

October 20, 2017

Ms. Lisa Walldez
City of Los Angeles, Department of Recreation and Parks
Planning, Construction, and Maintenance Branch
221 North Figueroa Street, Suite 400
Los Angeles, California 90012

Subject: ASBESTOS AND LEAD SURVEY – VARIOUS ROOFS

Wattles Mansion 1824 North Curson Avenue Los Angeles, California

Converse Project No. 17-41-118-17

Ms. Walldez:

On October 16, 2017, Converse Consultants (Converse) completed an *Asbestos and Lead Survey* on the roof at the referenced facility. Converse's work was completed in general accordance with our proposal dated September 21, 2017.

The work was completed by certified asbestos and lead staff of Converse. Copies of their certifications are attached to this letter. Copies of the laboratory certifications are also attached.

A summary of the findings is provided below. Attached to this letter are copies of the analytical reports, chain of custodies, sample location maps, photographs and field logs.

Asbestos

The bulk materials were submitted to a State-certified laboratory, LA Testing in South Pasadena, California for analysis. The bulk samples were analyzed by Polarized Light Microscopy (PLM) in accordance with EPA Test Method 600/R-93/116.

Samples were collected of the following materials:

- Roof core White silicone over black roof felt
- Roof mastic (upper flat roof)
- Roof parapet core silicone over black felt
- Roof core grey rolled roofing painted red (South Veranda)
- Roof mastic (South Veranda)
- Roof core- felt roof under Spanish Tile

- Roof capsheet (underneath copper jacketing at roof hatch)
- Exterior stucco (Chimney)

Laboratory analysis detected asbestos in the following materials:

Material	Location	Asbestos Content	Comments
Roof mastic	Upper Flat Roof	6 – 10% Chrysotile	Located at roof penetrations, roof corners, corners of the large square vent, chimney corners and at the roof access hatch. The mastic is covered by white silicone, approximately 50 square feet. The mastic is a non-friable asbestos-containing material (ACM) and was in good condition at the time of the survey.
Roof mastic	South Veranda	6 – 10% Chrysotile	Located around the perimeter of the red-painted grey rolled roofing at the South Veranda. The mastic has been covered with paint, approximately 20 square feet. The mastic is a non-friable ACM and was in good condition at the time of the survey.
Roof mastic	Lower Flat Roof and underneath Spanish Tile	7% Chrysotile	Located at roof corners and in scattered locations underneath the Spanish Tile adjacent to the flat portion of the roof, approximately 400 square feet. The mastic is a non-friable ACM and was in good condition at the time of the survey.

Asbestos was not detected in the remaining sampled roofing materials and stucco at the Chimneys.

Converse recommends the asbestos-containing material (ACM) be abated if it will be impacted by future renovation activities. Asbestos abatement must be performed by a Cal/DOSH licensed asbestos abatement contractor using methods in accordance with 8 CCR 1529, and SCAQMD Rule 1403.

In the event that suspect materials that have not been previously sampled are observed during renovation/remodeling activities, these materials should be assumed to contain asbestos, until such time that they can be sampled and evaluated for asbestos content.

Lead

During our survey, Converse collected readings of lead content in painted surfaces using an X-Ray Fluorescence (XRF) device. The action level was set at 0.7 mg/cm², or 600 parts per million (ppm), the Los Angeles County Department of Health Services definition for lead-based paint. XRF readings were collected on the following painted surfaces at the Wattles Mansion roof:

- Varnished interior wood stairs and associated components to roof hatch
- White silicone flat roof
- Beige paint on stucco chimneys
- Beige paint on metal chimney flashing
- Brown paint on metal gutter
- Brown paint on wood door landings
- Brown paint on wood rafter (rafter molding)
- Beige paint on wood wall post (South Veranda)

- White square vent on the Upper Flat Roof
- White metal vent pipes
- Brown paint on metal flashing
- Copper jacketing on roof access hatch
- Red paint on grey asphalt rolled roofing
- Brown paint on wood fascia and eaves
- Brown paint on wood roof beam
- Beige paint on exterior stucco wall (South Veranda)

Lead in a concentration greater than 0.7 mg/cm² was detected in the following:

Material/Substrate	Color	Lead Content (mg/cm²)	Comments
Stucco chimney	Beige	1.1	Located on the Upper Flat Roof. The paint was intact. (See bulk sample results below).
Asphalt grey rolled roofing	Red	3.0	Located at the South Veranda. The paint was in cracked (fair) condition.
Wood door landing	Brown	3.1	Located at the South Veranda. The paint is in peeling condition.
Wood fascia	Brown	1.9	Sampled at the South Veranda but indicative of the wood fascia around the perimeter of the building. The paint is in fair condition.
Wood eaves	Brown	7.1	Sampled at the South Veranda but indicative of the wood eaves underneath the Spanish Tile portion of the roof. The paint is intact.
Wood rafter molding (carved rafter)	Brown	2.7	Sampled at the South Veranda but indicative of the wood rafters underneath the Spanish Tile portion of the roof. The paint is intact.
Wood beam	Brown	2.3	Sampled at the South Veranda but indicative of the wood ceiling beams underneath the Spanish Tile portion of the roof. The paint is intact.
Wood wall post	Beige	1.7	Sampled at the South Veranda but indicative of the wood posts sticking out of the stucco walls around the perimeter of the building. The paint is in peeling condition.
Stucco wall	Beige	1.6	The parapet wall at the South Veranda. The paint is intact.

In addition to the XRF readings, Converse collected two (2) bulk samples of white paint from the wood frame of the large square vent and from the beige paint on the stucco chimneys on the Upper Flat Roof. The bulk samples were submitted to LA Testing and analyzed for lead content by either flame atomic absorption (SW 846 3050B/7000B) or total threshold limit concentration (TTLC). A lead concentration less than 600 ppm was detected in both of the paint samples. The laboratory analysis of the beige paint on the

stucco chimney (< 100 parts per million) indicates that the paint on the chimneys is not lead-based as indicated by the XRF reading listed at the top of the table. The exterior painted surfaces were observed to be generally in intact to fair condition at the time of our survey except at the exterior wood wall posts and door landings at the South Veranda. The painted walls were observed to be intact.

Lead-based painted components not impacted by the planned renovation activities may remain in place. Painted surfaces in peeling condition, or painted surfaces that become damaged (loose, flaking, peeling) and will be impacted by the renovation would need to be stabilized by a licensed lead paint abatement contractor. The resulting waste stream would need to be characterized for disposal purposes.

In the event that previously unsampled suspect painted or ceramic surfaces are observed during renovation activities, these materials should be assumed to contain lead in concentrations exceeding the DHS definition, until such time that they can be sampled and evaluated for lead content.

Closure

This letter report is for the sole benefit and exclusive use of the City of Los Angeles, Department of Recreation and Parks (RAP) as it pertains to the Wattles Mansion located at 1824 North Curson Avenue, Los Angeles, California. Our services have been performed in accordance with the terms and conditions under which these services have been provided. Its preparation has been in accordance with generally accepted environmental practices. No other warranty, either express or implied, is made. The Scope of Services associated with the report was designed solely in accordance with the objectives, schedule, budget, and risk-management preferences of RAP.

This report should not be regarded as a guarantee that further ACMs or lead beyond that which could be detected within the scope of this project, is present at the Property. It is not possible to absolutely confirm that no hazardous materials and/or substances exist at the Property. If none are identified as part of a limited scope of work, such a conclusion should not be construed as a guaranteed absence of such materials, but merely the results of the evaluation of the property at the time of the survey. If previously un-sampled materials are encountered they should be assumed positive until tested. Also, events may occur after the Property visit, which may result in contamination of the Property. Additional information, which was not found or available to Converse at the time of report preparation, may result in a modification of the conclusions and recommendations presented.

Any reliance on this report by Third Parties shall be at the Third Party's sole risk. Should RAP wish to identify any additional relying parties not previously identified, a completed *Application of Authorization to Use* (see page 5 of this report) must be submitted to Converse Consultants.

We appreciate the opportunity to be of service. Should you have any questions or comments regarding this report, please contact either George Paler at (626) 930-1258 or Norman Eke at (626) 930-1260.

Sincerely,

CONVERSE CONSULTANTS

George Paler

Certified Asbestos Consultant, #93-1136 DPH Lead Inspector/Assessor #I-1487

Project Environmental Scientist

Norman Eke

Certified Asbestos Consultant, #96-2093

Managing Officer

Attch: Application for Authorization to Use

Certifications

Asbestos: Analytical Report, Chain of Custody, Sample Location Map Lead: XRF Summary Table, Analytical Report, Chain of Custody



Application for Authorization to Use

-	Converse Consultants 717 Myrtle Avenue Monrovia, California 91016	
	Project Title & Date:	
	Project Address:	
	(Please identify name & address of peed report.)	person/entity applying for permission to use the
Applica	ant the referenced report in order to:	hereby applies for permission to use
Applicar	nt wishes or needs to use the referen	ced report because:
docume copying Consult permiss	ent and shall remain the sole property of the report is strictly prohibited with ants. <i>Applicant</i> understands and agr	the referenced document is a copyrighted of Converse Consultants. Unauthorized use or nout the express written permission of Converse ees that Converse Consultants may withhold such the permission upon agreement to Terms and fee, amongst others.
	Applicant Signature:	
	Applicant Name (print):	
	Title:	
	Date:	

Certifications

Certifications

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety and Health
Asbestos Unit
2424 Arden Way, Suite 495
Sacramento, CA 95825-2417
(916) 574-2993 Office (916) 483-0572 Fax
http://www.dir.ca.gov/dirdatabases.html actu@dir.ca.gov



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Converse Consultants George John Paler 717 S. Myrtle Ave. Monrovia CA 91016 September 26, 2017

Dear Certified Asbestos Consultant or Technician:

Enclosed is your certification card. To maintain your certification, you must 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 <u>before</u> the expiration date shown on your card. [8 CCR 341.15(h)(1)].

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

Certificates must be kept current if you are actively working as a CAC or CSST. The grace period is only for those who are not actively working as an asbestos consultant or site surveillance technician.

Please contact our office at the above address, fax number or email; of any changes in your contact/mailing information within 15 days of the change.

Sincerely.

Jeff Ferrell

Senior Safety Engineer

Attachment: Certification Card

cc: File

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

George John Paler

Certification No

on 11/19/18

This certain all on wis lissed in the Division of Occupations, Ser in and Module acauthorized by Sections 71 Day 1997 by Business and Professions Code. Mr. George J. Paler Converse Consultants 717 S. Myrtle Ave Monrovia, California 91016



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

Norman S Eke LOF

Certification No. 96-2093

Expires on 03/07/18

This certification was issued by the Division of Occupational Sands and realth a authorized by Sections 7180 all Sections Business and Professions Code.



CALIFORNIA STATE



ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM

CERTIFICATE OF ENVIRONMENTAL ACCREDITATION

Is hereby granted to

LA Testing - South Pasadena Laboratory

520 Mission Street
South Pasadena, CA 91030

Scope of the certificate is limited to the "Fields of Testing" which accompany this Certificate.

Continued accredited status depends on successful completion of on-site inspection, proficiency testing studies, and payment of applicable fees.

This Certificate is granted in accordance with provisions of Section 100825, et seq. of the Health and Safety Code.

Certificate No.: 2283

Expiration Date: 12/31/2017

Effective Date: 1/1/2016

Sacramento, California subject to forfeiture or revocation Christine Sotelo, Chief

Environmental Laboratory Accreditation Program



CALIFORNIA STATE ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM Accredited Fields of Testing



LA Testing - South Pasadena Laboratory

520 Mission Street South Pasadena, CA 91030 Phone: (800) 303-0047 Certificate No. 2283 Expiration Date 12/31/2017

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Field of	i esting	: 101 - Microbiology of Drinking Water		
101.010	001	Heterotrophic Bacteria	SM9215B	
101.060	002	Total Coliform	SM9223B (Colilert)	
101.060	003	E. coli	SM9223B (Colilert)	
101.150	001	Fecal Coliform (Enumeration)	SM9222D	
101.160	001	Total Coliform (Enumeration)	SM9223B (Colilert/Quanti-Tray)	
Field of	Testing	: 103 - Toxic Chemical Elements of Dr	inking Water	
103.301	001	Asbestos	EPA 100.2	
Field of	Testing	: 107 - Microbiology of Wastewater		
107.010	001	Heterotrophic Bacteria	SM9215B	
107.080	002	Fecal Coliform	SM9222D-1997	
Field of	Testing	: 114 - Inorganic Chemistry of Hazardo	ous Waste	
114.130	001	Lead	EPA 7420	
Field of	Testing	g: 121 - Bulk Asbestos Analysis of Haza	ardous Waste	
121.010	001	Bulk Asbestos	EPA 600/M4-82-020	
Field of	Testing	g: 126 - Microbiology of Recreational W	/ater	
126.040	001	Fecal Coliform (Enumeration)	SM9222D-1997	
126.080	001	Enterococci	Enterolert	

Asbestos

Analytical Report Chain of Custody Sample Location Map

Asbestos



LA Testing

Converse Consultants

717 S Myrtle Avenue

Monrovia, CA 91016

Attention: George Paler

520 Mission Street South Pasadena, CA 91030

Tel/Fax: (323) 254-9960 / (323) 254-9982

http://www.LATesting.com / pasadenalab@latesting.com

LA Testing Order: 321724431 Customer ID: 32CONV56

> Customer PO: Project ID:

> > Phone: (626) 930-1258

Fax: (626) 930-1212

Received Date: 10/16/2017 4:42 PM

Analysis Date: 10/17/2017

Collected Date:

Project: 17-41-118-17 LA/RAP/Various Roofs ASB/LBP Svy/Wattles Mansion

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

			Non-Asbe	estos	<u>Asbestos</u>
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Type
01-Coating	Upper Flat Roof - SW Corner	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0001		Homogeneous			
01-Roofing	Upper Flat Roof - SW Corner	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0001A	<u>'</u>	Heterogeneous			
02-Coating	Upper Flat Roof - SE Side	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0002		Homogeneous			
02-Roofing 1	Upper Flat Roof - SE Side	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0002A		Heterogeneous			
02-Roofing 2	Upper Flat Roof - SE Side	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0002B		Homogeneous			
02-Roofing 3	Upper Flat Roof - SE Side	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0002C		Homogeneous			
02-Wood	Upper Flat Roof - SE Side	Brown Fibrous	98% Cellulose	2% Non-fibrous (Other)	None Detected
321724431-0002D		Homogeneous			
03-Coating	Upper Flat Roof - NW Side	White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0003		Homogeneous			
03-Roofing 1	Upper Flat Roof - NW Side	Black Fibrous	12% Glass	88% Non-fibrous (Other)	None Detected
321724431-0003A		Homogeneous			
03-Roofing 2	Upper Flat Roof - NW Side	Black Fibrous	15% Glass	85% Non-fibrous (Other)	None Detected
321724431-0003B		Homogeneous			
04-Coating	Upper Flat Roof - Large Savone Vent,	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0004	NW Corner	Homogeneous			
04-Mastic	Upper Flat Roof - Large Savone Vent,	Black Non-Fibrous		90% Non-fibrous (Other)	10% Chrysotile
321724431-0004A	NW Corner	Homogeneous			
05-Coating	Upper Flat Roof - Vent Pipe, NW Side	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0005		Homogeneous			
05-Mastic	Upper Flat Roof - Vent Pipe, NW Side	Black Non-Fibrous		94% Non-fibrous (Other)	6% Chrysotile
321724431-0005A		Homogeneous			
05-Roofing	Upper Flat Roof - Vent Pipe, NW Side	Gray/Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0005B		Heterogeneous			
06-Coating 1	Upper Flat Roof - Hutch Pad, N Center	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0006		Homogeneous			



LA Testing Order: 321724431 **Customer ID:** 32CONV56

Customer PO: Project ID:

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Annearance	Non-Asbe % Fibrous	% Non-Fibrous	Asbestos
		Appearance	/e FIDIOUS		% Type
06-Coating 2	Upper Flat Roof - Hutch Pad, N Center	Beige Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
06-Mastic	Upper Flat Roof -	Black Non-Fibrous		90% Non-fibrous (Other)	10% Chrysotile
321724431-0006B	Hutch Pad, N Center	Homogeneous			
07-Coating	Upper Flat Roof - W Center	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0007	00/1101	Homogeneous			
07-Roofing 1	Upper Flat Roof - W Center	Black Fibrous	10% Synthetic	90% Non-fibrous (Other)	None Detected
321724431-0007A		Homogeneous			
07-Roofing 2	Upper Flat Roof - W Center	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0007B		Homogeneous			
08-Coating	Upper Flat Roof - NW Side	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0008		Homogeneous			
08-Roofing	Upper Flat Roof - NW Side	Black Fibrous	10% Synthetic	90% Non-fibrous (Other)	None Detected
321724431-0008A	Manager Plate	Heterogeneous		10001 N . E	
09-Coating	Upper Flat Roof - E Center	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
	News Flat Doof F	Homogeneous	400/ O	000 11 - 51 - 100	
09-Roofing 321724431-0009A	Upper Flat Roof - E Center	Black Non-Fibrous	10% Synthetic	90% Non-fibrous (Other)	None Detected
	South Verande - W	Homogeneous Silver		1000/ Non Shrave (Other)	Mana Datastad
10-Silver Paint 321724431-0010	Side	Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
10-Roofing 1	South Verande - W	Gray/Black	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0010A	Side	Fibrous Heterogeneous	TON Glads	55 % Non-Historia (Other)	None Detected
10-Roofing 2	South Verande - W	Black	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0010B	Side	Fibrous Homogeneous		con Hell librate (Caller)	None Belesied
10-Roofing 3	South Verande - W Side	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0010C	Side	Homogeneous			
10-Roofing 4	South Verande - W Side	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0010D		Homogeneous			
11-Coating/Silver Paint	South Verande - Center	Red/Silver Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0011		Homogeneous			
11-Roofing 1	South Verande - Center	Gray/Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0011A		Heterogeneous			
11-Roofing 2	South Verande - Center	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0011B		Homogeneous			
11-Roofing 3	South Verande - Center	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0011C		Homogeneous			
11-Wood	South Verande - Center	Brown Fibrous	95% Cellulose	5% Non-fibrous (Other)	None Detected
321724431-0011D		Homogeneous			



LA Testing Order: 321724431 **Customer ID:** 32CONV56

Customer PO: Project ID:

