (EXPIRATION DATE)	RELEASE (EXPIRATION DATE)	DRIVER'S LICENSE NO. OR GREEN CARD NO. OR PHOTO ID CARD
JUAN ALMAYDA	565-53-9395 ✓					
ELMER SOLANO	623-78-3230 ✓	1-16-98	1-17-98	7-17-97		
JUAN VEGA	547-06-1748 ✓	7-18-98	7-20-98	1-21-98		
JOSE NORIEGA	602-18-6453 ✓	7-15-98	4-16-98	11-1-97		
JESUS BARRAJAS	536-84-7109 ✓	9-16-98	3-22-98	7-9-97		
WALTER LOPEZ	619-42-3430 ✓					
JESUS OSUNA	563-99-6473 ✓	3-5-98	1-14-98			
GABRIEL SOTO	534-98-9687 ✓	5-20-98	5-22-98			
JORGE LOPEZ	618-14-3121 ✓					
MARIO GARCIA	560-63-2605	4-17-98	9-21-98	10-22-97		

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

CLIENT CITY OF LOS ANGELES

DATE 11-19-97

PROJECT NAME HAUSGEN DAM - TAUGRA ON THE GROUND

PROJECT NO. 9611-R31

PROJECT ADDRESS 11770 FOOTHILL BLVD.

By signing this certification, I agree to the following:

1. I have been informed that: **Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If I smoke and inhale asbestos fibers, the chance that I will develop lung cancer is greater than that of the non-smoking public.**

2. I have been trained in the proper use of respirators and informed of the type of respirator to be used on the above-referenced project. I have been supplied, at no cost to myself, with the proper respirator to be used for this project. I have been given a copy of the written respiratory protection manual issued by my employer.

3. I have been trained in the dangers inherent in handling asbestos and breathing asbestos and in proper work procedures and personal and protective barriers. The topics covered in the training course included:

- Physical hazards of asbestos and health hazards associated with asbestos
- Respiratory protection and use of protective equipment
- Negative air systems
- Work practices, including hands-on or on-the-job training
- Personal decontamination procedures
- Air monitoring - personal and area

4. I have had a medical examination within the past 12 months, which was paid for by my employer. This examination included a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing below, I am certifying that the owner has met his obligations to me and that I agree to hold the owner, his consultant, the testing laboratory, and representatives harmless in any and all claims arising from or related to this project.

Signature

Juan Almeyda

Printed Name

JUAN ALMEYDA

Social Security Number

565-539355

Witness

Mori S. Ullrich

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

CLIENT CITY OF LOS ANGELES

DATE 11-18-97

PROJECT NAME HANSEN DAM / TAVERN ON THE GREEN

PROJECT NO. 9611-R31

PROJECT ADDRESS 11770 FOOTHILL BLVD.

By signing this certification, I agree to the following:

1. I have been informed that: **Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If I smoke and inhale asbestos fibers, the chance that I will develop lung cancer is greater than that of the non-smoking public.**

2. I have been trained in the proper use of respirators and informed of the type of respirator to be used on the above-referenced project. I have been supplied, at no cost to myself, with the proper respirator to be used for this project. I have been given a copy of the written respiratory protection manual issued by my employer.

3. I have been trained in the dangers inherent in handling asbestos and breathing asbestos and in proper work procedures and personal and protective barriers. The topics covered in the training course included:

- Physical hazards of asbestos and health hazards associated with asbestos
- Respiratory protection and use of protective equipment
- Negative air systems
- Work practices, including hands-on or on-the-job training
- Personal decontamination procedures
- Air monitoring - personal and area

4. I have had a medical examination within the past 12 months, which was paid for by my employer. This examination included a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing below, I am certifying that the owner has met his obligations to me and that I agree to hold the owner, his consultant, the testing laboratory, and representatives harmless in any and all claims arising from or related to this project.

Signature Jesus Boyotas

Printed Name Jesus Boyotas

Social Security Number 536 84 7109

Witness Mimi Sullivan

JONT APPRENTICESHIP TRUST
INSULATORS & ASBESTOS WORKERS
TRAINING FACILITY LOCAL 5
CI 670 EAST FOOTHILL BLVD. SUITE 3
AZUSA, CA 91702
626-334-6884

**THIS CERTIFICATE IS THE PROPERTY OF THE ASBESTOS WORKERS
ABATEMENT TRAINING PROGRAM OF SOUTHERN CALIFORNIA AND IS
FOR THE USE OF THE SIGNATORY CONTRACTORS FOR USE ON JOBS
COVERED BY THE AGREEMENT BETWEEN THE WESTERN STATES
INSULATION CONTRACTORS ASSOCIATION AND LOCAL NO. 5. AND
NOT TO BE GIVEN TO ANY OTHER PARTIES.**

**ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM
OF
SOUTHERN CALIFORNIA**

Certifies that **JESUS BARAJAS**

SS # 536-84-7109

has attended the 1-day, Environmental Protection Agency approved
recertification from 09/16/97 to 09/16/97

for
**ASBESTOS ABATEMENT WORKER
MEETS ASHARA REQUIREMENTS**

and has successfully passed the written examination on: 09/16/97
Certificate expires on: 09/16/98

George M. Lopez

Authorized Signature

**CERTIFICATE
NUMBER**

S - 4654

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase I: Certification of Examination and Recommendation for Respirator Use

This certifies that:

Name:

Jesus Barajas

Social Security Number:

536-84-7109

Medical Exam Date:

MAR 22 1997

has completed a physical exam, complete medical history and spirometry at

**ORANGE MEDICAL CENTER
2110 E. KATELLA AVE.**

clinic

ANAHEIM, CA 92806

address

PHONE (714) 937-1919

On the basis of this examination, the following are preliminary recommendations for respirator use, pending outcome of all outstanding tests.

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.

Final respirator clearance will be made by M. Donald Whorton, M.D., and will be sent to the union representative.

The custodian of all medical records is M. Donald Whorton, M.D., Inc., 1135 Atlantic Avenue, Alameda, CA 94501.

Signature of Examining Physician: 

Date:

MAR 22 1997

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.

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase II: Certification of Compliance

This certifies that

Name: James Barajas
Social Security Number: 536-84-7109
Date of Chest x-ray: MAR 22 1997

has had a chest x-ray at: ORANGE MEDICAL CENTER
2110 E. KATELLA AVE.
ANAHEIM, CA 92806
PHONE (714) 937-1919

This employee has had a previous examination through this facility. The x-ray completes all OSHA medical monitoring requirements for asbestos-exposed workers as mandated by the Federal and California State Asbestos Standard.

All original x-ray film(s) will be sent to and stored by: M. Donald Whorton, M.D., Inc.
1135 Atlantic Avenue
Alameda, CA 94501

Dr. Whorton will supervise the x-ray "B" reading and will provide his written opinion to the union within 30 days.

Authorized Signature: [Signature]
MAR 22 1997

Date: _____

RESPIRATOR FIT TEST AND TRAINING RECORD

EMPLOYEE NAME: Jesus Boyotas
 SOCIAL SECURITY # 536 847109 PHONE NO: (213) 225 5589
 ADDRESS 221 E. Avenida 41 APT 3
 CITY Jolon Pk STATE _____ ZIP CODE _____
 EMPLOYER AL AND S INC PHONE NO: 714 254-1380
 EXAMINATION DATE 1-9-97 EXAMINER'S NAME GARCIA
 EQUIPMENT TYPE NEG. Press. 1/2 mask MANUFACTURER Mortle
 MODEL NUMBER/SIZE 7700 - W/EN

TEST RESULTS

(1) NEGATIVE PRESSURE TEST (2) POSITIVE PRESSURE TEST (3) ISOAMYL ACETATE VAPOR TEST (4) IRRITANT SMOKE TEST IRRITANT DETECTED	PASS (<input checked="" type="checkbox"/>) FAIL () PASS (<input checked="" type="checkbox"/>) FAIL () PASS (<input checked="" type="checkbox"/>) FAIL () PASS (<input checked="" type="checkbox"/>) FAIL ()	INITIALS _____ _____ _____ _____
--	--	--

Employee briefed on health hazards of the job and fundamental principles of respiratory protection, limitations, use, inspection, cleaning, maintenance and storage of equipment.
 YES () NO ()

ADDITIONAL INFORMATION

Most recent employee physical exam conducted on _____
 Physician's certificate of ability to use respiratory equipment

Name of medical facility Orange Medical Center YES () NO ()
 Corrective lenses required for normal work tasks
 YES () NO ()

I hereby certify that the subject employee has been trained and fit tested in accordance with
 CISO 5144.

[Signature] 1-9-97 Jesus Boyotas 1-9-97
 Examiner's Signature/Date Employee's Signature/Date

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

CLIENT CITY OF LOS ANGELES

DATE 11-18-97

PROJECT NAME HANSEN DAM / TAVERN ON THE GREEN

PROJECT NO. 9611-R31

PROJECT ADDRESS 11770 FOOTHILL BLVD.

By signing this certification, I agree to the following:

1. I have been informed that: **Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If I smoke and inhale asbestos fibers, the chance that I will develop lung cancer is greater than that of the non-smoking public.**

2. I have been trained in the proper use of respirators and informed of the type of respirator to be used on the above-referenced project. I have been supplied, at no cost to myself, with the proper respirator to be used for this project. I have been given a copy of the written respiratory protection manual issued by my employer.

3. I have been trained in the dangers inherent in handling asbestos and breathing asbestos and in proper work procedures and personal and protective barriers. The topics covered in the training course included:

- Physical hazards of asbestos and health hazards associated with asbestos
- Respiratory protection and use of protective equipment
- Negative air systems
- Work practices, including hands-on or on-the-job training
- Personal decontamination procedures
- Air monitoring - personal and area

4. I have had a medical examination within the past 12 months, which was paid for by my employer. This examination included a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing below, I am certifying that the owner has met his obligations to me and that I agree to hold the owner, his consultant, the testing laboratory, and representatives harmless in any and all claims arising from or related to this project.

Signature Mario Bardea

Printed Name Mario Bardea

Social Security Number 560 63 2605

Witness Maria S. Wilson

LOCAL 5
1669 E. LINCOLN AVENUE
CITY OF ORANGE, CA 92865-1929
(714) 921-4802

THIS CERTIFICATE IS THE PROPERTY OF THE ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM OF SOUTHERN CALIFORNIA AND IS FOR THE USE OF THE SIGNATORY CONTRACTORS FOR USE ON JOBS COVERED BY THE AGREEMENT BETWEEN THE WESTERN STATES INSULATION CONTRACTORS ASSOCIATION AND LOCAL NO. 5. AND NOT TO BE GIVEN TO ANY OTHER PARTIES.

ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM OF
SOUTHERN CALIFORNIA

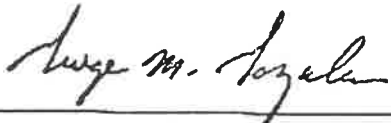
Certifies that **MARIO GARDEA**

SS # 560-63-2605

has attended the 1-day, Environmental Protection Agency approved
recertification from 04/17/97 to 04/17/97
for

ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR
MEETS ASHARA REQUIREMENTS

and has successfully passed the written examination on: 04/17/97
Certificate expires on: 04/17/98



Authorized Signature

CERTIFICATE
NUMBER

S - 4 - 2082

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase I: Certification of Examination and Recommendation for Respirator Use

This certifies that:

Name: Mario Jordan

Social Security Number: 560-63-2605

Medical Exam Date: 9-21-97

has completed a physical exam, complete medical history and spirometry at

ORANGE MEDICAL CENTER
clinic 2110 EAST KATELLA AVENUE
ANAHEIM, CA 92806

On the basis of this examination, the following are preliminary recommendations for respirator use, pending outcome of all outstanding tests.

- 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.

Final respirator clearance will be made by M. Donald Whorton, M.D., and will be sent to the union representative.

The custodian of all medical records is M. Donald Whorton, M.D., Inc., 1135 Atlantic Avenue, Alameda, CA 94501.

Signature of Examining Physician: *Dr. Whorton*
Date: 9-21-97

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.

Maintenance Program

FOR ASBESTOS WORKERS

1689 EAST LINCOLN AVENUE
ORANGE, CA 92665-1929
FAX (714) 921-9789
PHONE (714) 921-4002

NAME Mario Garcia

SOCIAL SECURITY NUMBER 560-63-2605

MEDICAL EXAM DATE 9-21-96

PHYSICAL ONLY, BECAUSE HE/SHE IS UNDER 40 YEARS OLD AND HAS TAKEN A CHEST X-RAY WITHIN THE LAST THREE YEARS.

CHEST X-RAY ONLY, BECAUSE HE/SHE HAS TAKEN A PHYSICAL WITHIN THE LAST YEAR.

PHYSICAL AND CHEST X-RAY, BECAUSE HE/SHE IS OVER 40 YEARS OLD AND /OR OUR RECORDS INDICATE THAT HE/SHE IS DUE FOR BOTH.

3 VIEW CHEST X-RAY, PA AND 2 OBLIQUES EVERY 3 YEARS, IF WORKER IS OVER 40 YEARS OLD AND HAS WORKED 10 YEARS IN THE TRADE.

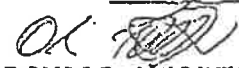
MULTI-FASIC

LEAD PHYSICAL

BLOOD LEAD

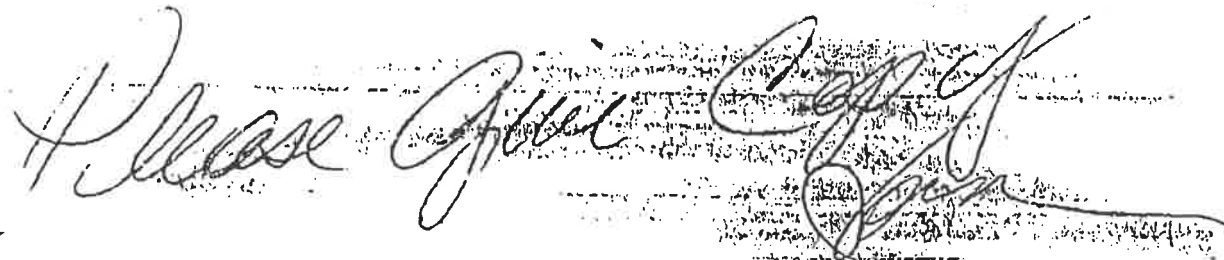
SIGNATURE: 

DATE: 9-21-96

OK 

ATTENTION CLINIC: PLEASE SEND THIS TO DR DONALD WHORTON MD INC. ALONG WITH EXAM HISTORY

Please Print Name



**RESPIRATOR FIT TEST
AND
TRAINING RECORD**

EMPLOYEE NAME: MARIO GARDA
 Social Security No. 560-63-2605 Phone No. (909) 421-1758
 Address: 2782 W. VINE ST.
 City: RIALTO State CA Zip Code 92376
 EMPLOYER: AC and S Inc. Phone No. (714) 254-1380
 EXAMINATION DATE: 4/22/97 EXAMINER'S NAME: J. ECKHART
 EQUIPMENT TYPE: Neg. Pressure Half-Mask MANUFACTURER: North
 Model No./Size: #7700 / Medium

TEST RESULTS

			<u>Initials</u>
(1) Negative Pressure Test	PASS (X)	FAIL ()	<u>JE</u>
(2) Positive Pressure Test	PASS (X)	FAIL ()	<u>JE</u>
(3) Isoamyl Acetate Vapor Test	PASS (X)	FAIL ()	<u>JE</u>
(4) Irritant Smoke Test	PASS (X)	FAIL ()	<u>JE</u>
Irritant detected			

Employee briefed on health hazards of the job and fundamental principles of respiratory protection, limitations, use, inspection, cleaning, maintenance and storage of equipment.

Yes (X) No () JE (Initials)

ADDITIONAL INFORMATION

Most recent employee physical exam conducted on _____
 Physician's certificate of ability to use respiratory equipment: YES (X) NO ()

Name of Medical Facility: ORANGE MEDICAL CENTER

Corrective lenses required for normal work tasks: YES () NO (X)

I hereby certify that the subject employee has been trained and Fit Tested in accordance with CISO 5144.

[Signature]
 Examiner's Signature Date 4/22/97

Mario Garcia
 EMPLOYEE'S SIGNATURE Date 4/22/97

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

CLIENT CITY OF LOS ANGELES

DATE 11-18-97

PROJECT NAME HANSEN DAM / TAVERN ON THE GAGUEN

PROJECT NO. 9611-R31

PROJECT ADDRESS 11720 FOOTHILL BLVD.

By signing this certification, I agree to the following:

1. I have been informed that: **Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If I smoke and inhale asbestos fibers, the chance that I will develop lung cancer is greater than that of the non-smoking public.**

2. I have been trained in the proper use of respirators and informed of the type of respirator to be used on the above-referenced project. I have been supplied, at no cost to myself, with the proper respirator to be used for this project. I have been given a copy of the written respiratory protection manual issued by my employer.

3. I have been trained in the dangers inherent in handling asbestos and breathing asbestos and in proper work procedures and personal and protective barriers. The topics covered in the training course included:

- Physical hazards of asbestos and health hazards associated with asbestos
- Respiratory protection and use of protective equipment
- Negative air systems
- Work practices, including hands-on or on-the-job training
- Personal decontamination procedures
- Air monitoring - personal and area

4. I have had a medical examination within the past 12 months, which was paid for by my employer. This examination included a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing below, I am certifying that the owner has met his obligations to me and that I agree to hold the owner, his consultant, the testing laboratory, and representatives harmless in any and all claims arising from or related to this project.

Signature Jorge Lopez

Printed Name Jorge Lopez

Social Security Number 618-14-3121

Witness Morri S. Wilson

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

CLIENT CITY OF LOS ANGELES

DATE 11-18-97

PROJECT NAME HANSEN DAM / TAVERN ON THE GREEN

PROJECT NO. 9611-R31

PROJECT ADDRESS 11720 FOOTHILL BLVD.

By signing this certification, I agree to the following:

1. I have been informed that: **Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If I smoke and inhale asbestos fibers, the chance that I will develop lung cancer is greater than that of the non-smoking public.**

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- Respiratory protection and use of protective equipment
- Negative air systems
- Work practices, including hands-on or on-the-job training
- Personal decontamination procedures
- Air monitoring - personal and area

4. I have had a medical examination within the past 12 months, which was paid for by my employer. This examination included a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing below, I am certifying that the owner has met his obligations to me and that I agree to hold the owner, his consultant, the testing laboratory, and representatives harmless in any and all claims arising from or related to this project.

Signature 

Printed Name WALTER ARDANS LOPEZ

Social Security Number 619 423430

Witness Maria S. Lopez

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

CLIENT CITY OF LOS ANGELES

DATE 11-18-97

PROJECT NAME HANSEN DAM / TAVERN ON THE GREEN

PROJECT NO. 9611-R31

PROJECT ADDRESS 11770 FOOTHILL BLVD.

By signing this certification, I agree to the following:

1. I have been informed that: **Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If I smoke and inhale asbestos fibers, the chance that I will develop lung cancer is greater than that of the non-smoking public.**

2. I have been trained in the proper use of respirators and informed of the type of respirator to be used on the above-referenced project. I have been supplied, at no cost to myself, with the proper respirator to be used for this project. I have been given a copy of the written respiratory protection manual issued by my employer.

3. I have been trained in the dangers inherent in handling asbestos and breathing asbestos and in proper work procedures and personal and protective barriers. The topics covered in the training course included:

- Physical hazards of asbestos and health hazards associated with asbestos
- Respiratory protection and use of protective equipment
- Negative air systems
- Work practices, including hands-on or on-the-job training
- Personal decontamination procedures
- Air monitoring - personal and area

4. I have had a medical examination within the past 12 months, which was paid for by my employer. This examination included a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing below, I am certifying that the owner has met his obligations to me and that I agree to hold the owner, his consultant, the testing laboratory, and representatives harmless in any and all claims arising from or related to this project.

Signature Jose Noriega

Printed Name Jose Noriega

Social Security Number 602 18 0453

Witness Maria S. Wilson

LOCAL 5
1669 E. LINCOLN AVENUE
CITY OF ORANGE, CA 92865-1929
(714) 921-4802

**THIS CERTIFICATE IS THE PROPERTY OF THE ASBESTOS WORKERS
ABATEMENT TRAINING PROGRAM OF SOUTHERN CALIFORNIA AND IS
FOR THE USE OF THE SIGNATORY CONTRACTORS FOR USE ON JOBS
COVERED BY THE AGREEMENT BETWEEN THE WESTERN STATES
INSULATION CONTRACTORS ASSOCIATION AND LOCAL NO. 5. AND
NOT TO BE GIVEN TO ANY OTHER PARTIES.**

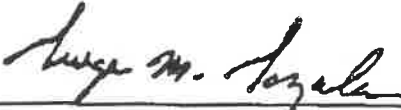
**ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM
OF
SOUTHERN CALIFORNIA**

Certifies that **JOSE ARTURO NORIEGA-GUERRERO**

SS # 602-18-6453

has attended the 1-day, Environmental Protection Agency approved
recertification from 07/15/97 to 07/15/97
for
**ASBESTOS ABATEMENT WORKER
MEETS ASHARA REQUIREMENTS**

and has successfully passed the written examination on: 07/15/97
Certificate expires on: 07/15/98



Authorized Signature

**CERTIFICATE
NUMBER**

S - 4634

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase II: Certification of Compliance

This certifies that

Name:

Jose A. Moraga

Social Security Number:

602-18-6453

Date of Chest x-ray:

04-16-97

has had a chest x-ray at:

ORANGE MEDICAL CENTER

2110 E. KATELLA AVE.

ANAHEIM, CA 92806

PHONE (714) 937-1919

This employee has had a previous examination through this facility. The x-ray completes all OSHA medical monitoring requirements for asbestos-exposed workers as mandated by the Federal and California State Asbestos Standard.

All original x-ray film(s) will be sent to and stored by M. Donald Whorton, M.D., Inc.
1135 Atlantic Avenue
Alameda, CA 94501

CXR IV

Dr. Whorton will supervise the x-ray "B" reading and will provide his written opinion to the union within 30 days.

Authorized Signature:

[Signature]

Date:

APR 16 1997

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase I: Certification of Examination and Recommendation for Respirator Use

This certifies that:

Name:

Jose A. Noriega

Social Security Number:

002-18-6453

Medical Exam Date:

04-16-97

has completed a physical exam, complete medical history and spirometry at

ORANGE MEDICAL CENTER
2110 E. KATELLA AVE.
ANAHEIM, CA 92806
PHONE (714) 937-1919

clinic

Address

On the basis of this examination, the following are preliminary recommendations for respirator use, pending outcome of all outstanding tests.

- 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.

Final respirator clearance will be made by M. Donald Whorton, M.D., and will be sent to the union representative.

The custodian of all medical records is M. Donald Whorton, M.D., Inc., 1135 Atlantic Avenue, Alameda, CA 94501.

Signature of Examining Physician:

Jose Zepeda PA

Date:

APR 16 1997

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.

RESPIRATOR FIT TEST
AND
TRAINING RECORD

EMPLOYEE NAME: JOSE NORIEGA
Social Security No. 602-18-6453 Phone No. (213) 225-5589
Address: 221 AVE. 411 APT. 3
City: LOS ANGELES State CA Zip Code 90031
EMPLOYER: AC and S Inc. Phone No. (714) 254-1380
EXAMINATION DATE: 5/1/97 EXAMINER'S NAME: J. Echavez
EQUIPMENT TYPE: Neg. Pressure Half-Mask MANUFACTURER: North
Model No./Size: #7700 / Medium

TEST RESULTS

			<u>Initials</u>
(1) Negative Pressure Test	PASS (X)	FAIL ()	<u>JE</u>
(2) Positive Pressure Test	PASS (X)	FAIL ()	<u>JE</u>
(3) Isoamyl Acetate Vapor Test	PASS (X)	FAIL ()	<u>JE</u>
(4) Irritant Smoke Test	PASS (X)	FAIL ()	<u>JE</u>
Irritant detected			

Employee briefed on health hazards of the job and fundamental principles of respiratory protection, limitations, use, inspection, cleaning, maintenance and storage of equipment.

Yes (X) No () JE (Initials)

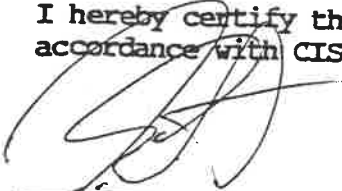
ADDITIONAL INFORMATION

Most recent employee physical exam conducted on 4/11/97
Physician's certificate of ability to use respiratory equipment: YES () NO ()

Name of Medical Facility: ORANGE MEDICAL CENTER

Corrective lenses required for normal work tasks: YES () NO (X)

I hereby certify that the subject employee has been trained and Fit Tested in accordance with CISO 5144.


Examiner's Signature _____ Date 5/1/97

Jose Arturo Noriega G
EMPLOYEE'S SIGNATURE _____ Date _____

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

CLIENT CITY OF LOS ANGELES

DATE 11-18-97

PROJECT NAME HANSEN DAM / TOWER ON THE GREEN

PROJECT NO. 9611-R31

PROJECT ADDRESS 11720 FOOTHILL BLVD.

By signing this certification, I agree to the following:

1. I have been informed that: **Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If I smoke and inhale asbestos fibers, the chance that I will develop lung cancer is greater than that of the non-smoking public.**

2. I have been trained in the proper use of respirators and informed of the type of respirator to be used on the above-referenced project. I have been supplied, at no cost to myself, with the proper respirator to be used for this project. I have been given a copy of the written respiratory protection manual issued by my employer.

3. I have been trained in the dangers inherent in handling asbestos and breathing asbestos and in proper work procedures and personal and protective barriers. The topics covered in the training course included:

- Physical hazards of asbestos and health hazards associated with asbestos
- Respiratory protection and use of protective equipment
- Negative air systems
- Work practices, including hands-on or on-the-job training
- Personal decontamination procedures
- Air monitoring - personal and area

4. I have had a medical examination within the past 12 months, which was paid for by my employer. This examination included a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing below, I am certifying that the owner has met his obligations to me and that I agree to hold the owner, his consultant, the testing laboratory, and representatives harmless in any and all claims arising from or related to this project.