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

_			Non-Asbe		<u>Asbestos</u>
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Type
12-Coating/Paint	South Verande - E Side	Red/Silver Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
12-Roofing 1	South Verande - E Side	Black Fibrous	15% Glass	85% Non-fibrous (Other)	None Detected
321724431-0012A	olde	Homogeneous			
12-Roofing 2	South Verande - E Side	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-00128		Homogeneous			
12-Roofing 3	South Verande - E Side	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0012C		Homogeneous			
12-Roofing 4 321724431-0012D	South Verande - E Side	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
	South Verande	Homogeneous Gray/Red		100% Non fibrous (Othor)	None Detected
13-Coating Like	South Verande	Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
13-Mastic	South Verande	Various/Black/Silver Non-Fibrous	10% Cellulose	84% Non-fibrous (Other)	6% Chrysotile
321724431-0013A		Homogeneous			
14-Coating Like	South Verande	Gray/Red Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0014		Homogeneous			
14-Mastic	South Verande	Various/Black/Silver Non-Fibrous		93% Non-fibrous (Other)	7% Chrysotile
321724431-0014A		Homogeneous			
15-Coating Like	South Verande	Red Non-Fibrous		100% Non-fibrous (Other)	None Detected
15-Mastic	South Verande	Homogeneous Black/Silver		90% Non-fibrous (Other)	10% Chrysotile
321724431-0015A	South Verance	Non-Fibrous Homogeneous		30 % Non-librous (Other)	10% Onlysome
16-Shingle	Lower Roof - W Side	Red/Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0016		Heterogeneous			
16-Mastic	Lower Roof - W Side	Black Non-Fibrous		94% Non-fibrous (Other)	6% Chrysotile
321724431-0016A		Homogeneous			
16-Felt 1	Lower Roof - W Side	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0016B	1	Homogeneous	0001 0 . 11 1	000 M 51 (51)	N
16-Felt 2	Lower Roof - W Side	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0016C	Lower Roof - W Side	Homogeneous	20% Cellulose	900/ Non Sharra /Othors	Non- Detact-
16-Felt 3 321724431-0016D	Lower Roof - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
17	Lower Roof - E Side	Red/Black	10% Cellulose	90% Non-fibrous (Other)	None Detected
321724431-0017	201101 1 1001 - E 01de	Fibrous Heterogeneous	10 / Colleioo	oo is their indicate (Outer)	THORE DELECTED
18-Shingle 1	Lower Roof - E Side	Red/Black Fibrous	10% Cellulose	90% Non-fibrous (Other)	None Detected
321724431-0018		Heterogeneous			
18-Shingle 2	Lower Roof - E Side	Red/Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0018A		Heterogeneous			



LA Testing Order: 321724431 **Customer ID:** 32CONV56

Customer PO: Project ID:

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

			Non-As	bestos	<u>Asbestos</u>
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Type
19	Upper Flat Roof - Hatch	Brown/Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0019		Heterogeneous			
20	Upper Flat Roof - Hatch	Brown/Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0020		Heterogeneous			
21	Upper Flat Roof - Hatch	Brown/Tan/Black Fibrous	15% Glass	85% Non-fibrous (Other)	None Detected
321724431-0021		Heterogeneous			
22	Upper Flat Roof - W Chimney	Gray/White/Beige Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0022		Homogeneous			
23	Upper Flat Roof - W Chimney	Gray/White/Beige Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0023		Homogeneous			
24-Stucco	Upper Flat Roof - E Chimney	Gray/Beige Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0024		Homogeneous			
24-Mastic	Upper Flat Roof - E Chimney	Black Non-Fibrous		90% Non-fibrous (Other)	10% Chrysotile
321724431-0024A	,	Homogeneous			

Analyst(s)

Julie Vong (41) Rosa Mendoza (20) Jerry Drapala Ph.D, Laboratory Manager or Other Approved Signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-friable organically bound materials present a problem matrix and therefore EMSL recommends gravimetric reduction prior to analysis. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request. Unless requested by the client, building materials manufactured with multiple layers (i.e. linoleum, wallboard, etc.) are reported as a single sample. Reporting limit is 1%

Samples analyzed by LA Testing South Pasadena, CA NVLAP Lab Code 200232-0, CA ELAP 2283



Asbestos Chain of Custody LA Testing Order Number (Lab Use Only):

#321724431

LA TESTING 520 MISSION STREET S. PASADENA, CA 91030 PHONE: (323) 254-9960

FAX: (323) 254-9982

Company : Converse Consultants		LA Testing-Bill to: ⊠ Same ☐ Different If Bill to is Different note instructions in Comments**						
Street: 717 S Myrtle Avenue			TI	hird Party	Billina	requires written authoriz	etion from third party	
City: Monrovia	State/Province: CA	4					untry: USA	
Report To (Name): George Paler			Zip/Postal Code: 91061 Country: USA Fax #:					
Telephone #: (626) 807-3416				Addrage		ler@converseconsu	Itanta com	
	7 I A/PADMarious	Poofe A				es Mans. 4		
Please Provide Results: Fax				Svyr W		S. State Samples Ta		
	Turnaround Tim			* - Pleas	_			
	4 Hour	Hour	72	Hour		96 Hour 1 We	ek 🔲 2 Week	
*For TEM Air 3 hours through 6 hours, please to sign an authorization form for this service.	call ahead to schedule." Analysis completed in	There is a	premium (charge for Tasting's	3 Hour	TEM AHERA or EPA Level of Conditions located in the	el II TAT. You will be asked	
PCM - Air	TEM - Air					TEM- Dust	NO AMAIYIICAI FIICE GUIGE.	
☐ NIOSH 7400 ☐ AHERA 40						☐ Microvac - AST	M D 5755	
W/ OSHA 8hr. TWA	☐ NIOSH		•			☐ Wipe - ASTM D		
PLM - Bulk (reporting limit)	☐ EPA L	evel II				1 = '	on (EPA 600/J-93/167)	
☑ PLM EPA 600/R-93/116 (<1%)	☐ ISO 10	312				Soil/Rock/Vermic		
☐ PLM EPA NOB (<1%)	TEM - Bul	k				-	- A (0.25% sensitivity)	
Point Count	☐ TEM EI	PA NOB					- B (0.1% sensitivity)	
☐ 400 (<0.25%) ☐ 1000 (<0.1%)	☐ NYS N	OB 198.4	4 (non-fri	able-NY))		- B (0.1% sensitivity)	
Point Count w/Gravimetric	☐ Chatfie	ld SOP				☐ TEM CARB 435	- C (0.01% sensitivity)	
4 00 (<0.25%) 1 000 (<0.1%)	☐ TEM M	ass Anal	alysis-EPA 600 sec. 2.5			☐ EPA Protocol (S	Semi-Quantitative)	
NYS 198.1 (friable in NY)	TEM - Wa	ter: EP/	PA 100.2			☐ EPA Protocol (0	Quantitative)	
NYS 198.6 NOB (non-friable-NY)	Fibers >10	µm 🔲	Waste Drinking Other:					
☐ NIOSH 9002 (<1%)	All Fiber S	izes 🔲	Waste	Drink	ing			
☐ Check	For Positive Sto	p – Cle	arly Ide	ntify H	omog	enous Group		
Samplers Name:			Sample	ers Sign	ature:			
Sample #	Sample Des	ovintia.				Volume/Area (Air		
						HA # (Bulk)	Sampled	
See	AHuch	ed						
						-	-	
Client Sample # (s):						Total # of Samples:		
Relinquished (Cllent):	Some	Date:	12/	6/1	7	Tin	ne: 4:42pm	
Received (Lab): AMIKISS	OV (105)	Date:	101	111		Tin	110113	
Comments/Special Instructions:	Cr (M)	Date.	14	4		116	ie. IWTV)	
,								
	Page 1 of _	pa	ages					

#321724431



Converse Consultants

717 S. Myrtle Avenue Monrovia, CA 91016-3422

Tel.: (626) 930-1200 Fax: (626) 930-1212

Project Name	e: LA RAP/Various Roof ASB/LBP Survey Collected B	By: GJP	
Project N	o.: <u>17-41-118-17</u> Da	te:	16/17
HOMOGENEO	US MATERIAL: Root core - Sitreme o	Jer BIN	K ROOL felt
Sample Number	Location	Area Sq. Ft.	Condition
DI	UPPER KINT 12 ART - SW COMER	-4.090	Good
20	- SE Side		
03	-NW5.de		
influence o Potential fo Damage As	f Vibration: High Moderate Lo or Air Erosion: High Moderate Lo sessment: Good Damaged Si	ow ow ow gnificantly Damaged	
COMMENTS:	+ Roof nt couler and	W. S. dr	(lower root)
Wh.	te sitione over black	felt	rooting
_ on	Used Sybethete, 3,10	TSTE 19	sper Plat
ra	ets une homogonous	CONT.	S Put Plat
Relinquished By: Received By: Relinquished By: Received By:	A CO	Date: Date: Date: Date:	Page of 9





Converse Consultants

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200 Fax: (626) 930-1212

Project Name	e: LA RAP/Various Roof ASB/LBP Survey	Collected By: GJF		
Project N	lo.: _17-41-118-17	Date:	10/16/17	
HOMOGENEO	US MATERIAL: Roof Master			
Sample Number	Location	Area S	Sq. Ft. Condition	
04	UPPER KILL TEAST - Lurge Si	WHE -J	0 6000	
DT	- Vant P NWS	te		
06	- Hutch Nice	when		
	•			
influence o Potential fe	Friable Non-Friable or Contact with Material: High Moderate of Vibration: High Moderate or Air Erosion: High Moderate	Low Low Low		
Damage As	Waltes Manson Ph	Significantly Da	maged	
U ~ Y	thought white site	one net	lent pipes.	
con	A root hatch pld c	re vend	on Flat Ra	ofs
				_
,				
CHAIN OF CUS		e: 4142 Da	ate: 10/16/67	
Received By: Relinquished By: Received By:	mckissook (WI) Paray Tim	e: 1042 Da e: Da	ate: LONGIT ate:	
I NOVEIVELL BY,	turn	G D8	Page <u>2</u> of _	8

#321724431



Converse Consultants

717 S. Myrtle Avenue Monrovia, CA 91016-3422

Tel.: (626) 930-1200 Fax: (626) 930-1212

Project Name	e: LA RAP/Various Roof ASB/LBP Survey Collected	By: GJP				
Project No.: 17-41-118-17 Date:						
HOMOGENEO	US MATERIAL: RATE Parapet Core - S.	7. zone10	ver blackfelt			
Sample Number	Location	Area Sq. Ft.	Condition			
07	Upper RINT KAOL - W. Center	~510	Cool			
-08	-NW side					
09	- E. Center					
		,	<u> </u>			
influence o Potential fo Damage As	f Vibration: High Moderate L or Air Erosion: High Moderate L	.ow .ow .ow Significantly Damaged				
COMMENTS: _	cone over fot rooting, w	and su	bitrate			
700	Per a Louise Plat voger					
CHAIN OF CUS	STORY					
Relinquished By: Received By: Relinquished By: Received By:	AMOVISCON (WE) PAINT Time: 104	Date:	10/14/17			
toosived by.	Time:	Date:	**** O			



Converse Consultants

#321724451

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200 Fax: (626) 930-1212

Project Name	e: LA RAP/Various Roof ASB/LBP Survey	Collected By:	GJP				
	No.: <u>17-41-118-17</u>	Date:	10/1	16/17			
HOMOGENEO	US MATERIAL: ROOF core - Grey 1711	ed rasti	ny Par	nted red			
Sample Number	Location	Are	ea Sq. Ft	Condition			
10	Sorth Verande - W. S. de	2	15D	Good			
11	- center						
12	- E. S. A	e					
Friability: Friable Non-Friable Potential for Contact with Material: High Moderate Low Influence of Vibration: High Moderate Low Potential for Alir Erosion: High Moderate Low							
COMMENTS:	Waltes Mansion P	Significan	ly Damaged				
N. V.	evende has metal (co	sper) s	heet	any on floor			
			V V .				
CHAIN OF CU	STODY	200		1 1			
Relinquished By: Received By: Relinquished By:	torcy is sport with Put up Time:	1042	Date: Date: Date:	10/16/17			
Received By:			Date:	Page <u>4</u> of <u>8</u>			
				rayeU u			



Converse Consultants #321724451

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200 Fax: (626) 930-1212

roject Name: L	A RAP/Various Roof ASB/LBP Survey	Collected By: GJP	2
Project No.: 1	7-41-118-17	Date: VA/IV	17
MOGENEOUS MA	ATERIAL: ROOF Musture		
Sample Number	Location	Area Sq. Ft.	Condition
13 50	1th Verande	~20	Good
14			
15		J	b
Priability: Potential for Contact Influence of Vibration Potential for Air Erosi Damage Assessment: DMMENTS:	: High Moderate	Low Low Low Significantly Damaged	de flas
		<u> </u>	
IAIN OF CUSTODY			1 1
linquished By:	Tim Tim Tim Tim	e: 1042 Date:	0/16/17
			Page of



Converse Consultants #321724431

717 S. Myrtle Avenue Monrovia, CA 91016-3422

Tel.: (626) 930-1200 Fax: (626) 930-1212

Project Nam	e: LA RAP/Various Roof ASB/LBP Sur	vey Collecte	ed By: <u>GJP</u>	1
Project N	No.: <u>17-41-118-17</u>		Date: 19/16	17
HOMOGENEO	DUS MATERIAL: TO OOL COME	- 15elt ra	4 under Sp	anish file
Sample Number	Location		Area Sq. Ft.	Condition
16	LOWER KAST - W.	side	~3,949	Good
17	Lower Rost - 12.	s.de		
18		L		la constitution of the con
influence Potential	Frieble for Contact with Material: High of Vibration: High for Air Erosion: High Assessment: Good	Non-Friable Moderate Moderate Moderate Damaged	Low Low Low Significantly Damaged	
COMMENTS:	1	Lite, T.	root upre	,
CHAIN OF CU Relinquished By: Received By: Relinquished By:	Amoristan (WE)	Time: 4:	47 Date: 10 42 Date: 10 Date:	7/16/17
Received By:		Time:	Date:	Page of 8



Converse Consultants #3 2 1 7 2 4 4 3 1

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200 Fax: (626) 930-1212

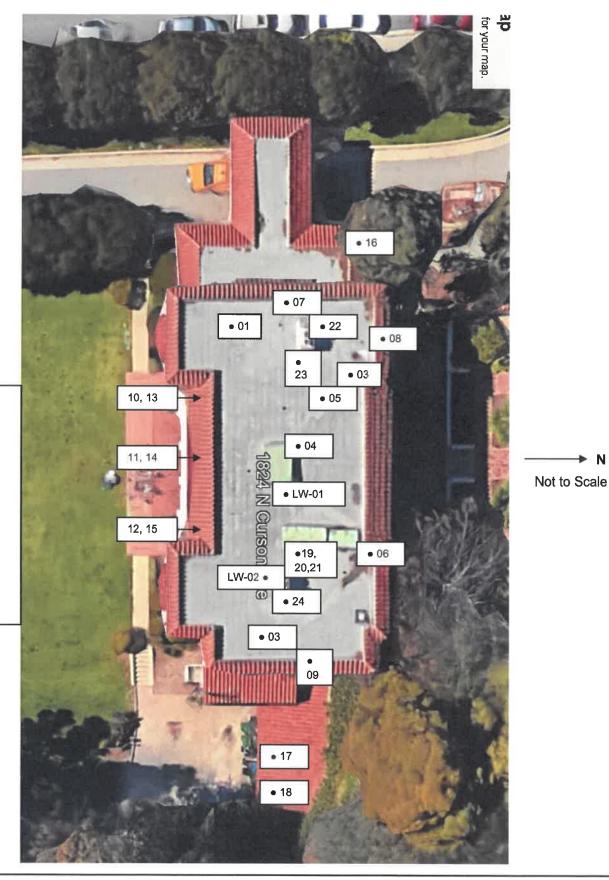
Project Name	ELA RAP/Various Roof ASB/LBP Survey	Collected By: GJP	
Project N	o.: <u>17-41-118-17</u>	Date:	6/17
HOMOGENEO	US MATERIAL: Root Capsherd	- Flat Roof	
Sample Number	Location	Area Sq. Ft.	Condition
19	UPPER FIRST KOOK - LIN	~107	Good
20			
21			
Influence o	or Air Erosion: High Moderate	Low Low Low Significantly Damaged	
un vo	devienth copper in of hunger mid I are	eket at i	ent.
CHAIN OF CUS Relinquished By: Received By:	STODY George Time: Time: Time:	4:47 Date:	10/14/17
Relinquished By: Received By:	Time:		
			Page 7 of 8



Converse Consultants #321724451

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200 Fax: (626) 930-1212

Sample Number Location Area Sq. Ft. Condition TT The Condition Area Sq. Ft. Condition G g g d THE Condition Area Sq. Ft. Condition G g g d The Condition Area Sq. Ft. Condition G g g d The Condition Area Sq. Ft. Condition G g g d The Condition Area Sq. Ft. Condition G g g d The Condition The Condition	roject Name:	LA RAP/Various Roof ASB/LBP Survey	Collected By: GJP	
Sample Number Location Area Sq. Ft. Condition CT CT CONDITION CONDITION	Project No.	: _17-41-118-17	Date: 10/14/	17
Sample Number Location Area Sq. Ft. Condition 77 23	MOGENEOU	SMATERIAL: (Ext. Stuces -	chimney	
Frieble Fri		Location	Area Sq. Ft.	Condition
Problem Fresh Fres		IPPOR RINT ROOK - W.	chimnex -100	Good
Friability Friabi	23	- W.	Chimbo	
Potential for Contact with Material: Influence of Vibration: Potential for Air Erosion: Potential for Air Erosion: Demage Assessment: Good Darnaged Significantly Damaged DAMMENTS: High Moderate Low Significantly Damaged Significantly Damaged Damaged Significantly Damaged Damaged Significantly Damaged DAMMENTS: HAIN OF CUSTODY Date: Time: Date: Date: Date: Date: Date: Date: Date: Dat	24	- 15.	chimney	
Potential for Contact with Material: Influence of Vibration: Potential for Air Erosion: Demage Assessment: Good Darnaged Significantly Damaged DAMMENTS: High Moderate Low Significantly Damaged Significantly Damaged Damaged Significantly Damaged Significantly Damaged Damaged Significantly Damaged Sign				
Potential for Contact with Material: High Moderate Low Demograce of Vibration: High Moderate Low Potential for Air Ernsion: High Moderate Low Significantly Demogracy Assessment: Good				
Potential for Contact with Material: High Moderate Low Potential for Air Erosion: High Moderate Low Demage Assessment: Groot Darnaged Significantly Damaged DMMENTS: High Moderate Low Significantly Damaged Significant Damaged Significant Damaged Significant Damaged Significant Damaged				
Potential for Contact with Material: Influence of Vibration: Potential for Air Erosion: Potential for Air Erosion: Demage Assessment: Good Darnaged Significantly Damaged DAMMENTS: High Moderate Low Significantly Damaged Significantly Damaged Damaged Significantly Damaged Damaged Significantly Damaged DAMMENTS: HAIN OF CUSTODY Date: Time: Date: Date: Date: Date: Date: Date: Date: Dat				
elinquished By: Time:	Influence of V. Potential for A	Toration: High Mode High Mode Sament: Good Dame	rate Low rate Low gged Significantly Damaged	
dinquished By: Time:				
elinquished By: Time:				
elinquished By: Time:	HAIN OF CUST	TODY		
	elinquished By:	mokisson (wi) Enter	Time: Date:	0/16/17
Page 🖖 of	4 4 -		Time: Date:	Pageof



Sample Location Map - Wattles Mansion



<u>Key</u>

• 01

Bulk Asbestos

Sample

Location

• LW-01

Bulk Paint

Sample Location

Lead

XRF Summary Table Analytical Report Chain of Custody

Lead

XRF Summary Table Wattles Mansion

Date of Inspection: Oct. 16, 2017 Inspector: George Paler Cert No.: I-1487

Analyzer: Niton XLp 702A Units: mg/cm² Action Level: 0.7 mg/cm²

	Component	Substrate	Side	Condition	ZOIO2	Room	Kesults	T P P P
_			SHUTTER_CAL					0.85
2			CALIBRATE				Positive	-
က			CALIBRATE				Positive	-
4			CALIBRATE				Positive	_
5	STAIRS	WOOD	NORTH	INTACT	VARNISH	ROOF	Negative	0.07
9	STAIR SIDE BASE	WOOD	NORTH	INTACT	VARNISH	ROOF	Negative	0.01
7	STAIRWELL WALL	PLASTER	NORTH	INTACT	WHITE	ROOF	Negative	0
8	SQUARE VENT	WOOD	NORTH	PEELING	WHITE	ROOF	Negative	0.01
6	SQUARE VENT	WOOD	NORTH	PEELING	WHITE	ROOF	Negative	0.01
10	ROOF	VINYL		INTACT	WHITE	ROOF	Negative	0.01
1	VENT PIPE	METAL	WEST	INTACT	WHITE	ROOF	Nall	0.02
12	VENT PIPE	METAL	WEST	INTACT	WHITE	ROOF	Negative	0.04
13	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Null	0
14	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Null	0
15	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Null	0
16	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Null	0.04
17	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Null	0
18	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Positive	1.1
19	FLASHING	METAL	NORTH	INTACT	BROWN	ROOF	Negative	0
20	CHIMNEY FLASHING	METAL	WEST	PEELING	BEIGE	ROOF	Negative	0
21	COPPER JACKETING	METAL	WEST	INTACT	GREEN	ROOF	Negative	0.13
22	GUTTER	METAL	NORTH	INTACT	BROWN	S. VERANDA ROOF	Negative	0.01
23	ROOF	ASPHALT	SOUTH	CRACKED	RED	S. VERANDA ROOF	Positive	က
24	DOOR LANDING	WOOD	SOUTH	PEELING	BROWN	S. VERANDA ROOF	Positive	3.1
25	FASCIA	MOOD	SOUTH	FAIR	BROWN	S. VERANDA ROOF	Positive	1.9
26	EAVES	WOOD	SOUTH	INTACT	BROWN	S. VERANDA ROOF	Positive	7.1
27	RAFTER MOLDING	WOOD	SOUTH	INTACT	BROWN	S. VERANDA ROOF	Positive	2.7
28	BEAM	WOOD	SOUTH	INTACT	BROWN	S. VERANDA ROOF	Positive	2.3
29	WALL POST	WOOD	SOUTH	PEELING	BEIGE	S. VERANDA ROOF	Positive	1.7
30	WALL	STUCCO	SOUTH	INTACT	BEIGE	S. VERANDA ROOF	Nall	0.05
31	WALL	STUCCO	SOUTH	INTACT	BEIGE	S. VERANDA ROOF	Positive	1.6
32	WALL CAP	CONCRETE	SOUTH	FAIR	BEIGE	S. VERANDA ROOF	Negative	0.18
33			CALIBRATE				Null	6.0

Date of Inspection: Oct. 16, 2017 Inspector: George Paler Cert No.: I-1487

XRF Summary Table Wattles Mansion

Units: mg/cm² Analyzer: Niton XLp 702A

Action Level: 0.7 mg/cm²

Reading No	Component	Substrate	Side	Condition	Color	Room	Results	PbC
34			CALIBRATE				Positive	_
35			CALIBRATE				Positive	6.0
36			CALIBRATE				Positive	1



Attn: George Paler

LA Testing

520 Mission Street, South Pasadena, CA 91030

Phone/Fax:

Converse Consultants

717 S Myrtle Avenue

Monrovia, CA 91016

(323) 254-9960 / (323) 254-9982

STING http://www.LATesting.com

pasadenalab@latesting.com

Phone:

(626) 930-1200

LA Testing Order: 321724412

32CONV56

CustomerID:

CustomerPO:

ProjectID:

Fax: Received: (626) 930-1212

10/16/17 4:45 PM

Collected:

Project: 17-41-118-17 LA RAP/Varous Roofs ASB/LBP Svy/Wattles Mansion

Test Report: Lead in Paint Chips by Flame AAS (SW 846 3050B/7000B)*

Client Sample Descriptio	n Lab ID	Collected	Analyzed	Lead Concentration
LW-01	321724412-0001		10/17/2017	340 ppm
	Site: White Wo	od - Upper F	lat Roof - Large Savone V	
LW-02	321724412-0002	?	10/17/2017	<100 ppm
	Site: Beige Stud	cco - Upper F	Flat Roof/E Chimney	

Jerry Drapala Ph.D, Laboratory Manager or other approved signatory

*Analysis following Lead in Paint by EMSL SOP/Determination of Environmental Lead by FLAA. Reporting limit is 0.010 % wt based on the minimum sample weight per our SOP. Unless noted, results in this report are not blank corrected. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL benso responsibility for sample collection activities. Samples received in good condition unless otherwise noted. "<" (less than) result signifies that the analyte was not detected at or above the reporting limit. Measurement of uncertainty is available upon request. The QC data associated with the sample results included in this report meet the recovery and precision requirements unless specifically indicated otherwise. Definitions of modifications are available upon request.

Samples analyzed by LA Testing South Pasadena, CA CA ELAP 2283, AIHA-LAP, LLC ELLAP 102814



Lead (Pb) Chain of Custody LA Testing Order Number (Lab Use Only):

#321724412

LA TESTING 520 MISSION STREET SOUTH PASADENA, CA 91030 PHONE: 800-303-0047

HONE: 800-303-0047 FAX: 323-254-9982

Company : Converse Consultant	s	LA Testing-Bill to If Bill to is Different not	: Same Differente instructions in Comments**	t			
Street: 717 S Myrtle Avenue		Third Party Billing requires w	ritten authorization from th	ird party			
City: Monrovia	State/Province: CA	Zip/Postal Code: 91061	Country: USA	m a party			
Report To (Name): George Paler		Fax #:	J JJanuary Con				
Telephone #: (626) 807-3416		Email Address: gpaler@converseconsultants.com					
	47 LA DADGIOTO DO SE ACDII D			Oni			
	1-17 LA RAP/Varous Roofs ASB/LB			- 2/			
Please Provide Results: 🔲 Fax	Turnaround Time (TAT) Op	tionat Places Chark	ate Samples Taken: (_H			
☐ 3 Hours ☐ 6 Hours		3 Days 4 Days	□ 1 Week □	2 Week			
	mpleted in accordance with LA Testing's T			Z TYGER			
Matrix	Method	Instrument	Reporting Limit	Check			
Chips mg/cm² P mg/cm²	SW846-7000B/7420 or AOAC 974.02	Flame Atomic Absorption	0.01%	×			
Air	NIOSH 7082	Flame Atomic Absorption	4 μg/filter				
	NIOSH 7105	Graphite Furnace AA	0.03 µg/filter				
	NIOSH 7300 modified	ICP-AES	0.5 µg/filter				
Wipe* ☐ ASTM	SW846-7000B/7420	Flame Atomic Absorption	10 μg/wipe				
non ASTM "If no box is checked, non-ASTM Wipe is a	SW846-6010B or C	ICP-AES	0.5 µg/wipe				
TCLP	SW846-1311/7420/SM 311	1B Flame Atomic Absorption	0.4 mg/L (ppm)				
	SW846-6010B or C	ICP-AES	0.1 mg/L (ppm)				
Soil	SW846-7000B/7420	Flame Atomic Absorption	40 mg/kg (ppm)				
	SW846-7421	Graphite Furnace AA	0.3 mg/kg (ppm)				
	SW846-6010B or C SM3111B or	ICP-AES	1 mg/kg (ppm)				
Wastewater	SW846-7000B/7420	Flame Atomic Absorption	0.4 mg/L (ppm)				
	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm)	- H			
Drinking Water	SW846-6010B or C	ICP-AES	1 mg/kg (ppm)				
Drinking Water	EPA 200.9	Graphite Furnace AA 0.003 mg/L (ppm)					
Other:	Pi	reservation Method (Water)	:				
Name of Sampler:	s	ignature of Sampler:					
Sample #	Location	Volume/Area	Date/Time S	Sampled			
See f	Huchest						
Client Sample #'s	•	Total # of Sa	amples:				
Relinquished (Client):	Date:	13/16/17 Time:	4:45	MI			
	- ON LOCALI	tooling.	LINK				
Received (Lab):	MULSCOK Date:	Time:	1 1090				
		pages					



Converse Consultants

#321724412

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200

Tel.: (626) 930-1200 Fax: (626) 930-1212

BULK SAMPLE LOG - LEAD PAINT

	Exterior	Paint Color & Substrate	Sample Location & Comments	Area Sq. Ft.	Cond.
	/	White,	Lange savare vant	-50	Peel.
	/	Berge, Stucio	1E. Chowney	~109	Intu
ITS:	Hat	Hos Mr	nsoon		
4	Y	Dog 6	a State Time: 4. U.S. Sans Date:	9/2/5	L
	CUSTOD	CUSTODY	TS: While Mr	CUSTODY Y: Line: 4:45 m Date:	TS: Males Minson CUSTODY y: August Time: 4:45 pm Date: 19/14/17



AIR, INC. dba AIR DEMOLITION & ENVIRONMENTAL SOLUTIONS

3517 W. Washington Boulevard . Los Ángeles . California . 90018 T 323.733.0508 F 323.732.3414 License No. 795278

CLOSE OUT REPORT

City of LA DGS-Wattles Mansion

1824 North Curson Ave. West Hollywood, CA 90046



AIR, INC. dba AIR DEMOLITION & ENVIRONMENTAL SOLUTIONS

3517 W. Washington Boulevard . Los Angeles . California . 90018 T 323.733.0508 F 323.732.3414 License No. 795278

Dailies



AIR, Inc., dba AIR Demolition & Environmental Solutions

PRE-JOB SITE CHECK LIST

PROJECT NAME: City of LA DGS-Wattles Mansion	DATE	5	29	14,
PROJECT ADDRESS: 1824 North Curson Ave. West Hollywood, CA 90046	Job#	41	35	· · · · · · · · · · · · · · · · · · ·
PROJECT SUPERVISOR: Josias Valdez CONTR	ROL#:		 	-
SURVEY PLAN ON SITE WORK PLAN ON SITE 2 COPIES OF CERTIFICATES OF ALL WORKERS ON SITE				
2 JOB NOTIFICATIONS ON SITE				
EMERGENCY HOSPITAL LIST ACOPY OF PRE-JOB SUBMITTALS				
COPY OF LICENSE				
SCOPE OF WORK				
RECORD OF WORK PERFORMED				
DISDATCHED INITIALS				



AR. Inc., disc AIR Demolition & Environmental Solutions

DAILY WORK SITE CHECK LIST

PROJECT NAME: City of LA DGS-Wattles Mansion	DATE:	5/29/14
PROJECT ADDRESS: 1824 North Curson Ave.	Job#:	
PROJECT SUPERVISOR: Josias Valdez	300#.	4135
SIGN IN WORK GROUP		
DISCUSS WORK PROCEDURES TO BE ACCOMPLISHED		
CHECK PPE		
CHECK WASH UP STATION		
CALIBRATE AIR PUMP, LABEL AND LOG-IN FILTERS FOR PERSONAL MONITO	RING (when	i
TURN ON AIR EXCHANGE MACHINES		
CHECK CONTAINMENT OF WORK AREA		
GET CRAFT SUPERVISOR'S JOBSITE SAFETY CHECKLIST		
UPDATE DAILY OBSERVANCE LOG (NOTE JOB PROGRESS, PROBLEMS ENCOUNTERED, ANY I	UNUSUAL CIRCU	MSTANCES, ETC.,)
BODY VAC TO LEAVE CONTAINMENT FOR LUNCH		
REMOVE PROTECTIVE CLOTHING WHEN LEAVING CONTAINMENT		
WASH UP FOR LUNCH		
CHECK EMPLOYEE ENTRY SHEETS AND SIGN OUT FOR LUNCH		
SIGN IN AFTER LUNCH		
RE-ESTABLISH PPE AND PROTECTIVE GEAR		
UPDATE DAILY OBSERVANCE LOG		
CLEAN UP AREA		
BODY VAC TO LEAVE CONTAINMENT		
REMOVE PROTECTIVE CLOTHING WHEN LEAVING CONTAINMENT		
DAY END CLEAN UP		
COLLECT EMPLOYEE ENTRY SHEETS AND SIGN OUT TO END DAY		

SUPERVISOR'S SIGNATURE: Jail Valo

DATE: 5 29 14.

AIR Demolition & Environmental Solutions

CONTRACTOR- DAILY PERSONNEL REPO	ORT	DATE:	5/29/14.
CONTRACTOR: AIT INC.	PROJECT:	City	of LA DGs-Wattes Mansic
JOB DESCRIPTION: Abatemen-	con_	TRACT	NO.: 4135.
WORKER'S NAME	SSN	HRS	JOB CLASSIFICATION
1 Josias Valdez	4232	8	Supervisor.
2 ALBERTO EAMERO	8744	8	labor.
3 - Francisco De Ande	0023	0	Labor.
5	, million, s		
6			
7			
8			
9			
10			
SIGNED: Jones STARTTIME: 7:00am. DBSERVATION NOTES: Arrive of Safety meeting about	9	= 3: i+e c	30pm. at 7:00am held a
adders with Air inc. o windows, dryer, washer	icechest,	set u	riticals on the doors, up 2 stage decon,
a negative air machine			
3:00 am Wattles Mans	ion-laund	ryr	com continued with
the set up begin with	+ Chips	ocra	pe 100se 4 Flary
0:00 am Wattles Mans he manual scrape 1005 0:00 am Wattles Mans	ion-Laundi e flaky	y ro	for continued with
0:00am Wattes Mans	ion-laund	ry r	com continued with
the manual scrope loose	z & flaky p	aint	, bag all the paint
chips, bag out.	1 1		
1	m Lunch.	1	1 1 1 11
11-31 am Wattles Man	Sion - Laur	dry	room continued with
the manual scrape loos Chips, hepa Vacuum, we-	+ WIPE PF	mer	where We Scrape
he paint with LBC lea	nd barrier	com	pound and Clean up>
I make the second of the secon		/	

OBSERVATION NOTES CONTINUED: 12:31 pm Continued with primer
where We scrape the paint with LBC lead barrier compound. 1:31 pm Wattles Mansion-Laundry room Continued
1:31 pm Wattes Mansion-Laundry room Continued
with primer where we scrape the paint with LBC Lead
barrier compound, hepa Vacuum, wet wipe, visual with
inspector, we had to wait a few minutes for primer
to dry, remove all the poly after it was clean,
2:31 pm thru 3:30 pm Load equipment and material
to Air inc. vehicle and clean up, we left the job site
at 3:30pm, all work was done safe and clean.
NOTE: Ice chest was not move for the reason we
didn't scrape behind it, we try to move it but it
was to heavy.
Annual An
All the country of th



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Employee Containment Entry- Exit Log

Project Name:	City of LA DGS-Wattles Mansion	Date: 5 29 14	Day of week: Thursday
Job Number:	4135	Supervisor: Josias Valdez	

EMPLOYEE NAME (PRINT)	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	Initials
Josias Valdez ALBERTO GAMERO Francisco De And	8:41	10:56	11:37	2:28			J.V
ALBERTO BAMERO	8:27	10:55	11:38	2:27	*************************************		A.S.
Francisco De And	8:26	10:57	11:40	2:26			ACC
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or Guardia and an 100 (Stan Millio	*						

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Record of Work Performed

Date: 5 29 14.	
Project Name: City of LA DGS-Wattles Mansion	G.C.: City of LA DGS.
Management de décamans una mode de la management de la ma	Type of Project: Abatement.

Building	Area	Material	Sq. Ft.	% Completed
Wattles. Mansion.	Room!	Manual scrape loose \$ flaky paint, prin Where we scrape the paint and clean up		100%
	Simulation	& flaky paint, prin	ner	
	**************************************	Where we scrape the	:	indestrona (Control of Control of
		paint and clean up	·	PARAMETER STATE OF THE STATE OF
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		14-Venesar daya 1200m. sakutti kung tanta at	(************************************	
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Committee of the Commit				
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i e			man and a superior discount from the contract of the contract	
		** ** ********************************	Management Transport Transport	
		digital because the months of the manuscription of	U.M. Special Control of Control	

Start Time: 7:00 am	1 (End Time: 3:30pm)
Supervisor Signature:	Vald G.C./Owner Signature: Not on Site
0	Consultant Signature:



AIR, Inc., dba AIR Demolition & Environmental Solutions

Filter Change Log

	1	1
Date: 5	129	114

Project Name: City of LA DGS-Wattles Mansion- 1824 North Curson Ave.

Job #4135

AQMD ID#	Unit ID#	# Hours Used	# Pre-filter Change	# Secondary Filter Change	Comments	Initials of Supv
467176	100887.	6	12	12	· · · · · · · · · · · · · · · · · · ·	JV
· · · · · · · · · · · · · · · · · · ·	- mare				All the second s	
4-2-1					· i janus prominente fire e	
- 1 (Marie 1997)						
				-	y desirate and the second seco	NAME OF TAXABLE PARTY.

Unit ID #	1 Micron	3 Micro	ns	5 Microns	Initials of Supv.
A CONTRACTOR OF THE CONTRACTOR		NA	and at the state of the state o	, in the second	
Respirator Filter Change					
Name;	Last 4 of SSN	Respiratory Type	Date	Comments	
Josias Valde	2 4232	1/2 face	5/29/14		
ALBERTO SOME	8744	ļ			
mine isto I De Ani	002-3	V	1		
Vacuum Bag Filter					
AQMD ID #	Unit ID #	Bag	HEPA	Initials of Supv.	
Vacuum				8.15.25	
	Unit ID#	Bag	HEPA	Initials	
AQMD ID#	Olift ID #	9		of Supv.	



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ACCIDENT/INCIDENT REPORT FORM

Date of incident:	Time:	AM/PM		
# 4135 City of LA DGS-Wattles Location of incident: 1824 Nort		st Hollywood, CA	90046	
Supervisor on site: Josias Va	ldez			
Name of injured person:	100		· William Colonia and the colo	
Address		- Andrewskie of the State of th		
Phone Number(s):			The state of the s	
Date of birth:				
Type of injury:				×
Details of incident:				
Describe injury and part of bo	ody affected:			
Work restrictions:			A	COSSESS CONTRACTOR CON
Injury requires physician/hospi	tal visit? Yes	sNo	e on the Milke in the contract of the contract	
Name of physician/hospital:Address:				
Physician/hospital phone numb				
I certify that the statements a		et .		
Signature of supervisor			Date	
Signature of injured party	Mary Guide Mary Control of the Contr	Mari I a Wan	Date	

Return this form to Safety Coordinator within 24 hours of incident.