Signature _____

Printed Name JESUS OSUNA

Social Security Number 563-99-6473

Witness MORRIS WILSON

Certificate of Completion

A.H.E.R.A.

This certifies that

JESUS OSUNA, 563-99-6473

Has successfully completed the



Refresher Course for the Contractor/Supervisor/Competent Person as prescribed by the Environmental Protection Agency for practices and procedures in Asbestos Abatement.

Certificate Number : 970305-06

Course Date: March 05, 1997

Signature *M. A. Neuwahl*

Expiration Date: March 05, 1998

Michael A. Neuwahl

Info@aehra.org, 9231 Orca Parkway, Suite J, Riverside, California 92509, (909) 685-5051, Fax (909) 685-4773

Orange Medical Center
2110 E. Tella Ave. • Anaheim, CA 92806
(714) 937-1919 • Fax (714) 937-1966

Fullerton-Placentia Medical Center
640 S. Placentia • Placentia, CA 92670
(714) 579-7772 • Fax (714) 579-7781

PHYSICIAN'S WRITTEN STATEMENT
MEDICAL SURVEILLANCE FOR ASBESTOS EXPOSURE

Date: 1/14/97
Name: OSUNA, JESUS (Please Print) Last First M.I.
Social Security# 563-99-6473 Telephone#: (213) 257-6985
Address: 2345 WERTON AVE #124 LOS ANGELES CA Street City State Zip

The above-named individual was seen on 1/14/97, in accordance with:
 29 CFR 1926.58 40 CFR 763.121

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardio-vascular, and gastrointestinal system per appendix in 1926.58.
- Review of the employer's description of: This employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protective equipment to be utilized by the employee.
- Review of information from previous medical examinations, if available.
- A physical examination with emphasis of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14 x 17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.58
(M) (2) (11) (C).

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations, if any: _____

Trace m
Physician's Signature

(714) 579-7772
Telephone

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

CLIENT CITY OF LOS ANGELES

DATE 11-18-97

PROJECT NAME HAUSEN DAM / TAVERN ON THE GREEN

PROJECT NO. 9611-R31

PROJECT ADDRESS 11770 FOOTHILL BLVD.

By signing this certification, I agree to the following:

1. I have been informed that: **Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If I smoke and inhale asbestos fibers, the chance that I will develop lung cancer is greater than that of the non-smoking public.**

2. I have been trained in the proper use of respirators and informed of the type of respirator to be used on the above-referenced project. I have been supplied, at no cost to myself, with the proper respirator to be used for this project. I have been given a copy of the written respiratory protection manual issued by my employer.

3. I have been trained in the dangers inherent in handling asbestos and breathing asbestos and in proper work procedures and personal and protective barriers. The topics covered in the training course included:

- Physical hazards of asbestos and health hazards associated with asbestos
- Respiratory protection and use of protective equipment
- Negative air systems
- Work practices, including hands-on or on-the-job training
- Personal decontamination procedures
- Air monitoring - personal and area

4. I have had a medical examination within the past 12 months, which was paid for by my employer. This examination included a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing below, I am certifying that the owner has met his obligations to me and that I agree to hold the owner, his consultant, the testing laboratory, and representatives harmless in any and all claims arising from or related to this project.

Signature *E. Solano*

Printed Name Edmundo E. Solano

Social Security Number 623-785230

Witness Morris S. Weil

THIS CERTIFICATE IS THE PROPERTY OF THE ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM OF SOUTHERN CALIFORNIA AND IS FOR THE USE OF THE SIGNATORY CONTRACTORS FOR USE ON JOBS COVERED BY THE AGREEMENT BETWEEN THE WESTERN STATES INSULATION CONTRACTORS ASSOCIATION AND LOCAL NO. 5. AND NOT TO BE GIVEN TO ANY OTHER PARTIES.

ASBESTOS WORKERS ABATEMENT TRAINING PROGRAM
OF
SOUTHERN CALIFORNIA

Certifies that **ELEMER ENRIQUE SOLANO**

SS # 623-78-3230

has attended the 4-day, Environmental Protection Agency approved course
dated from 01/13/97 to 01/16/97
for
**ASBESTOS ABATEMENT WORKER
MEETS ASHARA REQUIREMENTS**

And has successfully passed the written examination on: 01/16/97
certificate expires on: 01/16/98

George M. Sozala

CERTIFICATE
NUMBER

S - 3547

Authorized Signature

Donald Whorton, M.D.

January 22, 1997

Leon Henricks
Asbestos Workers Local 5 Maintenance
1669 E. Lincoln Ave.
Orange, CA 92665-1929

RE: Elmer Solano
623-78-3230

Dear Mr. Henricks:

The above named employee has completed an examination through the Western States Maintenance Employee Medical Program. The date and location of the examination are indicated below.

Location: Orange - Orange Medical Center
Date of Exam: 01/17/97

On the basis of the medical history, physical examination, and lung function studies this employee has no restrictions for use of a respirator or other personal protective equipment. This employee has no restrictions for work as an insulator or asbestos abatement worker.

This clearance is limited to assignments with contractors in the Western States Contractors Association (WICA). The union office is required to give a copy of this letter to the employee within thirty days of receipt. 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.
Medical Consultant

MDW:db

M. Donald Whorton, M.D., Inc.
1135 Atlantic Avenue - Alameda - California 94501
Telephone 510-748-5760 • Facsimile 510-748-5765

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase II: Certification of Compliance

_____ certifies that

Name: Elmer E. Solano

Social Security Number: 623-48-3230

Date of Chest x-ray: 01-17-97

has had a chest x-ray at: Orange Medical Center
2110 EAST KATELLA AVE.
ANAHEIM, CA 92806
(714) 937-1819 • FAX 937-1966

_____ address

This employee has had a previous examination through this facility. The x-ray completes all OSHA medical monitoring requirements for asbestos-exposed workers as mandated by the Federal and California State Asbestos Standard.

All original x-ray film(s) will be sent to and stored by : M. Donald Whorton, M.D., Inc.
1135 Atlantic Avenue
Alameda, CA 94501

Whorton will supervise the x-ray "B" reading and will provide his written opinion to the union in 30 days.

Authorized Signature: Donald Whorton

Date: JAN 17 1997

WESTERN STATES
LOCAL 5 MAINTENANCE EMPLOYEE MEDICAL PROGRAM

Phase I: Certification of Examination and Recommendation for Respirator Use

This certifies that:

Name: Elmer E. J. J. J.

Social Security Number: 023-78-3230

Medical Exam Date: 01-17-97

has completed a physical exam, complete medical history and spirometry at

Orange Medical Center
2110 EAST KATELLA AVE.
ANAHEIM, CA 92806
(714) 937-1919 • FAX (714) 937-1966

clinic

On the basis of this examination, the following are preliminary recommendations for respirator use, pending outcome of all outstanding tests.

- 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.

Final respirator clearance will be made by M. Donald Whorton, M.D., and will be sent to the union representative.

The custodian of all medical records is M. Donald Whorton, M.D., Inc., 1135 Atlantic Avenue, Alameda, CA 94501.

Signature of Examining Physician:

Jesse Zepeda M.D.

Date: JAN 17 1997

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.

RESPIRATOR FIT TEST
AND
TRAINING RECCRD

EMPLOYEE NAME: ELMER SOLANO
Social Security No. 623-78-3230 Phone No. (310) 218-7123
Address: 1315 E. 7TH ST. APT. 10
City: LONG BEACH State CA Zip Code 90813
EMPLOYER: AC and S Inc. Phone No. (714) 254-1380
EXAMINATION DATE: 2/13/97 EXAMINER'S NAME: J. F. HAUERSTE
EQUIPMENT TYPE: Neg. Pressure Half-Mask MANUFACTURER: North
Model No./Size: #7700 / Medium

TEST RESULTS

			<u>Initials</u>
(1) Negative Pressure Test	PASS (X)	FAIL ()	<u>JE</u>
(2) Positive Pressure Test	PASS (X)	FAIL ()	<u>JE</u>
(3) Isocanyl Acetate Vapor Test	PASS (X)	FAIL ()	<u>JE</u>
(4) Irritant Smoke Test	PASS (X)	FAIL ()	<u>J.C.</u>
Irritant detected			

Employee briefed on health hazards of the job and fundamental principles of respirator protection, limitations, use, inspection, cleaning, maintenance and storage of equipment.

Yes (X) No () JE (Initials)

ADDITIONAL INFORMATION

Most recent employee physical exam conducted on 1/18/97
Physician's certificate of ability to use respiratory equipment:
YES () NO ()

Name of Medical Facility: ORANGE MEDICAL CENTER

Corrective lenses required for normal work tasks: YES () NO (X)

I hereby certify that the subject employee has been trained and Fit Tested in accordance with CISO 5144.

[Signature]
Examiner's Signature Date 2/13/97

[Signature]
EMPLOYEE'S SIGNATURE Date 02/13/97

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

CLIENT CITY OF LOS ANGELES

DATE 11-18-97

PROJECT NAME HANSEN DAM / TAVERN ON THE GRASS

PROJECT NO. 9611-R31

PROJECT ADDRESS 11770 FOOTHILL BLVD.

By signing this certification, I agree to the following:

1. I have been informed that: **Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If I smoke and inhale asbestos fibers, the chance that I will develop lung cancer is greater than that of the non-smoking public.**

2. I have been trained in the proper use of respirators and informed of the type of respirator to be used on the above-referenced project. I have been supplied, at no cost to myself, with the proper respirator to be used for this project. I have been given a copy of the written respiratory protection manual issued by my employer.

3. I have been trained in the dangers inherent in handling asbestos and breathing asbestos and in proper work procedures and personal and protective barriers. The topics covered in the training course included:

- Physical hazards of asbestos and health hazards associated with asbestos
- Respiratory protection and use of protective equipment
- Negative air systems
- Work practices, including hands-on or on-the-job training
- Personal decontamination procedures
- Air monitoring - personal and area

4. I have had a medical examination within the past 12 months, which was paid for by my employer. This examination included a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing below, I am certifying that the owner has met his obligations to me and that I agree to hold the owner, his consultant, the testing laboratory, and representatives harmless in any and all claims arising from or related to this project.

Signature *Gabriel Soto*

Printed Name Gabriel Soto

Social Security Number 534-98-96-87

Witness *Morris S. Williams*

No 17
AHERA APPROVED



EPA ACCREDITED

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

GABRIEL SOTO

SS# 534-98-9687
HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING

THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

MAY 20, 1997

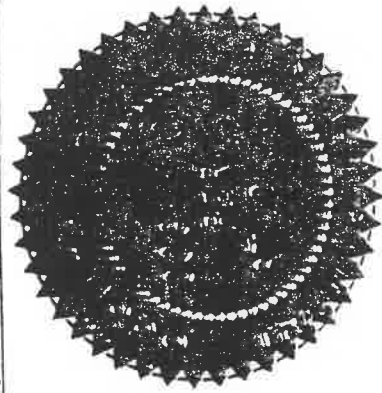
FOR

ASBESTOS ABATEMENT

WORKER TRAINING Annual Refresher

SPANISH INSTRUCTION

COURSE DATES: MAY 20, 1997 EXAM DATE: MAY 20, 1997



AAWT-R-4873-97

ACCREDITATION NO.

MAY 20, 1998

EXPIRATION DATE

[Signature]
AUTHORIZED SIGNATURE
[Signature]
EXAM ADMINISTRATOR

For purposes of accreditation required under section 306 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc. (Occutrain) - 666 Baker St. Suite #340 Costa Mesa, CA 92626, TEL #714-556-7844

ALAMEDA INDUSTRIAL MEDICAL GROUP INC
1907 E WASHINGTON BLVD
LOS ANGELES CALIF 90021

PULMONARY FUNCTION TEST RESULTS

THE FOLLOWING EMPLOYEE WAS TESTED FOR HIS PULMONARY FUNCTION
ON A COSMED PONY SPIROMETER MODEL # 16500.

TEST WAS FOUND TO BE WITHIN NORMAL LIMITS PER PHYSICIANS REVIEW
OF RESULTS.

PATIENT: SOTO, GABRIEL

Test #1034

COMPANY: CONTROLLED ENVIRONMENTAL SOLUTIONS

PHYSICAINS SIGNATURE

ROBERT C ROSSBERG M.D



EDWARD COATES M.D

DATE: 05-22-97

Robert C. Rossberg, M.D.

Alexander Hagentorn, M.D.

Ernest H. Files, M.D.

ALAMEDA INDUSTRIAL MEDICAL GROUP, INC.
1907 East Washington Boulevard
Los Angeles, California 90021
Telephone 747-7667

PHYSICIAN'S OPINION OF EMPLOYEE EXAMINATION

Physician's Name: Robert C. Rossberg, M.D. (X) License # C12322-CA
Edward D. Coates, M.D. () License # C68958

Date of Exam: 5-22-97 Evaluation Date 5-22-97

Patient's Name: SOTO, GABRIEL SS#: 534-98-9687

1. Has the employee been examined according to all of the requirements set forth in 29 CFR 1910.1001, 29 CFR 1910.134, and CAC 5208 and Title 8, section 1529.T?
(X) Yes () No
2. Can the employee safely wear a negative pressure respirator? Will the employee be able to perform his/her job normally while wearing a negative pressure respirator?
(X) Yes () No
3. Does the employee have any limitations on the tasks he/she can perform while wearing a respirator?
() Yes (X) No
If yes, specify limitations: _____
4. Does the employee have any medical condition which would place the employee at increased risk of health impairment from exposure to asbestos?
() Yes (X) No
If yes, explain _____
5. Have you informed the employee, as required by law, of the results of the examination and of any medical conditions that may result from exposure to Asbestos?
(X) Yes () No
6. Have the following examinations been performed and used to evaluate this employee's present medical condition?
Chest X-ray? (X) Yes () No Date of last X-ray 1996
Spirometry? (X) Yes () No

Physician's Signature: Robert C. Rossberg Date: 5-22-97

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

CLIENT CITY OF LOS ANGELES

DATE 11-18-97

PROJECT NAME HANSEN DAM / TAVERN ON THE GRASS

PROJECT NO. 9611-R31

PROJECT ADDRESS 11770 FOOTHILL BLVD.

By signing this certification, I agree to the following:

1. I have been informed that: **Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If I smoke and inhale asbestos fibers, the chance that I will develop lung cancer is greater than that of the non-smoking public.**

2. I have been trained in the proper use of respirators and informed of the type of respirator to be used on the above-referenced project. I have been supplied, at no cost to myself, with the proper respirator to be used for this project. I have been given a copy of the written respiratory protection manual issued by my employer.

3. I have been trained in the dangers inherent in handling asbestos and breathing asbestos and in proper work procedures and personal and protective barriers. The topics covered in the training course included:

- Physical hazards of asbestos and health hazards associated with asbestos
- Respiratory protection and use of protective equipment
- Negative air systems
- Work practices, including hands-on or on-the-job training
- Personal decontamination procedures
- Air monitoring - personal and area

4. I have had a medical examination within the past 12 months, which was paid for by my employer. This examination included a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing below, I am certifying that the owner has met his obligations to me and that I agree to hold the owner, his consultant, the testing laboratory, and representatives harmless in any and all claims arising from or related to this project.

Signature Juan Vega

Printed Name Juan Vega

Social Security Number 547-06-1748

Witness Mari S. Miller

Certificate of Attendance

CERTIFICATE NUMBER
12731

Ecologics Lehr

Environmental Services
and Training Institute

This is to Certify that

JUAN VEGA SS # 547-06-1748

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 32-HR. COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR 51316 effective April 1994

Fernando Ramirez
INSTRUCTOR

FERNANDO RAMIREZ

Armando Ducoing
DIRECTOR

ARMANDO DUCOING

COMPLETION DATE
July 18 1997

CLASS NUMBER
E071597AWC

CERTIFICATE EXPIRES
July 18 1998

COMPLETION DATE

CLASS NUMBER

CERTIFICATE EXPIRES

4155 E. LA PALM AVE. SUITE 500
ANAHEIM, CA 92807

copy to... 7/27/97

TO :
FROM : MILLION DOLLAR

PHONE NO. : 1028815624228703

AUG. 4.1997 7:50PM P 1
PHONE NO. : 2132646198

SUNRISE MEDICAL GROUP ANAHEIM

**5635 E. ORANGETHORPE
ANAHEIM, CA**

RADIOLOGY REPORT

PATIENT'S NAME: VEGA, JUAN

PATIENT'S DOB: 06-05-67

PHYSICIAN: DR. LIEM

X-RAY #:

EMPLOYER:

DATE: 07-20-97

STUDY: CHEST, ONE VIEW

Examination #1.

FINDINGS: The heart is not enlarged. The lungs are clear of active infiltrate. There is no pneumothorax or pleural fluid seen. The bones and soft tissues appear normal for a patient this age.

SUMMARY: Normal examination.



Alan F. White, M.D.
Certified American Board of Radiology

D: 07-22-97
T: 07/22/97 11:16am

AFW:PC

RESPIRATOR CERTIFICATE

Name of Employee JUAN VESA
Social Security Number 542-06-1748
Date 7/2/97
Type of Respirator DUST MASK
Possible Exposure DUST, SAND & MIST

Cal/OSHA 5144(h), General Industry Safety Orders, requires that employees should not be assigned tasks requiring the use of respirators until it has been determined that they are physically capable of working while using this equipment.

This is to certify that I have examined the above referenced employee and the individual is medically qualified to use the respiratory equipment listed above.

This is to certify that I have examined the above referenced employee and the individual is not medically qualified to use the respiratory equipment listed above.

N C Morris

Doctor's Signature

9. WASTE DISPOSAL RECORDS

10. RESERVED FOR CLIENT

CONFIDENTIAL AND PRIVILEGED

LIMITED ASBESTOS AND LEAD SURVEY

Hansen Dam Golf Course

Los Angeles County
City of Lakeview Terrace
State of California

October 1, 2003
Volume I of I

Prepared for:

CITY OF LOS ANGELES
Department of Recreation & Parks
205 S. Broadway, Room 820
Los Angeles, CA 90012

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NATIONAL  ECON
C O R P O R A T I O N

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EMAIL: NATIONAL.ECONCORP@EARTHLINK.NET

October 1, 2003

City of Los Angeles
Department of Recreation and Parks
205 S. Broadway, Room 820
Los Angeles, CA 90012

Attn: Ms. Leila Barker
Environmental Supervisor

Re: Hansen Dam Golf Course
Lakeview Terrace, California

Dear Ms. Barker:

Pursuant to your request, National Econ Corporation's Representative, Mr. John Neiman (Certified Site Surveillance Technician #02-3145) has completed an Asbestos Survey on August 18, 2003 at the Hansen Dam Golf Course, Lakeview Terrace, California. The following report summarizes the findings of this assessment.

1.0 INTRODUCTION

This report summarizes the findings of National Econ Corporation's Asbestos Survey of the Hansen Dam Golf Course (subject property/site) in Lakeview Terrace, California. This survey was performed at the request of the City of Los Angeles.

2.0 PURPOSE AND SCOPE OF SERVICES

Asbestos Surveys are performed to identify visible and/or readily accessible suspect friable and non-friable Asbestos Containing Building Materials (ACBMs) at a subject property. Friable ACBM as defined by the U.S. Environmental Protection Agency (EPA) and South Coast Air Quality Management District (SCAQMD) is material that when dry, can be easily pulverized, crushed or reduced to powder by hand pressure. Non-friable ACBM that can potentially be broken, crumbled, pulverized or reduced to powder in the course of demolition or renovation activities, are classified as either Class I or Class II, non-friable ACBM. These surveys are typically accomplished by, and limited to, a cursory site reconnaissance, a review of readily available building records, and a review of readily available asbestos Operation and Maintenance (O&M) plans.

In the event that suspected or known ACBMs exist at a given site, samples of the potential ACBMs may be obtained and analyzed. If, based upon the results of the Asbestos Survey, the presence of ACBMs are confirmed, recommendations for further investigations to evaluate the quantity and characteristics of these ACBMs and/or to manage their impact are required.

This Asbestos Survey was conducted in accordance with the Scope of Services authorized by the City of Los Angeles.

3.0 HISTORICAL DATA

Prior asbestos related documentation for the subject property was reviewed when made available.

4.0 VISUAL SURVEY AND SAMPLING METHODOLOGY

To identify suspected friable and non-friable ACBM, as required under California law, California Occupational Safety Health Administration (CAL-OSHA), Certified Site Surveillance Technicians (CSST) and/or Certified Asbestos Consultants (CAC) conducted a visual inspection and survey of the subject property.

During the survey National Econ Corporation identified homogeneous areas of suspected ACBMs for purposes of sampling in accordance with current CAL-OSHA requirements. These areas were defined with respect to similarities in appearance, age, use, type, color, and/or texture. The condition and estimated quantity of the suspected materials were also assessed. Based upon National Econ Corporation's observations, three (3) homogeneous materials of suspected ACBMs were identified. The materials in these areas included drywall (composite), stucco and built-up roofing.

To evaluate the presence of asbestos in these suspected ACBMs, National Econ Corporation obtained nine (9) bulk samples which appeared to represent each homogeneous area (see Table I). The sample locations are shown on the attached drawings.

Amended water-spray wet methods were used during the collection of each friable sample, such as suspended ceiling tiles. National Econ Corporation does not conduct destructive sampling. For example, samples of floor tile were collected by taking a small chip out of a corner or area which was already damaged. After obtaining each sample, the sampling equipment was cleaned with a moist towelette. Each sample was sealed in a sample container and assigned a discrete sample identification number.

5.0 ANALYTICAL PROCEDURES AND RESULTS

All nine (9) samples obtained from the subject property were delivered to Scientific Laboratories of California, Inc., (under chain-of-custody procedures) for analysis. Scientific Laboratories of California, Inc., is accredited by the National Institute of Standards and Technology (NIST) through participation in the National Voluntary Laboratory Accreditation Program (NVLAP Lab #200346-0). The samples were analyzed for asbestos by PLM, using dispersion staining in accordance with U.S. EPA Procedures outlined in 40 CFR 763, Subpart F, Appendix A (AHERA). Asbestos volume estimates were made by the laboratory analyst using a stereomicroscope.

Based upon the analytical results, no asbestos was detected in the nine (9) samples collected and analyzed.

Asbestos content of less than 1% (which is the federal standard utilized by testing laboratories) is detectable only in trace quantities utilizing PLM methods. The California (CAL/OSHA) definition of ACM is materials that contain 0.1% of asbestos or any detectable asbestos must comply with all applicable provisions. A more definitive analytical method, such as Transmission Electron Microscopy (TEM) analysis, which is capable of detecting asbestos below 1% and analysis of materials that are difficult to analyze through routine PLM analysis is available upon request. TEM analysis is often recommended in samples such as floor tile, which is found to be negative for asbestos content through PLM analysis.

6.0 DISCUSSION

A total of nine (9) bulk material samples were collected from the Hansen Dam Golf Course, Lakeview Terrace, California, during the survey. All nine (9) samples collected are considered non-friable.

Based upon the analytical results, no asbestos was detected in the nine (9) samples collected and analyzed.

7.0 CONCLUSIONS

No asbestos was detected in the nine (9) samples collected and analyzed at the Hansen Dam Golf Course, Lakeview terrace, California.

8.0 LIMITATIONS

The conclusions presented in this report are professional opinions based solely upon visual observations at the site and laboratory analysis of the tested samples. They are intended exclusively for the purpose outlined herein, and for the site location and project indicated.

This report is intended for the sole use of the City of Los Angeles. The use or re-use of this document or the findings, conclusion or recommendations presented herein, by any other party or parties is at the sole risk of said user.

Recognizing that even the most comprehensive survey may fail to detect ACBM at a particular site, this study was not intended to identify all potential ACBM present in the building or at the site for such reasons as (1) the possible existence of buried, covered and inaccessible areas and features; and (2) the limited number of samples collected. Samples were collected from materials of similar appearance, age, use, type, color and/or texture. However, this does not guarantee that they are of the same composition. No guarantee is expressed or implied that all ACBM has been identified. National Econ Corporation assumes no responsibility for the identification of suspect asbestos containing materials which are concealed and/or inaccessible (i.e. carpet mastic under carpet, locked rooms, etc.)

Services performed by National Econ Corporation were conducted in a manner consistent with that of the care and skill ordinarily and currently exercised by members of the same profession that even the most comprehensive Scope of Services might fail to detect environmental liabilities on a particular site. Therefore, National Econ Corporation cannot act as insurers and cannot "certify" that a site is free of environmental contamination.

No expressed or implied representation or warranty is included or intended in our reports, except that our services were performed, within the limits prescribed by the Scope of Services, with the customary thoroughness and competence of our profession.

Information and opinions presented herein apply to the existing and reasonable foreseeable site conditions at the time of our investigation. They cannot necessarily apply to site changes of which this office is unaware and has not had the opportunity to review. Changes in the conditions of this property may occur with time due to natural processes or works of man on the subject property or on adjacent properties. Changes in applicable standards may also occur as a result of legislation of the broadening of knowledge. Accordingly, the findings of this report may be invalidated, wholly or in part, by changes beyond our control.

National Econ Corporation trusts that the information presented herein provides the data you require. Should you have any questions or comments, please contact National Econ Corporation.

Respectfully submitted,

NATIONAL ECON CORPORATION



Danny De La Rosa
Vice President of Operations
Certified Asbestos Consultant
#95-1601

Attachments:

Table I:
Drawing: Asbestos Sample Location Diagram
Laboratory Analytical Results

**TABLE I
SURVEY SUMMARY**

CLIENT: City of Los Angeles
 LOCATION: Hansen Dam Golf Course, Lakeview Terrace, CA
 DATE: October 1, 2003
 SHEET: 1 of 1

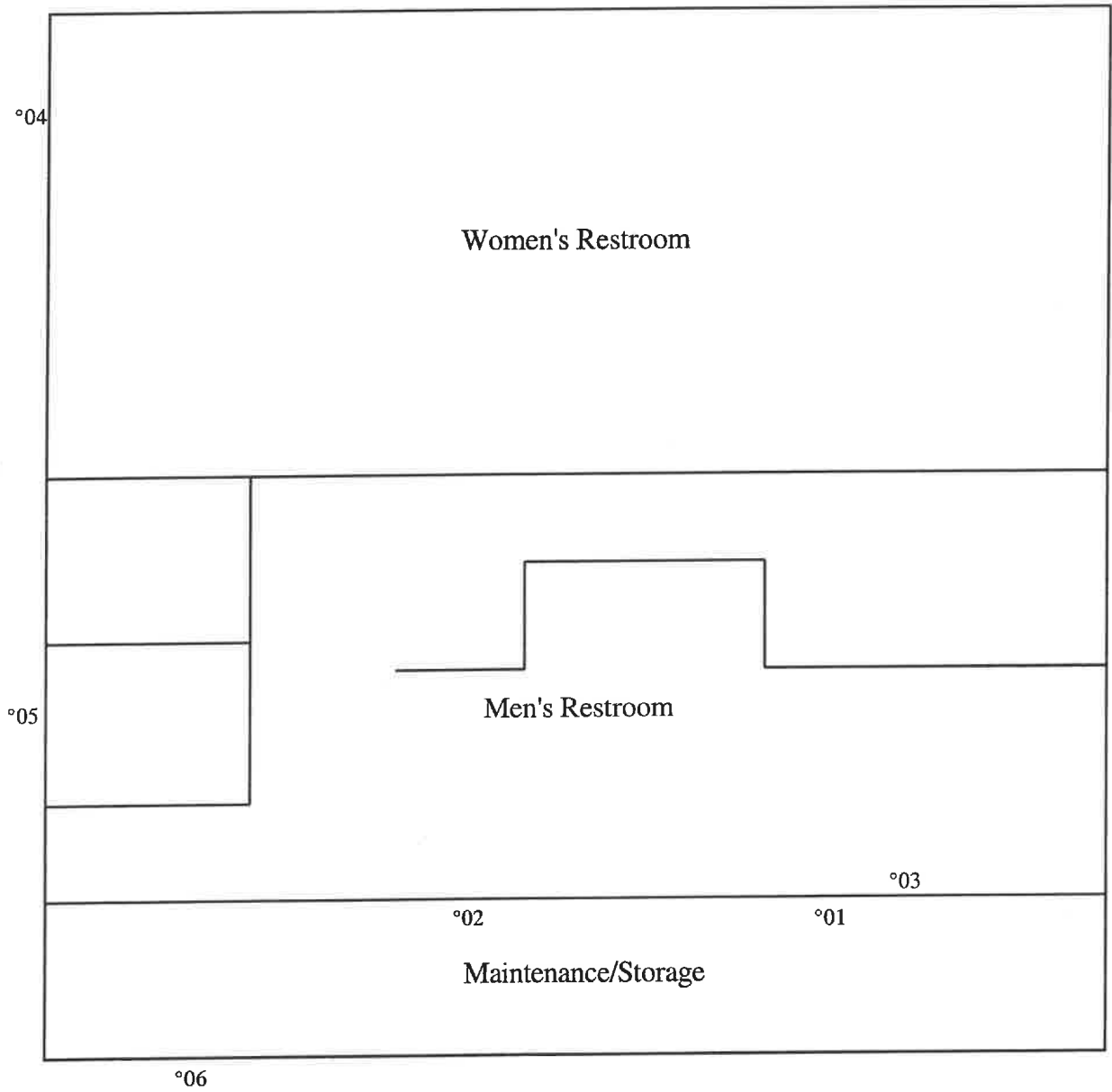
SAMPLE NUMBER	MATERIAL DESCRIPTION	MATERIAL LOCATION	HOMO (1)	ASBESTOS TYPE FOUND	%	S/T/M (2)	F/NF (3)	CONDITION	ACCESSIBILITY	ESTIMATED QUANTITY
HD-A-01	Drywall (Composite)	Clubhouse	Y	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
HD-A-02	Drywall (Composite)	Maintenance/Storage Clubhouse	Y	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
HD-A-03	Drywall (Composite)	Maintenance/Storage Clubhouse	Y	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
HD-A-04	Stucco	Men's Restroom Clubhouse Exterior	Y	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
HD-A-05	Stucco	Clubhouse Exterior SW Area	Y	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
HD-A-06	Stucco	Clubhouse Exterior SE Area	Y	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
HD-A-07	Built-Up Roofing	Clubhouse Exterior E Area	Y	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
HD-A-08	Built-Up Roofing	2 nd Tee Restrooms Roof Mid. S Area	Y	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
HD-A-09	Built-Up Roofing	2 nd Tee Restrooms Roof SW Area	Y	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
HD-A-09	Built-Up Roofing	2 nd Tee Restrooms Roof NW Area	Y	None Detected	N/A	N/A	N/A	N/A	N/A	N/A

LEGEND:

- (1) HOMO= Homogeneous Material
- (2) S= Surface Material
 T= Thermal System Insulation
 M= Miscellaneous Material
- (3) F= Friable
 NF= Non-Friable

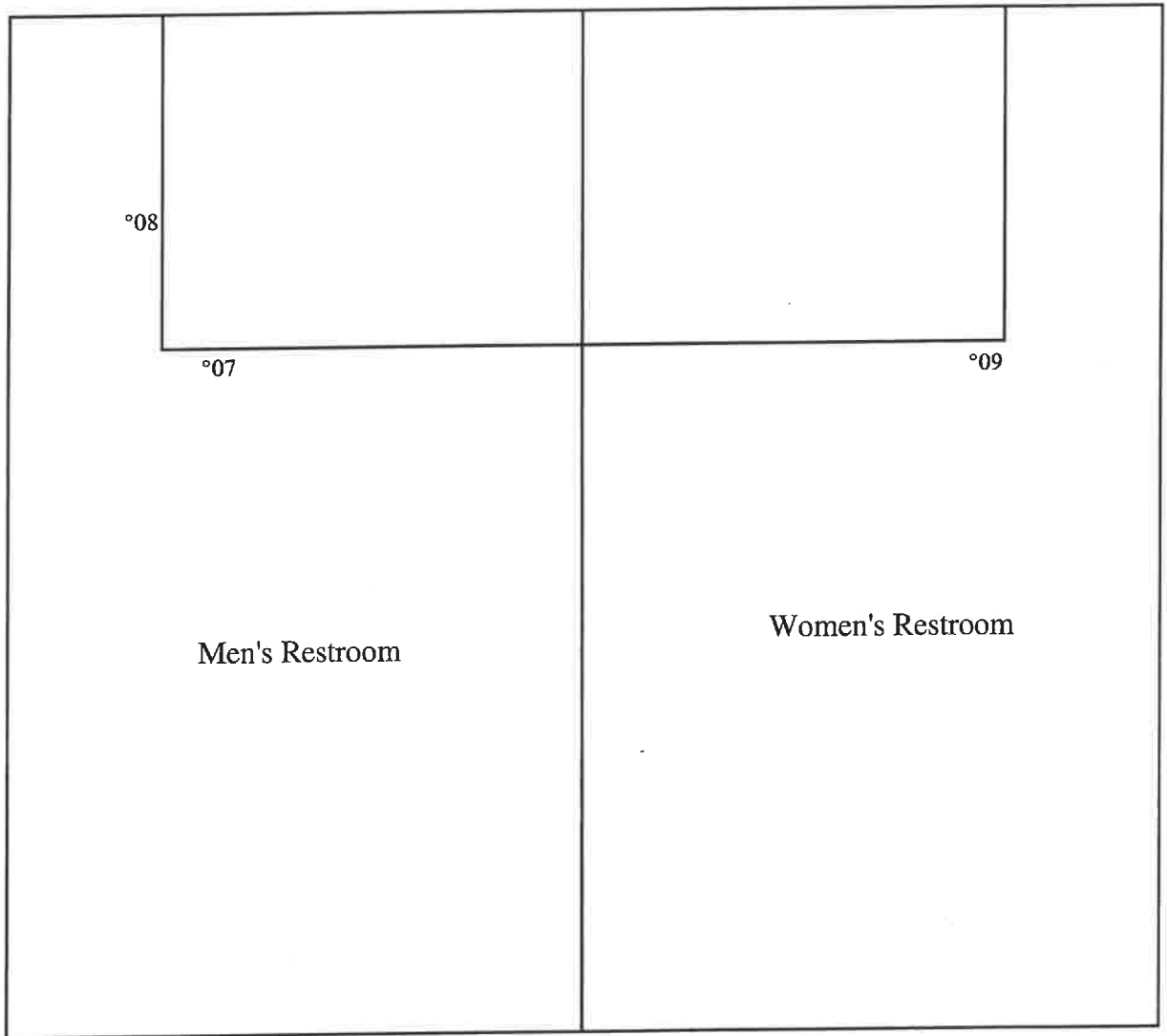
NOTE: Unless otherwise specified, sample results above were determined by Databricks, Inc. (Databricks.com) on 10/1/03.

Hansen Dam Golf Course
Clubhouse



NOT TO SCALE

Hansen Dam Golf Course
2nd Tee, Restrooms



NOT TO SCALE

EXECUTIVE SUMMARY

1.0 INTRODUCTION

This report presents the results of the lead containing material inspection of the property located at the Hansen Dam Golf Course, Lakeview Terrace, CA (Subject Property). The inspection was performed in accordance with EPA and HUD protocols. This report does not represent a HUD level inspection. This document is prepared for the sole use of the City of Los Angeles, and any regulatory agencies that are directly involved in this project. No other party should rely on the information contained herein without prior written consent of the City of Los Angeles. The scope of services, inspection methodology and results are presented below.

2.0 SCOPE OF WORK

The purpose of this inspection is to identify and assess the lead containing material present on painted components at the subject property.

National Econ Corporation performed an inspection for lead containing material at the subject property. Painted and varnished surfaces that represent all rooms or areas of the building were sampled. The intent was to ascertain the presence of lead containing material above specified HUD levels. If lead containing material was found, the inspection would identify individual architectural components and their respective concentrations of lead in such a manner that this report would be used as a basis for subsequent abatement activity.

3.0 PROPERTY DESCRIPTION

The subject property is a golf course clubhouse, 2nd tee restrooms and 14th tee restrooms. These structures are constructed of wood framing on slab-on grade.

4.0 INSPECTOR'S QUALIFICATIONS

The inspection at the subject site was conducted using an RMD XRF spectrum analyzer instrument. Inspectors are state certified DHS Lead Inspectors/Risk Assessors, and have completed an EPA sponsored curriculum in Lead Inspector and Risk Assessor Training.

At the time of this report, the California Department of Health Services, Childhood Lead Poisoning Branch, has implemented a State Certification Program.

5.0 METHOD OF TESTING

The method employed was X-ray fluorescence (XRF) using a Radiation Monitoring Device Paint Analyzer. The instrument was calibrated to the manufacturer's specifications and was also periodically verified against known lead samples produced by the National Institute of Standards and Testing (NIST). The duration for each test result is determined by a combination of: the actual reading relative to the designated HUD level, the age of the radioactive source and the substrate on which the test was taken. Substrate corrections (SEL) were not required for compliance with the HUD guidelines for spectrum analyzers.

Together, these quality control procedures produce a 95% confidence level that the corrected lead concentration (CLC) accurately reflects the actual level of lead in the tested surfaces.

6.0 TESTING PROTOCOL

Testing was conducted in compliance with the HUD Guidelines published in 1997. Representative surfaces of each painted or varnished component were tested. Additionally, the exterior of the property was sampled in the same manner. The HUD level for lead containing material is 1.0 mg/cm². The City of Los Angeles' detection limit is 0.7 mg/cm².

7.0 SUMMARY OF RESULTS

Interior: Throughout these buildings, sixteen (16) of the one hundred thirty-one (131) readings of the interior painted components indicated the presence of lead containing material at or above the HUD level.

Ten (10) of the sixteen (16) positive readings were found in ceramic tile. The surfaces were not painted and the lead is most likely in the glazing or the matrix of the tile itself.

Exterior: Of the twenty-two (22) exterior readings, no readings indicated the presence of lead containing material at or above the HUD level.

Some surfaces may contain levels of lead below 1.0 mg/cm² which could create lead dust or lead-contaminated soil hazards, if the surface is turned into dust by abrasion, scrapping or sanding.

8.0 RECOMMENDATIONS

Due to the potential hazards of exposure, a Lead Management Program should, at minimum, be prepared, and implemented, to avoid incidental, and/or accidental disturbance of lead containing material, found at the Hansen Dam Golf Course, Lakeview Terrace, California. The program should set forth operational and maintenance guidelines to minimize lead consumption or exposure which may be caused by age, normal wear and tear, delamination, building maintenance, repairs, renovation and other activities which may impact lead containing material.

Prior to demolition, or major construction, specifications should be properly modified to incorporate the removal of lead containing material.

According to CAL-OSHA any detectable level of lead can result in occupational exposure.

Note that under Section 302 of the Lead-Based Paint Poisoning Prevention Act (LBPPPA), lead containing material hazards equal to or greater than 0.5% by weight (5,000 ppm) or 1.0 mg/cm² must be abated. Lead containing material that is intact and is not delaminating can be disposed of as construction debris as long as it is attached to its original substrate and are within waste characterization protocols. However, appropriate work practices and worker protection must be utilized.

National Econ Corporation recommends that personal and random area air monitoring be conducted during lead removal and/or demolition.

9.0 INSPECTION LIMITATIONS

This inspection was planned, developed, and implemented based on National Econ Corporation's previous experience in performing lead containing material inspections. This inspection was conducted in compliance with HUD protocols as published in September 1990. National Econ Corporation utilized state-of-the-art-practices and techniques in accordance with regulatory standards, while performing this inspection. National Econ Corporation's evaluation of the relative risk of exposure to lead, identified during this inspection, is based on conditions observed at the time of the inspection. National Econ Corporation cannot be responsible for changing conditions that may alter the relative exposure risk or for future changes in accepted methodology.

The floor plans (Not to Scale) and actual test results for each of the tested areas are contained within this report.

National Econ Corporation assumes no responsibility for the identification of "atypical" lead containing material, used in the construction trade.

There are potential liabilities associated with the presence, and removal, of lead containing material. Precautionary measures, as outlined herein, should be taken in accordance with the guidelines set forth by the EPA, the Occupational Safety and Health Administration (OSHA) and other regulatory agencies.

National Econ Corporation representatives are prepared to meet with your staff, to further discuss this project, upon your request.

Please feel free to call National Econ Corporation with any questions you may have in connection with the survey, contained herein.

Danny De La Rosa
Vice President of Operations
Certified Lead Inspector/Assessor #1652



National Econ Corporation

TABLE I
LEAD SURVEY SUMMARY

CLIENT: City of Los Angeles Parks & Recreation
LOCATION: Hansen Dam Golf Course, Lakeview Terrace, CA

DATE: October 1, 2003
SHEET: 1 of 5

Sample #	Room/Area	Side	Component	Substrate	Color	Condition	Accessibility	CLC	Results	Quantity
01	14 th Green - Men's Restroom	A	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
02	14 th Green - Men's Restroom	A	Window Apron	Metal	Tan	Good	High	0.1	Negative	N/A
03	14 th Green - Men's Restroom	A	Baseboard	Metal	Tan	Good	High	-0.0	Negative	N/A
04	14 th Green - Men's Restroom	B	Wall	Metal	Tan	Good	High	-0.3	Negative	N/A
05	14 th Green - Men's Restroom	B	Window Apron	Metal	Tan	Good	High	-0.1	Negative	N/A
06	14 th Green - Men's Restroom	B	Baseboard	Metal	Tan	Good	High	-0.0	Negative	N/A
07	14 th Green - Men's Restroom	C	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
08	14 th Green - Men's Restroom	C	Dispenser	Metal	White	Good	High	-0.4	Negative	N/A
09	14 th Green - Men's Restroom	C	Partition	Metal	Tan	Good	High	-0.1	Negative	N/A
10	14 th Green - Men's Restroom	C	Wall	Ceramic	Tan	Good	High	>9.9	Positive	N/A
11	14 th Green - Men's Restroom	C	Partition Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
12	14 th Green - Men's Restroom	C	Partition Post	Metal	Tan	Good	High	-0.1	Negative	N/A
13	14 th Green - Men's Restroom	D	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
14	14 th Green - Men's Restroom	D	Door	Metal	Tan	Good	High	-0.1	Negative	N/A
15	14 th Green - Men's Restroom	D	Door Frame	Metal	Tan	Good	High	-0.2	Negative	N/A
16	14 th Green - Men's Restroom	D	Door Header	Metal	Tan	Good	High	-0.0	Negative	N/A
17	14 th Green - Men's Restroom	--	Brace	Metal	Tan	Good	High	-0.3	Negative	N/A
18	14 th Green - Men's Restroom	--	Floor	Ceramic	Tan	Good	High	-0.2	Negative	N/A
19	14 th Green-Women's Restroom	A	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
20	14 th Green-Women's Restroom	A	Partition	Metal	Tan	Good	High	-0.1	Negative	N/A
21	14 th Green-Women's Restroom	A	Partition Door	Metal	Tan	Good	High	-0.0	Negative	N/A
22	14 th Green-Women's Restroom	A	Partition Post	Metal	Tan	Good	High	-0.1	Negative	N/A
23	14 th Green-Women's Restroom	B	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
24	14 th Green-Women's Restroom	B	Window Apron	Metal	Tan	Good	High	-0.2	Negative	N/A
25	14 th Green-Women's Restroom	B	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
26	14 th Green-Women's Restroom	C	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
27	14 th Green-Women's Restroom	C	Window Apron	Metal	Tan	Good	High	-0.1	Negative	N/A
28	14 th Green-Women's Restroom	C	Baseboard	Wood	Tan	Good	High	-0.1	Negative	N/A
29	14 th Green-Women's Restroom	D	Door	Metal	Tan	Good	High	-0.1	Negative	N/A
30	14 th Green-Women's Restroom	D	Door Frame	Metal	Tan	Good	High	-0.1	Negative	N/A
31	14 th Green-Women's Restroom	D	Door Header	Metal	Tan	Good	High	-0.1	Negative	N/A
32	14 th Green-Women's Restroom	--	Ceiling	Metal	Tan	Good	High	-0.1	Negative	N/A
33	14 th Green-Women's Restroom	--	Brace	Metal	Tan	Good	High	-0.1	Negative	N/A
34	14 th Green - Building Exterior	A	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
35	14 th Green - Building Exterior	B	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
36	14 th Green - Building Exterior	B	Door	Metal	White	Good	High	-0.3	Negative	N/A
37	14 th Green - Building Exterior	B	Window Apron	Metal	Tan	Good	High	-0.2	Negative	N/A

LEGEND:

HUD Definitions:

HUD level for lead paint = 1.0 mg/cm².

Positive = XRF sampling with levels above 1.2 mg/cm².

Inconclusive = XRF sampling with levels between 0.8 and 1.2 mg/cm².

CLC = Corrected Lead Concentration.

Accessibility:

High - Accessible to a minor child (60" from base).

Medium - Can be accessible to a minor child.

Low - Is not accessible to a minor child.

Condition:

Good - Surface intact with no delamination or chipping.

Fair - Some minor damage.

Poor - Widespread chipping, damage and/or delamination.

TABLE I
LEAD SURVEY SUMMARY

CLIENT: City of Los Angeles Parks & Recreation
LOCATION: Hansen Dam Golf Course, Lakeview Terrace, CA

DATE: October 1, 2003
SHEET: 2 of 5

Sample #	Room/Area	Side	Component	Substrate	Color	Condition	Accessibility	CLC	Results	Quantity
38	14 th Green - Building Exterior	B	Eave	Metal	Tan	Good	High	-0.1	Negative	N/A
39	14 th Green - Building Exterior	B	Facia	Wood	Tan	Good	High	0.1	Negative	N/A
40	14 th Green - Building Exterior	C	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
41	14 th Green - Building Exterior	C	Window Apron	Metal	Tan	Good	High	-0.2	Negative	N/A
42	14 th Green - Building Exterior	D	Door	Metal	Tan	Good	High	-0.1	Negative	N/A
43	14 th Green - Building Exterior	D	Door Frame	Metal	Tan	Good	High	-0.1	Negative	N/A
44	14 th Green - Building Exterior	D	Wall	Metal	Tan	Good	High	-0.2	Negative	N/A
45	14 th Green - Building Exterior	D	Eave	Metal	Tan	Good	High	-0.1	Negative	N/A
46	14 th Green - Building Exterior	D	Sink	Metal	Tan	Good	High	-0.4	Negative	N/A
47	14 th Green - Building Exterior	D	Door	Metal	Tan	Good	High	-0.3	Negative	N/A
48	14 th Green - Building Exterior	--	Roof	Metal	Red	Good	Low	-0.2	Negative	N/A
49	14 th Green - Maintenance Closet	B	Door	Wood	White	Good	Low	-0.2	Negative	N/A
50	14 th Green - Maintenance Closet	B	Door Header	Metal	Tan	Good	Low	-0.3	Negative	N/A
51	Clubhouse - Men's Restroom	A	Wall	Ceramic	Tan	Good	High	>9.9	Positive	N/A
52	Clubhouse - Men's Restroom	A	Partition Post	Metal	White	Good	High	-0.1	Negative	N/A
53	Clubhouse - Men's Restroom	A	Partition Door	Metal	White	Good	High	-0.1	Negative	N/A
54	Clubhouse - Men's Restroom	A	Urinal	Porcelain	White	Good	High	-0.1	Negative	N/A
55	Clubhouse - Men's Restroom	A	Counter Top	Wood	White	Good	High	-0.4	Negative	N/A
56	Clubhouse - Men's Restroom	B	Wall	Drywall	White	Good	High	-0.2	Negative	N/A
57	Clubhouse - Men's Restroom	A	Interior Shelves	Wood	White	Good	High	0.0	Negative	N/A
58	Clubhouse - Men's Restroom	A	Sink	Porcelain	White	Good	High	>9.9	Positive	N/A
59	Clubhouse - Men's Restroom	B	Wall	Ceramic	Tan	Good	High	>9.9	Positive	N/A
60	Clubhouse - Men's Restroom	B	Door Header	Metal	White	Good	High	-0.2	Negative	N/A
61	Clubhouse - Men's Restroom	B	Door	Wood	White	Good	High	-0.4	Negative	N/A
62	Clubhouse - Men's Restroom	B	Door Frame	Metal	Tan	Good	High	-0.2	Negative	N/A
63	Clubhouse - Men's Restroom	C	Wall	Drywall	Tan	Good	High	-0.3	Negative	N/A
64	Clubhouse - Men's Restroom	C	Dispenser	Metal	White	Good	High	-0.1	Negative	N/A
65	Clubhouse - Men's Restroom	C	Door Frame	Wood	White	Good	High	-0.2	Negative	N/A
66	Clubhouse - Men's Restroom	C	Door	Wood	White	Good	High	-0.2	Negative	N/A
67	Clubhouse - Men's Restroom	C	Door Header	Wood	Tan	Good	High	-0.2	Negative	N/A
68	Clubhouse - Men's Restroom	C	Baseboard	Ceramic	Red	Good	High	0.4	Negative	N/A
69	Clubhouse - Men's Restroom	D	Wall	Brick	White	Good	High	0.1	Negative	N/A
70	Clubhouse - Men's Restroom	D	Door	Metal	Brown	Good	High	-0.2	Negative	N/A
71	Clubhouse - Men's Restroom	D	Door Jamb	Metal	Brown	Good	High	-0.1	Negative	N/A
72	Clubhouse - Men's Restroom	--	Ceiling	Drywall	White	Good	High	-0.2	Negative	N/A
73	Clubhouse - Men's Restroom	--	Vent	Metal	White	Good	High	-0.2	Negative	N/A
74	Clubhouse - Men's Restroom	--	Speaker	Metal	White	Good	High	-0.1	Negative	N/A

LEGEND:

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TABLE I
LEAD SURVEY SUMMARY

CLIENT: City of Los Angeles Parks & Recreation
LOCATION: Hansen Dam Golf Course, Lakeview Terrace, CA

DATE: October 1, 2003
SHEET: 3 of 5

Sample #	Room/Area	Side	Component	Substrate	Color	Condition	Accessibility	CLC	Results	Quantity
75	Clubhouse - Men's Restroom	--	Floor	Ceramic	Brown	Good	High	-0.4	Negative	N/A
76	Clubhouse - Storage	A	Wall	Drywall	Tan	Fair	Low	-0.6	Negative	N/A
77	Clubhouse - Storage	A	Wall	Ceramic	Tan	Fair	Low	>9.9	Positive	N/A
78	Clubhouse - Storage	A	Door	Wood	Tan	Fair	Low	-0.4	Negative	N/A
79	Clubhouse - Storage	A	Door Frame	Wood	Tan	Fair	Low	-0.1	Negative	N/A
80	Clubhouse - Storage	B	Wall	Drywall	Tan	Fair	Low	-0.2	Negative	N/A
81	Clubhouse - Storage	B	Door Frame	Wood	Tan	Fair	Low	-0.1	Negative	N/A
82	Clubhouse - Storage	C	Wall	Brick	Tan	Fair	Low	-0.1	Negative	N/A
83	Clubhouse - Storage	C	Baseboard	Ceramic	Tan	Fair	Low	>9.9	Positive	N/A
84	Clubhouse - Storage	D	Wall	Ceramic	Tan	Fair	Low	>9.9	Positive	N/A
85	Clubhouse - Storage	--	Ceiling	Drywall	Tan	Fair	Low	-0.2	Negative	N/A
86	Clubhouse - Storage	--	Vent	Metal	White	Fair	Low	-0.1	Negative	N/A
87	Clubhouse - Storage	--	Light Fixture	Metal	White	Fair	Low	-0.0	Negative	N/A
88	Clubhouse - Storage	--	Floor	Ceramic	Brown	Fair	Low	-0.1	Negative	N/A
89	Clubhouse-Women's Restroom	A	Wall	Ceramic	Yellow	Good	High	>9.9	Positive	N/A
90	Clubhouse-Women's Restroom	A	Wall	Drywall	White	Good	High	0.1	Negative	N/A
91	Clubhouse-Women's Restroom	A	Dispenser	Metal	White	Good	High	-0.0	Negative	N/A
92	Clubhouse-Women's Restroom	A	Bulletin Board Frame	Wood	Natural	Good	High	-0.2	Negative	N/A
93	Clubhouse-Women's Restroom	A	Baseboard	Ceramic	Red	Good	High	0.2	Negative	N/A
94	Clubhouse-Women's Restroom	A	Counter Top	Wood	Yellow	Good	High	-0.3	Negative	N/A
95	Clubhouse-Women's Restroom	A	Sink	Porcelain	White	Good	High	>9.9	Positive	N/A
96	Clubhouse-Women's Restroom	A	Interior Shelves	Wood	White	Good	High	-0.1	Negative	N/A
97	Clubhouse-Women's Restroom	A	Interior Shelves	Wood	White	Good	High	0.0	Negative	N/A
98	Clubhouse-Women's Restroom	B	Door Frame	Metal	White	Good	High	-0.3	Negative	N/A
99	Clubhouse-Women's Restroom	B	Door Header	Wood	White	Good	High	0.2	Negative	N/A
100	Clubhouse-Women's Restroom	B	Door	Wood	White	Good	High	0.1	Negative	N/A
101	Clubhouse-Women's Restroom	B	Electrical Panel	Metal	White	Good	High	-0.3	Negative	N/A
102	Clubhouse-Women's Restroom	C	Interior Shelves	Wood	White	Good	High	-0.2	Negative	N/A
103	Clubhouse-Women's Restroom	C	Cabinet	Wood	White	Good	High	-0.2	Negative	N/A
104	Clubhouse-Women's Restroom	C	Electrical Panel	Metal	White	Good	High	-0.2	Negative	N/A
105	Clubhouse-Women's Restroom	C	Baseboard	Ceramic	Red	Good	High	0.0	Negative	N/A
106	Clubhouse-Women's Restroom	C	Wall	Drywall	White	Good	High	-0.0	Negative	N/A
107	Clubhouse-Women's Restroom	D	Door	Metal	White	Good	High	-0.1	Negative	N/A
108	Clubhouse-Women's Restroom	D	Door Frame	Metal	White	Good	High	-0.1	Negative	N/A
109	Clubhouse-Women's Restroom	D	Door Jamb	Metal	Brown	Good	High	-0.1	Negative	N/A
110	Clubhouse-Women's Restroom	D	Door Header	Metal	Brown	Good	High	-0.0	Negative	N/A
111	Clubhouse-Women's Restroom	A	Wall	Drywall	White	Good	High	-0.5	Negative	N/A

LEGEND:

HUD Definitions:

HUD level for lead paint = 1.0 mg/cm².
Positive = XRF sampling with levels above 1.2 mg/cm².
Inconclusive = XRF sampling with levels between 0.8 and 1.2 mg/cm².