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3517 W. Washington Boulevard . Los Angeles . California . 90018 T 323.733.0508 F 323.732.3414 License No. 795278

Notifications

STATE OF CALIFORNIA Division of Occupational Safety and Health

LEAD-WORK PRE-JOB NOTIFICATION



of Health Services Lea		Shift Day Swing Graveyard			b workers: (c	*Phone 323/733-0508 Pager/cellular phone No. theck one below) 31 - 40 41 - 50 > 50 de duration of 'Lead Work' in days
Josia of Health Services Lea Job completion date/ti 5/29/2	d Cert. No	Shift Day Swing Graveyard	*Nui	mber of lead-joi 1 - 5 6 - 10 11 - 20	b workers: (c	Pager/cellular phone No. check one below) 31 - 40 41 - 50 > 50
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of Health Services Lea Job completion date/ti 5/29/2	d Cert. No	Shift Day Swing Graveyard		1 - 5 6 - 10 11 - 20	*Approximat	31 - 40 41 - 50 > 50
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of Health Services Lea Job completion date/ti 5/29/2	d Cert. No	Shift Day Swing Graveyard		11 - 20		> 50
Job completion date/ti 5/29/2	ime	Shift Day Swing Graveyard				
5/29/2		Day Swing Graveyard		21 - 30		e duration of 'Lead Work' in days
5/29/2		Day Swing Graveyard				e duration of 'Lead Work' in days
5/29/2		Day Swing Graveyard				e duration of 'Lead Work' in days
	013 15:30	Swing Graveyard				
n of job		Graveyard			One Day	
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n of job		promise and the second				
n of job		Other				
		City			Nearest cros	ss street
		Los Angeles			Hollywood Blv	vd.
		County			Zipcode	
					90046	
(building no., room no	otc \	Los Angeles			130040	
touliding no., room no	., e.c.)	Address			Zipcode	Contact Person:
			treet # 1	nn Ins		
Lessee (check o	ne)	Angeles CA.	ilout m	203	30012	Lisa Walldez
						Pager/cellular phone No.
creations						213 202 2664
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	Lessee (check of creations	Lessee (check one) creations Residen mercial School ractices: rk to be done (check all that apply) mage Repair Paint Re pair/Replacement Demolit methods (check all that apply): anding Demolit methods (check all that apply): anding Demolit methods (check one per column) curbed: (check one per column) re feet	Lessee (check one) Comparison of the comparis	Lessee (check one) Coreations Coreation	Lessee (check one) 22 North Figueroa Street # 100 Los Angeles CA.	Lessee (check one) Comparison Compariso

This information is provided in accordance with Title 8, California Code of Regulations, Construction Safety Order Section1532.1 (p).

(Note: items marked * are required) *Name of employer doing 'Lead Work' *Phone *Address *Zipcode 3517 W. Washington Blvd. 90018 323/733-0508 Air Inc 795278 Pager/cellular phone No. Calif. Cont. Lic. No. (if applicable) *Number of lead-job workers: (check one below) Supervisor: V 1 - 5 31 - 40 41 - 50 6 - 10 * Supervisor name: Joslas Valdez California Department of Health Services Lead Cert. No. 7385 11 - 20 > 50 21 - 30 (if applicable) *Job completion date/time *Approximate duration of 'Lead Work' in days *Job start date/time Shift 5/29/2013 15:3C V Day One Day 5/29/2014 7:00 Swing Graveyard Other Nearest cross street *Street address or location of job City 1824 North Curson Avenue Los Angeles Hollywood Blvd Zipcode County 90046 Los Angeles *Precise Location of work (building no., room no., etc.) Contact Person: Entity contracting the lead-work Address Zipcode 22 North Figueroa Street #100 Los ✓ Premises Owner Lessee (check one) Lisa Walldez Angeles CA. Pager/cellular phone No. Department of Parks and Recreations 213 202 2664 Type of structure and use: Steel Structure/Type ✓ Residence J' Office Building Other School Public Access/Commercial Scope of work and work practices: *Describe lead-related work to be done (check all that apply) Surface Preparation Wall Repair Other_ Water/Moisture Damage Repair ✓ Paint Removal ☐ Demolition Window/Door Repair/Replacement *Describe paint removal methods (check all that apply): Demolition Hydroblasting Manual Scraping/Sanding Other work practices disturbing lead: Power Sanding/Grinding Heat Guns Torch Cutting Welding Abrasive Blasting Chemical Stripping 'Amount of area to be disturbed: (check one per column) < 10 linear feet < 10 square feet 10 - 100 linear feet 10 - 100 square feet \mathbf{V} 101 - 1000 square feet 100 - 1000 linear feet > 1000 linear feet > 1000 square feet Torch Cutting/Welding

JOB NO.

PGS. RESULT

****** *** FAX TX REPORT *** ****** TRANSMISSION OK 0115 15106205656 DESTINATION ADDRESS SUBADDRESS DESTINATION ID-05/23 13:01 ST. TIME TX/RX TIME 00, 26 1

State of California-Health and Human Services Agency

California Department of Public Health

ABATEMENT OF LEAD HAZARDS NOTIFICATION

ΟK

POST AT ALL ENTRANCES TO WORK AREA AND STRUCTURE

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

	Louis Daos	d Paint or Lead Ha	20103 13	Concadica	The state of the s	
Address [number, street, apartment (if applicable)] 1824 North Curson Avenue		City Los Angeles		County . CA	Zip Coo	le 046
Type of structure (check one box only) X Single family dwelling Other (specify)	Multi-famil	y building [Scho	ool, daycare, or other	child-occupied f	acility
Section 2 — Summary of Specific Work and Scrape the toose and flaking paint from the					Will Be Abate	ed .
Description of work to be performed:	x Interio	r Exterior	E	Both interior and ext	terior	
Type of Abatement (check all that apply):	Perma	onent (> 20 years)	ХI	Temporary (< 20 ye:	ars)	
Do any children reside on the premises?	Yes	x No		Don't know		

Section 3				C Marco	*********	and the same day
	WEST	Projected ending da	te 5-29-	14		· · · · · · · ·
Projected starting date 5-29-14 Section 4 — Restrictions on Entering Work			5-29-			
Projected starting date 5-29-14 Section 4 — Restrictions on Entering Work List specific times and/or dates residents are r	ot allowed to	o enter work areas, l	5-29-			
Projected starting date 5-29-14 Section 4 — Restrictions on Entering Work List specific times and/or dates residents are r N/A If you would like more information, please	ot allowed to	o enter work areas, l	5-29-			
Projected starting date 5-29-14 Section 4 — Restrictions on Entering Work List specific times and/or dates residents are r N/A If you would like more information, please Section 5 — Property Owner or Manager	ot allowed to	o enter work areas, l	5-29-			
Section 4 — Restrictions on Entering Work List specific times and/or dates residents are r N/A If you would like more information, please Section 5 — Property Owner or Manager Name	ot allowed to	o enter work areas, I following:	5-29-	Telephone n 23 202 26	Zip Cod	
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Projected starting date 5-29-14 Section 4 — Restrictions on Entering Work List specific times and/or dates residents are r N/A If you would like more information, please Section 5 — Property Owner or Manager Name Department of Recreation and Parks Address [number, street, apartment (if applicable)] 221 North Figueroa Street Suite 100 Section 6 — Individual Conducting Abatem Name and company (if applicable)	oot allowed to	following: City Los Angeles Visor or Company a	5-29- f applica	Telephone n 23 202 20 State CA ervisor) CDPH certification	Zip Coc	0012 cable)

Telephone number Face 3, 1000 000



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Air Samples

ş



El Monte, CA 91731

Micron Environmental Labs, Inc.

Analytical Method: NIOSH 7082 AIHA (ELPAT) ID No.: 103012 CA ELAP Certificate NO.2297

Micron Ref . NO.: 12814109

Date: 6/13/14

Lead (Pb) in Air Summary Results

Project: # 4135

Analyst: Glenn Gutierrez

1824 North Curson Ave., West Hollywood

Company: Asbestos Instant Response, Inc.

Address: 3517 W Washington Blvd.

City, State, Zip: Los Angeles, CA 90018

Date Received: 6/12/14

Date Analyzed: 6/13/14

No. of samples: 1

Sample	Date	Air Volume	Vol.	Dil.	Conc.	Results
ID	Collected	LT	(ml)	Factor	mg/l	µg/m3
001	5/29/14	720.0	10	1	0.02	0.3

µg-micrograms

MDL for Micron Labs=0.4702 µg/filter

Page 1 of 1



AIR, INC., dba

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Manifests

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	6.	ransporter 1 Company Nama	1			5	A TANK		U.S. EPAID	Number	7 - 4 1 3		······································
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	Fac	illy's Phone: 562-432-5445		w					ī		*		
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CESTORY IN LACKER	19. H	azardous Waste Réport Managemi	ent Method Codes (i.e., codes	tor nazardova waste treats	nent, disposal, a	nd recycling syst	lems)			/// vénterossesette			
3	A.S.		6.		3.				4.				
-	20 D	esignated Facility Owner or Operat	or Certification of receipt of h	azarinus motorials covered	hy the moniford	hotes se frança	in Hor	lga.		4-11-10-1		***************************************	
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AIR, INC. dba AIR DEMOLITION & ENVIRONMENTAL SOLUTIONS

3517 W. Washington Boulevard . Los Angeles . California . 90018 T 323.733.0508 F 323.732.3414 License No. 795278

Employee Certifications



Certificate of Attendance

CERTIFICATE NUMBER 51623

This is to Certify that

JOSIAS VALDEZ

Has Completed the Course of

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER COURSE CA-014-04

Insertediation and a section 200 of the Toxic Substances Control Act (TSCA) and complicate with AMAP in accordance with 59 PR \$236 effective April 1991

ARMANDO DUCOING

August 17, 2014

CERTIFICATE FIXPIRES

CLASS NUMBER / STARTING DATE

081713

E081713CSR

August 17, 2013

COMPLETION DATE

Ecologics Training Institute

1012 SEGOVIA CIRCLE PLACENTIA CA 92870 PH (714)832-8100 FAX (714) 832-8111

Childhood Lead Poisoning Prevention Branch (CLPPB)

Form Number

CDPH COURSE COMPLETION FORM AND TRAINING CERTIFICATE

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. I Instrucciones:

La parte superior de este formulario deberá ser completada por el estudiante y la parte inferior por el Proveedor acreditado del entrenamiento. El Proveedor del entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días después de haber pasado el examen final.

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Student Information – To be completed by the student. Please print or type. Press firmly /Deberg completerse por el completerse	estudiante: Favor de escribir firmemente y con letra de moide.
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14701 Los Angeles St.	Photo identification / Tarieta de identificación con foto Number / Número 1864-1602
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	Resident alien card / Tarieta de residencia
Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si as diferente (nombre de paron or unión; numero, calle, número de apartamento, apartado postar)	Other ID / Otro tipo de ID (specify / especifique):
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	Male / Masculino
	Land to the state of the state
City / Cludad State / Estado > Pla code / Codigo poetal	If currently COPH certified provide COPH certificate ID number / Si esta certificado por COPH, favor de dar su
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	7385
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☐ Asian / Asiatico ☐ Black/African American / Negro/Africano Americano ☐ Catino/Hispanic / Latino A ☐ White / Blanco ☐ Pacific Islander / Pacifico Islander / Pacific	mericano :: Di Native American / Americano Nativo
Prior to signing, read the Privacy Statement and other information on the back of the form	
Arries de firmar, lea la Déclaración Sobre la Privacidad, viotra laformación en la parte de etr	ás de este formulario
Signature of student / F/ma def estudiante	Date (month/day/year) / Fecha (mes/dla/eño)
	Darre (communicatives) Cectia (thesoloneur)
The same of the sa	A 1
Training information	6,1,14
Training Information - To be completed by accredited fraining provider. Please pri	At or type. Press firmly.
Accreming training provider lights and 3001533	At or type. Press armly. Training Provider Phone Number
OCCUPATIONAL TRAINING INSTITUTE	At or type. Press firmly.
OCCUPATIONAL TRAINING INSTITUTE 660 BAKER ST. SUITE 315	At or type. Press fimily. Training Provider Phone Number (714) 556-7844 Course Number
OCCUPATIONAL TRAINING INSTITUTE 550 BAKER ST. SUITE 315 COSTA MESA, CA 92626	At or type. Press Armiy. Training Provider Phone Number (714) 556-7844
CCCUPATIONAL TRAINING INSTITUTE 660 BAKER ST. SUITE 315 COSTA MESA, CA 92626 Course title:	At or type. Press fimily. Training Provider Phone Number (714) 556-7844 Course Number
CCCUPATIONAL TRAINING INSTITUTE 560 BAKER ST. SUITE 315 COSTA MESA, CA 92526 Course title:	At or type. Press Armly. Training Provider Phone Number (714) 556-7844 Course Number OCC-048-CSW(SP)
CCCUPATIONAL TRAINING INSTITUTE 560 BAKER ST. SUITE 315 COSTA MESA, CA 92626 Course title: Work Inspection/Assessment General Continuing Education	At or type. Press Armly. Training Provider Phone Number (714) 556-7844 Course Number OCC-048-CSW(SP)
CCCUPATIONAL TRAINING INSTITUTE 550 BAKER ST. SUITE 315 COSTA MESA, CA 92526 Course title: Work Inspection/Assessment Certified Industrial Hygisnist Supervision and Project Monitoring	At or type. Press armly. Training Provider Phone Number (714) 556-7844 Course Number OCC-048-CEW(SP) Instructor Name(s):
CCCUPATIONAL TRAINING INSTITUTE 560 BAKER ST. SUITE 315 COSTA MESA, CA 92626 Course title: Work Inspection/Assessment Certified Industrial Hygienist Supervision and Project Monitoring	fit or type. Press amily. Training Provider Phone Number (714) 556-7844 Course Number OCC-048-CEW (SP) Instructor Name(s): ADALBERTO ESCURI
CCCUPATIONAL TRAINING INSTITUTE 550 BAKER ST. SUITE 315 COSTA MESA, CA 92526 Course title: Work Inspection/Assessment Certified Industrial Hygisnist Supervision and Project Monitoring	ADALBERTO ESCOSI
Course dates (mm/dd/yy) CCCUPATIONAL TRAINING INSTITUTE 660 BAKER ST. SUITE 315 COSTA MBSA, CA 92626 Course title: General Continuing Education for Workers General Continuing Education Supervision and Project Monitoring Supplemental Supervision and Project Monitoring Course dates (mm/dd/yy) Number of contact hours Date stylent passes	At or type. Press Armly. Training Provider Phone Number (714) 556-7844 Course Number OCC-048-CEW (SP) Instructor Name(s): ADALBERTO EBOJCX Dispanish
Course title: Work	ADALBERTO ESCOSI
CCCUPATIONAL TRAINING INSTITUTE 560 BAKER ST. SUITE 315 COSTA MESA, CA 92626 Course title: Supervision and Project Monitoring Certified Industrial Hygienist Supervision and Project Monitoring Sampling Technician Course dates (mm/dd/yy) Number of contact hours of instruction completed education Date student passe of instruction completed.	ADALBERTO ESCULL ADALBERTO ESCULL ADALBERTO ESCULL Adams Spanish discourse or continuing mination (mm/dd/my)
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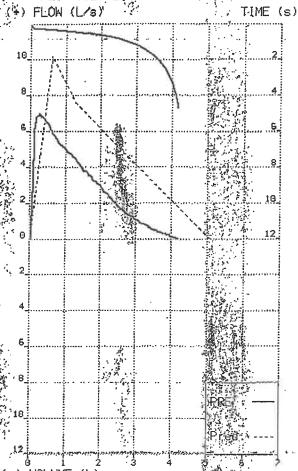
Mr. Josias Valdez Asbestos Instant Response, Inc. 3517 West Washington Boulevard Los Angeles, California 90018

BELLA MEDICAL GROUP INC 9914-16 SAN JUAN AVE. SOUTH GATE, CA.90280 TEL (323)564-1100 FAX (323) 564-1133 FITNESS FOR DUTY FORM

DATE OF EXAM: 10/2	9/2013		
NAME: VALDEZ, JOS		EARS OLD SSN:#XXX-XX-4232	2 8 2
		rn to work (x)Pulmonary function	
RECOMMENDATIONS The following medical re finding related tests or st applied for or currently	ecommendation are based on a re tudies and the specific physical ca	view of the health history examination pacitles required for the position	
assigned to any () The examinate followed by the part of the control of the contr	tion indicates non- occupational p personal physician. Acceptable fo t a review from Medical Departm tion indicates that a pathological (ng. thological conditions. Can be d to any work consistent athological conditions, to be r work, but should not be	
() Eligible for ex () Results of aud audiogram. Advi repeated	() Lifting over () Walking () Climbing () Bending () Driving () Temp Limits () others cpatriate assignment or overseas ratiometric exam indicates significations are to wear hearing protection. A	nt threshold shift since baseline Audiogram () to be () not to be	. 10
Advised to wear	hearing protection t criteria for employment at this ti	~	
CERTIFICATION: (X) Approved for work wi (X) Approved for use of p (X) Approved for use of p (X) Medical qualified test () Audlometric test comp () Mechanical visual scre (X) No pathological condi-	ith hazardous material respirators personal protective equipment t completed, pleted, cening completed, ition has been detected in the abor	ve named individual that place him at BELLAMEDIC ation 9916 SAN J	CAL GROUP UAN AVE,
EXPIRES: 10/29/2014		SOUTH GATE TEL (323) 564-1100 • I TOCI 2	E, CA 90280 FAX (323) 5 64-1133 ! <i>9 201</i> 3 (C

12:50 BTPS 1:115 NANHES III TEST DATE 10/29/13 NAME VALDEZ BIRTH DATE 07/24/4976 37 HEIGHT in \$ 69 PREDICTED NAMHES 111 PRE-FILE Nº 462 ...

FLOW-VOLUME & VOLUME-TIME curves



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9916 SANJUAN AVE

TROMETRY INTERPRETAT SOUTH GATE TEL (323) 564-1100 RE: FEF2575 = 54% of Pred.

MALITY CONTROL GRADE; C DEDECTARII ITY. FVC PFF

9825 Painter Avenue • Whittier, CA 90605

FAX No. 323-564-1133

Tel.: (562) 946-5555 Fax: (562) 946-5025

ABORATORY REPORT

P. 003

Laboratory Director Bahram Parsa M.D., Ph.D. Pathologist

PATIENT

SAN JUAN MEDICAL CLINIC #2169 9916 SAN JUAN AVE

SOUTH GATE, CA 90280

(323) 564-1100 Physician: De Leon, Maria L. VALDEZ, JOSIAS

Sex:M Age:37 DOB: 7/24/1976

Print Date: 5/07/2014 Print Time:15:33

DATE/TIME COLLECTED 5/05/2014

DATE/RECEIVED 5/05/2014

Bellin Karangan Belling Belling

DATE/REPORTED 5/07/2014

REPORT STATUS

FINAL

ACCESSION #:

140505474 REQUISITION #:

000226670

REMARKS:

OTHER I.D.#

W. W. . . . W

DOCTOR / INSTITUTION

TESTS	wiти	RESULTS IN RANGE	OUT OF RANGE	UNITS	REFERENCE RANGE	
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8401 FA	LLBROOK AVENUE	8.,				

WEST HILLS, CA 91304-3226 GORDON L. LOVE, MD

FILE

Jacqueline Rodriguez, RNF

End of Report



ECON NATIONAL

1899 S. Santa Cruz Drive, Anaheim, CA 92805 Tel: (714) 978-6320 Fax: (714) 978-6323

Certificate of Attendance and Successful Completion Renovator Refresher- English

Per 40 CFR 745.225

Josias Valdez

14430 Mulberry Dr. #134, Whatter, CA 90604

Certificate Number R-R-18942-10-00172

Examination Date: May 4, 2010 Expiration Date: May 4, 2015 Course Date: May 4, 2010

5.4.10

Date

I raining Manager/Principle Instructor

ISEI1030-6942389

International Safety Education Institute (ISEI)



American Safety Council

TOSIAS VALDEZ

30-Hour OSHA Hazard Recognition Training for the Construction Industry Has diligently and with merit completed a

on 03/11/2013

from the University of California San Diego International Safety Education Institute (ISEI).