CLC = Corrected Lead Concentration.

Accessibility:

High - Accessible to a minor child (60" from base).
Medium - Can be accessible to a minor child.
Low - Is not accessible to a minor child.

Condition:

Good - Surface intact with no delamination or chipping.
Fair - Some minor damage.
Poor - Widespread chipping, damage and/or delamination.

TABLE I
LEAD SURVEY SUMMARY

CLIENT: City of Los Angeles Parks & Recreation
LOCATION: Hansen Dam Golf Course, Lakeview Terrace, CA

DATE: October 1, 2003
SHEET: 4 of 5

Sample #	Room/Area	Side	Component	Substrate	Color	Condition	Accessibility	CLC	Results	Quantity
112	Clubhouse-Women's Restroom	D	Partition Door	Metal	Yellow	Good	High	-0.2	Negative	N/A
113	Clubhouse-Women's Restroom	D	Partition Post	Metal	Yellow	Good	High	-0.2	Negative	N/A
114	Clubhouse-Women's Restroom	D	Baseboard	Ceramic	Yellow	Good	High	>9.9	Positive	N/A
115	Clubhouse-Women's Restroom	D	Toilet	Porcelain	White	Good	High	-0.1	Negative	N/A
116	Clubhouse-Women's Restroom	--	Ceiling	Drywall	White	Good	High	-0.3	Negative	N/A
117	Clubhouse-Women's Restroom	--	Hatch Frame	Wood	White	Good	High	-0.2	Negative	N/A
118	Clubhouse-Women's Restroom	--	Floor	Ceramic	Red	Good	High	-0.1	Negative	N/A
119	2 nd Green - Men's Restroom	D	Door Frame	Wood	White	Good	High	-0.1	Negative	N/A
120	2 nd Green - Men's Restroom	D	Door Header	Wood	White	Good	High	-0.1	Negative	N/A
121	2 nd Green - Men's Restroom	A	Wall	Concrete	Tan	Good	High	-0.3	Negative	N/A
122	2 nd Green - Men's Restroom	A	Wall	Stucco	Tan	Good	High	-0.3	Negative	N/A
123	2 nd Green - Men's Restroom	A	Wall	Ceramic	Yellow	Good	High	>9.9	Positive	N/A
124	2 nd Green - Men's Restroom	B	Wall	Stucco	Tan	Good	High	-0.1	Negative	N/A
125	2 nd Green - Men's Restroom	B	Wall Bracket	Wood	Tan	Good	High	1.0	Positive	N/A
126	2 nd Green - Men's Restroom	B	Wall	Ceramic	Yellow	Good	High	>9.9	Positive	N/A
127	2 nd Green - Men's Restroom	B	Urinal	Porcelain	White	Good	High	-0.4	Negative	N/A
128	2 nd Green - Men's Restroom	B	Sink	Porcelain	White	Good	High	-0.3	Negative	N/A
129	2 nd Green - Men's Restroom	B	Partition Wall	Wood	White	Good	High	-0.3	Negative	N/A
130	2 nd Green - Men's Restroom	B	Toilet	Porcelain	White	Good	High	-0.3	Negative	N/A
131	2 nd Green - Men's Restroom	B	Partition Post	Wood	White	Good	High	-0.3	Negative	N/A
132	2 nd Green - Men's Restroom	C	Wall	Concrete	Tan	Good	High	-0.4	Negative	N/A
133	2 nd Green - Men's Restroom	C	Hand Dryer	Metal	White	Good	High	>9.9	Positive	N/A
134	2 nd Green-Women's Restroom	A	Wall	Stucco	Tan	Good	High	-0.2	Negative	N/A
135	2 nd Green-Women's Restroom	A	Hand Dryer	Metal	White	Good	High	>9.9	Positive	N/A
136	2 nd Green-Women's Restroom	B	Wall	Concrete	Tan	Good	High	-0.3	Negative	N/A
137	2 nd Green-Women's Restroom	B	Door Jamb	Wood	White	Good	High	0.5	Negative	N/A
138	2 nd Green-Women's Restroom	B	Door Header	Wood	White	Good	High	0.3	Negative	N/A
139	2 nd Green-Women's Restroom	C	Partition Post	Wood	White	Good	High	-0.1	Negative	N/A
140	2 nd Green-Women's Restroom	D	Wall	Stucco	Tan	Good	High	-0.2	Negative	N/A
141	2 nd Green-Women's Restroom	C	Wall	Concrete	Tan	Good	High	-0.3	Negative	N/A
142	2 nd Green-Women's Restroom	D	Toilet	Porcelain	White	Good	High	-0.5	Negative	N/A
143	2 nd Green-Women's Restroom	D	Partition Wall	Wood	Tan	Good	High	-0.1	Negative	N/A
144	2 nd Green-Women's Restroom	D	Sink	Porcelain	White	Fair	High	>9.9	Positive	N/A
145	2 nd Green-Women's Restroom	D	Wall	Stucco	Tan	Fair	High	0.3	Negative	N/A
146	2 nd Green-Women's Restroom	--	Ceiling	Stucco	Tan	Fair	High	0.3	Negative	N/A
147	2 nd Green - Building Exterior	A	Door	Wood	Tan	Fair	High	-0.1	Negative	N/A
148	2 nd Green - Building Exterior	A	Door Frame	Metal	Tan	Fair	High	0.3	Negative	N/A

LEGEND:

HUD Definitions:

HUD level for lead paint = 1.0 mg/cm².

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Poor - Widespread chipping, damage and/or delamination.

TABLE I
LEAD SURVEY SUMMARY

CLIENT: City of Los Angeles Parks & Recreation
LOCATION: Hansen Dam Golf Course, Lakeview Terrace, CA

DATE: October 1, 2003
SHEET: 5 of 5

Sample #	Room/Area	Side	Component	Substrate	Color	Condition	Accessibility	CLC	Results	Quantity
149	2 nd Green - Building Exterior	B	Gate	Metal	Green	Fair	High	-0.2	Negative	N/A
150	2 nd Green - Building Exterior	C	Beam	Wood	Tan	Fair	High	-0.0	Negative	N/A
151	2 nd Green - Building Exterior	C	Beam Support	Metal	Tan	Fair	High	-0.0	Negative	N/A
152	2 nd Green - Building Exterior	D	Eave	Stucco	Tan	Fair	High	0.3	Negative	N/A
153	2 nd Green - Building Exterior	D	Facia	Wood	Tan	Fair	High	0.0	Negative	N/A

LEGEND:

HUD Definitions:

HUD level for lead paint = 1.0 mg/cm².
Positive = XRF sampling with levels above 1.2 mg/cm².
Inconclusive = XRF sampling with levels between 0.8 and 1.2 mg/cm².

CLC = Corrected Lead Concentration.

Accessibility:

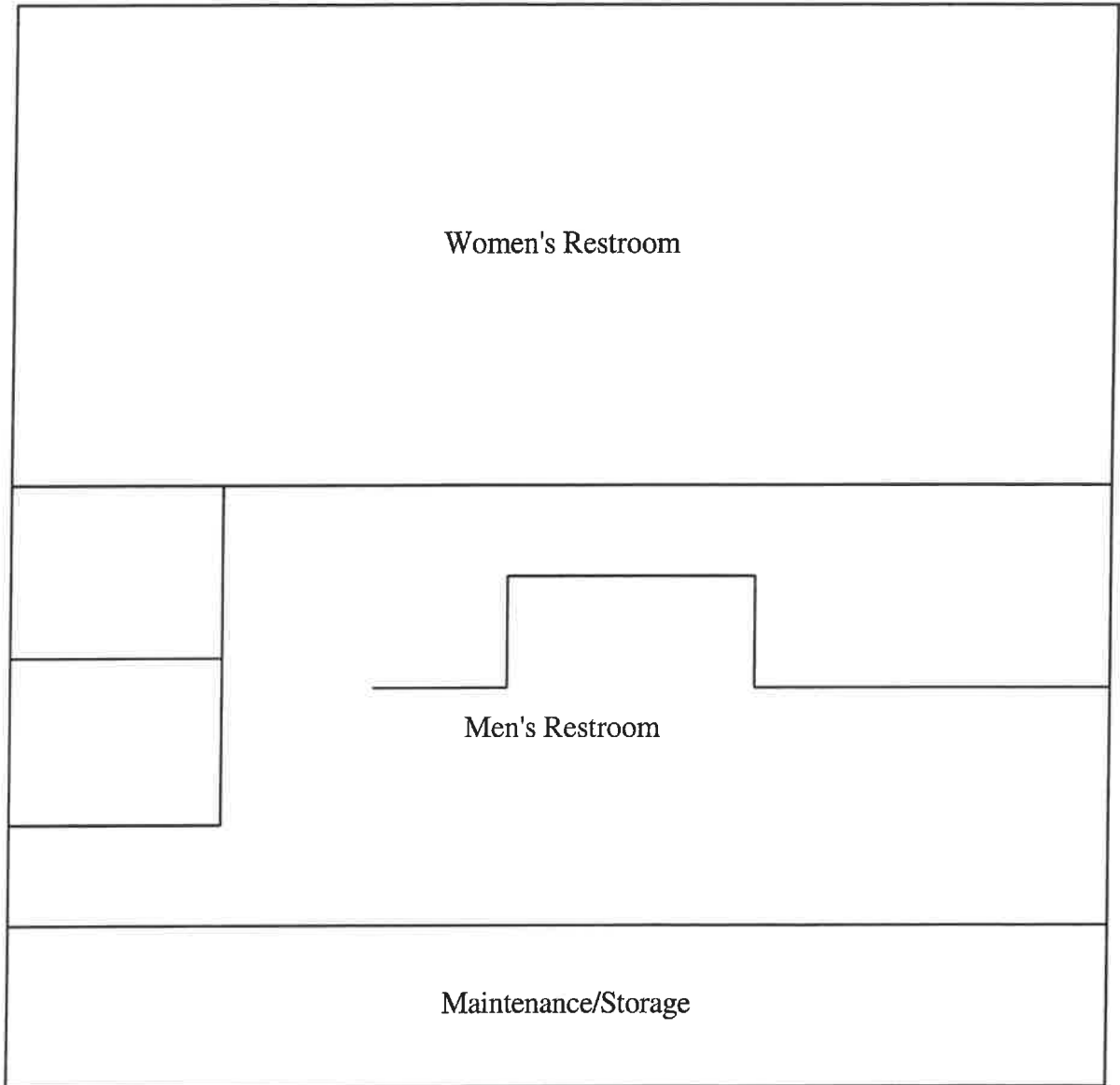
High - Accessible to a minor child (60" from base).
Medium - Can be accessible to a minor child.
Low - Is not accessible to a minor child.

Condition:

Good - Surface intact with no delamination or chipping.
Fair - Some minor damage.
Poor - Widespread chipping, damage and/or delamination.

Hansen Dam Golf Course
Clubhouse

D



C

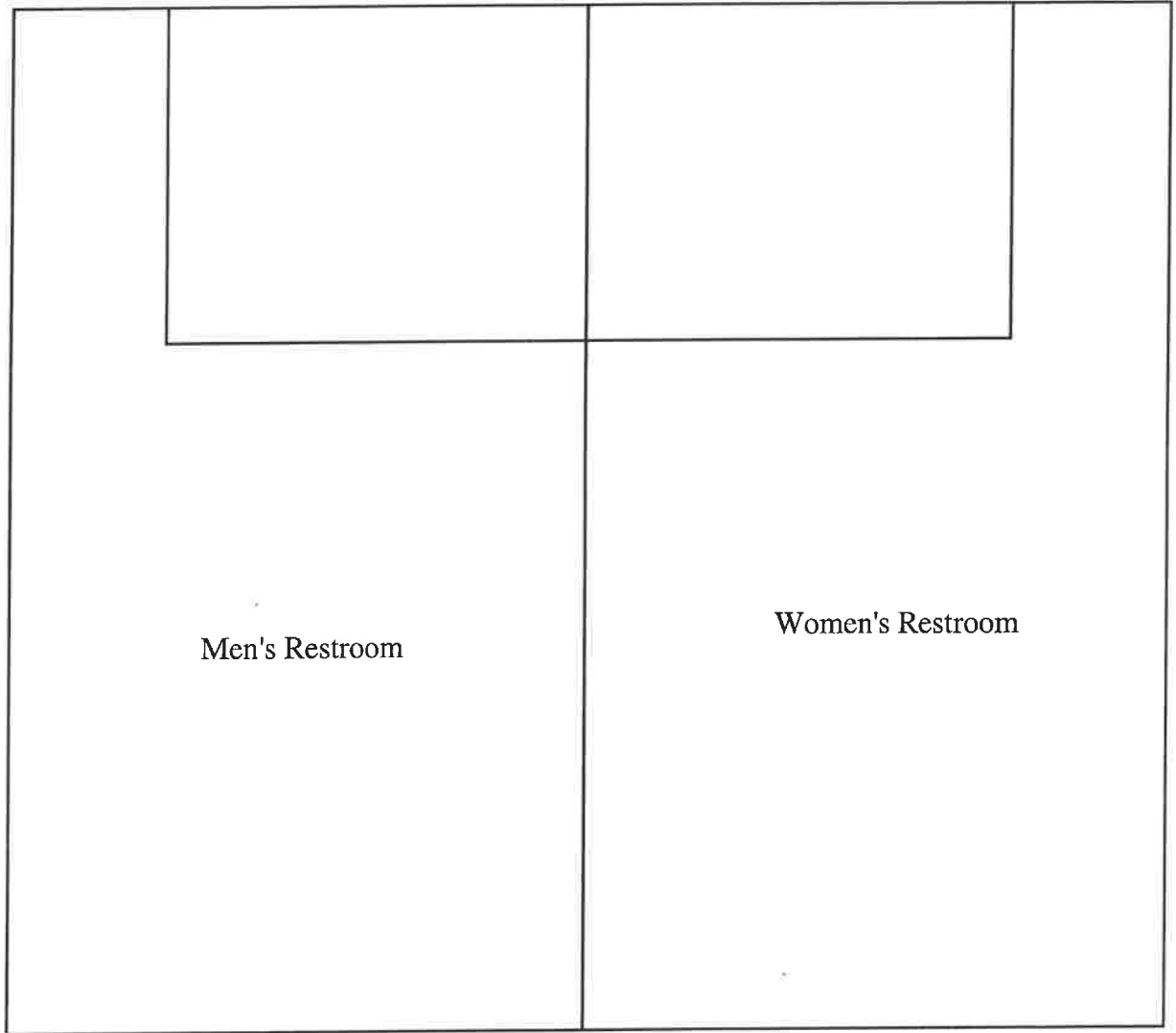
A

B

NOT TO SCALE

Hansen Dam Golf Course
2nd Tee, Restrooms

A



D

Men's Restroom

Women's Restroom

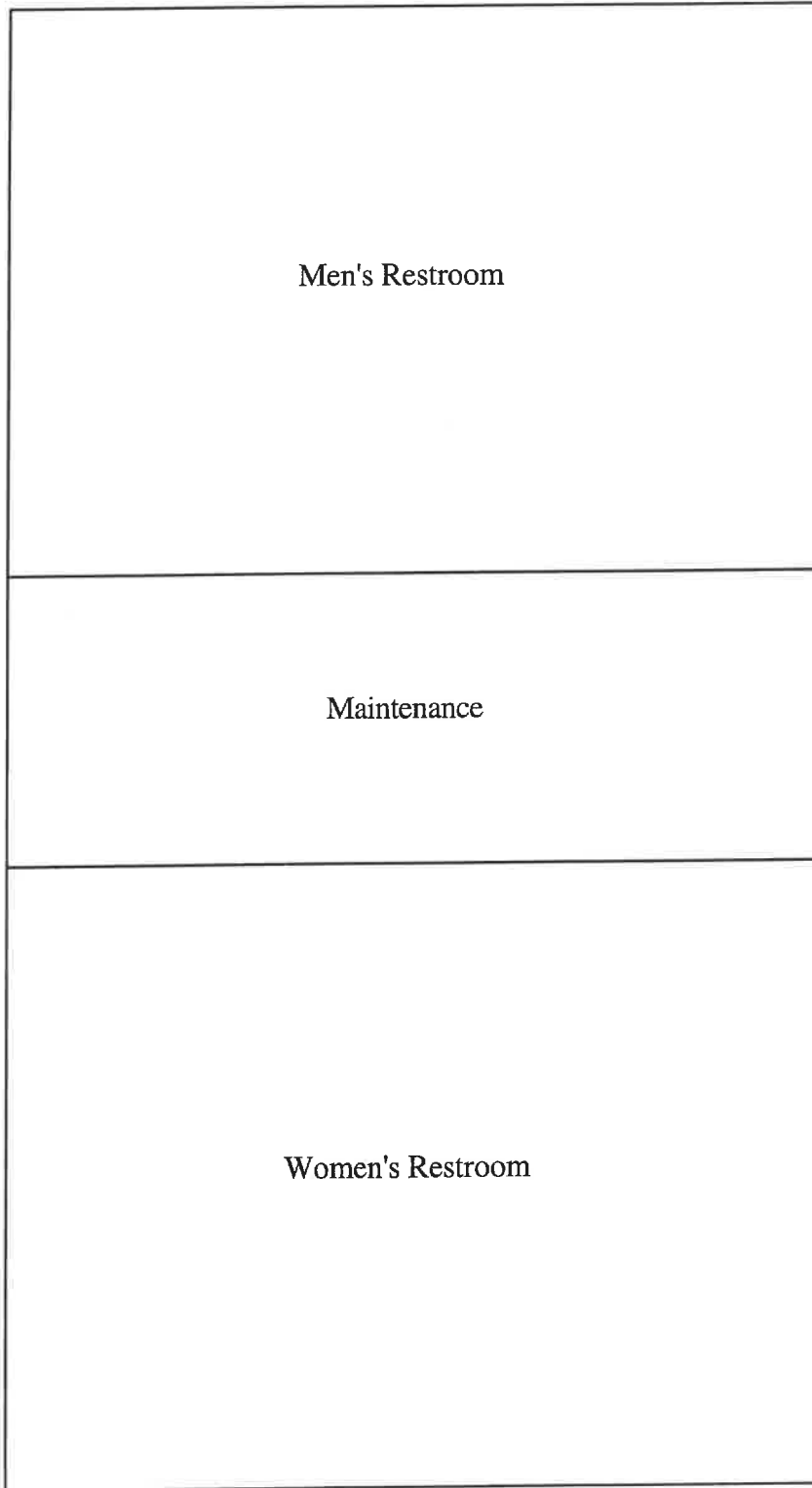
B

C

NOT TO SCALE

Hansen Dam Golf Course
14th Tee. Restrooms

A



Men's Restroom

Maintenance

Women's Restroom

D

B

C

NOT TO SCALE



**SCIENTIFIC LABORATORIES
OF CALIFORNIA, INC.**

24416 SOUTH MAIN STREET • SUITE 308
CARSON, CA 90745
TEL: (310) 834-4868 • FAX: (310) 834-4772

September 18, 2003

National Econ Corporation
Attn: Danny De La Rosa
730 El Camino Real
Tustin, CA 92780

RE: National Econ Corporation
Job Number 903091341
P.O. # 107309
107309; LA Recs & Parks; Hanson Dam GC

Dear Danny De La Rosa:

Enclosed are the results for PLM asbestos analysis of the following National Econ Corporation samples received at SCILAB on Thursday, September 18, 2003, for a 48 hour turnaround:

HD-A-01, HD-A-02, HD-A-03, HD-A-04, HD-A-05, HD-A-06, HD-A-07, HD-A-08, HD-A-09

The 9 samples contained in Ziplock Bags were shipped to SciLab via Federal Express. These samples were prepared and analyzed according to the EPA Interim Method (EPA 600/M4-82-020 per 40 CFR 763, subpt F, App. A). The required analytical information, analysis results, analyst signature and laboratory identification is contained in the Analyst's Report.

This report relates ONLY to the sample analysis expressed as percent asbestos. SciLab assumes no responsibility for customer supplied data such as "sample type", "location", or "area sampled". This report must not be used to claim product endorsement by SciLab, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandates that this report must not be reproduced, except in full without the written approval of the laboratory. This report may contain specific data not covered by NVLAP or ELAP accreditations respectively, if so identified in relevant footnotes.

SciLab appreciates this opportunity to serve your organization. Please contact us for any further assistance or with any questions.

Sincerely,

Mary S. De Leon
Customer Service



**SCIENTIFIC LABORATORIES
OF CALIFORNIA, INC.**

24416 SOUTH MAIN STREET • SUITE 308
CARSON, CA 90745
TEL: (310) 834-4868 • FAX: (310) 834-4772

PLM Bulk Asbestos Report

National Econ Corporation
Attn: Danny De La Rosa
730 El Camino Real
Tustin, CA 92780

Date Received 09/18/2003 SciLab Job No. 903091341
Date Examined 09/18/2003 P.O. # 107309
Page 1 of 3
RE: 107309; LA Recs & Parks; Hanson Dam GC

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
HD-A-01	903091341-01 Location: Composite Drywall, Clubhouse Men's C Wall	No	NAD
Description: White, Heterogeneous, Bulk Material Asbestos Types: Other Material: Cellulose 2. %, Non-fibrous 98. %			
HD-A-02	903091341-02 Location: Composite Drywall, Clubhouse A Side Maintenacne	No	NAD
Description: White, Heterogeneous, Bulk Material Asbestos Types: Other Material: Cellulose 3. %, Non-fibrous 97. %			
HD-A-03	903091341-03 Location: Composite Drywall, Clubhouse A Side, Storage	No	NAD
Description: Beige/White, Heterogeneous, Bulk Material Asbestos Types: Other Material: Cellulose 13. %, Fibrous glass 2. %, Non-fibrous 85. %			
HD-A-04	903091341-04 Location: Stucco, Outside Wall, SW	No	NAD
Description: White/Grey, Heterogeneous, Cementitious, Bulk Material Asbestos Types: Other Material: Non-fibrous 100. %			
HD-A-05	903091341-05 Location: Stucco, Outside Wall, SE	No	NAD
Description: Brown/White, Heterogeneous, Cementitious, Bulk Material Asbestos Types: Other Material: Non-fibrous 100. %			



**SCIENTIFIC LABORATORIES
OF CALIFORNIA, INC.**

24416 SOUTH MAIN STREET • SUITE 308
CARSON, CA 90745
TEL: (310) 834-4868 • FAX: (310) 834-4772

PLM Bulk Asbestos Report

National Econ Corporation
Attn: Danny De La Rosa
730 El Camino Real
Tustin, CA 92780

Date Received 09/18/2003 SciLab Job No. 903091341
Date Examined 09/18/2003 P.O. # 107309
Page 2 of 3
RE: 107309; LA Recs & Parks; Hanson Dam GC

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
HD-A-06	903091341-06	No	NAD
Location: Stucco, Outside Wall, East by South			
Description: Beige/White, Heterogeneous, Cementitious, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 3. %, Non-fibrous 97. %			
HD-A-07	903091341-07	No	NAD
Location: Built-Up Roofing, Roof, S. Center			
Description: Black, Heterogeneous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 40. %, Non-fibrous 60. %			
HD-A-08	903091341-08	No	NAD
Location: Built-Up Roofing, Roof, S. West			
Description: Black, Heterogeneous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 40. %, Non-fibrous 60. %			
HD-A-09	903091341-09	No	NAD
Location: Built-Up Roofing, Roof, N. West			
Description: Black, Heterogeneous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 50. %, Non-fibrous 50. %			



**SCIENTIFIC LABORATORIES
OF CALIFORNIA, INC.**

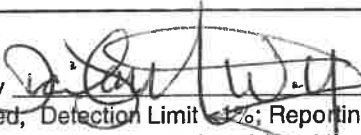
24416 SOUTH MAIN STREET • SUITE 308
CARSON, CA 90745
TEL: (310) 834-4868 • FAX: (310) 834-4772

PLM Bulk Asbestos Report

National Econ Corporation
Attn: Danny De La Rosa
730 El Camino Real
Tustin, CA 92780

Date Received 09/18/2003 SciLab Job No. 903091341
Date Examined 09/18/2003 P.O. # 107309
Page 3 of 3
RE: 107309; LA Recs & Parks; Hanson Dam GC

Reporting Notes:

Analyzed by: David W. Ralbovsky , Date Analyzed: 9/18/03
*NAD/NSD = no asbestos detected, Detection Limit 1%; Reporting Limits: CVES = 1%, 400 Pt Ct = 0.25%, 1000 Pt Ct = 0.1%; NA = not analyzed; NA/PS = not analyzed / positive stop; PLM Bulk Asbestos Analysis by EPA 600/M4-82-020 per 40 CFR 763 (NVLAP Lab #200346-0, CA ELAP Lab #2322); Note: PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. TEM is currently the only method that can be used to determine if this material can be considered or treated as non-asbestos-containing in New York State (also see EPA Advisory for floor tile, FR 59, 146, 38970, 8/1/94). National Institute of Standards and Technology Accreditation requirements mandate that this report must not be reproduced except in full without the approval of the laboratory. This PLM report relates ONLY to the items tested.

Reviewed By:  _____



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:

**Hanson Dam Golf Course
10400 Glenoaks Blvd
Los Angeles, CA 91040**

Project # 2140870

Submitted To:

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

arguscontracting.com

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



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

March 10, 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: Asbestos Abatement Project
Hanson Dam Roof Pit
Argus Contracting, Inc. Proposal LA # 214-0305-14

Leila:

Argus Contracting, Inc. would like to thank you for the opportunity to quote on the above referenced project. 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 - ASBESTOS ABATEMENT

Remove all ducts back to the main unit in the pit.
Remove all roofing materials including parapet inside the pit area only.

SCOPE CLARIFICATIONS

1. Price includes one mobilization and is based on uninterrupted and continuous work.
2. 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.
3. Price does not include covering roof in any way with plastic or other. Any damage resulting from water intrusion as a result of roof removal is not the responsibility of Argus Contracting.
4. Work is to be done Monday through Friday 7:00am to 4:30pm.
5. Standard Conditions can be found in the City of Los Angeles contract no. 58305.

SCHEDULE

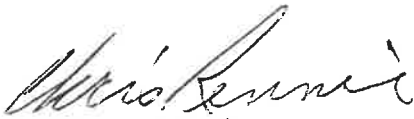
Argus Contracting will complete the project in four (04) working shifts.

PRICE

Line item #2 Labor	\$7,481.00
Line Item #3 Equipment, Materials, Etc.	\$2,326.00
Argus Contracting's price for work will be	\$9,807.00

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 # 2140870	SUBCONTRACT OR PO # P.O.# 0000544859	INVOICE # 710678	DOC. # 1
SALESMAN CHRIS RENNIE	TERMS NET 30 DAYS	Project # Asbestos Abatement/Roofing		DATE 8/16/2005	
JOB NAME HANSEN DAM ROOF / RESTAURANT			JOB LOCATION 10400 Glenoaks Blvd. Los Angeles	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

CONTACT: * **Leila Barker**
 * (213) 928-9135
 * (213) 485-1304 fax.

DIRECT YOUR QUESTIONS TO:

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

SUBPURCHASE ORDER LUMP SUM \$ 9,807.00
 Contract # 58305
 BTRC # 536022-75

ITEM	COST	
2	LABOR	\$ 7,481.00
3	EQUIPMENT & MATERIAL	\$ 2,326.00

TOTAL AMOUNT OF THIS INVOICE \$ 9,807.00

WET SIGNATURE: _____

TOTAL AMOUNT DUE THIS INVOICE	\$ 9,807.00
--------------------------------------	--------------------

****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-06

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.

08-Jun-05
Date Of Issuance


Division of Occupational Safety and Health

Effective Date 19-Jun-05

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 A HAZ**

Expiration Date **12/31/2005**





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 CORPORATTION
 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
ACCOUNT NO.	FUND	CLASS	DESCRIPTION	STARTED
536022-75	L	388	CONTRACTR-OUTSIDE LA	08-01-01

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



ISSUED BY:
Antoinette D. Christman
 DIRECTOR OF FINANC



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 OR OPERATOR CO. ID: 133181
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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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		
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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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		
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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DATE: 01-19-05

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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	
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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DATE: 01-19-05

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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		
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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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

RULE 222 FILING

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



**SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

Faxed & Mailed

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

AQMD USE ONLY		SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #
COMPLETED BY <i>Chris Rennie</i>		COMPANY <i>ARGUS CONTRACTING INC.</i>		PHONE <i>562-422-7370</i>		
DATE <i>8-1-05</i>		CHECK # <i>02182347</i>		FEE \$ <i>158.68</i>		PROJECT # <i>2140870</i>
NOTIFICATION TYPE		<input checked="" type="radio"/> ORIGINAL	REVISION DATES	REVISION OTHER (highlight)	CANCELLATION	
PROJECT TYPE		DEMOLITION	ORDERED DEMOLITION	RENOVATION (removal)	<input checked="" type="radio"/> EMERGENCY REMOVAL	PLANNED RENO (annual)
SITE INFORMATION		SITE NAME <i>Hanson Dam Golf Course Restaurant</i>				
SITE ADDRESS <i>10400 Glendaks Blvd.</i>		CROSS STREET <i>Osborne St.</i>				
CITY <i>Los Angeles</i>		STATE <i>CA</i>	ZIP <i>91040</i>	COUNTY <i>Los Angeles</i>		
DESCRIBE WORK AND LOCATION <i>Roof Removal</i>						
BUILDING SIZE (SQ FT) <i>6000</i>		NUMBER OF FLOORS <i>1</i>		BUILDING AGE (YEARS) <i>15+</i>		NUMBER OF DWELLING UNITS <i>0</i>
BLDG PRIOR / PRESENT USE		<input checked="" type="radio"/> COMMERCIAL	HOSPITAL	INDUSTRIAL	Other	OFFICE
SITE OWNER <i>City of Los Angeles</i>		ADDRESS <i>1200 W. 7th St., Suite 700</i>				
CITY <i>Los Angeles</i>		STATE <i>CA</i>	ZIP <i>90017</i>	CONTACT <i>Leila Barker</i>		PHONE ⁽²¹³⁾ <i>928-9135</i>
REQUIRED BUILDING INFORMATION		ASBESTOS PRESENT? <input checked="" type="radio"/> YES <input type="radio"/> NO	ASBESTOS SURVEY? <input checked="" type="radio"/> YES <input type="radio"/> NO	ASBESTOS REMOVED? <input checked="" type="radio"/> YES <input type="radio"/> NO	BUILDING TO BE DEMOLISHED? <input checked="" type="radio"/> YES <input type="radio"/> NO	
PROJECT DATES		START <i>8-4-05</i>	END <i>8-9-05</i>	WORK SHIFT <input checked="" type="radio"/> (day, swing, night)		
*ASBESTOS AMOUNT TO BE REMOVED (in square feet)		FRIABLE	CLASS I	CLASS II	TOTAL AMOUNT (add row)	
			<i>1100</i>		<i>1100</i>	
*ASBESTOS REMOVAL FROM		<input checked="" type="radio"/> SURFACES		PIPES	COMPONENTS	
*AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)		ACOUSTIC CEILING	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING
FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	<input checked="" type="radio"/> ROOFING <i>1100</i>	OTHER (describe)	
CONTRACTOR INFORMATION		CSLB LICENSE # <i>802284</i>		OSHA REG # <i>803</i>	AQMD ID # <i>133181</i>	
NAME <i>ARGUS CONTRACTING INC.</i>		ADDRESS <i>2340 East Artesia Blvd.</i>				
CITY <i>Long Beach</i>		STATE <i>CA</i>	ZIP <i>90805</i>	SITE SUPVR <i>Efrain Malvaiz</i>		PHONE ⁽³¹⁰⁾ <i>420-9428</i>
WASTE TRANSPORTER #1 <i>BDC Special Waste Services</i>				LANDFILL <i>AZUSA LAND RECLAMATION CO.</i>		
ADDRESS <i>766 S. Ayon Avenue</i>				ADDRESS <i>1211 West Gladstone St.</i>		
CITY <i>Azusa</i>	STATE <i>CA</i>	ZIP <i>91702</i>	CITY <i>Azusa</i>	STATE <i>CA</i>	ZIP <i>91702</i>	

BOARD OF RECREATION AND
PARK COMMISSIONERSCHRISTOPHER W HAMMOND
MARY LUEVANO
CHRISTINA SANCHEZ-CAMINO
CANDY SPELLINGJON KIRK MUIKRI
GENERAL MANAGERCITY OF LOS ANGELES
CALIFORNIAANTONIO R. VILLARAIGOSA
MAYORDEPARTMENT OF
RECREATION AND PARKSCitywide Facility Repair
3900 Chevy Chase Drive
Los Angeles, CA 90039
Voice (213) 485-4801
FAX (213) 847-2030MIKE FEA
Const & Maint. Svcr. II

Date: July 26, 2005

South Coast Air Quality Management District
21865 E. Copley Drive
Diamond Bar, CA 91765-4182**Emergency Asbestos Notification – Hansen Dam Golf Restaurant**

The Department of Recreation & Parks is providing you with an emergency notification to conduct abatement of asbestos-containing roofing mastic at Hansen Dam Golf Restaurant, located at 10400 Glenoaks Boulevard within the City of Los Angeles, so that the Department can place the restaurant back into service.

The roofing material is asbestos-containing and needs to be removed in order to repair the leaking roof. The project will begin on August 4th, 2005 and completed within 4 days.

Please contact me regarding any issues related to this request at (213) 928-9135 or lbarker@rap.lacity.org.

Sincerely,

LEILA BARKER
Environmental Supervisor**FAX**

Total Pages:

1

TO:

(862) 422-8703

FROM:

Phone: (213) 485-4800

NOTIFICATION FOR ASBESTOS-RELATED WORK

Date of Notification 8/1/05

DOSH Registration # 803

CONTRACTOR/EMPLOYER NAME: ARGUS CONTRACTING, INC.
(as shown on the registration certificate)
HEADQUARTERS ADDRESS: 2340 East Artesia Blvd., Long Beach CA 90805

CSLS LICENSE NUMBER: #802284 PHONE NUMBER: (562) 422-7370

TEMPORARY WORKSITE ADDRESS: 10400 Glenoaks Blvd. Los Angeles 91040

PRECISE LOCATION (intersection, bldg., floor, room, apt no., etc.): Roof

TYPE OF SITE: HANSEN DAM GOLF COURSE RESTAURANT
(swimming, store, school, office building, etc.)
SITE OWNER NAME: City of Los Angeles
(Business/organization name unless residential)

SITE OWNER CONTACT PERSON: Leila Barker PHONE: (213) 928-9135

CERTIFIED SUPERVISOR NAME (Competent person): 0

QUALIFIED PERSON FOR CONDUCTING AIR MONITORING, RESPIRATOR FIT TESTING, EVALUATION OF RESULTS & TESTS:

CERTIFIED ASBESTOS CONSULTANT NAME: _____ C.A.C. DOSH #: _____

PROJECTED JOB STARTING DATE: 8-4-05 TIME: 7:30 WORK ON SAT. SUN. EST. END DATE: 8-9-05
(am/pm)

EMERGENCY REASON: _____

TYPE OF ASBESTOS WORK:			
CONSTR. MATERIAL	<u>Roof Sheeting</u>		
AMOUNT sq. ft/linear	<u>1100 SF</u>		
PERCENTAGE ASE.	<u>2%</u>		
CLASS OF WORK (I. II Inac. II Non-Inac. III)	<u>Class II</u>		

Additional explanation: _____

- WORK PRACTICES:
- 3 stage decontamination
 - Class II decon, area
 - Critical barriers
 - Wet methods
 - Dry removal (describe under "Other")
 - Negative pressure enclosure
 - Full Mini-enclosure
 - Glove bags
 - Manual removal methods
 - Mechanized removal methods (describe under "Other explanation.")
 - Full disposable body protection
 - HEPA PAPRS
 - HEPA 1/2 mask respirators
 - Airline- Type C
 - Other Protective Measure (describe under "Other explanation")

- Roofline waste disposal
- Dust-tight chute
 - Crane
 - Manually lowering

Other practices/explanation: _____

EVALUATION OF EXPOSURE POTENTIAL: (circle one) ACTIVE 0.1 Yes < but < 1.0 Yes 5.0 Yes

Additional explanation: _____
This completed notice to the nearest DOSH District Enforcement Office (go to www.dir.ca.gov/asp/DoshZipSearch.html) 24 hours prior to commencement of asbestos-related work (incl. separate phases of work, when different work practices are used, and if conducted at non-contiguous locations). Any change in the information provided shall be reported to the DOSH District Office at or before the time of the change. If orally, confirm in writing immediately, but no later than 24 hours of the change.



ARGUS CONTRACTING, INC.

JOB DIARY

Date: 8-10-2005

Job Name: H-D GOLF COURSE RESTAURANT Job# 2140870

Job Address _____ Foreman: EFFRAIN WALVAIZ

Material requested/received: _____

Visitors (Name & Co.): LEILA BARKER FROM THE L.A. CITY

Crew Size: 4 Weather Conditions: SUNNY

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

5 AM CONTINUE WORKING ON THE RESTAURANT ROOF
ON FINAL DETAIL ON THE ROOF & WALLS ALSO ALL PIPE
AND AROUND THE A-C DUCT AND CLEAN UP WE
ALSO DOUBLE RAISING GWT AND HVAC ALL AREA
AND WET WIPER COMPLETE AND WE ASK FOR FINAL
INSPECTION AND WHEN THE INSPECTION PASS WE
MOVE ALL EQUIPMENT DOWN AND LOAD THE TRUCK
AND ALSO B-D-C ARRIVE TO PICK UP BOTH DUMPSTER
AND AFTER THAT WE ALL TAKE CF

FINAL INSPECTION PASS BY LEILA BARKER

ON 8-10-2005



ARGUS CONTRACTING, INC.

JOB DIARY

Date: 8-9-05

Job Name: H-D GOLF COURSE RESTAURANT Job# 2140870

Job Address _____ Foreman: EFFRAIN MALVAIZ

Material requested/received: _____

Visitors (Name & Co.): _____

Crew Size: 4 Weather Conditions: SUNNY

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

4:45 AM CONTINUE WORKING ON THE ROOF ON
BAGGED THE REST OF THE CONCRETE ABOUT TWO
HUNDRED MORE BAGS AND WE ALSO COVER WITH
POLY THE REST OF THE A-C DUCT AND ALL METAL
WITH MASTIC AND 4 METAL BEAM ALL COVER AND
MOVE DOWN AND WHEN B D C ARRIVE WITH THE
OTHER DUMPSTER WE PUT POLY IN THE DUMPSTER AND
MOVE IN ALL WASTE AND AFTER THAT WE
CONTINUE WORK ON THE ROOF WE REMOVE ALL
METAL AROUND THE ROOF ON THE TOP OF THE WALL
AND DETAIL THAT AND ALSO START THE FINAL
DETAIL ON THE ROOF AND DOUBLE BAGGING OUT
AGAIN & STORAGE IN THE DUMPSTER BUT WE
DON'T FINISH ARE TASK



ARGUS CONTRACTING, INC.

JOB DIARY

Date: 8-8-2005

Job Name: H-D-GOLF COURSE RESTAURANT Job# 2140870

Job Address _____ Foreman: EFFAIN MALVAIZ

Material requested/received: _____

Visitors (Name & Co.): _____

Crew Size: 4 Weather Conditions: SUNNY

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

4:30 AM ARRIVE TO THE JOB SITE AND MOVE OUT THE EQUIPMENT FROM THE STORAGE ROOM & ALSO SET UP THE EXTENSION LADDER AND SET UP THE LIGHT ON THE ROOF AND CONTINUE REMOVE THE CONCRETE LAYER ON THE ROOF AND WHEN WE FINISH THAT WE CONTINUE REMOVE THE ROOF MATERIAL ALL COMPLETE ALSO START BAGGED ALL ROOF MATERIAL FIRST AND DOUBLE BAGGING OUT & CARRY DOWN INTO THE DUMPSTER AND WE ALSO START BAGGING OUT SOME OF THE CONCRETE BAGS AND WHEN THE DUMPSTER WAS COMPLETE FULL WE CLEAN UP DOWN THERE AND ALSO CONTINUE TAPE AND SEALED THE BAGS ON THE ROOF ALL CONCRETE BAGS AND WE ALSO START DOUBLE BAGGED THE BAGS AND WORK ACTIVITIES AT 12: PM



ARGUS CONTRACTING, INC.

JOB DIARY

Date: 8-5-2020

Job Name: H. D. GOLF COURSE RESTAURANT Job# 2140870

Job Address _____ Foreman: EFFRAIN MALVAIZ

Material requested/received: _____

Visitors (Name & Co.): _____

Crew Size: 4 Weather Conditions: SUNNY

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

4:30 AM ARRIVE TO THE JOB SITE AND WE SET UP THE
EXTENSION LADDER AND ALL EQUIPMENT MOVE TO THE ROOF
TOOL FOR THE ROOF AND AFTER THAT WE START THE ROOF
REMOVAL FIRST ALL ROOF PAPER ON WALLS COMPLETE ALL
AROUND THE AREA. AND ON THE ROOF WE FIND OUT
THE ROOF WAS COVER WITH ONE LAYER OF CONCRETE ALL
BECAUSE THE WALL ROOF PAPER GO UNDER THAT ALL AROUND
SO WE START REMOVE THE CONCRETE ON WEST SIDE
IS ABOUT 1 1/2 INCH THICK AND ON THE EAST SIDE OF THE
ROOF - IS ABOUT 3/4 THICK. SO WE CONTINUE THE REMOVAL
ON WEST SIDE AND CLEAN UP BAGGED ALL WASTE
INCLUDE THE CONCRETE AND START DOUBLE BAGGING
ALL BAGS AND... ALSO START CARRY THE BAGS DOWN
AND STORAGE INTO THE JUMPSTER AND



ARGUS CONTRACTING, INC.

JOB DIARY

Date: 8-4-2005

Job Name: H-D GOLF COURSE RESTAURANT Job# 3140870

Job Address _____ Foreman: EFFRAIN MALVAIZ

Material requested/received: _____

Visitors (Name & Co.): _____

Crew Size: 4 Weather Conditions: SUNNY

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

7:AM ARRIVE TO THE JOB SITE AND AFTER WITH WALK THE
JOB WITH CHRIS REANIE & THE CITY PERSONAL
WE UNLOAD THE EQUIPMENT AND MATERIAL AND MOVE INTO
THE STORAGE ROOM & START WORK ON COVER ALL
A-C AIR SUPPLY INSIDE THE PRO SHOP AND IN THE
RESTAURANT ALL BLDG COMPLETE AND AFTER THAT
WE SET UP POLY ON THE DUMPSTER AND ON THE
FLOOR TO WALL TO THE DUMPSTER & CAUTION TAPE
AROUND THE AREA & START WRAP THE A-C DUCT WITH
POLY AND MOVE DOWN INTO THE DUMPSTER
WE WORK ON THAT THE REST OF THE DAY
HAD CLEAN UP BEFORE DAY AND AND STORAGE
ALL EQUIPMENT

ARGUS DAILY REPORT

PROJECT: H-D GOLF COURSE RESTAURANT

DATE: 8-10-2005

CONTRACT #: 2140870

TEMPERATURE: 87 A.M.
P.M.

WEATHER CONDITIONS: SUNNY A.M.
P.M.

MANPOWER

CRAFT	CREW	HOURS	WORK AREAS
INSULATORS			
SHEETMETAL			
REMOVERS	4	2.5	CONTINUE FINAL DETAIL ON THE ROOF & WALL ALSO ALL PIPES & HVAC ALL AREA ERET W
OTHER	4	7	MOVE DOWN ALL EQUIPMENT AND LOAD THE TRUCK AND AFTER B-D-C TAKE OF WITH
TOTALS	4	32	THE DUMPSTE WE TAKE OFF

WORK/SYSTEMS RELEASED NONE

WORK/SYSTEMS ON HOLD NONE

DELAYS TO OUR PROGRESS 0

MATERIAL RECEIVED yes

MEETINGS (JOB/SAFETY/TQM) GENERAL SAFETY

DISCUSSIONS WITH CUSTOMER/OTHER CONTRACTORS yes ABOUT THE FINAL WALK

ON THE JOB

WORK/AREAS ACCEPTED BY CUSTOMER yes ALL CLEARANCE SAMPLES PASS

REMARKS: we DONT REMOVE THE CRITICAL INSIDE THE
BLDG CA THE A-C AIR SUPPLY
THEY NEED THAT UNTIL THE A-C IS FIX

ARGUS DAILY REPORT

PROJECT: H-D-GOLF COURSE RESTAURANT

DATE: 8-9-2005

CONTRACT #: 2140870

TEMPERATURE: 88 A.M.
P.M.

WEATHER CONDITIONS: SUNNY A.M.
P.M.

MANPOWER			
CRAFT	CREW	HOURS	WORK AREAS
INSULATORS			
SHEETMETAL	1	1	I STOP ON THE SHOP TO PICK UP EQUIPMENT OR MATERIAL-TWO TIMES
REMOVERS	4	20	CONTINUE THE CLEAN UP THE REST OF THE CONCRETE BAGGED AND MOVE OUT AND
OTHER	4	12	DOUBLE BAGGING OUT CARRY DOWN AND STORAGE INTO THE DUMPSTER AND START
TOTALS	4	33	THE FINAL DETAIL

WORK/SYSTEMS RELEASED NO

WORK/SYSTEMS ON HOLD NO

DELAYS TO OUR PROGRESS NO

MATERIAL RECEIVED YES TWO RL OF CLEAR BAGS

MEETINGS (JOB/SAFETY/TQM) LIFTING PROPER

DISCUSSIONS WITH CUSTOMER/OTHER CONTRACTORS YES ABOUT FINISH ALL WORK

TOMORROW

WORK/AREAS ACCEPTED BY CUSTOMER _____

REMARKS: _____

ARGUS DAILY REPORT

PROJECT: H-D GOLF COURSE RESTAURANT

DATE: 8-8-2005

CONTRACT #: 2140870

TEMPERATURE: 84 A.M.
P.M.

WEATHER CONDITIONS: SUNNY A.M.
P.M.

MANPOWER

CRAFT	CREW	HOURS	WORK AREAS
INSULATORS			
SHEETMETAL			
REMOVERS	4	20	CONTINUE REMOVAL ALL CONCRETE LAYER AND ALL ROOF
OTHER	4	12	TAPC SEALED ALL BAG'S AND DOUBLE BAGGING OUT AND CARRY INTO THE DUMPSTER
TOTALS	4	32	

WORK/SYSTEMS RELEASED NONE

WORK/SYSTEMS ON HOLD NONE

DELAYS TO OUR PROGRESS WE FINISH ALL THE BAG'S THE I ORDER 6 RL CLEAR BAG'S

MATERIAL RECEIVED YES

MEETINGS (JOB/SAFETY/TQM) WEAT SAFETY CLASSES DURING WORK HOURS

DISCUSSIONS WITH CUSTOMER/OTHER CONTRACTORS NONE

WORK/AREAS ACCEPTED BY CUSTOMER NONE

REMARKS:

ARGUS DAILY REPORT

PROJECT: H-D GOLF COURSE RESTAURANT

DATE: 8-5-2005

CONTRACT #: 2140270

TEMPERATURE: 90 A.M.
P.M.

WEATHER CONDITIONS: SUNNY A.M.
P.M.

MANPOWER

CRAFT	CREW	HOURS	WORK AREAS
INSULATORS			
SHEETMETAL			
REMOVERS	4	32	REMOVE ALL ROOF PAPER ON THE WALLS AROUND THE AREA AND START REMOVE THE CONCRETE LAYER
OTHER			ON THE ROOF TO GET THE ROOF
TOTALS	4	32	

WORK/SYSTEMS RELEASED NONE

WORK/SYSTEMS ON HOLD NONE

DELAYS TO OUR PROGRESS THE ROOF WAS COVER WITH ON LAYER OF CONCRETE SO WE HAVE TO REMOVE THAT TO GET THE ROOF

MATERIAL RECEIVED NONE

MEETINGS (JOB/SAFETY/TQM) ABOUT HARD HAT, GLASSES & HAZARDOUS

DISCUSSIONS WITH CUSTOMER/OTHER CONTRACTORS ABOUT THE ROOF CONCRETE

WORK/AREAS ACCEPTED BY CUSTOMER NONE

REMARKS: _____

ARGUS DAILY REPORT

PROJECT: H-D-GOLF COURSE RESTAURANT

DATE: 8-4-2005

CONTRACT #: 2140870

TEMPERATURE: 94 A.M. P.M.

WEATHER CONDITIONS: SUNNY A.M.
P.M.