CEUs Awarded: 3.0

Director: Scott MacKay

Certificate Of Completion

Josias Valdez

has attended an Occupational First Aid & CPR Training Course

Presented By



Occupational Safety Training Systems Chino, California

10151

Instructor ID#

October 5, 2013

Class Date

Issuer's Signature

Instructor ID#

Occupational Safety Training Systems 877.404.6787

has attended an Occupational First Aid & CPR Training

.... Josias. Valdez....

 BBP per CCRT8§5193 W. "Core Training" CPR & First Aid) - Child & Infant

appropriate space above.The "Source Authority" for treatment guidelines in this program include American Emergency Cardiac Care. NGFATOS, and other sources of National Consensus Guidelines. O.S.T.S., Inc. (877) 404-6787 The level of certification is only valid if the initials of the Occupational O.S.T.S., Inc. Employee or the O.S.T.S. logo is contained within the First Aid & CPR Instructor, an authorized

Issuer's Signature

Expiration Date 10/5/2015

Course S. Au

Quality Safety Consulting and Training Since 1990

Some of the services that we offer...

Forklift Training 10hr OSHA Construction CPR/First Aid HAZMAT Certification Confined Space DOT/IATA/IMDG Safety Audits

Hygiene Services

Cal OSHA Compliance Assistance

For other available services, go to www.ostsinc.com

AR

ASBESTOS INSTANT RESPONSE, INC.

Respirator Fit Test Form

This is a qualitative fit test. You will be exposed to a harmless irritant while standing under a fit test hood. The respirator you are wearing should remove the test agent from the air. If you cannot detect the odor, you will have a good fit.

Name of Person fit tested:	Josias Valdez		
Date fitted: 8-2-13			
Type of Respirator being fitted	t e		
X 3M PAPR			
X North Half Face Small	Medium Large		
Full Face Small	Medium Large		
Other:			
Conditions that could affect re	spirator fit:		
Clean-shaven	Facial scar		
1-2 day beard growth 2+ day beard growth	Dentures absent Moustache		
2 20 20 20 20 20 20 20 20 20 20 20 20 20			
Comments:			
Person performing fit test: L	eonardo Cristofaro		
I have read the material issued			
familiar with the conditions ur standards, such as 29 CFR 191			
to situation, I will become info			
require the use of my respirat			
inil Val	12	8-2-13	
Jours Van	× \	Date	
Signature of Person Fit Tested		Date	
		·8-2-13	
Signature of Supervisor		0-2-13 Date	



Certificate of Attendance

CERTIFICATE NUMBER

95065

This is to Certify that

FRANCISCO DE ANDA

Has Completed the Course of

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER COURSE CA-014-04

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR 5236 effective April 1994

120613 E120613CSR

December 06, 2013 COMPLETION DATE

December 06, 2014

ARMANDO DUCOING

CLASS NUMBER / STARTING DATE

CERTIFICATE EXPIRES

Ecologics Training Institute

550 N. Parkcenter Drive, Suite 102 . Santa Ana, CA 92705 . Ph. (714) 480-0111 . Fax (714) 480-0222

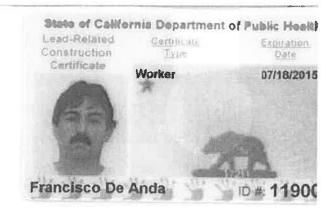
Childhood Lead Poisoning Prevention Branch (CLPPB) 120602

Form Number

CDPH COURSE COMPLETION FORM AND TRAINING CERTIFICATE

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 parle superior de este formulario deberá ser completada por el estudiante y la parte inferior por el Proveedor acreditado del entrenamiento. El Proveedor del entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días después de haber pasado el examen final.

Student Information - To be completed by the student. Pleas	e print or type. Press fire	mly.JDeberá uoi	mpletarse por el es	tudiante. Favor de e	scribir firmemente y con letra de molde
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Dedwk From	USS .	X	wier	13-13	1393 5383
Home address (number, street, apartment number, PO box number /	Dirección (número, cai	ile, número de l	apertamento,	Date of birth (mor	nth/day/year)/ ento (mes/dia/año)
apartado postal)				recha de nacam	
				Photo identification	
7245 Garden Dr		STERRELLING		Number / Númen	on I Tarjeta de identificación con foto
City / Cruded	State / Estado	C. P. C. Branch, St. Company of the	Código postal	Type / Tipo	as III lancia de assaluato
San Bermidino	CA	197	104		se I Licencia de conducir en card I Tarieta de residencia
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Dirección de correo, si es diferente (nombre de patron or unión, nú	mero, cane, numero de l	apartamento, a _j	panago postan	Marrola	Consider
				Gender / Sexo	
		FINE PARTY		Male / Mascuti	no 🗇 Female / Femenino
				If currently CDPH	certified, provide CDPH certificate ID
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RaceiEthnicity / RazwÉlnia				1190	
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☐ White / Bianco ☐ Pacific Islander / Pacifico Islando		Other / Ot		PART - MARKET - TOTAL	
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etropeira De An	di			9	178 17013
		and a second	and Division	P. C	
Training Information – To Accredited Training Provider name and address	o be completed by accre	dited training pi	rovider. Please pri	nt or type. Fress in	Training Provider Phone Number
OCCUPATIONAL TRAINING IN	STITUTE				(714)556~7844 Course Number
660 BAKER ST. SUITE 315 COSTA MESA, CA 92626					OCC-048-CEW(SP)
Course title:					Instructor Name(s):
	Continuing Edu	scation for M	Indone		
☐ Inspection/Assessment	☐ General Contin				ALFREDO AMARO
☐ Certified Industrial Hyglenist	☐ Supervision an	The state of the s			
Sampling Technician	☐ Supplemental S		THE RESERVE OF THE PARTY OF THE	nitorina	☐ English
					Y□ Spanish
Course dates (mm/dd/yy)	Number of con			ed course or continu	ing Core Instruction (if different)
	of instruction co	mpleted	education final exa	amination (mm/dd/)	y) Core instruction CCF number
09/28/13 to -//-	7		_09 / 3	23 / 13	
Location of course					Core CCF date (mm/dd/yy)
444444					
621 ATLANTIC AVE., LONG BEA	CH CA 9080	2			
621 APLANTIC AVE., LONG BEA As Training Director, I hereby certify, under penalty of pe	rjury, that the inform	nation provid		e and correct.	
621 APLANTIC AVE., LONG BEA		nation provid		e and correct.	Date (mm/dd/yy)
621 APLANTIC AVE., LONG BEA As Training Director, I hereby certify, under penalty of pe	Signature of Tra	nation provid			Date (mm/dd/yy) ////////////////////////////////



Mr. Francisco De Anda Asbestos Instant Response, Inc. 3517 West Washington Boulevard Los Angeles, California 90018



BIOCORP CLINICAL LABORATORY

9825 Painter Avenue • Whittier, CA 90505

FAX No. 323-564-1133

Tel.: (562) 946-5555 Fax: (562) 946-5025

ABORATORY REPORT

P. 004

Laboratory Director Behram Parsa M.D., Ph.D. Pethologist

OCTOR / INSTITUTION

SAN JUAN MEDICAL CLINIC #2169 9916 SAN JUAN AVE SOUTH GATE, CA 90280

(323) 564-1100 Physician: De Leon, Maria L.

PATIENT

DE ANDA, FRANCISCO

Sex:M Age:44 DOB: 7/18/1969

Print Date: 5/06/2014 Print Time:18:44

DATE/TIME COLLECTED 5/03/2014 DATE/RECEIVED 5/03/2014 DATE/REPORTED 5/06/2014

REPORT STATUS

FINAL

ACCESSION #:

140503183 REQUISITION #:

000255095

REMARKS:

OTHER I.D.#

TECTO

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Test Performed at:
QUEST DIAGNOSTICS-WEST HILLS
8401 FALLBROOK AVENUE
WEST HILLS, CA 91304-3226

ncg/dL <

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GORDON L. LOVE, MD

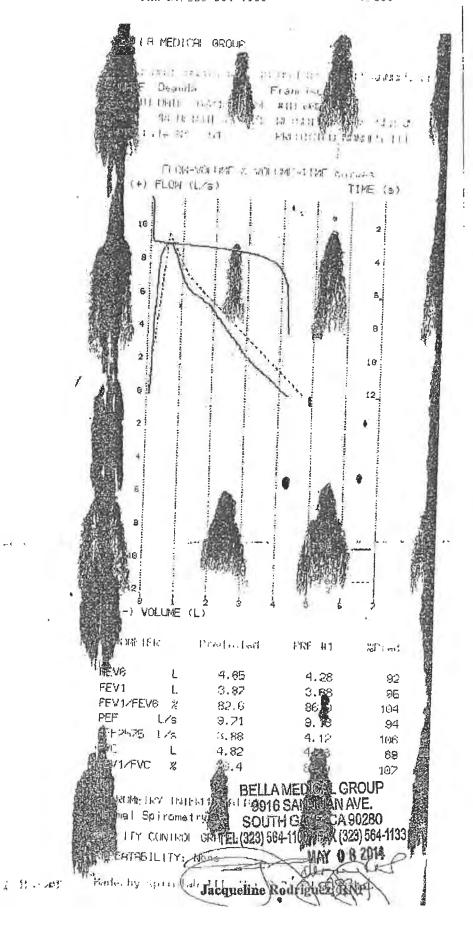
FILE

Jacqueline Rodriguez, RNP

End of Report

BELLA MEDICAL GROUP INC 9914-16 SAN JUAN AVE. SOUTH GATE, CA 90280 TEL (323)564-1100 FAX (323) 564-1133

FITNESS FOR DUTY FORM
DATE OF EXAM: 05/08/2014
NAME: DE ANDA, FRANCISCO DOB: 07/18/1969 AGE:44 YEARS OLD SSN: XXX-XX-0023
TYPE OF EXAMINATION:
X)Pre-employment () Periodic () DOT overseas () Return to work (X)Pulmonary function X) Asbestos () others
RECOMMENDATIONS: The following medical recommendation are based on a review of the health history examination finding related tests or studies and the specific physical capacities required for the position applied for or currently held by the examine.
(X) The examination indicates no significant pathological condition. Can be
aggioned to any work consistent with skills training.
() The evenination indicates no-occupational pathological conditions. Can be
followed by the personal physical. Can be assigned to any work consistent
with skills and training.
() The exemination indicates non-occupational pathological conditions, to be followed by the personal physician. Acceptable for work, but should not be
followed by the personal physician. Acceptable for work, but should not be
assigned without a review from Medical Department. () The examination indicates that a pathological condition exist which work
() The examination indicates that a parinological condition exist which work
assigned as follows:
() Lifting over () Use of hearing protection devices
() Lifting over () Use of hearing protection devices () Walking () Use of correction lenses
() Climbing () Work above ground
() Climbing () Work above ground () Bending () Shift/Overtime work () Operating machinery
() Driving () Operating machinery
() Temp Limits () Operating machinery
() others
/ \ Flight for expatriate assignment or overseas revel
() Posults of audiometric axam indicates significant threshold shift since paseine
audiogram. Advised to wear hearing protection. Audiogram () to be () not to be
regested
() Results of audiometric exam indicated moderate hearing loss.
Advised to wear hearing protection
() Does not meet criteria for employment at this time
CERTIFICATION:
(X)Approved for work with hazardous material
(X) Approved for use of respirators
(X) Approved for use of personal protective equipment
(X) Medical qualified test completed.
() Audiometric test completed.
() Mechanical visual screening completed.
(X) No pathological condition has been detected in the above named individual that place him at Assembly Assembly and impairment form exposure to:
CONST 34131 18 1/3/2 1/3 1/3/4
TEI (323) ab4-1100 PAX (323) 004-1100
MAY 0 8 2014



Certificate Of Completion

Francisco De Anda

has attended an Occupational First Aid & CPR Training Course

Presented By



Occupational Safety Training Systems Chino, California

Instructor ID #

October 5, 2013

Issuer's Signature

Class Date

Occupational Safety Training Systems 877.404.6787

has attended an Occupational Erancisco De Anda....

First Aid & CPR Training

Course S. Thu Expiration Date 10/5/2015

Issuer's Signature

Instructor ID #

--- BBP per CCRT8§5193 -"Core Training" CPR & First Aid)

apprepriate space above.The "Source Authority" for treatment guidelines in this program include Americane Energency Cardiac Care.

NGFATOS, and other sources of National Consensus Guidelines.

O.S.T.S., Inc. (877) 404-6787 The level of certification is only valid if the initials of the Occupational O.S.T.S., Inc. Employee or the O.S.T.S. logo is contained within the First Aid & CPR Instructor, an authorized

Quality Safety Consulting and Training Since 1990

Some of the services that we offer...

Forklift Training 10hr OSHA Construction CPR/First Aid HAZMAT Certification Confined Space DOT/IATA/IMDG Safety Audits

Hygiene Services Cal OSHA Compliance Assistance For other available services, go to www.ostsinc.com

ISEI1030-6942390

International Safety Education Institute (ISEI)



American Safety Council

FRANCISCO DE ANDA

Has diligently and with merit completed a

30-Hour OSHA Hazard Recognition Training for the Construction Industry on 03/08/2013

from the University of California San Diego International Safety Education Institute (ISEI).

CEUs Awarded: 3.0

Director: Scott MacKay

AR

ASBESTOS INSTANT RESPONSE, INC.

REMOVAL OF ASBESTOS, LEAD & MOLD MECHANICAL INSULATION, DEMOLITION, REMEDIATION 3517 W. Washington Boulevard . Los Angeles . California . 90018

T 323.733.0508 F 323.732.3414

License No. 795278

Respirator Fit Test Form

This is a qualitative fit test. You will be exposed to a harmless irritant while standing under a fit test hood. The respirator you are wearing should remove the test agent from the air. If you cannot detect the odor, you will have a good fit.

Name of Person fit tested: Francisco De Anda	2		
Date fitted; 07/19/13			
Type of Respirator being fitted:			
X 3M PAPR			
North Half Face Small Medium Large			
Full Face Small Medium Large			
Other:			
Conditions that could affect respirator fit:			
Clean-shaven Facial scar			
1-2 day beard growth Dentures absent 2+ day beard growth Moustache			
<u> </u>			
Comments:			
Person performing fit test: Leonardo Cristofaro			
I have read the material issued to me on how to clean, store, and inspect the respirator, and I am			
familiar with the conditions under which it should be used. I am familiar with the applicable OSHA			
standards, such as 29 CFR 1910.134 and others as appropriate. Sin			
to situation, I will become informed about the contaminants that m require the use of my respirator.	ay be encountered which will		
rodano ma ana ar my rasputas			
Signature of Person Fit Tested	7/19/2013 Date		
	7/19/13		
Signature of Supervisor	Date		



118299

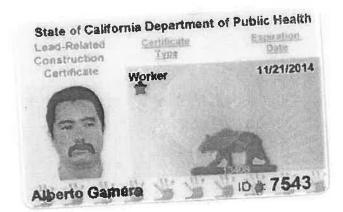
Form Number

CDPH COURSE COMPLETION FORM AND TRAINING CERTIFICATE

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 del entrenamiento. El Proveedor del entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días después de haber pasado el examen final.

			we was
Student Information – To be completed by the student Name / Nombre (last/ apellido paterno)	Please print or type. Press firmly./Deberá completarse por el (first / primer nombre) (middle initial / segundo		bir firmemente y con letra de molde umber i Número de teléfono
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City / Ciudad	Stale / Estado EIP code / Código postal	number / Si está certifi	icado por CDPH, levor de dar su
		número de CDPH	4-11
		1	7543
Race/Ethnicity / Raze/Étnia Asian / Asiático Black/African American / Neg	no/Africano Americano Latino/Hispanic / Latino	Americano 🖂 Nativ	e American / Americano Nativo
☐ White I Blanco ☐ Pacific Islander I Pacifico Isla	rio Other / Otro:		
Prior to signing, read the Privacy Statement a	nd other information on the back of the form.		
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	n - To be completed by accredited training provider. Please		colorina Decides Obasa Number
Accredited Training Provider name and address			raining Provider Phone Number
OCCUPATIONAL TRAINING IN	STITUTE		714) 556-7844
660 BAKER ST. SUITE 315 COSTAS MESA, CA 92626			ourse Number OCC=048=CEW(SP)
Course title:		· ·	nstructor Name(s):
Work	Continuing Education for Workers	E	AUL EUBANKS
Inspection/Assessment	General Continuing Education	1100	
Certified Industrial Hygienist	 ☐ Supervision and Project Monitoring ☐ Supplemental Supervision and Project Monitoring 	lanitarios E	J English
☐ Sampling Technician	Complemental Supervision and Project N	Andreas and the second	D'Spanish
Course dates (mm/dd/yy)		sed course or continuing	Core Instruction (if different)
	The state of the s	xamination (mm/dd/yy)	Core instruction CCF number
06 / 08 / 13 to - / - /	7 06 1	08 / 13	1
Location of course	Commence of the same		Core CCF date (mm/dd/yy)
660 BAKER ST. SUITE 315,	COSTA MESA, CA 92626		111
As Training Director, I hereby certify, under penalty		rue and correct.	18 7 00 7
Name of Training Director - please print or type	Signature of Training Director	1	Date (mm/dd/yy)
NUBIA AYALA	1 m-1920	5	1610115
White copy - CLPPB Blue copy - Tra	ning Provider PINK copy - Student (for Certifica	tion Application)	fellow copy - Student

Mr. Alberto Gamero Asbestos Instant Response, Inc. 3517 West Washington Boulevard Long Angeles, California 90018



FAX No. 323-564-1133

Fax: (562) 946-5025

P. 007 MROKATORY REPORT

Laboratory Director Bahram Parsa M.D., Ph.D. Pathologist

9825 Painter Avenue • Whittier, CA 90605

DOCTOR / INSTITUTION

SAN JUAN MEDICAL CLINIC #2169 9916 SAN JUAN AVE SOUTH GATE, CA 90280

WEST HILLS, CA 91304-3226

(323) 564-1100

Physician: De Leon, Maria L.

PATIENT

GAMERO, ALBERTO

Sex:F Age:51 DOB:11/21/1962

Print Date: 5/13/2014 Print Time:16:52

DATE/TIME COLLECTED

DATE/RECEIVED DATE/REPORTED

5/08/2014

GORDON L. LOVE, MD

5/08/2014

5/13/2014

REPORT STATUS

FINAL

ACCESSION #:

140508339 REQUISITION #:

000386889

REMARKS:

OTHER I.D.#

TESTS	RESULTS OUT OF F	RANGE	REFERENCE F	RANGE
LEAD, BLOOD LEAD, BLOOD LEAD (B)	<3 VENOUS	mgg/dī.	<10	
COLLECTION SAMPLE		p • • • • • • • • • • • • • • • • • • •		
Test Performed at: QUEST DIAGNOSTICS- 8401 FALLBROOK AVE	WEST HILLS	y 35.		