MANPOWER

CRAFT	CREW	HOURS	WORK AREAS
INSULATORS	5	25	UNLOAD & STORAGE ALSO SET UP ALL CRITICAL ON A-C-AIR SUPPLY IN THE BLDG
SHEETMETAL			
REMOVERS			
OTHER	4	15	WRAP THE A-C DUCT AND MOVE DOWN INTO THE DUMPSTER & CLEAN UP
TOTALS	4	32	

WORK/SYSTEMS RELEASED NONE

WORK/SYSTEMS ON HOLD NONE

DELAYS TO OUR PROGRESS /

MATERIAL RECEIVED YES

MEETINGS (JOB/SAFETY/TQM) GENERAL SAFETY

DISCUSSIONS WITH CUSTOMER/OTHER CONTRACTORS YES ABOUT A.C. CRITICAL IN THE

BLDG AND

WORK AREAS ACCEPTED BY CUSTOMER YES ALL THE SET UP

REMARKS: _____

ARGUS

ASBESTOS CONTAINMENT ENTRY LOG

DATE: 8-10-05 DAY OF THE WEEK: WEDNESDAY FOREMAN: EFFAIN M

JOB LOCATION: RESTAURANT ROOF

JOB NAME: H-D-GOLF COURSE RESTAURANT JOB #: 2140870

I UNDERSTAND THAT THIS IS AN ASBESTOS 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)	EFFAIN MALVAIZ	2022	EM	5:00 / 11:00		
2)	Francisco J Diego	8200	FJ	5:00 / 11:00		
3)	Rafael Roda	0857	RR	5:00 / 11:00		
4)	Miguel Marcos	9861	MM	5:00 / 11:00		
5)						
6)						
7)						
8)						
9)						
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ARGUS

ASBESTOS CONTAINMENT ENTRY LOG

DATE: 8-9-05 DAY OF THE WEEK: TUESDAY FOREMAN: EFTAIN M

JOB LOCATION: RESTAURANT ROOF

JOB NAME: H-D JOB #: 2140870

I UNDERSTAND THAT THIS IS AN ASBESTOS 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)	EFTAIN MALVAR	3927	EM	5:00 / 11:45	11:45 / 1:30 ^{PM}	
2)	Francisco J Diego	7200	F.D	5:00 / 10:45	11:45 / 1:30 ^{PM}	
3)	Rafael Rodriguez	0857	RR	5:00 / 10:45	11:45 / 1:30	
4)	Mistobal Marcos	9861	EM	5:00 / 10:45	11:45 / 1:30	
5)						
6)						
7)						
8)						
9)						
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25)						

ARGUS

ASBESTOS CONTAINMENT ENTRY LOG

DATE: 8-8-05 DAY OF THE WEEK: MONDAY FOREMAN: EFFAIN M

JOB LOCATION: RESTAURANT ROOF

JOB NAME: H-D GOLF COURSE RESTAURANT JOB #: 2140870

I UNDERSTAND THAT THIS IS AN ASBESTOS 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)	EFFAIN MALVAIZ	30 22	EM	5:00 / 12:PM		
2)	Robel Rodriguez	0857	RR	5:00 / 12:PM		
3)	Cristobal Marcos	9861	CM	5:00 / 12:PM		
4)	Francisco J Diego	8200	FJ	5:00 / 12:PM		
5)						
6)						
7)						
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ARGUS

ASBESTOS CONTAINMENT ENTRY LOG

DATE: 8-5-2005 DAY OF THE WEEK: FRIDAY FOREMAN: EFRAIN MALVAIZ

JOB LOCATION: RESTAURANT ROOF

JOB NAME: H-D-GOLF COURSE RESTAURANT JOB #: 2140870

I UNDERSTAND THAT THIS IS AN ASBESTOS 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)	EFRAIN MALVAIZ	2022	EM	5:AM / 12:00 PM		
2)	Francisco J Diego	8200	F.D	5:AM / 12:00		
3)	Cristobal Marcos	9861	CM	5:AM / 12:00		
4)	Rafael Roberto Lopez	0857	RR	5:AM / 12:00		
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ARGUS

ASBESTOS CONTAINMENT ENTRY LOG

DATE: 8-4-05 DAY OF THE WEEK: THURSDAY FOREMAN: EFRAIN MALVA

JOB LOCATION: RESTAURANT ROOF

JOB NAME: H-D GOLF COURSE JOB #: 2140870

I UNDERSTAND THAT THIS IS AN ASBESTOS 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)	EFRAIN MALVA	3922	EM	10:00 / 11:00	12:00 / 3:30	
2)	Esteban Morales	9861	EM	10:00 / 11:00	12:00 / 3:30	
3)	Rafael Rodriguez	0852	RR	10:00 / 11:00	12:00 / 3:30	
4)	Francisco J. Diego	8200	FD	10:00 / 11:00	12:00 / 3:30	
5)						
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25)						

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker
★

03/27/2006



Espain B. Malvaiz

ID # **6854**

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



0348993

Certificate Of Completion

Efrain Malvaiz

(Ending four digits) SS#: 3027


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

Lead Continuing Education for Worker

DHS Accreditation: 005-CEW SP

Certificate Number: LCWR121804012N

Course Director: **Alan D. Dages**

Director Signature: 

Course Start Date: 12/18/04

Course End (Exam) Date: 12/18/04

Course Expiration Date: 12/17/05

Instructor: **Cesar Tenorio**

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 - 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

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

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

Efrain Malvaiz
Holds Training Certification For
Lead Continuing Educ. for Wkr.
(Valid for 12 months)

Training Date

12/18/2004

Alan D. Dages

10:47

20-May-2005

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

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

NAME: MALVAIZ, EFRAM
DOB: 03/27/60 (AGE: 45 YRS)
SSN: 604-16-3027
GENDER: MALE
SLIP ID: 0043710899-
REF ID: ARGUS
REFERENCE 1: NONDOT DEFAULT
REFERENCE 2:

SAMPLE ID: 11262114
COLLECTED: 05/24/05
RECEIVED: 05/25/05
COMPLETED: 05/26/05
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 VALUES

LEAD, BLOOD

<5

0-40 ug/dL

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

ELECTRONICALLY REVIEWED BY COMPUTER

State of California—Health and Human Services Agency

Department of Health Services
Childhood Lead Poisoning Prevention Branch

67422

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 for el estudiante. Favor de escribir firmemente con tipo de prensa.)

Student Information

1. Name / Nombre (last / apellido) MALVAIZ (first / primer nombre) EFFAIN (middle initial / segundo nombre)	
Home address (number, street, apartment number) / Dirección (número, calle, número de apartamento) 13177 FERNDALE DR.	
Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año) 03 / 27 / 60	
City / Ciudad GARDEN GROVE	State / Estado CA
ZIP code / Código postal 92844-2020	Telephone number / número de teléfono (714) 636 18 35
Mailing address (if different from above) / Dirección de correo (Si tiene otra dirección.) SAME	State / Estado CA
City / Ciudad	ZIP code / Código postal

2. Photo Identification / Foto de identificación	
Number / Número 6854	Gender / Sexo <input checked="" type="checkbox"/> Male / Masculino <input type="checkbox"/> Female / Femenino
Type / Tipo <input type="checkbox"/> Driver's license / Licencia <input type="checkbox"/> Resident alien card / Tarjeta de residencia <input checked="" type="checkbox"/> Other ID / otra tipo de ID: DHS	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: _____

If currently DHS certified, provide DHS certificate ID number / Si esta certificado por DHS, favor de dar su número de DHS
6854

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 <i>[Signature]</i>	Date (month/day/year) / Fecha (mes/día/año) 12 / 18 / 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) NATEC INTERNATIONAL, INC		6. Course number NATEC-005-CEW-SI
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) 12/18/04 to 12/18/04	Number of contact hours of instruction completed 7	Date student passed course or continuing education final examination (mm/dd/yy) 12/18/04
Location of course 1100 TECHNOLOGY CIRCLE - ANAHEIM, CA		8. Course completion form number from core instruction (if different) 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 ALAN D. DAGES	Signature of Training Director <i>[Signature]</i>	Date (mm/dd/yy) 12 / 22 / 04

Certificate Of Completion

Efrain Malvaiz

(Ending four digits) SSN: 3027

Has attended and satisfactorily completed the requirements for the course entitled

Asbestos Contractor or Refresher Course
Course Approval Number CA-01550-4

NATEC INTERNATIONAL

Certificate Number: AASR091704088N

Course Director: Alan D. Dages

Officer: Alan D. Dages President

Officer Signature: 

Course Start Date: 09/17/04

Course End Date: 09/17/04

Expiration Date: 09/16/05

Instructor: Robert Samalin

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 FAX 714/678-3228



This is to certify that

Efrain Malvaiz

has successfully completed the OSHA Outreach Training Course in

10-Hour Construction Safety and Health

including:

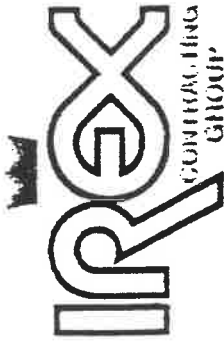
- 1) Competent Person Scaffold
- 2) Confined Space Entry

Getting Results Improving Performance

Date March 31, 2003

Thomas M. Konecsni

Thomas M. Konecsni
OSHA Qualified Outreach Trainer



SCAFFOLD TRAINING

ACANDS

This is to certify that

Efrain Malvaiz

has completed the course of

Competent Person Scaffold Training

December 14, 2001

This course is in compliance with
OSHA 29 CFR 1926.450-454 requirements

604-16-3027

Social Security Number

Course Design: Scaffold Training Institute, Rev 06

Thomas M. Konecni

**Instructor: Thomas M. Konecni
Regional Manager Safety and Health**

**It's
About
Life**

CPR 2000™

Efrain Malvaiz

has completed a **CPR 2000™** Training Course

Oct 30, 2004

Expiration Date

Efrain Malvaiz

Issuer's Signature

Instructor I.D. #: T0001

"Core Training"
(CPR & First Aid)

YES NO
Pediatric CPR inclusive
(Hands On Practice)

CPR & FBAO
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 FBAO), Rescue Breathing, One Rescuer CPR, Medical Emergencies, Bleeding, Shock and Injuries to Muscles and Bones.

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

U.S. HealthWorks

U.S. HEALTHWORKS MED. GP.
10414 VACCO STREET
SO. EL MONTE, CA 91733

Laborer's Local 300
Preliminary Clearance for Asbestos Exam

Date:

4/21/05

Re:

MALVAIZ ESPAIN

SSN:

604-162-3027

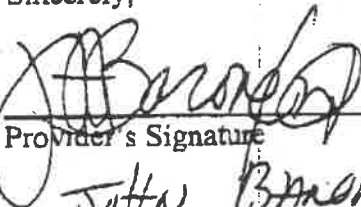
The person showed above was examined today. At the present time there does not appear to be any physical constraints to having him/her to wear protective equipment and to wear any type of respirator for use in working with potentially hazardous materials. He/she does not appear to be at any increased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

He/she has been informed of the results of this physical and has been informed of the increased health danger of smoking tobacco products and working within an asbestos environment.

A full report of the physical exam, pulmonary function test, and chest X-ray will be sent by mail within the next two weeks.

The clearance to work with asbestos may be rescinded upon my receipt of the radiologist's report of the chest X-ray.

Sincerely,



Provider's Signature

Please print provider's name

Respiratory Protection

Safety Directive No. 3.3

Attachment 7.5

Respiratory Protection Fit Test Record

Employee: Efrain Malvaiz Date: 4/5/05
 Social Security Number: 604-46-3027 Office: L.A.
 Respirator: 1/2 Face Respirator ID (#, initials, etc.): North 770
 Manufacturer's Name: Racal Model/Size: Med
 Tests: Negative Pressure Check Irritant Smoke Qualitative Test
 Positive Pressure Check Isoamyl Acetate Qualitative Test
 Other: P.A.P.K.

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 OLET)
<input 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 OLET 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 1910.54 Appendix A "Fit Testing Procedures" (2001-08-28). The results of the test(s) indicated that the subject employee is accepted () / rejected () for work assignments requiring specified respiratory protection devices.

Efrain Malvaiz [Signature] 4/5/05
Employee (Print Name) Signature Date

Maria Reynolds [Signature] 4/5/05
Examiner (Print Name) Signature Date

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



0317943

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker
★

02/10/2006



Francisco J. Diego

ID # 13546

No. **68651**

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 superior de este formulario debera ser completada por el estudiante y la parte inferior por el Proveedor acreditado de entrenamiento. El Proveedor de entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días de haber pasado el examen final.

Student Information - To be completed by the student. Please print or type. Press firmly. / Debera completarse por el estudiante. Favor de escribir firmemente y con letra de molde.

Name / Nombre (last / apellido) **DIEGO** (first / primer nombre) **FRANCISCO** (middle initial / segundo nombre) Telephone number / Número de teléfono **(213)**

Home address (number, street, apartment number) / Dirección (número, calle, número de apartamento) **669 S. Union Ave # 416** Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año) **02, 10, 71**

Photo identification / Foto de identificación Number / Número **24182052** Type / Tipo Driver's license / Licencia Resident alien card / tarjeta de residencia Other ID / otra tipo de ID (specify / especifique):

City / Ciudad **Los Angeles** State / Estado **CA** ZIP code / Código postal **90017**

Mailing address (employer or union name, number, street, apartment number) / Dirección de correo (nombre de patron or unión, número, calle, número de apartamento)

Gender / Sexo Male / Masculino Female / Femenino

If currently DHS certified, provide DHS certificate ID number / Si está certificado por DHS, favor de dar su número de DHS **13546**

Race/Ethnicity / raza/étnico Asian / Asiatico Black/African American / Negro/Africano Americano Latino/Hispanic / Latino Americano Native American / Americano Nativo White / Blanco Pacific Islander / Pacifico Isleno Other / Otro:

Prior to signing, read the Privacy Statement and other information on the back of the form. Antes de firmar, lea la Declaración sobre la privacidad, y otra información en la parte de atras de este formulario.

Signature of student / Firma de estudiante  Date (month/day/year) / Fecha (mes/día/año) **2, 25, 05**

Training Information - To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address **JOINT APPRENTICESHIP TRUST INSULATORS & ASBESTOS WORKERS LOCAL 5** Training Provider Phone Number **(626) 334-6884**

TRAINING FACILITY **670 EAST FOOTHILL BLVD, UNIT 3 AZUSA CA 91702** Course Number **JI AW-025-CEW-SP**

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

Instructor Name(s) **CAESAR RAMIREZ**

English Spanish

Course dates (mm/dd/yy) **2 / 25 / 05 to 2 / 25 / 05** Number of contact hours of instruction completed **7** Date student passed course or continuing education final examination (mm/dd/yy) **2 / 25 / 05** Core instruction (if different) Core instruction CCF number

Location of course **AZUSA TRAINING FACILITY** Core CCF date (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 - please print or type **TOM L GUTIERREZ** Signature of Training Director  Date (mm/dd/yy) **2, 25, 05**

*Joint Apprenticeship Trust Insulators & Asbestos Workers
of*

Southern California

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

*This is to certify that: **Francisco Diego** has completed and passed the*

*7-Hour Lead-Related Construction Continuing Education for Workers Course,
(Spanish)*

*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: February 25, 2005

This certificate is valid through: February 25, 2006

Course Certificate Number: JIAW-025-CEW-SP-68651


2/25/06

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*

26-May-2005

10:47

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

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

NAME: DIEGO, FRANCISCO
DOB: 02/10/71 (AGE: 34 YRS)
SSN: 541-27-8200
GENDER: MALE
SLIP ID: 0043710901-
REF ID: ARGUS CONTRACTING
REFERENCE 1: NONDOT DEFAULT
REFERENCE 2:

SAMPLE ID: 11262086
COLLECTED: 05/24/05
RECEIVED: 05/25/05
COMPLETED: 05/26/05
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 VALUES

LEAD, BLOOD

<5

0-40 ug/dL

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

ELECTRONICALLY REVIEWED BY COMPUTER

Comprehensive Environmental Resource

Training

Certificate of Attendance

DOSH Approval Number
CA-028-12

This certifies that



has successfully completed the
AHERA/OSHA

Asbestos

Worker Spanish

Refresher 8 Hour Course

Course ID #: AWSR-73105

5495

CERTIFICATE NUMBER

July 31, 2006

CERTIFICATE EXPIRATION DATE

TRAINING INSTRUCTOR: Gus Olivar Sr. I. H.

July 31, 2005

COURSE DATES

For Purposes of Title II of Toxic Substance Control Act (TSCA) and Section 206 of TSCA, AHERA, ASHARA, OSHA, NESHAP, SCAQMD Rule 1403, CCR Title 8 Section 1529/ 5208, Provisions of DOSH 341.16, the Hazard Communication Act 29 CFR 1926.59/ 29 CFR 1926.1101 (k), per OSHA... presented by **CERT**. (Alteracion/ Cambio de la fecha del certificado es violacion de las LEYES de DOSH 341.16.)

For Certificate verification contact **CERT** at [323] 953-0863 or write **CERT** at P. O. box 39A47, Los Angeles California 90039-0047

[Signature]
DIRECTOR

May 03 05 10:49a

P. 3

Joint Apprenticeship/Maintenance and Abatement Programs
Asbestos Workers Local 5

CERTIFICATION OF EXAMINATION, X-RAY AND BLOOD TESTS
RECOMMENDATION FOR RESPIRATOR USE

This certifies that:

Name:

Diego, Francisco

Social Security Number:

547-27-8200

Has completed:



- physical exam, complete medical history and spirometry
- one view chest x-ray
- three view chest x-ray
- blood lead, ZPP, CBC

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

- This employee is cleared for respiratory use.
- This employee's medical approval for respiratory 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 employee is cleared for work with lead.

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:

5/2/05

Signature of Examining Physician:

Sanjit Narai MD

Clinic Name and Address:

Concentra Medical Center
2121 S. Towne Centre Pl. #100
Anheim, CA 92806
Ph. (714) 937-1919

Con. doc 9/03
Add 2001

22-007



May 17, 2005

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

RE: Francisco Diego
 541-27-8200

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:	5/2/05

On the basis of the medical history, physical examination, and lung function studies this employee has no restrictions for use of a respirator or other personal protective equipment. This employee has no restrictions for work as an insulator or asbestos abatement worker. This worker has been informed of the results of the medical examination and of any medical conditions that may result from asbestos exposure.

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 Regulations 5208 and 1529 (asbestos) and 5144 (respiratory protective equipment) and federal asbestos regulation, Title 29 Code of Federal Regulations 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

MDW:ts



May 17, 2005

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

Dear Mr. Gutierrez:

On 5/2/05, Francisco Diego (541-27-8200) 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 2008.

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

Respiratory Protection Fit Test Record

Employee: Francisco Diego Date: 12/6/04

Social Security Number: 541-27-8200 Office: ZA

Respirator: h Free Respirator ID (#, initials, etc.): North 7700

Manufacturers Name: Racal Model/Size: Med

Tests: Negative Pressure Check Irritant Smoke Qualitative Test
 Positive Pressure Check Isoamyl Acetate Qualitative Test
 Other: Racal P.A.P. 12

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 QLFT)
<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 QLFT 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.

Francisco Diego (Employee Print Name) Francisco (Signature) 12/6/04 (Date)

Maria Rogaske (Examiner Print Name) [Signature] (Signature) 12/6/04 (Date)

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

11/18/2005

Worker
★



Cristobal Marcos

ID # 13547

Mr. Cristobal Marcos
Argus Contracting Group
2340 East Artesia Blvd.
Long Beach, California 90805

No. **68652**
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 superior de este formulario deberá ser completada por el estudiante y la parte inferior por el Proveedor acreditado de entrenamiento. El Proveedor de entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días de haber pasado el examen final.

Student Information - To be completed by the student. Please print or type. Press firmly. / *Debera completarse por el estudiante. Favor de escribir firmemente y con letra de molde.*

Name / Nombre (last / apellido) **MARCO** (first / primer nombre) **CRISTOBAL** (middle initial / segundo nombre) Telephone number / Número de teléfono **213, 353-9973**

Home address (number, street, apartment number) / Dirección (número, calle, número de apartamento) **669 S. Union Ave #318** Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año) **11, 18, 65**

Photo identification / Foto de identificación Number / Número **AE936462** Type / Tipo Driver's license / Licencia Resident alien card / tarjeta de residencia Other ID / otra tipo de ID (specify / especifique):

City / Ciudad **Los Angeles** State / Estado **CA** ZIP code / Código postal **90017**

Mailing address (employer or union name, number, street, apartment number) / Dirección de correo (nombre de patron or unión, número, calle, número de apartamento) **ARGUS Contracting INC, 2340 E. Artesia Blvd,**

Gender / Sexo Male / Masculino Female / Femenino

If currently DHS certified, provide DHS certificate ID number / Si está certificado por DHS, favor de dar su número de DHS **13547**

City / Ciudad **Long Beach** State / Estado **CA** ZIP code / Código postal **90805**

Race/Ethnicity / raza/étnico Asian / Asiático Black/African American / Negro/Africano Americano Latino/Hispanic / Latino Americano Native American / Americano Nativo White / Blanco Pacific Islander / Pacífico Isleno Other / Otro:

Prior to signing, read the Privacy Statement and other information on the back of the form. / Antes de firmar, lea la Declaración sobre la privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma de estudiante **Cristobal Marcos** Date (month/day/year) / Fecha (mes/día/año) **2, 25, 05**

Training Information - To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address **JOINT APPRENTICESHIP TRUST INSULATORS & ASBESTOS WORKERS LOCAL 5 TRAINING FACILITY 670 EAST FOOTHILL BLVD, UNIT 3 AZUSA CA 91702** Training Provider Phone Number **626 334-6884** Course Number **JIAW-025-CEW-SP**

Course title: Work Inspection/Assessment Certified Industrial Hygienist Project Designer Continuing Education for Workers General Continuing Education Supervision and Project Monitoring Supplemental Supervision and Project Monitoring Instructor Name(s) **CAESAR RAMIREZ** English Spanish

Course dates (mm/dd/yy) **2, 25, 05 to 2, 25, 05** Number of contact hours of instruction completed **7** Date student passed course or continuing education final examination (mm/dd/yy) **2, 25, 05** Core instruction (if different) Core instruction CCF number: Core CCF date (mm/dd/yy)

Location of course **AZUSA TRAINING FACILITY**

As Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct. Name of Training Director - please print or type **TOM L GUTIERREZ** Signature of Training Director **[Signature]** Date (mm/dd/yy) **2, 25, 05**

3-May-2005

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

10:47

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

NAME: N/S (*Cristobal mares*)
DOB: 11/18/65 (AGE: 39 YRS)
SSN: 603-54-9861
GENDER: MALE
SLIP ID: 0043710902
REF ID: ARGUS
REFERENCE 1: NONDOT DEFAULT
REFERENCE 2:

SAMPLE ID: 11262106
COLLECTED: 05/24/05
RECEIVED: 05/25/05
COMPLETED: 05/26/05
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 VALUES

LEAD, BLOOD

<5

0-40 ug/dL

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

ELECTRONICALLY REVIEWED BY COMPUTER

Comprehensive Environmental Resource Training

Certificate of Attendance

DOSH Approval Number
CA-028-12



This certifies that

Cristobal Marcos

SS # 9861

has successfully completed the

AHERA/OSHA

Asbestos

Worker Spanish

Refresher 8 Hour Course

Course ID #: AWSR-50105

TRAINING INSTRUCTOR: Gus Olivar Sr. I. H.

May 01, 2005
COURSE DATES

5229

CERTIFICATE NUMBER

May 01, 2006

CERTIFICATE EXPIRATION DATE

[Signature]
DIRECTOR

For Purposes of Title II of Toxic Substance Control Act (TSCA) and Section 206 of TSCA, AHERA, ASHARA, NESHAP, SCAQMD Rule 1403, CCR Title 8 Section 1529, 5208, Provisions of DOSH 341.16, the Hazard Communication Act 29 CFR 1926.59/ per OSHA., presented by CERT.

(Alteracion/ Cambio de la fecha del certificado es violacion de las LEYES de DOSH 341.16.)

For Certificate verification contact CERT at 323 | 953-0363 or write CERT at P. O. box 39A47, Los Angeles California 90039-0047

May 03 05 10:49a

Joint Apprenticeship/Maintenance and Abatement Programs
Asbestos Workers Local 5

CERTIFICATION OF EXAMINATION, X-RAY AND BLOOD TESTS
RECOMMENDATION FOR RESPIRATOR USE

This certifies that:

Name:

Marcos, Cristobal

Social Security Number:

603-54-9861

Has completed:

- physical exam, complete medical history and spirometry
- one view chest X-ray
- three view chest X-ray
- blood lead, ZPP, CBC

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

- This employee is cleared for respiratory use.
- This employee's medical approval for respiratory 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 employee is cleared for work with lead.

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:

5/2/05

Signature of Examining Physician:

[Signature]

Clinic Name and Address:

Concentra Medical Center
2121 S. Towne Centre Pl. #100
Anheim, CA 92806
Ph. (714) 937-1919

Cert. Exp. 9/5
Add. 2006

M.S.



May 9, 2005

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

RE: Christobal Marcos
603-54-9861

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: 5/2/05

On the basis of the medical history, physical examination, and lung function studies this employee has no restrictions for use of a respirator or other personal protective equipment. This employee has no restrictions for work as an insulator or asbestos abatement worker. This worker has been informed of the results of the medical examination and of any medical conditions that may result from asbestos exposure.

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 Regulations 5208 and 1529 (asbestos) and 5144 (respiratory protective equipment) and federal asbestos regulation, Title 29 Code of Federal Regulations 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

MDW:ts



May 16, 2005

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

Dear Mr. Gutierrez:

On 5/2/05, Christobal Marcos (603-54-9861) had a three-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 2006.

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,

A handwritten signature in dark ink, appearing to read 'Donald Whorton' with a stylized flourish at the end.

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

MDW:ts

Respiratory Protection Fit Test Record

Employee: Cristobal Marcos Date: 8-17-05
 Social Security Number: 603-549861 Office: L.A.
 Respirator: 1/2 Face Respirator ID (#, initials, etc.): North 700
 Manufacturer's Name: Racal Model/Size: Med.
 Tests: Negative Pressure Check Irritant Smoke Qualitative Test
 Positive Pressure Check Isoamyl Acetate Qualitative Test
 Other: P.A.P.P.

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 QLFT)
<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 QLFT 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.

Cristobal Marcos [Signature] 8-17-05
 Employee (Print Name) (Signature) (Date)
Maria Rasdal [Signature] 8/17/05
 Examiner (Print Name) (Signature) (Date)

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker
★

07/08/2006



Rafael Rodriguez ID #: 3975

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



0412749

Joint Apprenticeship Trust Insulators & Asbestos Workers

of

Southern California

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

*This is to certify that: **Rafael Rodriguez** has completed and passed the*

*7-Hour Lead-Related Construction Continuing Education for Workers Course,
(Spanish)*

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: February 25, 2005

This certificate is valid through: February 25, 2006

Course Certificate Number: JIAW-025-CEW-SP-68656

 2-25-05

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

State of California—Health and Human Services Agency

Department of Health Services
Childhood Lead Poisoning Prevention Branch

No. 68656

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 superior de este formulario debera ser completada por el estudiante y la parte inferior por el Proveedor acreditado de entrenamiento. El Proveedor de entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días de haber pasado el examen final.

Student Information - To be completed by the student. Please print or type. Press firmly. / Debera completarse por el estudiante. Favor de escribir limemente y con letra de molde.

Name / Nombre (last / apellido) Rodriguez (first / primer nombre) Rafael (middle initial / segundo nombre) Telephone number / Número de teléfono 910 419-4046

Home address (number, street, apartment number) / Dirección (número, calle, número de apartamento) 10537 TRURO AVE Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año) 08, 07, 63

Photo identification / Foto de identificación Number / Número A3235763

City / Ciudad Inglewood State / Estado CA ZIP code / Código postal 90304
 Driver's license / Licencia
 Resident alien card / Tarjeta de residencia
 Other ID / otra tipo de ID (specify / especifique):

Mailing address (employer or union name, number, street, apartment number) / Dirección de correo (nombre de patron or unión, número, calle, número de apartamento)
 Gender / Sexo
 Male / Masculino Female / Femenino

City / Ciudad State / Estado ZIP code / Código postal
 If currently OHS certified, provide DHS certificate ID number / Si está certificado por DHS, favor de dar su número de DHS 3975

Ethnicity / raza/étnico
 Asian / Asiatico Black/African American / Negro/Africano Americano Latino/Hispanic / Latino Americano Native American / Americano Nativo
 White / Blanco Pacific Islander / Pacífico Islano Other / Otro:

Prior to signing, read the Privacy Statement and other information on the back of the form. / Antes de firmar, lea la Declaración sobre la privacidad, y otra información en la parte de atras de este formulario.

Signature of student / Firma de estudiante [Signature] Date (month/day/year) / Fecha (mes/día/año) 2, 25, 05

Training Information - To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address JOINT APPRENTICESHIP TRUST INSULATORS & ASBESTOS WORKERS LOCALS TRAINING FACILITY Training Provider Phone Number (626) 334-6888

570 EAST FOOTHILL BLVD. AZUSA CA 91702 Course Number JIAW-025-CEW-SP

Course title:
 Work Continuing Education for Workers
 Inspection/Assessment General Continuing Education
 Certified Industrial Hygienist Supervision and Project Monitoring
 Project Designer Supplemental Supervision and Project Monitoring
 Instructor Name(s) CAESAR RAMIREZ
 English Spanish

Course dates (mm/dd/yy) 2 25 05 to 2 25 05 Number of contact hours of instruction completed 7 Date student passed course or continuing education final examination (mm/dd/yy) 2, 25, 05 Core instruction (if different) / Core instruction CCF number

Location of course AZUSA TRAINING FACILITY Core CCF date (mm/dd/yy)

Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.
 Name of Training Director - please print or type TOM L GUTIERREZ Signature of Training Director [Signature] Date (mm/dd/yy) 2, 25, 05

White Copy - CLPPB BLUE COPY - TRAINING PROVIDER Pink Copy - Student (for Certification Application) Yellow Copy - Student

26-May-2005

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

10:47

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

NAME: RODRIGUEZ, RAFAEL
DOB: 07/08/63 (AGE: 41 YRS)
SSN: 614-18-0857
GENDER: MALE
SLIP ID: 0043710906
REF ID: ARGUS CONTRACTING
REFERENCE 1: NONDOT DEFAULT
REFERENCE 2:

SAMPLE ID: 11262117
COLLECTED: 05/23/05
RECEIVED: 05/25/05
COMPLETED: 05/26/05
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 VALUES

LEAD, BLOOD

<5

0-40 ug/dL

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

ELECTRONICALLY REVIEWED BY COMPUTER

Certificate Of Completion

Rafael Rodriguez

Has attended and completed the training course entitled:
(Ending four digits) SS#: 0857

Asbestos Worker Refresher

DOSH Course # CA-015-12

Certificate # AAWR121804001N

Training Director: **Ann D. Dages**

Signature: 

Start Date: 12/18/04

Course End Date: 12/18/04

Expiration Date: 12/17/05

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 – Suite A, Anaheim, CA 92805

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

Joint Apprenticeship/Maintenance and Abatement Programs Asbestos Workers Local 5

CERTIFICATION OF EXAMINATION, X-RAY AND BLOOD TESTS RECOMMENDATION FOR RESPIRATOR USE

This certifies that:

Name: Rafael Rodriguez

Social Security Number: 614-180857

has completed:

- physical exam, complete medical history and spirometry
- one view chest x-ray
- three view chest x-ray
- blood lead, ZPP, CBC

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 Whorton, MD, and will be sent to the union representative.)

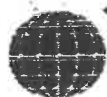
- This employee is cleared for respirator use.
- This employee's medical approval for respirator use is pending further physician review.
- This employee is NOT cleared for respirator use.
- This employee is cleared for a powered respirator only.
- Other restrictions (e.g. corrective lenses). List _____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

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 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.

Date of Medical Examination: 01-05-05

Signature of Examining Physician: X [Signature]

Clinic Name and Address: Irvine Industrial Clinic
8800 N. Irvine Ave., Ste. A
Irvine, CA 92702

**WORKCARE**TM

A Trademark of WorkCare, Inc.

January 12, 2005

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

RE: Rafael Rodriguez
614-18-0857

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: Irwindale Industrial Medical Clinic - Irwindale
Date of Exam: 1/5/05

On the basis of the medical history, physical examination, and lung function studies this employee has no restrictions for use of a respirator or other personal protective equipment. This employee has no restrictions for work as an insulator or asbestos abatement worker. This worker has been informed of the results of the medical examination and of any medical conditions that may result from asbestos exposure.

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 Regulations 5208 and 1529 (asbestos) and 5144 (respiratory protective equipment) and federal asbestos regulation, Title 29 Code of Federal Regulations 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

MDW:ts



January 22, 2005

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

Dear Mr. Gutierrez:

On 1/5/05, Rafael Rodriguez (614-18-0857) 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 three view chest x-ray examination in 2006.

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

1/23/05

Respiratory Protection Fit Test Record

Employee: Rafael Rodriguez Date: 2/18/05
 Social Security Number: 614-18-0857 Office: L.A.
 Respirator: 1/2 Face Respirator ID (#, initials, etc.): NK 6770
 Manufacturers Name: Raex P.A.P.R. Model/Size: LARGE
 Tests: Negative Pressure Check Irritant Smoke Qualitative Test
 Positive Pressure Check 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 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 OLFET)
<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 OLFET 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.

Rafael Rodriguez Employee (Print Name) Rafael R. Rodriguez (Signature) 2/18/05 (Date)
Maria Rosdale Examiner (Print Name) Maria Rosdale (Signature) 2/18/05 (Date)



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

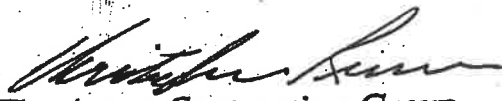
Date: _____

8/9/05

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



PATRIOT ENVIRONMENTAL LABORATORY SERVICES, INC.

Phase Contrast Microscopy Analysis

Argus Contracting
Attn- Asa Gardner
2340 E. Artesia Blvd.
Long Beach CA 90805

Report Number: 253894
Project Number: 2140870
Project Name: Golf Course Restaurant
Project Location: 10400 Glenoak Blvd
Los Angeles CA 91040

Date Received: 8/15/2005
Date Analyzed: 8/18/2005
Date Reported: 8/18/2005

PO Number: NA
Claim Number:
Job Type: R-Roof - AC Duct Wrap
Number of Samples: 5
Date Collected: 8/4/2005

Lab/ Client ID	Sample Activity	Flow Rate	Volume	Fiber Count	Field Count	Blank Count	Result f/cc	Result TWA
253894-001 01	Rafael Rodriguez 614-18-0857 Personal Half Face Gross Removal	2.45	845	2.0	100	0	0.001	0.001
253894-002 02	Cristobal Marcos 663-54-9861 Excursion Half Face Gross Removal	2.50	75.0	1.0	100	0	0.007	
253894-003 03	Francisco Diego 541-27-8200 Personal Half Face Gross Removal	2.50	1,050				N/A	
253894-004 04	Rafael Rodriguez 614-18-0857 Excursion Half Face Gross Removal	2.50	75.0	0.0	100	0	<0.007	
253894-005 05	Blank			0.0	100	0		

Rosa Mendoza
Analyst

Cristina E. Tabatt
Approved Signatory

Samples in this report were collected and delivered to Patriot Environmental Laboratory Services by third parties. Type of analysis performed is Phase Contrast Microscopy (PCM) using 5 fibers as minimum detection limit following the guidelines of NIOSH-7400-A, MFA 00785. This method does not differentiate between asbestos and other fibers.

253894-003 Overloaded with Debris



PATRIOT ENVIRONMENTAL LABORATORY SERVICES, INC.

Phase Contrast Microscopy Analysis

Argus Contracting
Attn- Asa Gardner
2340 E. Artesia Blvd.
Long Beach CA 90805

Report Number: 253896
Project Number: 2140870
Project Name: NA
Project Location: 10400 Glenoak Blvd
Los Angeles CA 91040

Date Received: 8/15/2005
Date Analyzed: 8/17/2005
Date Reported: 8/18/2005

PO Number: NA
Claim Number:
Job Type: Roof Removal
Number of Samples: 5
Date Collected: 8/8/2005

Lab/ Client ID	Sample Activity	Flow Rate	Volume	Fiber Count	Field Count	Blank Count	Result f/cc	Result TWA
253896-001 06	Cristobal Marcos 603-54- 9861 Personal Half Face Gross Removal	2.35	917	22.0	100	0	0.012	0.010
253896-002 07	Francisco Diego 541-27- 8200 Excursion Half Face Gross Removal	2.50	60.0	4.0	100	0	0.033	
253896-003 08	Rafael Rodriguez 614-18- 0857 Personal Half Face Gross Removal	2.40	1,152	4.0	100	0	0.002	0.002
253896-004 09	Cristobal Marcos 603-54- 9861 Excursion Half Face Gross Removal	2.50	75.0	60.5	100	0	0.396	
253896-005 10	Blank			0.0	100	0		

Rosa Mendoza
Analyst

Cristina E. Tabatt
Approved Signatory

Samples in this report were collected and delivered to Patriot Environmental Laboratory Services by third parties. Type of analysis performed is Phase Contrast Microscopy (PCM) using 5 fibers as minimum detection limit following the guidelines of NIOSH-7400-A, MFA 00785. This method does not differentiate between asbestos and other fibers.

BDC SPECIAL WASTE SERVICES

No. 20935



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 CONTACT: Leila Barker
 ADDRESS 1200 W 77th St. Suite 700 EPA I.D. NO.
 CITY, STATE, ZIP Los Angeles CA 90017 PHONE NO. 813 928-7135

CONTAINERS: No. 80 VOLUME/CY Y 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. <u>PKMIF# L66F0090</u>		3. _____	
2. _____		4. _____	

VOC-OVA READINGS _____ Hand Col Data

SITE ADDRESS 10400 Glenoaks Blvd. Los Angeles CA 90040

PROPERTIES: pH N/A SOLID LIQUID SLUDGE SLURRY OTHER _____

HANDLING INSTRUCTIONS: USE PROPER SAFETY EQUIPMENT

GENERATOR'S CERTIFICATION: I HEREBY CERTIFY THAT THE CONTENTS OF THIS SHIPMENT ARE FULLY AND ACCURATELY DESCRIBED AND ARE IN ALL RESPECT IN PROPER CONDITION FOR TRANSPORT. THE MATERIALS DESCRIBED ON THIS MANIFEST ARE NOT SUBJECT TO FEDERAL HAZARDOUS WASTE REGULATIONS.

Leila Barker TYPED OR PRINTED FULL NAME & SIGNATURE 9/10/05 DATE

TRANSPORTER I

NAME ARGUS CONTRACTING, INC. EPA I.D. NO.
 ADDRESS 2340 E. ARTESIA SERVICE ORDER NO. _____
 CITY, STATE, ZIP LONG BEACH, CA 90805 PICK UP DATE _____
 PHONE NO. (562) 422-7370 TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____

TRANSPORTER II

NAME BDC SPECIAL WASTE SERVICES EPA I.D. NO. BAR000017557
 ADDRESS 766 S. AYON SERVICE ORDER NO. _____
 CITY, STATE, ZIP AZUSA, CA 91702 PICK UP DATE _____
 PHONE NO. (626) 969-1384 TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____

TSD FACILITY

NAME AZUSA LAND RECLAMATION LA KAZ LANDFILL EPA I.D. NO. AZC9504 DISPOSAL METHOD LANDFILL OTHER _____
 ADDRESS 1211 W. GLADSTONE AVE 999 HWY 95 THE POST OFFICE
 CITY, STATE, ZIP AZUSA, CA 91702 PHONE NO. (626) 334-0719 (714) 916133 TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____

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

SCAQM0 21865 E. COPLEY DR.
DIAMOND BAR, CA 91789
(909) 396 3456

DISCREPANCY _____



Department of Toxic Substances Control



Alan C. Lloyd, Ph.D.
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, 2006

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 15 2005

(DATE)

CERTIFICATE OF INSURANCE

Date: (MM/DD/YY)
12/29/2004

PRODUCER
Lockton Companies of Houston
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.

INSURERS AFFORDING COVERAGE

INSURED: WASTE MANAGEMENT and
BDC Special Waste Services
766 South Ayon Avenue
Azusa, CA 91702-5123

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				EACH OCCURRENCE	\$ 5,000,000
A	X COMMERCIAL GENERAL LIABILITY	HDO G21712978	1/1/2005	1/1/2006	FIRE DAMAGE (ANY ONE FIRE)	\$ 5,000,000
	X OCCURRENCE				MED EXP (PER PERSON)	
	X XCU INCLUDED				PERSONAL & ADV INJURY	\$ 5,000,000
	X ISO FORM CG 00 01 10 01				GENERAL AGGREGATE	\$ 6,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS/COMP. OP. AGG	\$ 6,000,000
	X PROJECT					
	X LOCATION					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EACH ACCIDENT)	\$ 10,000,000
A	X ANY AUTO	ISA H07932704	1/1/2005	1/1/2006		
	ALL OWNED AUTOS					
	X HIRED AUTOS					
	X NON-OWNED AUTOS					
	X MCS-90					
	EXCESS LIABILITY/UMBRELLA				EACH OCCURRENCE	\$ 15,000,000
A	X OCCURRENCE	XOOG22082334	1/1/2005	1/1/2006	AGGREGATE	\$ 15,000,000
	CLAIMS MADE					
	WORKERS' COMPENSATION and EMPLOYERS LIABILITY				WORKERS' COMPENSATION	STATUTORY
B		WLR C44173803 (AOS)	1/1/2005	1/1/2006	EL EACH ACCIDENT	\$ 3,000,000
A		WLR C44181095 (CA)	1/1/2005	1/1/2006	EL DISEASE-EA EMPLOYEE	\$ 3,000,000
A		SCF C44181058 (WI)	1/1/2005	1/1/2006	EL DISEASE-POLICY LIMIT	\$ 3,000,000

REMARKS: DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT PROVISIONS:

- CHECK BOX
- BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.
 - CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) 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.

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

COMPANIES AFFORDING COVERAGE	
COMPANY	A AMERICAN INTERNATIONAL SPECIALTY LINES INS CO
COMPANY	B
COMPANY	C
COMPANY	D

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 - COM/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ COMBINED SINGLE LIMIT \$
	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				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 <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH ER 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

MOTOR CARRIER PERMIT



DEPARTMENT OF MOTOR VEHICLES

Motor Carrier Permit Branch
P.O. Box 942370
Sacramento, CA 94232-3700

Valid From: 08/05/2004

Valid Through: 07/31/2005

CA#: 0001243

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

THE CARRIER NAMED ON THIS PERMIT, HAVING MADE WRITTEN APPLICATION TO THE DEPARTMENT OF MOTOR VEHICLES FOR PERMIT TO OPERATE AS A MOTOR CARRIER OF PROPERTY AS DEFINED 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

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

Aug 11 05 12:58p



CALIFORNIA STATE BOARD OF EQUALIZATION

**INTERNATIONAL FUEL TAX AGREEMENT
(IFTA) LICENSE**

 Registration Year 2005
 Expiration Date 12/31/2005

IFTA ACCOUNT NUMBER CA954038880

BOE ACCOUNT NUMBER IF MT 59007970

*This license is valid until the expiration date above
 unless canceled or revoked before that date.*
**A copy of this license must appear in each
 qualified motor vehicle.**

 BDC SPECIAL WASTE SERVICES
 USA WASTE OF CALIFORNIA INC
 333 CLAY ST STE 2300
 HOUSTON TX 77002

531008 - 531023

BOE-442-IFTA REV. 2 (11-00)

THIS LICENSE IS NON-TRANSFERABLE.

Above is your International Fuel Tax Agreement (IFTA) license. This license is issued by the California State Board of Equalization (Board) under the terms of the International Fuel Tax Agreement (IFTA). This license is valid for qualified motor vehicles operated by the licensee in all IFTA jurisdictions.

This license, or an exact copy of this license, must be carried in the cab of each qualified motor vehicle registered under the California IFTA program. Along with this license, each vehicle must display one set of valid California IFTA decals on the exterior portion of the truck's cab; one decal on each side. In lieu of the IFTA decals, a valid California International Fuel Tax Agreement (IFTA) Temporary Decal Permit (Form BOE-442-T) may be carried in the cab of the vehicle.

If you do not carry a copy of the IFTA license or do not display the IFTA decals in the required locations on the vehicle(s) (or carry in the cab a valid California IFTA Temporary Decal Permit), it will subject the vehicle operator to the requirement to purchase a fuel trip permit, issuance of a citation and/or imposition of a fine, and possible seizure and sale of the vehicle.

As a holder of this license, you accept certain responsibilities. You must keep adequate records that document the amount of fuel purchased, used, or stored; the amount of fuel tax paid; any fuel use that is exempt from tax; and the number of miles your qualified motor vehicle(s) operated in all IFTA and non-IFTA jurisdictions. Generally, you must keep records for four years.

You must file an IFTA Quarterly Fuel Use Tax Report (Form IFTA-100/101) no later than the last day of the month following the quarterly reporting period. You must file your report with the exact miles traveled and gallons consumed during the reporting period. You must file your quarterly report even if you did not purchase any fuel or operate your vehicles in any IFTA jurisdiction during the reporting period.

Your license is valid only for the entity named and type of ownership specified (for example, sole proprietorship, corporation, partnership, limited liability company, etc.). You should notify the Board immediately if you make ownership changes, sell your business, stop operating, or otherwise close your California IFTA license account. Upon closure of your account, you must destroy this license and all copies and remove all related decals issued by the California State Board of Equalization from your vehicles.

This license is valid only if issued by the California State Board of Equalization. Any agent or other person who alters or otherwise produces unauthorized fuel tax credentials is creating fraudulent documents, the use of which may result in civil liability, criminal prosecution or revocation of the license.

If you have any questions, please call the Fuel Taxes Division at 916-322-9669 or Information Center at 1-800-400-7115. You may also write to the State Board of Equalization; Fuel Taxes Division MIC:65; PO Box 942879; Sacramento, CA 94279-0065.

 STATE BOARD OF EQUALIZATION
 Fuel Taxes Division



STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
INDUSTRY OPERATIONS DIVISION



REGISTRATION RECEIPT - Truck

SSRS Section G875
P.O. Box 932370
Sacramento, CA 94232-3700
(916) 657-6636

Effective: 01/01/2005 Expires: 12/31/2005
Receipt No: TRM047090 (Initial Order)

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

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.

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

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 ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

Jul 10 1000

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

Mr. Frank Gutierrez
Technical Manager
BDC*Special Waste Services
P.O. Box 946
Azusa, CA 91702
EPA ID No.: CAR000017657

Dear Mr. Gutierrez:

This is to notify you that the Environmental Protection Agency has received your request to either modify the entry or remove the facility from the PCB Activity Database System (PADS). EPA has taken the following action (as indicated by an "X") to respond to your request:

The modification you requested has been made; this is your confirmation. (Reference # 4967)

In order to modify the database as you requested, a new form must be completed, signed, and submitted to this office. (Reference # _____)

A Notification of PCB Activity Form has been enclosed; upon completion, it should be mailed to:

Operations Branch
Office of Pollution Prevention and Toxics (7404)
US Environmental Protection Agency
401 M Street, SW
Washington, DC 20460

A code has been inserted in the database to indicate that your company notified and subsequently requested withdrawal of the notification. This letter serves as your confirmation. (Reference # _____)

Other (explanation provided).

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2005-2006**

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

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: 060305 700 048N

Issued: 6/6/2005

Expires: 6/30/2006

Record Keeping Requirements for the Registration Program

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

- (1) A copy of the registration statement filed with PHMSA; 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, PHH-60, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 400 Seventh Street SW, Washington, DC 20590, telephone (202) 366-4109.



U. S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

Office of Motor Carriers
980 9th Street, Suite 450
Sacramento, California 95814
(916) 498-5050

Arizona
California
Nevada
Hawaii
Guam
American Samoa
N. Mariana Is.

IN REPLY REFER TO
HMC-CA

March 18, 1999

USA Waste of California, Inc.
D/B/A - BDC Special Waste Services
766 South Ayon
P.O. Box 946
Azusa, CA 91702

Dear Motor Carrier:

The following U.S. DOT Identification Number has been reentitled to the carrier shown above:

U.S. DOT 375375

Every self-propelled commercial motor vehicle operated by a private motor carrier of property in interstate commerce, and every self-propelled motor vehicle operated by an interstate motor carrier of migrant workers, must be marked as specified in paragraphs (b) and (c) of Section 390.21 Marking of Motor Vehicles, of the Federal Motor Carrier Safety Regulations.

The primary purpose of this provision is to assist in properly identifying motor carriers, thereby assuring the submission of accurate data to the Federal Highway Administration.

If you have any questions about compliance with Sec. 390.21, please contact the office shown above.

Sincerely,

for Glenn R. Beck
State Director

**United States Environmental Protection Agency
Region 9
75 Hawthorne Street, (WST-6)
San Francisco, CA 94105**

October 23, 1997

Frank Gutierrez, Mgr
Bdc Spec Waste Services
P O Box 946
Azusa, CA 91702

The US Environmental Protection Agency (EPA) has updated the information for your installation under the EPA Identification (ID) Number already assigned to your location (see below). EPA has updated the information according to your Notification of Regulated Activity Form (Form 8700-12) that was received October 23, 1997.

By submitting the Form 8700-12, your installation has notified EPA of the Resource Conservation and Recovery Act (RCRA) regulated waste activities shown below in accordance with Section 3010 of RCRA. The EPA ID number for this location is also referred to as a 'RCRA ID number' and is to be used on transport manifests and any other hazardous waste management documents required under Subtitle C of RCRA.