End of Report

TO REDROER CALL: MAXPRINT (818) 731-9189



ASBESTOS EXPOSURE EXAMINATION Written Medical Opinion

Employee:GAMERO,	Alberto	Date of Birth:	11 21 62
Date of Exam: 1/13/14	\$\$#;	*** **	8744
Employer: <u>Laborers' Lo</u>	ocal 300	Tel: (213) 3	85-3550, Ext. 229
Employees assigned to tasks requirir of working while using such equipm employee in accordance with Federal (Occupational Exposure to Asbesto: Protection Rule), and Title 8 CCR 152 physical examination, pulmonary fun	nent. In this regard, I hav OSHA Standards 29 CFR s, Tremolite, Antophylite, 29, 5208 and 8358 (Califor	e medically evaluated the parts 1910,1001, 1915,10 and Actinolite), 40 CFR nia Asbestos Standards),	e aforementioned 001 and 1926,1101 763 (EPA Worker The results of the
In accordance with the above cited r	egulations, the applicant	employee has been infor	med of:
 The results of the medical ex The health hazards and med Any detected medical condit material health impairment. The increased health risk ass 	lical conditions associated lons that could place the	applicant/employee at a	n increased risk of
In addition, I have found him/her to b	oe:		
Medically qualified for the un Medically qualified for the us	restricted use of respirate e of respirators with the f	ors. ollowing restrictions;	
. Medically unqualified for the	use of respirators,		
Comments:			*
		7a.c. 20	
· · · · · · · · · · · · · · · · · · ·		9.U	S. HealthWorks Medical Grou- 1313 W. 8th St., Suite 100 Los Angeles, CA 90017 Ph: (213) 401-1970
Examine Regulations restrict examiners from p	Signature: / DE/	sell Rhodeman, PA-C	A
lybrand engineers to the second supplies.	ed to occupational exposure t	o asbestos.	

CA 2049 (Rev. 11/11)

Certificate Of Completion

Alberto Gamero

has attended a CPR 2000TM Millennium Plus Training Course

Presented By



Occupational Safety Training Systems Chino, California

I0141

Instructor ID #

Issuer's Signature

May 14, 2011

Class Date

O.S.T.S., Inc. • www.ostsinc.com • (877) 404-6787

SGS Occupational Safety Training Systems 877.404.6787

Alberto Gamero

CPR 200078 Millennium Plus

has completed a CPR 2000TM Millennium Plus Training Course 34

Expiration Date

Issuer's Signature

Instructor ID #

Core Training" CPR & First Ald) ----- BBP per CCRT8§5193

The level of certification is only valid if the initials of the CPR Child & Infant

the O.S.T.S. logo is contained within the appropriate space 2000 Instructor, an authorized O.S.T.S., Inc. Employee or The "Source Authority" for treatment guidelines in this program include American Emergency Cardiac Care. NGFATOS, and other sources of National Consensus

Guidelines,

Quality Safety Consulting and Training Since 1990

Some of the services that we offer...

Forklift Training 10hr OSHA Construction Hygiene Services CPR/First Aid HAZMAT Certification Confined Space DOT/IATA/IMDG Safety Audits

Cal OSHA Compliance Assistance

For other available services, go to www.ostsinc.com



AIR, INC. dba AIR DEMOLITION & ENVIRONMENTAL SOLUTIONS

REMOVAL OF ASBESTOS, LEAD & MOLD MECHANICAL INSULATION, DEMOLITION, REMEDIATION 3517 W. Washington Boulevard . Los Angeles . California . 90018

T 323.733.0508 F 323.732.3414

License No. 795278

Respirator Fit Test Form

This is a qualitative fit test. You will be exposed to a harmless irritant while standing under a fit test hood. The respirator you are wearing should remove the test agent from the air. If you cannot detect the odor, you will have a good fit.

	Person fit tested:		Garre	10
Date fitte	d: 4-22-	14	-	
	espirator being fitted			
X	3M PAPR			
	North Half Face	Small	Medium	Large
<u>X</u>	_ North Full Face	Small	Medium	Large
Other:	X			
Condition	ns that could affect re	espirator fit:		
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	y beard growth y beard growth	Dentures Moustag		
	, ,			
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Closeout Documents for Lead-Related Construction Work Monitoring Wattles Mansion 1824 North Curson Avenue Los Angeles, California 90046

Prepared for

City of Los Angeles
Department of Recreation and Parks
Planning, Construction and Maintenance Branch
221 N. Figueroa Street – Suite 100
Los Angeles, California 90012

June 4, 2014

Prepared and Approved by

Integrity Environmental Consultants, Inc.

lesus Osuna

Jesus Osuna, Project Monitor California DPH-Certified Lead Project Monitor 1540

Massoud Rahdari

Massoud Rahdari, Principal
California DPH-Certified Lead Inspector/Risk Assessor I-6270
California EPA-Registered Environmental Assessor 04138

a: 16 Peppertree Aliso Viejo, California 92656-2160

> t: 949.586.1414 f: 949.586.5922

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EXECUTIVE SUMARY

LEAD-RELATED CONSTRUCTION WORK MONITORING

I. INTRODUCTION

Lead-Based Paint (LBP) was identified for Wattles Mansion, 1824 North Curson Avenue, Los Angeles, California 90046 (Subject Property). The Wattles Mansion was opened in 1909 and is currently occupied by a City of Los Angeles employee. The City of Los Angeles, Department of Recreation and Parks (Client) has performed a limited survey of the painted areas within the residence's laundry and identified LBP concentrations between 3.2 and 15 milligrams per centimeters squared (mg/cm²). The majority of the paint is in poor and peeling condition. Due to the condition of the paint and the potential for lead-based paint exposure to the inhabitants, this area has been identified as a high priority for lead stabilization.

The building was vacant during lead-related construction work. The work areas scheduled for work were isolated and access to regulated work areas were limited to authorized personnel of Client, Asbestos Instant Response (Contractor), regulatory agencies having jurisdiction over the project (Agency) and Client project monitor - Integrity Environmental Consultants, Inc. (Integrity).

II. PURPOSE AND SCOPE OF WORK

The purpose of the project was to remove loose and flaking paints from specified locations within the Subject Property, handle the waste and dispose of the wastes properly. To date, the Contractor fulfilled the below-listed scope of work.

- A. Established containment or barriers as defined in Table 8.1 Interior Worksite Preparation Levels (Not Including Windows) as detailed in Chapter 8 of Guidelines for the Evaluation and Control of Lead-Based Paint in Housing, U.S. Department of Housing and Urban Development (HUD).
- B. Within containment, under negative pressure and labeled with Agency-required warning signs, equipped with a two-stage decontamination facility and using glovebag removal techniques, the Contractor removed loose and flaking paints from the ceiling, windows, stairs, and floors of laundry room, cleaned the scraped area and then coated the areas with a lead barrier paint primer.

To date, Integrity has completed the listed tasks.

- A. On the first day of project, participated in the walkthrough and pre-abatement meeting held onsite;
- B. During work, performed the following tasks:
 - 1. Reviewed the Contractor pre-entry (to regulated work area) documentations, to ensure that all workers have been trained and medically fit to use respirators;
 - 2. Recorded its observations of each regulated work area and surroundings;
 - 3. Advised Contractor of any discrepancies noted with regards to work practices and procedures and recommended corrections:
 - 4. Conducted post-work visual inspection of work areas to ensure abatement of the LBP was satisfactory;

- 5. Granted the application of an approved lead barrier paint primer;
- 6. Interacted with Client and other parties involved in the project for coordination of abatement activities; and
- C. At the conclusion of field work organized the following documents:
 - 1. Compiled Integrity field records and Contractor submittals;
 - 2. Generated this executive summary report; and
 - 3. Presented compiled data and reports in project closeout documents for Subject Property.

III. INACCESSIBLE AREAS

The LBP, included in the scope of work for this project, were accessible and removed within the work area described above.

IV. WORK SCHEDULE

Contractor performed abatement activities, including preparatory work, stabilization of the LBP and work area tear-down on May 29, 2014; between 7:00 a.m. and 3:30 p.m.

V. WORK MONITORING AND DOCUMENTATION

A certified and experienced representative of Integrity performed field monitoring and documentation for this project. Mr. Jesus Osuna, California Department of Public Health (CDPH)-Certified Project Monitor (Certificate Number 1540). Mr. Osuna performed his/her duties under the direct supervision of Mr. Massoud Rahdari, CDPH-Certified Lead Inspector/Risk Assessor (Certificate Number I-6270).

Integrity reviewed contractor submittals for compliance: lead-related construction work workers, Agency notifications, material safety data sheets, etc. and has incorporated them to the Contractor.

VI. INCIDENTS, PROBLEMS, INFRACTIONS AND OPERATIONAL OCCURANCE OF RELEVANCE

Integrity observed minor issues of concern during periods that its representative was on-site. These issues were addressed and the Contractor resolved them satisfactorily.

VII. ENVIRONMENTAL SAMPLING AND ANALYTICAL PROCEDURES

As directed by the Client, no environmental samples were collected for this project, however a visual inspection was performed by Integrity. Visual clearance was given based on no visible dust and debris were observed after the completion of lead stabilization activities.

VIII. DATA EVALUATION METHODS

- A. Integrity made the following visual observations of the property conditions during the site visit of May 29, 2014:
 - 1. Work areas scheduled for work were isolated and access to regulated work area were limited to the authorized personnel of Client, Contractor, Agency and Integrity;
 - 2. Work by the Contractor was within containment under negative pressure and labeled with Agency-required warning signs, they were equipped with a decontamination facility, and used the wet removal method:
 - 3. Contractor conducted its work in controlled manner. Minor issues of concern were addressed and the Contractor resolved them satisfactorily.
- B. As directed by the Client, no environmental samples were collected for this project, but visual clearance was given.

IX. WASTE MATERIAL HANDLING AND DISPOSAL PROCEDURES

The waste generated during the project consisted of construction materials (used polyethylene sheeting and other construction-related waste), paint debris and used rags. The hazardous waste remained onsite and secured inside the building within a 55-gallon metal drum. Integrity was not present on-site while waste materials were transported off-site.

X. CONCLUSIONS

For the periods that Integrity was on-site, work by the Contractor were conducted in controlled manner. As directed by the Client, no environmental samples were collected for this project. The hazardous waste remained on-site and secured inside the building. Integrity was not present on-site while waste materials were transported off site.

Integrity reviewed and compiled only Contractor's submittals that it has received prior to, during, and at the conclusion of abatement activities. Remaining submittals should be forwarded by the Contractor directly to Client.

XI. LIMITATIONS

Lead-related construction work monitoring for this project was performed by the staff of Integrity, under the professional supervision of CDPH-Certified Lead Project Monitors and California-Registered Environmental Assessor.

Integrity's findings, recommendations, specifications and professional opinions, as they relate to this project, have been presented within limits prescribed by the Client and prepared in accordance with applicable agency rules and regulations and the generally accepted standard industry practice. There is no other warranty, either expressed or implied.

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EXECUTIVE SUMMARY

APPENDICES

PROJECT MONITOR RECORDS CONTRACTOR SUBMITTALS CORRESPONDENCE PREVIOUS REPORTS

PLAN. CONST & MAINTENANCE

3014 70N -6 PM 2: 03

EXECUTIVE SUMMARY

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IMG_0057

IMG_0058











IMG_0060

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APPENDICES

PROJECT MONITOR RECORDS

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WATTER WARRION
1824 N-CURSON ACK
LACA. 90046
Total Pary Fred Photoco # 2014-00057

DATE 5/29/14

FIELD OBSERVATIONS LOG

TIME	OBSERVATIONS				
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	(Aumphy Room Cailmis window Flood, STAILS				
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	Following Good work PRActice				
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	CONTAINMENT SETUP, AFTER A FEW SET UP DETAIL				
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DEPARTMENT OF PREPARTION & PARKS
UNATTIES MANGIONE
1824 M. CUBSON AVE
LOS AGGING CA. 900CL
TATREFETTY ENV. PROJET 12 2010 00057

PROJECT DAILY EMPLOYEE AND VISITOR LOG

DATE 5 /29/14

FULL NAME SIGI	SIGNATURE	SOCIAL SECURITY NUMBER	COMPANY	TIME		
(PRINT)	(PRINT)			ON-SITE	E OFF-SITE	
TERN OSUM	0	6473	touteastitus Emvilonings	0700	0021	
TERNI Down	Andre	8744	Ail the	0700	uso	
ancisco J De And	Forder John of	0023	Air Inc.	0700	1200	
Josias Valdez	for Val	4232	Ail Fre.	8700	1200	
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			-			
OTES:						

Depatement of the lection & Pales WATTLES MANSION 1824 N. Culison AVE L. A. CA. GOOVE THEER DIET ENV. PLOTEST SE ZOILL DOOS F

WORKER'S COMPLIANCE RECORD CHECKLIST - LEAD STABILIZATION

DATE 5 29 14

WORKER'S NAME	SOCIAL SECURITY NUMBER	TRAINING (EXPIRATIO N DATE)	MEDICAL (EXPIRATIO N DATE)	RESPIRATOR FIT- TEST (EXPIRATION DATE)	LEAD BLOOD TEST (EXPIRATION DATE)	DHS (EXPIRATIO N DATE)	РНОТО ІІ
Josais VAlorz	4232	stellis	10/29/14	glizly	5 9 15	7 ky ky	
PARETE DE ADDA	0023	9/30/15	5lelis	7/19/14	5/3/15	7/18/14	
HBURTO SANADO	8244	6/10/15	Mixles	4/22/15	11/13/14	11 /21/14	
							-

CONTRACTOR SUBMITTALS

ABATEMENT OF LEAD HAZARDS NOTIFICATION

POST AT ALL ENTRANCES TO WORK AREA AND STRUCTURE

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

Section 1 — Structure Where Abatement of Lead	-Based Paint or Lead Haza	ards is Scheduled		
Address [number, street, apartment (if applicable)] 1824 North Curson Avenue	City Los Angeles	County	Zip Code 90046	
Type of structure (check one box only) X Single family dwelling Multiple Other (specify)	lti-family building	School, daycare, or other	child-occupied facility	
Section 2 — Summary of Specific Work and Local Scrape the loose and flaking paint from the laund			s Will Be Abated	
Description of work to be performed:	Interior Exterior	Both interior and ex	kterior	
Type of Abatement (check all that apply):	Permanent (> 20 years)	Temporary (< 20 ye	ears)	
Do any children reside on the premises?	Yes X No	Don't know		
Section 3				
Projected starting date 5-29-14	Projected ending date	5-29-14		
If you would like more information, please contaction Section 5 — Property Owner or Manager	ct the following:			
Name		Telephone	number	
Department of Recreation and Parks		23 202 2		
Address [number, street, apartment (if applicable)]	City	State	Zip Code	
221 North Figueroa Street Suite 100	Los Angeles	CA	90012	
Section 6 — Individual Conducting Abatement (S	Supervisor or Company and	d Supervisor)		
Name and company (if applicable) Josias Valdez	Telephone number 213 618 1576	CDPH certification 7385	number (if applicable)	
Address [number, street, apartment (if applicable)]	City	State	Zip Code	
3517 W.Washington Blvd.	Los Angeles	CA	90018	
Section 7 — Local Environmental Health Agency			11.	
Telephone number				
(213) 202 2664				
This form that the model of				
This form shall be mailed or faxed to:		Is this form a revisi	on of a proviously	
California Department of Public Health Childhood Lead Poisoning Prevention Branch Repor	ts	Is this form a revision of a previously submitted abatement notification form?		
850 Marina Bay Parkway, Building P, 3rd Floor				
Richmond, CA 94804-6403 Fax: (510) 620-5656		Yes (Date of o	net rom:)	
1 ax. (310) 050 3000		Canceled proje	ect	

CDPH 8551 (6/07)

STATE OF CALIFORNIA Division of Occupational Safety and Health

LEAD-WORK PRE-JOB NOTIFICATION



				Annı	ual Notification for Steel Structures
(Note: items marked * a	re required)				
*Name of employer doir	ng 'Lead Work'	*Address		*Zipcode	*Phone
Air Inc		3517 W. Washir	3517 W. Washington Blvd.		323/733-0508
795278					Pager/cellular phone No.
Calif. Cont. Lic. No. (if appli	cable)	L			
Supervisor:			patantag	d-job workers:	(check one below)
* Supervisor name: California Departmer (if applicable)	Josias Valdez nt of Health Services Lead Cert.	No. 7385	 ✓ 1 - 5 ☐ 6 - 10 ☐ 11 - 20 ☐ 21 - 30 		31 - 40 41 - 50 > 50
*Job start date/time	*Job completion date/time	Shift			ate duration of 'Lead Work' in days
5/29/2014 7:00	5/29/2013 15:30	Day Swing Graveyard Other		One Day	
*Street address or locat	ion of job	City		Nearest cro	oss street
1824 North Curson Avenue		Los Angeles		Hollywood Bi	vd.
		County		Zipcode	
		Los Angeles		90046	
*Precise Location of wor	rk (building no., room no., etc.)			•	
Entity contracting the lea		Address		Zipcode	Contact Person:
Premises Owner		22 North Figueroa Stree	et # 100 Lo	s 90012	Lisa Walldez
		Angeles CA.			Pager/cellular phone No.
Department of Parks and Re					213 202 2664
Type of structure and us					210 202 2004
Office Building Public Access/Con	✓ Reside				
Scope of work and work	practices:				
	ork to be done (check all that a	oply)			
Surface Preparati Water/Moisture D	on Wall R	epair Removal	Other		
	methods (check all that apply):				,
✓ Manual Scraping/	-		Hydrobia	·	Other work practices disturbing lead:
Power Sanding/G			Torch Cu	tting	
Chemical Strippin		ve Blasting	Welding		
*Amount of area to be di	are feet	n) I linear feet O - 100 linear feet OO - 1000 linear feet			
Torch Cutting/Welding Duration of work:	· · · · · · · · · · · · · · · · · ·				
Concentration of lead in dist	urbed materials:				
	arts per million (ppm)		% percent by	weight	
2.53 and >5.0 mg/cm ²	Francisco (FFF.)	Assumed to be lead-		¬ -	
*Name of notifier	Alma Pineda			*Date signe	d: 5-23-14

Certificate of Attendance

CERTIFICATE NUMBER 51623

This is to Certify that

JOSIAS VALDEZ

Has Completed the Course of

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER COURSE CA-014-04

the state of the s	AMAP in accordance with 59 PR		WATER STATE OF THE
		1-2	and the same
			ARMANDO DUCOING
August 17, 2013	E081713CSR	081713	August 17, 2014
CHAPITION DATE	CLASS NUMBER / STA	Rusa Dyck	CENTETICATE EXPIRES

Ecologics Training Institute

1012 SEGOVIA CIRCLE PLACENTIA CA 92870

PH (714)832-8100 FAX (714) 832-8111

As Training Director, I hereby, certify, unc. Name of Training Director - prace pint of type When copy - CCPPB - 8-8	Course dates (nonlidity)/ DS 1271/30 Location of roome 1.02.0	Work Inspection!/Assessment Certified Industrial Hygienist Sampling Technician	Training int Accredited Training Provider name and indives and indives.	Race/Ethnicity / Rese/Ethnia Clocken Assolitos CT Blaccy/African A marican / Yogrod White Jean-o White Jean-o Pischic bendar / Paußo Isaline Prior to signing, read the Prior Statement and Annea de firmer, lear la Decideración Sobre la Prior Signature of student / Firms del satudiante	"Dig 7 Curdos	Cty / Glassd Mailling address, if different (employer or union of Dirección de course, el es diferente (nombre de	Student Information - To be completed to hanne! Remains them the season powers than a season to have a seaso	Instructions: The top half of the training provider. The accredited in yellow) copies to the student within La pade superfor de selle formation entrenamiento. El Provesdor del estudiante dentro de los siguientes.	117184 Form Number
A Training Director, Thereby certify, under penalty of perjury, that the information provided herein is true and correct terms of Training Director Signature of Training Director White copy - C.2PB Size copy - Training Provider Print copy - Sizesutto Certification Application	Missister of coulous from the state course or continuous course continuous course or continuous course continuous continu		Training information — To be completed by accessibled training provider. Please print or type. Press (mt), and address.	Recell Inneity Resellation Classical Access Americano Classical Ameri	State / Estada (FE code / Godgo peode) in a	Since if Eason IIIP cross i Compo popular representa number; atmost quartement sunchair, PO box runnbar; spartnarb nodatal petitora os anaba. Admesin calve, numbero de aperturnamo, spartnarb nodatal	Student information – to be completed by the student. Please piets of type. Press family Debard competitions pay of eathinates. Favor the exactal firmination y cost with our mobile in the families in the families. I debated to white the families in the families in the families of eath families in the families. I debated to white the families of eath families in the families of eath families of eath families. I debated the families of eath famil	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 while) copy of this form to CLPPB and the last two (pink and yellow) copies to the student within 30 cateriors days or the student is successful competion of the final examination. I Instructiones: yellow) copies to the student within 30 cateriors days or the student is successful competion of the final examination. I Instructiones: yellow of the final examination of the final examination of the student of the student yellow of the student yellow of the student yellow of the student yellow. I not the student yellow of the student yellow of the student yellow of the student yellow. It is copies the student yellow of the student yellow of the student yellow.	COPH COURSE COMPLETION FORM AND TRAINING CERTIFICATE
And correct. Date (mm/sdl/yr) And konten) Yeaker copy - Studenti	Core OCCF dule (manifest) Core OCCF dule (manifest) Core OCCF dule (manifest)	90	or type. Press family. Training Provider Phone Mumber Course Number Antiquotor Name(s):	Cana Diversión American i Americano Nuivo de este formulario Date (montrolarjaen) i form (amudialaro)	☐ Male / Masculino ☐ Former / Fermanno If Currently, CDPH califfied, previde CDPH califficate ID number / 3 reads carlificado por CDPH, la car de dur su número da CDPH	elikegga maneja peny resid poly i a	udiante Favor de eachta filmamante y con viva de notate nojej Telephore number i Numero de teléficino Colar di batta (noombraj year) Facha de nacimiento (majotale fo)	half is to be completed by the accredited min CCLPPB and the last two (pink and of the final examination, I flastractiones: infenci por el Proveetor excettado del pPB y las copras insentin y amunita al PPB y las copras insentin y amunita al	Cindhood Laed Passoring Prevention Branch (CLPPR)



P.E. ID. 323-584-1133 Int. (662) 946-9666 LABC EA-1133 P. 003
LABORATORY REPORT

Laboratory Director Bahram Paras M.D., Ph.D.
Pethologist

SAN JUAN MEDICAL CLINIC #2169 9916 SAN JUAN AVE SOUTH GATE, CA 90280 Physician: De Leon, Maria L. (323) 564-1100

VALDEZ, JOSIAS Sex:M Age:37 DOB: 7/24/1976 Frint Date: 5/07/2014 Print Time:15:33

PATIENT

DATE/RECEIVED DATE/REPORTED 5/07/2014

5/05/2014 5/05/2014

ACCESSION #: 140505474 REQUISITION #:

000226670

REPORT STATUS

FINAL

OTHER I.D.# TESTS

LEAD, BLOOD

LEAD, BLOOD LEAD(B) COLLECTION SAMPLE

VENOUS

14

mcg/dL <10

Test Performed at:
QUEST DIAGNOSTICS-WEST HILLS
8401 FALLBROOK AVENUE
WEST HILLS, CA 91304-3226

GORDON L. LOYE, MD

End of Report

TO RECIPIER CALL HAVERING \$18 731-9189

20112

Los Angeles, California 90018 Ashestos Instant Response, Inc. 3517 West Washington Boulevard Mr. Josias Valdez





1899 \$. Sajua Crut Drive, Amheun, CA 92805 Tel. (714) 978:6320 Fac. (714) 978:6323



Certificate of Attendance and Successful Completion

Per 40 CER 745.225 Renovator Refresher-English

Josias Valdez

THEO KOMPANY DE STOR WINDOW CO. 500004

Certificate Number R-R-18942-10-00172

Expiration Date: May 4, 2015 Examination Date: May 4, 2010 Olog & celv med asmo) and on frequent

01/1/5

REMOVAL OF ASBESTOS, LEAD & MOLD MECHANICAL INSULATION, DRIVOUTION; REMEDIATION 3517 W. Workington Boulevord . Los Angeles . Cotifornio . 90018
1 223-733,0500 F 323 732,3414 ASBESTOS INSTANT RESPONSE, INC.

Respirator Fit Test Form

Josias Valdez

Name of Person fit tested:

Type of Respirator being fitted: Date fitted:

8-2-13

3M PAPR

Dentures absent Moustache Facial scar Conditions that could affect respirator fit: 1-2 day beard growth 2+ day beard growth

Clean-shaven

Comments:

Person performing fit test: Leonardo Cristofaro

standards, such as 29 CFR 1910 134 and others as appropriate. Since conditions vary greatly situation familiar with the conditions under which it should be used. I am familiar with the applicable OSHA I have read the material issued to me on how to clean, store, and inspect the respirator, and I am to situation, I will become informed about the contaminants that may be encountered which will require the use of my respirator

8-2-13

8-2-13

Date

Date

NOV/04/2013/NON 04:26 PM

9914-16 SAN JUAN AVE. SOUTH GATE, CA.90280 TEL (323)564-1100 FAX (323) 564-1133 FITNESS FOR DUTY FORM BELLA MEDICAL GROUP INC

DATE OF EXAM: 10/29/2013

NAME: VALDEZ, JOSIAS DOB: 07/24/1976 AGE:37 YEARS OLD SSN:#XXX-XXX-4232

TYPE OF EXAMINATION:

(X)Pre-employment () Periodic () DOT overseas () Return to work (x)Pulmonary function (x) Asbestos () others

The following medical recommendation are based on a review of the bealth history examination Anding related tests or studies and the specific physical capacities required for the position applied for or currently held by the examine. RECOMMENDATIONS:

- (x) The examination indicates no significant pathological condition. Can be
 - assigned to any work consistent with skills training,
- () The examination indicates no-occupational pathological conditions, Can be followed by the personal physical. Can be assigned to any work consistent
 - with skills and training.
- () The examination indicates non- occupational pathological conditions, to be
- followed by the personal physician. Acceptable for work, but should not be assigned without a review from Medical Department.
- () The examination indicates that a pathological condition exist which work
 - assigned as follows:
- () Use of hearing protection devices () Use of correction lenses () Work above ground () Lifting over () Walking
 - () Churbing
- () Shift/Overtime work () Operating machinery Bending () Driving
 - () Operating machinery () Temp Limits
 - others
- () Eligible for expatriate assignment or overseas ravel.
 () Results of audiometric exam indicates significant threshold shift since baseline audiogram. Advised to wear hearing protection. Audiogram () to be () not to be
- () Results of audiometric exam indicated moderate hearing loss.

 - Advised to wear hearing protection () Does not meet criteria for employment at this time.

CERTIFICATION:

- (X)Approved for work with hazardous material (X) Approved for use of respirators (X) Approved for use of personal protective equipment (X) Medical qualified test completed.

 - () Audlometric test completed.
- () Mechanical visual sevening completed.

 (X) No pathological condition has been detected in the above named individual that place him at risk material impairment form exposure to:

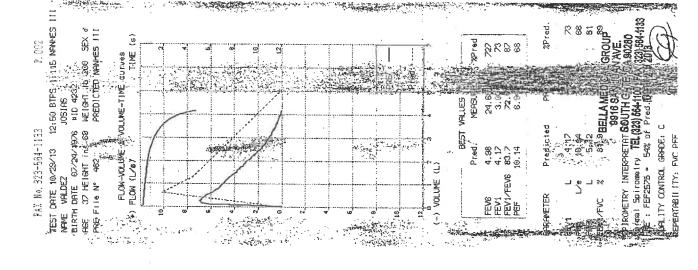
 (X) No pathological condition has been informed of this physical examination

 (3) The patient has been informed of this physical examination

 (3) The patient has been informed of this physical examination

EXPIRES: 10/29/2014

8916 SAN JUAN AVE. SOUTH GATE, CA 90280 TEL (323) 564-1100 • FAX (323) 564-1139 IOCT 2: 9.2013 (CC)





ISEI1030-6942389

International Safety Education Institute (ISEI)



American Safety Council

INTERNATIONAL SAFETY EDUCATION INSTITUTE (ISEI)

JOSIAS VALDEZ

Has diligently and with merit completed a

30-Hour OSHA Hazard Recognition Training for the Construction Industry on 03/11/2013

from the University of California San Diego International Safety Education Institute (ISEI).

CEUs Awarded: 3.0

Director: Scott MacKay



S. Hum

S. 9/2

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Nº 31987 AND ADD AND AHERA APPROVED EPA ACCREDITED OCCUPATIONAL TRAINING INSTITUTE, INC. RE IT HE INVINTO ALL THAT Alberto Gamero HIS SUITERSFULD/ DOMPLETED A TOAL COURSE AND AFTER PASSULE THE REQUIRED EXAMINATION, IS AVAILABLE OF THE JETH TO JE 3. January 11, 2014 FOR ASBESTOS ABATEMENT WORKER TRAINING - ANNUAL REFRESHER (SPANISH INSTRUCTION) EXAM DATE: January 11, 2014 COURSE DATES: January 11, 2014 AAWT-R- 6990-14 ACCREDITATION NO. January 11, 2015 EXPIRATION DATE DOSH APPROVAL #CA-017-12 For purposes of accreditation required under section 206 of the Texts Substances Control Act (TSCA).

Occupational Training Institute, the (OCCUTRA N)- 660 Plaker St. Suite 345, Costa Mosa, CA 92826 Tell. # (14-556-784).

☐ Inspection/Assessment Prior to signing, road the Privacy Statement and other information on the back of the Antes de Timiar, lea la Decisración Sobre la Privacidad, y otra información en la parti CDPH 8483 (8/97) As Training Director, I hereby certify, under penalty of Perjury, that the information provided herein is true and correct Name of Training Director – bears pint of type.

Signature of Training Director – bears pint of type. Cl Sampling Technician Certified industrial Hygienisi D Work Course Mile Student information - To be conceled by are student Instructions: The lop half a training provider. The accreding yellow) copies to the student viparte superior retilled Training Provider name and address Form Number 118299 -CLPP8 Pactic Islander / Pactico Isle/Ib Training information - To be completed by accressed training provider. Please print or type. Press SCT. TOPE within 30 calendar days of the student's successful concletion Save copy - Training 395, COPH COURSE COMPLETION FORM O Supervision and Project Monitoring C) General Continuing Education AND TRAINING CERTIFICATE O Supplemental Supervision and Project Monitoring Continuing Education for Workers y otra información en la parte de PHAN copy Studen (for Certification Application mo, Driver's trainer / Licencia de conducir
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Mr. Alberto Gamero
Asbestos Instant Response, Inc.
3517 West Washington Boulevard
Long Angeles, California 90018



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	11 54	5 8 8 5 6	
f capillary. treatment. d results	f 15 mcg/dl or greater, if est prior to referral for s all pediatric blood lear tment of Health Services.	ilatric population blood lead of 15 mcg/dl or greater, if capillary, uld be confirmed with venous test prior to referral for treatment. mex Clinical Laboratory reports all pediatric blood lead results the State of California, Department of Health Services.	
100 mmodula + tut + tu	gency	or greater Severe Medical emergency	
Appropriate the control of the contr	The second secon	69 High Chelation recommended.	
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ent of Lead rs. Treatment knowledgeable	f age the primary management and removal from exposultation with a physician.	For patients up to 14 years of age the primary management of Lead soning is source identification and removal from exposure. Treatment itaions should be made in consultation with a physician knowledgeable lead not so for in modifical management	
The second secon	A CASA CAMBRIDA CASA CASA CASA CASA CASA CASA CASA CA	erence range: 0.0-10.0 mcg/dL	
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UMBER AČCESSION NUMBER	DATE OF BIRTH AGE PATIENT I.D. NUMBER	COLLECTED DATE RECEIVED DATE REPORTED SEX	
	Maria De Leon MD 9914 SAN JUAN AVE SOUTH GATE, CA 90280	mero, Alberto	
	HEFERNING PHYSICIAL	PARTICINE DUADNIC	
COMMENTS	SAN JUAN MEDICAL CLINIC 9914 SAN JUAN AVE. SOUTH GATE, CA 90280	, California 91750 4 • Fax: 626/256-9098 lical Director: A. Kohan, M.D.	
LABORATORY HEPORT	ACCOUNT	Medical Diagnostic Laboratory	
E PORTOR P. OLI	FAX No. 323-564-1143	NOV/21/2013/THU 10:49 AM	

ige 1: FINAL

11/13/13 10:28

Jacqueline Bodriguez, R.N.P.

NA PO



ASBESTOS EXPOSURE EXAMINATION Written Medical Opinion

Employee:	GAMERO, Alberto	Leader 1	Date of Birth: 11 21 62
Date of Exem:	1/13/14	:#SS	*** ** 8744
Employer:	Laborers' Local 300		Tel: (213) 385-3550, Ext. 229

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 20 CFR parts 1910, 1001, 1915, 1001 and 1926, 1101 (Occupational Exposure of Asbestos, Themolite, Antophyllie, and Actinolite), 40 CFR 763 (EPA Worker Protection Rine), and Tillie & COR 1925, 5208 and 8336 (California Asbestos Standards). The results of the physical examination, pulmonary function tost, and radiologic chest studies are attached for your files.

in accordance with the above cited regulations, the applicant employee has been informed of:

The rosults of the medical examination performed.

The health hazards and medical conditions associated with the exposure to esbasios.

Any detected medical conditions that could place the applicant/employee at an increased risk of material health impartment.

The horsessed health risk associated with smoking and working exposed to asbestos.

In addition, I have found him/her to be:

unrestricted use of respirators. use of respirators with the following restrictions: qualified for the u

medically unqualified for the use of respirators.

U.S. HealthWorks Medical Gror 1313 W. 8th St., Suito 100 Los Angelos, CA 90017 Ph; (213) 401-1970

Regulations restrict examinars from revealing in this written opinion any findings andier mediest conditions Unrelated to occupational oxposure to asbasics.

Quality Safety Consulting and Training Since 1990

Some of the services that we offer...

fror other available services, go to www.ostsinc.com

HAZMAT Certification Confined Space DOT/IATA/IMDG Safety Audits

Class Date May 14, 2011

ATTACK THE PRINT AND A CONTRACT OF THE PRINT AND A CONTRAC

10141

C.S.T.S., Inc. • www.ostsinc.com • (878) 404-6787

10141 Occupational Safety Training Systems Chino, California

Presented By Training Course has attended a CPR 2000TM Millennium Plus Alberto Gamero

Certificate Of Completion

---- (bits wift & 842 "Animins" Core

Instructor ID #

Issuer's Signature 348

Issuer's Signature

Expiration Date 2/14/2013

has completed a CPR 2000% Millennium Plus
Appleaced a CPR 2000%

Аїрегіо Самего

CPR 2000 28 Millennium Plus

Occupational Safety Training Systems 8787-404-6787



Respirator Fit Test Form

Synature of Person Fr Tested

Have read the material issued to me on how to clean, store, and inspect the respirator, and I am familiar with the conditions under which it should be used. I am familiar with the applicable CSHA standards, such as 29 CFR 1910.134 and others as appropriate. Since conditions vary greatly situation to situation, I will become informed about the contaminants

Person performing fit test: Leonardo Cristofaro

that may be encountered which will require the use of my respirator.

Date

Signalure of American

This is to Certify that

FRANCISCO DE ANDA

Has Completed the Course of

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER COURSE CA-014-04

For purposes of accreditation under section 20th of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR 5236 effective April 1994

ARMANDO DUCOING

December 06, 2013

E120613CSR 120613 CLASS NUMBER / STARTING DATE

December 06, 2014

Ecologics Training Institute

550 N. Parkcenter Drive, Suite 102 . Santa Ana, CA 92705 . Ph. (714) 480-0111 . Fax (714) 480-0222

As Training Director, hereby cortify, und Name of Training Director - nicros pint of type What coup - CLPPB St. What coup - CLPPB St.	receiped of consc	Course dates (invividity)	Course West Course West Course West Course of the Cours	200	Accredited Training Provider name and address	20170-10-1	The second of th	CN Chind	ss, if c	Robals address (funityer street, apartment number / PC tox number / Depocios (numero, carie, numero de apartmono, apartmon positivo positivo)	Student Information - To be completed by the student. Please grain of type, Press firming Judget a completed and set of students in the student in the stude	Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the socredited training provider. The accredited training provider must superior (white) copy of this form to CLPPB and the last two (prix and yellow) popies to the student within 3D calendar days of the student's successful completion of the final examination. I flattractiones: Lis parts superior de sate formulatio debend ser completada por el saturdante y to parte inferior por el Proveedor accreditatio del service del acteonamiento tempo del reconstruction and superior del service del acteonamiento tempo del capital por el saturdante y to parte inferior por el Proveedor accreditatio del service del acteonamiento tempo de los siguientes 3D dies después de haber passido el examen final.	120602 Form Number
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As Training Director, I hereby cortify, under penalty of porjury, that the information provided herein is true and correct Name of Training Director Number of Training Director Signature of Training Director What copy - Cut PP8 Stur copy - Training Provider PING copy - Stubeli (for Centration Application)	- 1-	And photology		TRAIL	Training Information – To be completed by accordated invelop provider. Please pint of type. Press finity a and address:	011	The state of the s		tunus sasse; huste tunus de palices or u	thumber RC box n	seried by the studen	The top half of this form is to be completed by the student, and the botom half is to be completed by the scoredited. The accredited fraining provider must submit the lop (white) copy of this form to CLPPB and the last two (pink and the accredited fraining provider days of the student's successful completion of their a reambining distribution of distribution of distribution and the student of the student formulation of the student and the student of th	c
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<u> </u>	Core		Instructor Name(s) O English VO Spanish	1714 1856-7841 Course Number OCC-048-CEW(SE)	Training Provider Phone Number	J. I.	O Nathe Alless	O sensitives on	Type Files License de carduce	Gale of blan (mouthday) (a) Feelta de martinente (markillalero) 7 18 (46.9 Protes duratilisation / Trypin de régnificaçión con foto Number / Numero / Trypin de régnificaçión con foto	Favor de discribir firmavinicità y con leind de n Talaphiche number i Número de leidfone (333) 3333 333	o campleted ppB and the examination or at Provise is copies to	Otekthood Lead Passoning Prevention Branch (CL-PPs)
Date (rgradd/y)	Core CLF sale (mm'ddyy)	Core instruction (if different) Core instruction CCF number	r Name(s): ish	048	ovidur	8 10018	san (An	D. Femals / Femerano rike CDPH certificate or CDPH, favor do der a	ote de re (specify	1969	kimero de telá	last to last to last to dor ac sede y	vention B

3517 West Washington Boulevard Mr. Francisco De Anda Los Angeles, California 90018 Asbestos Instant Response, Inc.





FAX No. 323-564-1133 P. 004
Fax: 6629 946-5025 P. ABORATORY REPORT

Laboratory Director Baltram Parma M.D., Ph.D.