The following RCRA ID Number: CAR000017657
is assigned to: Bdc Spec Waste Services
766 S Ayon Ave
Azusa, CA 91702

EPA has listed your status as:
Hazardous Waste Transporter



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

TO: All Azusa Land Reclamation Customers

FROM: Leigh Ann Cullen, Waste Acceptance

DATE: January 12, 2001

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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**

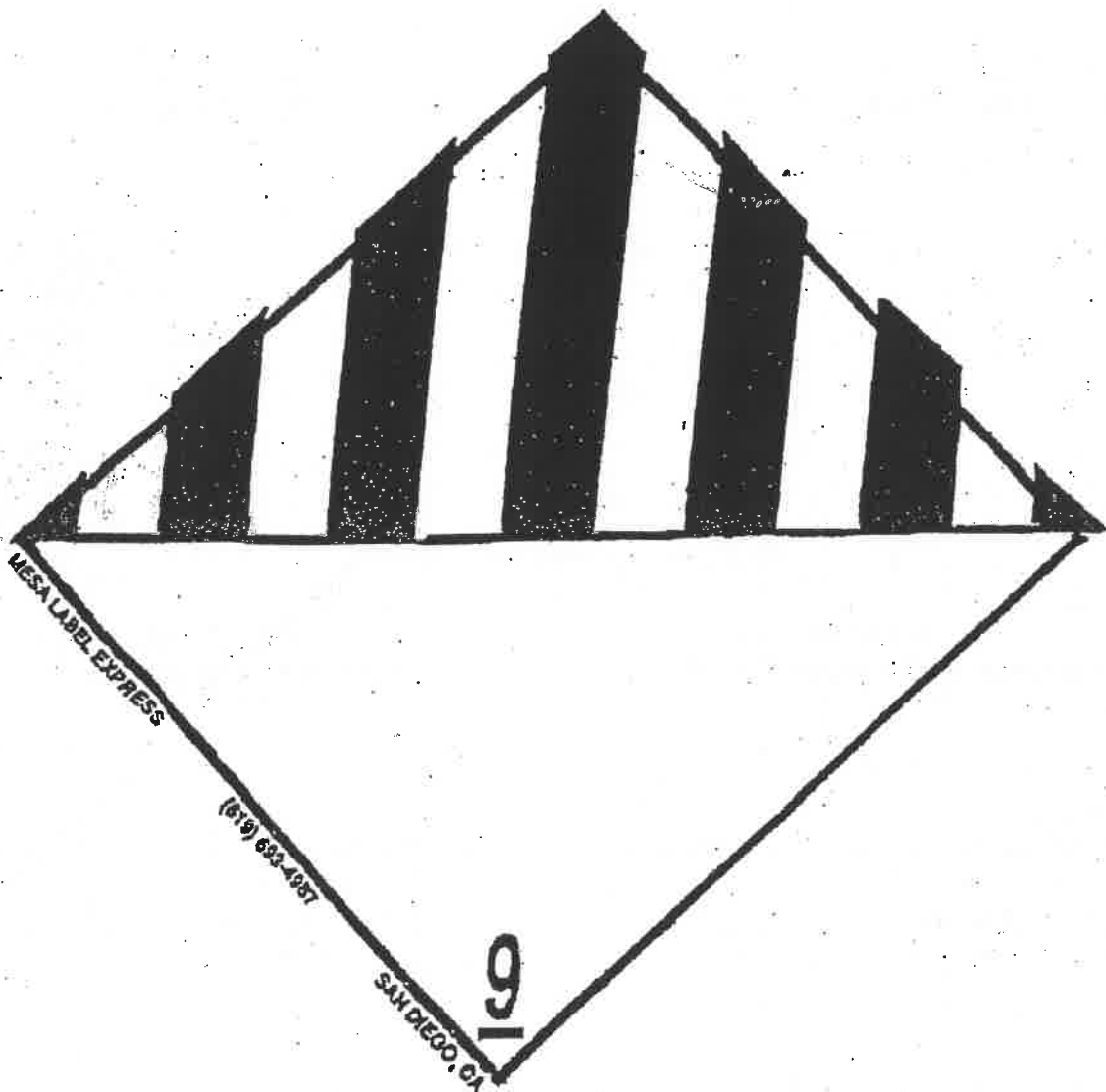
**Generator Name _____
Generator Address _____
Manifest Document Number _____**

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 MANAGEMENT1211 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: H-D GOLF COURSE RESTAURANT

JOB #: 2140870

TYPE OF MEETING:

DATE OF MEETING: 8-10-2000

MANAGEMENT

OF EMPLOYEES ATTENDING: 4

SUPERVISOR'S

TOTAL OF EMPLOYEES ON JOB: 4

FOREMEN'S

TOOL BOX

TOPICS DISCUSSED: GENERAL SAFETY

SUGGESTIONS OFFERED: NONE

ACTION TO BE TAKEN: NONE

ACCIDENTS REVIEWED: 0

NEAR MISS: _____

SUPERINTENDENT REMARKS: _____

SIGNATURES OF ALL ATTENDING PERSONNEL

EFRAIN MALVAZ

Francisco J. Hinojosa

Rafael Rodriguez

Urbano Morales

ARGUS

CONSTRUCTION SAFETY MEETING REPORT

PROJECT NAME: H-D-GOLF COURSE RESTAURANT

JOB #: 2140870

TYPE OF MEETING:

DATE OF MEETING: 8-9-2005

MANAGEMENT

OF EMPLOYEES ATTENDING: 4

SUPERVISOR'S

TOTAL OF EMPLOYEES ON JOB: 4

FOREMEN'S

TOOL BOX

TOPICS DISCUSSED: LIFTING PROPER TO AVOID INJURY

SUGGESTIONS OFFERED: ASK FOR HELP IF YOU NEED TO LIFT SOMETHING HEAVY

ACTION TO BE TAKEN: NONE

ACCIDENTS REVIEWED: 0

NEAR MISS: _____

SUPERINTENDENT REMARKS: _____

SIGNATURES OF ALL ATTENDING PERSONNEL

EFRAIN MALVAIZ
Francisco y Diego
Rafael Rodriguez
Cristobal Marcos

ARGUS

CONSTRUCTION SAFETY MEETING REPORT

PROJECT NAME: H.D. GOLF COURSE RESTAURANT

JOB #: 2140870

TYPE OF MEETING:

DATE OF MEETING: 8-8-2005

MANAGEMENT

OF EMPLOYEES ATTENDING: 4

SUPERVISOR'S

TOTAL OF EMPLOYEES ON JOB: 4

FOREMEN'S

TOOL BOX

TOPICS DISCUSSED: WEAR GLASSES DURING WORK HOURS

SUGGESTIONS OFFERED: NONE

ACTION TO BE TAKEN:

ACCIDENTS REVIEWED:

NEAR MISS:

SUPERINTENDENT REMARKS:

SIGNATURES OF ALL ATTENDING PERSONNEL

EFRAIN MALVAIS
Rafael Rodriguez
Cristobal Marcos
Francisco J. Diego

ARGUS

CONSTRUCTION SAFETY MEETING REPORT

PROJECT NAME: H. D. GOLF COURSE RESTAURANT

JOB #: 2140870

TYPE OF MEETING:

DATE OF MEETING: 8-5-2005

MANAGEMENT

OF EMPLOYEES ATTENDING: 4

SUPERVISOR'S

TOTAL OF EMPLOYEES ON JOB: 4

FOREMEN'S

TOOL BOX

TOPICS DISCUSSED: SAFETY HARNESS AND HARD HAT & GLASSES

SUGGESTIONS OFFERED: NONE

ACTION TO BE TAKEN: NONE

ACCIDENTS REVIEWED: /

NEAR MISS: _____

SUPERINTENDENT REMARKS: _____

SIGNATURES OF ALL ATTENDING PERSONNEL

EFRAIN DIAZ VALEZ
Francisco J. Diaz
Cristobal Morales
Ruperto Rodriguez

ARGUS

CONSTRUCTION SAFETY MEETING REPORT

PROJECT NAME: H-D-GOLF COURSE RESTAURANT

JOB #: 2140870

TYPE OF MEETING:

DATE OF MEETING: 8-4-2005

MANAGEMENT

OF EMPLOYEES ATTENDING: 3

SUPERVISOR'S

TOTAL OF EMPLOYEES ON JOB: 4

FOREMEN'S

TOOL BOX

TOPICS DISCUSSED: GENERAL SAFETY

SUGGESTIONS OFFERED: NONE

ACTION TO BE TAKEN: NONE

ACCIDENTS REVIEWED: 0

NEAR MISS: _____

SUPERINTENDENT REMARKS: _____

SIGNATURES OF ALL ATTENDING PERSONNEL

ERWIN MALVAL
Rafael Rodriguez
Cristobal Merces
Francisco + Diego

CONFIDENTIAL AND PRIVILEGED

CLOSE-OUT DOCUMENTATION

Hansen Dam, Clubhouse

Los Angeles County
City of Pacoima
State of California

**Volume I of I
August 26, 2005**

Prepared for:

CITY OF LOS ANGELES
Department of Recreation and Parks
1200 W. 7th Street, Suite 700
Los Angeles, CA 90017

This report was prepared for the City of Los Angeles, by independent consultants and is based, in part on information not within the control of either the City of Los Angeles, or the consultants. While it is believed that all information contained herein will be reliable under the conditions and subject to the limitations set forth herein, neither the City of Los Angeles, nor the consultants guarantee the accuracy thereof. The use of this report, or any information contained herein, shall be at the user's sole risk, regardless of any fault or negligence of the City of Los Angeles, or the consultants. Use of this report or any information contained herein shall constitute a release and agreement to defend and indemnify the City of Los Angeles, and consultants from and against all liability (including, but not limited to, liability for special, indirect or consequential damages) whether arising in contract or due to the City of Los Angeles, and/or consultant's negligence, strict liability or otherwise.

**NATIONAL ECON
CORPORATION**

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ANAHEIM, CALIFORNIA, 92801
PHONE (714) 758-7686 FAX (714) 758-7688
EMAIL: OFFICE@NATIONALECON.COM

TABLE OF CONTENTS

<u>Topic</u>	<u>Section</u>
Executive Summary	I
Air Monitoring	II
Project Diary	III
NEC Personnel Profiles	IV
Argus Personnel Profiles	V

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

**City of Los Angeles
Hansen Dam
Pacoima, CA**

As requested by the City of Los Angeles, National Econ Corporation conducted on-site surveillance and air monitoring during the asbestos abatement project at the location referenced above.

Abatement activities were conducted by trained personnel, under the full-time supervision of National Econ Corporation's representatives.

On August 4-10, 2005, Argus Contracting Group removed asbestos-containing roofing materials from the equipment well on the roof of the Clubhouse building.

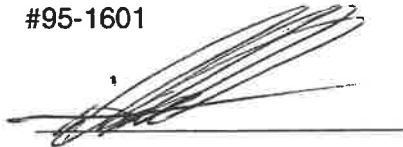
Daily ambient air monitoring was performed by National Econ Corporation during all abatement phases.

National Econ Corporation performed analysis of the air samples collected on this project by means of Phase Contrast Microscopy (PCM).

Non-compliance was not observed during daily inspections and no violations were reported by any governmental agency regulating the asbestos abatement industry.

Should you have any questions, please feel free to contact our office at (714) 758-7686.

Danny De La Rosa, Vice President
Certified Asbestos Consultant
#95-1601



AIR MONITORING

CITY OF LOS ANGELES
HANSEN DAM
NEC PROJECT #05-273

Sample Description/#	General Sample Location	Analytical Results
Background		
HDR-01	Pro Golf Shop, Center Area	.003 f/cc
HDR-02	Restaurant, Center Area	.002 f/cc
Ambient		
HDR-03	Golf Shop	.002 f/cc
HDR-04	Restaurant	.001 f/cc
HDR-05	W Area	.001 f/cc
HDR-06	E Area	.002 f/cc
HDR-08	N Area	.001 f/cc
HDR-09	S Area	N.D.
HDR-10	W Area	<.001 f/cc
HDR-11	E Area	<.001 f/cc
HDR-14	W Area	<.001 f/cc
HDR-15	E Area	N.D.
HDR-16	Golf Shop	<.001 f/cc
HDR-18	W Area	.001 f/cc
HDR-19	E Area	.001 f/cc
HDR-20	Restaurant	N.D.
HDR-21	Golf Shop	<.001 f/cc
HDR-23	W Area	
HDR-24	E Area	
Clearance		
HDR-07	Golf Shop	N.D.
HDR-12	Golf Shop	N.D.
HDR-13	Restaurant	<.001 f/cc
HDR-17	Golf Shop	<.001 f/cc
HDR-22	Golf Shop	<.001 f/cc
HDR-25	Golf Shop	N.D.
HDR-26	Restaurant	N.D.

* = Sample was analyzed by AHERA Protocol. Analytical results are based on a S/MM2 calculation.

Baseline = Area airborne levels prior to abatement.

Ambient = Outside work area during abatement activities.

General = Inside work area during abatement activities.

Clearance = Final air clearance collected after all abatement work has been completed, visually inspected for ACM debris or residue and entire work area has been treated with a lockdown encapsulant.

AIR MONITORING RECORD

Date Received: _____
 Date Analyzed: _____
 Analyzed By: _____
 Graticule: _____

UWA: Outside Work Area
 P: Personal
 A: Ambient
 G: General
 B: Background
 C: Clearance

Client Name: CITY OF L.A. Project Name: Hansen Dam Roof Project Number: # 05-273
 Area/Floor: ROOF Sampled By: RALPH O. COLVIN Project Manager: Dr. Dela Rosa

Lab I.D. Number	Sample Number	Sample Description Location or Name (w/SSN)	Pump Calibration Date	LPM	By	Time		Minutes	Sample Volume	Fibers/Field	Density (f/mm)	Fibers/cc Air
						On	Off					
	HDR 1	IWA OWA A B C G P Center - PRO GOLF SHOP	8/4/05	3	RC	8 AM	11 AM	180	540	4	5.06	0.003 0.01
	HDR 2	IWA OWA A B C G P Center - RESTAURANT								3	3.79	0.002 0.01
	HDR 3	IWA OWA A B C G P INSIDE - GOLF SHOP	8/4/05	3	RC	12 NOON	2 PM	120	360	2	2.53	0.002 0.00
	HDR 4	IWA OWA A B C G P INSIDE - RESTAURANT								1	1.26	0.001 0.00
	HDR 5	IWA OWA A B C G P WEST OF BLDG								1	1.26	0.001 0.00
	HDR 6	IWA OWA A B C G P EAST OF BLDG								2	2.53	0.002 0.00
	HDR 7	IWA OWA A B C G P INSIDE GOLF SHOP	8/4/05	10	RC	1 PM	3 PM	120	1,200	0	0.00	N.D. 0.00
	HDR 8	IWA OWA A B C G P NORTH OF BLDG	8/5/05	3	RC	5 AM	9 AM	240	720	2	2.53	0.001 0.00
	HDR 9	IWA OWA A B C G P SOUTH OF BLDG								0	0.00	N.D. 0.00
	HDR 10	IWA OWA A B C G P WEST OF BLDG				9 AM	NOON	180	540	1	1.26	0.001 0.00
	HDR 11	IWA OWA A B C G P EAST OF BLDG								1	1.26	0.001 0.00
	HDR 12	IWA OWA A B C G P INSIDE - GOLF SHOP		10		10 AM	12 NOON	120	1,200	0	0.00	N.D. 0.00

AIR MONITORING RECORD

OWA: Outside Work Area
 P: Personal
 A: Ambient
 G: General
 B: Background
 C: Clearance

Date Received: _____
 Date Analyzed: _____
 Analyzed By: _____
 Graticule: _____

Client Name: CITY OF L.A. Project Name: Hansen Dan Roof Project Number: # 05-273
 Area/Floor: ROOF Sampled By: RALPH O. COLVIN Project Manager: DAN DELA ROSA

Lab I.D. Number	Sample Number	Sample Location or Name (w/SSN)	Pump Calibration Date	LPM	By	Time		Minutes	Sample Volume	Fibers/Field	Density (f/mm)	Fibers/cc Air
						On	Off					
	HDR 13	IWA OWA INSIDE - RESTAURANT	8/5/05	10	RC	10 AM	12 NOON	120	1,200	1	1.26	<.001 0.00
	HDR 14	IWA OWA WEST OF BLOG	8/8/05	3	RC	5 AM	11 AM	360	1,080	2	2.53	<.001 0.00
	HDR 15	IWA OWA EAST OF BLOG						360	1,080	0	0.00	N.D. 0.00
	HDR 16	IWA OWA INSIDE GOLF SHOP				7 AM	11 AM	240	720	1	1.26	<.001 0.00
	HDR 17	IWA OWA INSIDE GOLF SHOP	8/9/05	10		9 AM	11 AM	120	1,200	2	2.53	<.001 0.00
	HDR 18	IWA OWA WEST OF BLOG	8/9/05	3	RC	5 AM	10 AM	300	900	2	2.53	.001 0.00
	HDR 19	IWA OWA EAST OF BLOG								3	3.79	.001 0.00
	HDR 20	IWA OWA INSIDE - RESTAURANT	8/9/05	3	RC	7 AM	11 AM	240	720	0	0.00	N.D. 0.00
	HDR 21	IWA OWA INSIDE - GOLF SHOP								1	1.26	<.001 0.00
	HDR 22	IWA OWA INSIDE - GOLF SHOP	8/9/05	10	RC	11 AM	1 PM	120	1,200	1	1.26	<.001 0.00
	HDR 23	IWA OWA WEST OF BLOG	8/10/05	3	RC	5 AM	9 AM	240	720			
	HDR 24	IWA OWA EAST OF BLOG										

Date Received: _____
 Date Analyzed: _____
 Analyzed By: _____
 Graticule: _____

AIR MONITORING RECORD

UWA: Outside Urban Area
 P: Personal
 A: Ambient
 G: General
 B: Background
 C: Clearance

Client Name: CITY OF L.A. Project Name: Hansen Ann. Roof Project Number: #05-273
 Area/Floor: ROOF Sampled By: RACHA D. COLUZZI Project Manager: Ann DeLa Rosa

Lab I.D. Number	Sample Number	Sample Location or Name (w/SSN)	Pump Calibration		Time		Minutes	Sample Volume	Fibers/Field	Density (f/m ³)	Fibers/cc Air
			Date	LPM	By	On					
	HOR 25	IWA OWA INSIDE GOLF SHOP	8/10/05	10	RC	9:30 AM	120	1200	0/100	0.00	N.D.
	HOR 26	IWA OWA INSIDE RESTAURANT	↓	10	RC	9:50 AM	170	1200	0/100	0.00	N.D.
		IWA OWA									
		IWA OWA									
		IWA OWA									
		IWA OWA									
		IWA OWA									
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		IWA OWA									

PROJECT DIARY

PROJECT DIARY

Page 1 of 2

Client Name: CITY OF L.A. Project Number: #05-273
 Project Name: HANSEN DAM ROOF
 Work Area/Location: ROOF Date: 8-4-05
 Contractor's Supervisor: EFRAIN MALVAIZ Shift: 7am

6:30/AM NATIONAL ECON ARRIVED ON SITE. ALSO AT THE SAME TIME THE CREW FROM (ARGUS CONTRACTING INC.) ARRIVED ON SITE. THEY HAD (1) SITE SUPERVISOR AND (3) WORKERS ON SITE. NATIONAL ECON THEN CHECKED ALL CERT'S AND ALL OTHER PAPER WORK FOR THIS JOB, AND FOUND IT ALL IN ORDER. THE FIRST THING DONE IS COVERING ALL JENT AREA IN THE INSIDE OF THE WHOLE BLDG. NEXT THE CREW SET-UP THE DUMPSTER AND PUT CAUTION TAPE AROUND THE WORK AREA. THE CREW NEXT WENT ON THE ROOF AND CLEANED AND SEALED ALL OPENING'S IN THE WORK AREA. AT 8^{AM} NATIONAL ECON START BACKGROUND AIR MONITORING SAMPLES INSIDE PR GOLF SHOP AND INSIDE THE RESTURANT AREA. AT 11^{AM} ALL BACKGROUND SAMPLES WERE STOPPED. THE CREW WENT TO LUNCH. BEFORE ANY WORK WAS DONE ON THE ROOF ALL CREW MEMBERS DONNED (PPE) 1/2 FACE RESP. - SUITS- GLOVES- HARD HATS - PA AT- 12 NOON ALL CREW MEMBERS DONNED (PPE) SAME AS ABOVE AND BEGAN WORKING ON THE ROOF. ALL ROOF DUCT'S TAKE OF THE ROOF WAS WRAPPED IN 6 MIL. POLY. ALL REMOVAL IS DONE USING WET METHODS ONLY.

Field Representative's Signature: Ralph D. Cui Print: RALPH D. COLVIN

PROJECT DIARY

Page 2 of 2

Client Name: CITY OF L.A.

Project Number: # 05-273

Project Name: HANSEN DAM ROOF

Work Area/Location: ROOF

Date: 8-4-05

Contractor's Supervisor: EFRAT MALVAIZ

Shift: Dam

AT 1^{PM} NATIONAL ECON STARTED A CLEARANCE SAMPLE INSIDE THE GOLF SHOP. THE SAMPLE WAS READ ON SITE AND THE AREA WAS CLEAN. AT 2³⁰PM THE CREW STARTED CLEANING UP FOR THE DAY. AT 3^{PM} ALL WORKERS AND NATIONAL ECON OFF SITE.

NOTE: ALL MATERIAL IS BEING STORED ON SITE INSIDE A LINED DUMPSTER.

Field Representative's Signature: Ralph D. Colvin

Print: RALPH D. COLVIN

PROJECT DIARY

Page 1 of 1

Client Name: CITY OF L.A. Project Number: #05-273
 Project Name: HANSEN DAM ROOF
 Work Area/Location: ROOF Date: 8-5-05
 Contractor's Supervisor: EFRAIN MALVAIZ Shift: 5 AM

4³⁰/AM NATIONAL ECON ARRIVED ON SITE.
 4⁴⁵/AM THE CREW FROM (ARGUS) ARRIVED ON SITE. THE CREW DONNED (PPE) 1/2 FACE RESP. - SUITS - GLOVES - BOOTS - HARD HATS, AND BEGAN WORK ON THE ROOF.
 5^{AM}/ NATIONAL ECON STARTED AIR MONITORING FOR THE JOB TODAY. THE CREW FROM (ARGUS) HAD (1) SITE SUPERVISOR AND (3) WORKERS ON SITE TODAY. ALL MATERIAL TAKEN OFF THE ROOF IS EITHER PUT IN BAGS OR WRAPPED IN POLY AND STORED IN A DUMPSTER ON SITE. THE CREW IS WORKING FROM 5^{AM} TO 12 NOON WITH NO LUNCH. AT 11³⁰/AM THE CREW STOPPED WORK TO CLEAN UP FOR THE DAY. AT 12 NOON THE CREW AND NATIONAL ECON OFF SITE FOR THE DAY. WORK WILL START AGAIN ON MONDAY AT 5^{AM} ON 8-11-05.

Field Representative's Signature: Ralph D. Colwin Print: RALPH D. COLWIN

PROJECT DIARY

Page 1 of 1

Client Name: CITY OF L.A. Project Number: # 05-273
 Project Name: HANSEN DAM ROOF
 Work Area/Location: ROOF Date: 8-8-05
 Contractor's Supervisor: EFRAIN MALVAIZ Shift: 5 AM

<u>4:30 AM</u>	<u>NATIONAL ECON ARRIVED ON SITE.</u>
<u>4:45 AM</u>	<u>THE CREW FROM (ARGUS) ARRIVED ON SITE. THEY HAD (1) SITE SUPERVISOR AND (3) WORKERS. THE CREW GOT THEIR MATERIALS AND EQUIPMENT READY FOR THE DAY. THE CREW THEN DONNED (PPE) 1/2 FACE Resp. - SUITS - GLOVES, BOOTS, HARD HATS, AND BEGAN WORKING ON THE ROOF, USING WET METHODS.</u>
<u>5:30 AM</u>	<u>NATIONAL ECON STARTED AIR MONITORING FOR THIS JOB. ALL EQUIPMENT USED TODAY WAS CALIBRATED BEFORE USE.</u>
<u>11:30 AM</u>	<u>THE CREW STARTED CLEAN UP FOR THE WORK DONE TODAY.</u>
<u>2 NOON</u>	<u>ALL WORK DONE FOR THE DAY AND ALL WORKERS AND NATIONAL ECON OFF SITE, UNTIL 5 AM TUES. THE CLEARANCE SAMPLE TAKEN INSIDE GOLF SHOP IS VERY CLEAN.</u>

Field Representative's Signature: Ralph D. Cohen Print: RALPH D. COHEN

PROJECT DIARY

Page 1 of 1

Client Name: CITY OF L.A. Project Number: # 05-273
 Project Name: HANSEN DAM ROOF
 Work Area/Location: ROOF Date: 8-9-05
 Contractor's Supervisor: EFRAN MALVAIZ Shift: 5 AM

4:30 AM	NATIONAL ECON ARRIVED ON SITE.
4:45 AM	THE CREW FROM (ARGUS) ARRIVED ON SITE. THEY HAD (1) SITE SUPERVISOR AND (3) WORKERS. THE WORKERS DONNED (PPE) 1/2 FACE RESP - SUITS - GLOVE HARD HATS, BOOTS AND BEGAN MORE WORK ON THE ROOF.
7 AM	THE CREW TOOK MORE BAG'S OF MATERIAL OF THE ROOF AND PLACED IT IN A NEW DUMPSTER. THE NEW DUMPSTER ARRIVED AT 7:40 AM AND THE CREW LINED THE INSIDE OF THE DUMPSTER WITH 6-MIL POLY. THE NEW DUMPSTER WAS THEN LOADED WITH BAG'S OF MATERIAL.
11 AM	AT THIS TIME THE CREW STOPPED WORK AND WENT TO LUNCH.
12 NOON	THE CREW RETURNED FROM LUNCH AND DONNED (PPE) SAME AS ABOVE AND RETURNED TO THE ROOF FOR MORE DETAIL WORK.
1 PM	ALL CLEAN UP COMPLETE AND ALL WORKERS AND NATIONAL ECON OFF SITE.

Field Representative's Signature: Ralph D. Colvan Print: RALPH D. COLVAN

PROJECT DIARY

Page 1 of 1

Client Name: CITY OF L.A. Project Number: #05-273
 Project Name: HANSEN DAM ROOF
 Work Area/Location: ROOF Date: 8-10-05
 Contractor's Supervisor: EFRAIN MALVAIZ Shift: 5AM

4:30 AM	NATIONAL ECON ARRIVED ON SITE.
4:45 AM	THE CREW FROM ARGUS ARRIVED ON SITE. THEY HAD (1) SITE SUPERVISOR AND (3) WORKERS, ON SITE TODAY.
5 AM	THE CREW DONNED (PPE) 1/2 FACE RESP - SUITS GLOVES - BOOTS - HARD HATS, AND WENT TO WORK ON THE ROOF. THE CREW IS DOING FINAL CLEAN, AND DETAIL TYPE WORK. ALSO AT THIS TIME AIR MONITORING WAS STARTED BY NATIONAL ECON.
9 AM	NATIONAL ECON DID A VISUAL INSPECTION OF THE WORK AREA OF THE ROOF. THE ROOF WORK AREA WAS VERY CLEAN.
9:30 AM	FINAL AIR (PCM) CLEARANCE SAMPLES WERE STARTED IN THE GOLF SHOP.
10:45 AM	THE CITY OF L.A. CAME OUT TO THE JOB TO INSPECT THE ROOF WORK AREA. NATIONAL ECON WAS TOLD THE ROOF WORK AREA WAS FINE.
12 NOON	THE CREW AND NATIONAL ECON OFF SITE.

NOTE: JOB COMPLETE.

Field Representative's Signature: Ralph D. Colvin Print: Ralph D. Colvin

NEC PERSONNEL PROFILES

NATIONAL ECON CORPORATION (NEC)
 HANSEN DAM
 NEC PROJECT #05-273
PERSONNEL PROFILES

EMPLOYEE/ SSN	CERTIFIED ASBESTOS CONSULTANT	CERTIFIED SITE SURVEILLANCE TECHNICIAN	LEAD CERT	MEDICAL	FIT TEST
	Expires	Expires	Expires	Expires	
Project Manager Danny De La Rosa 563-39-4256	3-10-06 #95-1601		1-29-06	9-26-05	8-15-05
Ralph Colvin		3-20-06 #03-3272		5-31-06	

ARGUS PERSONNEL PROFILES

ARGUS CONTRACTING GROUP
HANSEN DAM
PERSONNEL PROFILES

EMPLOYEE/ SSN	CONTRACTOR/ SUPERVISOR CERT.	ASBESTOS ABATEMENT WORKER CERT.	MEDICAL CERT.	RESPIRATOR CERT.	FIRST AID
	Expires	Expires	Expires	Expires	
Project Manager Efrain Malvaiz 604-16-3027	9-16-05		4-21-06	4-5-06	
Rafael Rodriguez 614-18-0857		12-17-05	1-5-06	2-18-06	
Francisco Diego 541-27-8200		7-31-06	5-2-06	12-6-05	
Cristobal Marco 603-54-9861		5-1-06	5-2-06	9-21-04	