Philologist

PATIENT DE ANDA, FRANCISCO
Sex:M Age:44 DOB: 7/18/1969
----- 5/06/2014 Print Time:18:44

LEAD, BLOOD LEAD, BLOOD TESTS ACCESSION #: 140503183 REQUISITION #: OUT OF RANGE 5/03/2014 UNITS REFERENCE RANGE 5/03/2014 000255095 DATE/REPORTED 5/06/2014

DATE/TIME COLLECTED

DATE/RECEIVED

WEST HILLS, CA 91304-3226 GORDON L. LOVE, ND Test Performed at:
QUEST DIAGNOSTICS-WEST HILLS
8401 FALLBROOK AVENUE

11 . 5a

VENOUS

mcg/dL

<10

COLLECTION SAMPLE

LEAD, BI

Jacqueline 3814

TO RECROST CALL: NAVPRINT (\$11); 731-9186

End of Report

3500/12

FAX No. 323-564-1133

MAY/09/2014/FRI 11:30 AM

TEL (323)564-1100 FAX (323) 564-1133 FITNESS FOR DUTY FORM BELLA MEDICAL GROUP INC 9914-16 SAN JUAN AVE. SOUTH CATE, CA 90280

DATE OF EXAM: 05/08/2014

NAME: DE ANDA, FRANCISCO DOB: 07/18/1969 AGE:44 YEARS OLD SSN:XXX-XX-0023

TYPE OF EXAMINATION:

(X)Pre-employment () Periodic () DOT overseas () Return to work (X)Pulmonary function (X) Asbestos () others

RECOMMENDATIONS

The following medical recommendation are based on a review of the health history examination finding related tests or studies and the specific physical capacities required for the position applied for or currenty held by the examine.

- (X) The examination indicates no significant pathological condition. Can be
- assigned to any work consistent with skills training. () The examination indicates no-occupational pathological conditions. Can be
 - followed by the personal physical. Can be assigned to any work consistent
 - with skills and training
- () The examination indicates non-occupational pathological conditions, to be followed by the personal physician. Acceptable for work, but should not be
 - assigned without a review from Medical Department.
- () The examination indicates that a pathological condition exist which work assigned as follows:
- () Use of hearing protection devices () Use of correction leases () Lifting over

-) Operating machinery () Operating machinery Shift/Overtime work Work above ground () Climbing () Bending () Driving

 - () Temp Limits
- () Eligible for expatriate assignment or overseas ravel.
- () Results of audiometric exam indicates significant threshold shift since baseline audiogram, Advised to wear hearing protection. Audiogram () to be () not to be
- () Results of audiometric exam indicated moderate hearing loss.

 - () Does not meet criteria for employment at this time Advised to wear hearing protection

- CERTIFICATION:
 (X) Approved for work with hazardous unterial
 (X) Approved for use of respirators
 (X) Approved for use of personal protective equipment
 (X) Approved for use of personal protective equipment
 (X) Medical qualified test completed.

- () Audiometric test completed.
- (X) No pathological condition has been detected in the above named individual that place here the speciment form exposure to:

 (X) The patient has been informed of this physical

 SOUTH CARDER SAMUANAVE.

NAVAVE. CA 90280 AMY 0.8 204 *5 The state of the The sent. 6 줥쬬 E 88 75 GROUP 14 Property Charles and the control of 4 6 8 9 4 4 8 9 F.W. #13 FE THE ST HIE CO FO 24 #111 ASS SOUTH G BELLA MED Harter by Special of Jacqueline Rode EL (323) 564-11(Pratucted 3.00 % 4.69 2.7. 8.8.4.4.69 4.68.4.4.69 3,87 PAMEDICAL GROUP 第 11年11年 12章 H (Mi) 127-12 (+) FLOW (L/s) IPY CONTROL SAM ACMEDIANT INTEREST nal Spirömetry] ENTREIL ITY LE Deanth 24 44 1 -> VOLUME 沿州縣 FFV1/FEVB 17FVC 9 最76 FEV1 15 15 15 1.

9916 SAN JUANANE. SOUTH GATE, CA 80280 TEL (323) 3:941100 - FAX (323) 5641133 MAY 0 8 2014

Jacqueline Rodriguez, RNP



ASBESTOS INSTANT RESPONSE, INC.

REMOVAL OF ASBESTOS, LEAD & MOLD MECHANICAL INSULATION, DEMOLITION, REMEDIATION 3517 W. Washington Boulevard . Los Angeles . Colifornia . 90018

I 323,733,0508 F 323,732,3414 Ucense No. 795278

Respirator Fit Test Form

This is a qualitative fit test. You will be exposed to a harmless irritant while standing under a fit test hood. The respirator you are wearing should remove the test agent from the air, if you cannot detect
the odor, you will have a good fit.

American Safety Council

1SE11030-6942390

Name of Person fit tested: Francisco De Anda

Date firted; 07/19/13

Type of Respirator being fitted:

North Half Face 3M PAPR

Full Face

Conditions that could affect respirator fit:

Facial scar 1-2 day beard growth 2+ day beard growth Clean-shaven

Comments:

Person performing fit test: Leonardo Cristofaro

standards, such as 29 CFR 1910.134 and others as appropriate. Since conditions vary greatly situation familiar with the conditions under which it should be used. I am famillar with the applicable OSHA I have read the material Issued to me on how to clean, store, and inspect the respirator, and I am to situation, I will become informed about the contaminants that may be encountered which will require the use of my respirator.

- walle

2/161/2

CEUS Awarded: 3.0

INTERNATIONAL SAFETY EDUCATION INSTITUTE (ISEI)

SanDiego Extension

Director Scott Mackay

from the University of California San Diego International Safety Education Institute (ISEI). on 03/08/2013 30-Hour OSHA Hazard Recognition Training for the Construction Industry Has diligently and with ment completed a

FRANCISCO DE ANDA

International Safety Education Institute (ISEI)

Certificate Of Completion

Francisco De Anda

has attended an Occupational First Aid & CPR **Training Course**

Presented By



Occupational Safety Training Systems Chino, California

I0151

Instructor ID#

Issuer's Signature

October 5, 2013

Class Date

Occupational Safety Training Systems 877.404.6787

Francisco De Anda

has attended an Occupational First Aid & CPR Training
Course
10/5/2015

Expiration Date

Training

Expiration Date

Issuer's Signature

Instructor ID #

I0151

"Core Training" CPR & First Aid) - BBP per CCRT8\$5193

Quality Safety Consulting and Training Since 1990

Some of the services that we offer...

HAZMAT Certification Confined Space
DOT/IATA/MDG
Safety Audits

CPR/First Aid Forklift Training 10hr OSHA Construction Hygiene Services

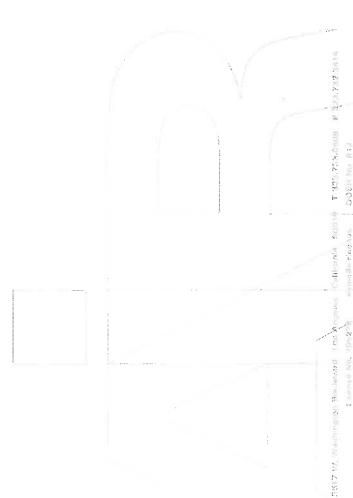
Cal OSHA Compliance Assistance

For other available services, go to www.ostsinc.com



8 Z (5) (1) 2 O TANT UT Z US 0 (f) 181 m (/5 ₫

EPA Certification, & DOSH Certification, Company License



State of California



DIVISION OF OCCUPATIONAL SAFETY AND HEALTH Department of Industrial Relations

Certificate of Registration for Asbestos-related Work

Certificate No.

ASBESTOS INSTANT RESPONSE INC.

nkiralive Code, Title R. Owns of tunions)
Is duly registered by the Division of Occupational Saliety and Health in accordance with the California Adi
Azielic 2.5. for askestoe-related work.

10-Jul-13 Date Offssource

Effective Date: 14-Aug-13

Contractor's License No.

n of Occupation of Striv and Health

795278

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

 1. The registered employer shall safely perform asbests/srelated 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.
- The registered emplayer shall post a sign readable at 20 feet at the location of any asbestos-related

Cancer and Long Hazard Authorized Personnel Only Danger-Asbestos

- A copy of the registration shall be posted at the jobsite beside the Cat-OSHA poster
- The registered employer shall provide a copy of this registration certificate to the prime contractor and any other employers at the site before the continencement of any exbessos-related work. The registered employers that conduct a safety conference prior to the commencement of any
 - asbeates-related work as specified by Section 341.11 of Title 8 of the California Administrative Code.
 - The begistered employer achinovled ges the Division's right to revoke or suspend this registration as provided by Section 341.14 of title 8 of the California Administrative Code.



standard 05/31/2015

CALIFORNIA CONTRACTOR

ASBESTOS INSTANT RESPONSE I T95278 SCBO4-299b School of the Company of the Compan



CERTIFIED FIRM

2014

be it known that:

ASBESTOS INSTANT RESPONSE, INC.

Is registered with HCRC, and has pledged to implement an advanced training program and a course of study leading to the certification of all On-Location Operators actively engaged in providing services to the consumer in cleaning and restoration and line pledged its support in establishing and maintaining a professional attitude in the conduct of its daily business at all times and providing the consumer with the highest degree of professionalisin possible,

Rel Chines Horo Persident

Yony Wheelwright, Chairman of the Board



Company Number 207415 Valid Through 12-31-2014



Dear Certified Firm:

Thank you for renewing your Certified Firm status with the Institute of Inspection, Cleaning and Restoration Certification (IICRC). As a Certified Firm, there are competitive benefits for your business. We encourage you to take advantage of them throughout 2013.

As a Certified Firm, you are able to tell your customers that you operate in a professional manner and follow industry standards. Many of you also know that Certified Firms are the only deaning, restoration and inspection companies liked in the IICRC referred diabases, which potential customers can easily access at www.ificr.org. Certified Firms are also the only companies allowed to use the cleantrust Certified Firm logo in marketing materials. The IICRC works hard to ensure the logo is properly used. Each reported violation of improper logo use is investigated by a dedicated staff member and proper action is taken.

The IICRC works with other organizations to increase awareness of Certified Firms – from companies like Shaw Industries, which requires carpet warranty work to be done by an IICRC Certified Firm, to associations and government officials.

Additionally, we are pleased to offer Certified Firms a free six-month membership to the International Inspection, Cleaning and Restoration Council of Associations (IICRCA). If you haven't yet taken advantage of this free membership, you still can by contacting IICRC Headquariers today.

Membership in the Association will allow you to Identify key networking opportunities for leadership and advancement, training courses, seminars, and workshops to promote your brand as a qualified professional business in your field.

The IICRCA membership will eventually entitle many benefits currently being considered, including discounts on purcheses, rentials, insurance, and free entrance to the first IICRCA trade show, "The Show," The Show embodies our commitment to enable networking between association members that represent the cleaning, restoration and inspection inclustries.

In summary, the IICRCA has the potential to unify the industry and spread the mission and standards of Inspection, cleaning and restoration worldwide and be a central resource for industry professionals to grow their business and better serve their customers.

The IICRC and the IICRCA are dedicated to helping you succeed. We look forward to a successful 2013!

Best Regards,

Kevin Pearson IICRC Certified Firm Chair



EPA Lead-Safe Certified Firm Logo Use Guidelines

EPA Lead-Safe Certified Firm Logo Use Guidelines

What is the Lead-Safe Certified Firm Logo?

The Lead-Safe Certified Firm Logo identifies a firm as certified under the Renovation, Repair, and Painting (RRP) Rule. The colors used to make the 2-color logo are Pantone 362C (green) and Pantone 660C (blue). The font is Helvetica.

What are the guidelines for using the Logo?

The Logo must be reproduced so that all of its components are legible and includes your firm's certification number. The Logo must not be altered or distorted in any way

You MAY --

- Use the Logo to identify your firm as an RRP-certified firm. Firms that are not RRPcertified may no; use the Logo.
- Use the Logo in brochures, advertisements, Web sites, proposals, bills, signs, uniforms, vehicles and other materials promoting or identifying your firm.

 Use the Logo on documents or other materials in black and white or color (2-color or 4
 - color versions are available)

You MAY NOT --

- Use the Logo in any manner that would imply EPA endorsement of a company, its
- products or services. Reduce the Logo to a size smaller than one inch wide by 0.687 inches in height
- Allow a firm that is not RRP-certified (including your subcontractors) to use the Logo.

these Logo Guidelines. To report a non-compliant use of the Logo, please contact BPA at 1-800-424-LEAD. BPA will monitor the use of all Logos. If necessary, EPA will address failure to comply with

EPA will be e-mailing instructions on where to download your custom logo to the e-mail address listed on your firm certification application. For further questions regarding your logo, please contact the National Lead Information Center (NLIC) at 1-800-424-LEAD.

United States Environmental Protection Agency



This is to certify that



In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires June 15, 2016

NAT-52895-1 Cartification #

June 2, 2010

Vichelle Price, Chief

Lead, Heavy Metals, and knorganics Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

JUN - 2 2010

Gabriel Cristofaro Asbestos Instant Respond 3517 W. Washington Blvd. Los Angeles, CA 90018

OFFICE OF PREVENTION, FESTIGIDES AND TOXIC SUBSTANCES

Dear Gabriel Cristofaro:

Thank you for applying to the U.S. Environmental Protection Agency (EPA) for certification to conduct Renovation, Repair and Painting Activities in target housing and child-occupied facilities. I am pleased to inform you that, pursuant to 40 CFR Parl 745, Subgart E, your renovation, repair and painting firm is certified! Your certificate is enclosed.

This firm cautification expires on fune 15, 2015 and is valid in all EPA Administered States, Tribes, and Territories. However, if a State in which you are certified obtains program authorization during the term of this certification, the scope of your certification will be diprinished to exclude the affected area.

Your EPA firm certification is subject to the following restrictions:

- I) Individual states and Indian tribes, whether authorized or not, are not required to accept FPA certification and may accept or reject it under its own authority. Please be aware that your EPA certification does not relieve you of any obligations you may have to any State or Indian tribe regarding lead-based paint activities.
- 3) In advertising the EPA certification, firms must indicate clearly that the firm is certified only for purposes of Section 402 of TSCA. Failure to accurately state EPA certification conditions could result in EPA suspending or withdrawing certification. 2) EPA certification is specific and limited as described above. If you wish to obtain certification in other lead-based paint disciplines, you must apply separately.
- 4) EPA may conduct audits and/or inspections to ensure continued compliance with regulatory standards, and may revoke or suspend its certification if subsequent alterations or deviations result with the firm no longer receiting the standards found at 40 CFR Part 745, Subpart E.



AIR DEMOLITION & ENVIRONMENTAL SOLUTIONS ALR. INC. dba

Evidence of Insurance

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDNYYY) 12/31/2013 09:45

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION DNLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE CONCEASE AFORDED BY THE POLICIES BELOW. THIS CARTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVITY A CONTRACT BETWEEN THE ISSUING INSURERRY, AUTHORIZED REFRESENTATIVE OR PRODUCES, NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERRY, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IN IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

PRODUCER Barney & Barney LLC CA Insurance Lie: 0C0: 9171 Towne Centre Driv				
CA In 9171	ry & Barney LLC	NAME	Kyte Miller	
. 1216	CA Insurance Lie: 0C03950	PHONE	HONE A/C, No. Extt. (858 875-3075	FAX M.C. Noi: (858) 768-5225
	9171 Towne Centre Drive, Suite 500	ADDRESS	Mail. DDRESS kyle.miller/// bismeyandbarney.com	
San D	San Diego, CA 92122	AN AVAILABLE PARCENTY	INSURER(S) AFFORDING COVERAGE	NAIC#
858-4	858-457-3414	INSUBERA	AXIRERA : AXIS Surplus Insurance Company	26620
INSURED Asbes	Asbestos Instant Response, Inc.	INSURERB	INSLEERS: Zurich American Insurance Company	16535
3517	3517 W. Washington Blvd	INSURER C:		
Los A	Los Angeles, CA 90018	INSURER		
		Client # 57651 INSURER F		

COVERAGES

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THIS 1S TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED MADE MAD ADDING ANY RECURRENCE OF THIS INDICATED. NOTHATH STANDING ANY RECURRENCE TO WHICH THIS INDICATED. NOTHATH STANDING ANY RECURRENCE TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE MERCORED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS.

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CLAMC MADE X OCCUR				MED EXP (Any one person) \$	5,000
X Contractors Pollution				PERSONAL & ADVINURY \$	1,000,000
N Professional Liability				GENERAL AGGREGATE \$	2,000,000
GENT AGGREGATE LIMIT APPLIES PER. POULSY X PRO. L.CC				PRICOLICITS - COMPLIDE AGG \$	2,000,000
AUTOMOBILE LIABILITY				(Ea scotent)	1,000,000
				BODILY INJURY (Per person) \$	
	BAP554347601	1/1/2014	1/1/2015	BODILY INJURY (Per accident) \$	
HIRED AUTOS AUTOS				PROP R AM F S	
UMBRELLA UAB OCCUP	1001000116723	1,00,001.4	17.0016	EACH OCCURRENCE \$	5,000,000
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ANY PROPRIETORPARTNER/EXECUTIVE	WC334347701	1/1/2014	1/1/2013	EL EACH ACCIDENT \$	1,000,000
				EL DISEASE : EA EMPLOYEE \$	1,000,000
C. SCRIPTION OF OPERATIONS below				EL DISEASE - POLICY LIMIT \$	1,000,000
Contractors Pollution Liability / A Professional Liability ES7	ESZ771195012014	1/1/2014	1/1/2015	\$1,000,000 Limit - Per Chim \$2,000,000 Limit - Aggregate	
	***************************************			\$5,000 Retention Per Claim	

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DATE(MM/DD/YYYY) 12/27/2013	ATE HOLDER, THIS BY THE POLICIES	R(S), AUTHORIZED	WAIVED, subject to	confer rights to the	
ACORD CERTIFICATE OF LIABILITY INSURANCE	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES	below, this certificate of insurance does not constitute a compract between the issuing insurer(s), authorized Representative or producer, and the certificate holder.	TAPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(iss) must be endorsed. If SUBROGATION IS WAINED, subject to	the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the	cerificate holder in lieu of such endorsement(s).
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HOIGEL IGENINEL:

DATE(MM/DDAYYY)

NAIC # 26683 FAX 800-163-0105 AlG Specialty Insurance Company INSURERIS! AFFORDING COVERAGE CONTROT NOME MAC Ma. Eug: (666) 283-7122 ADDRESS: MSURER AL MSURER C: MSURER D: MSURER E: MSURER E: And Risk Strifes Southwest, Inc.
Calls To Office Fast
Call The Corte Fast
Call The Application of Strife Appli waste Management, Inc. 1001 Fannin Suite 4000 Houston TX 77002-6711 USA

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REVISION NUMBER, 57'00524094'86

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1.19		-	-	I	-	19	1	-	1			1_	-				4	Site Site	

CANCELLATION	SHOULD ANY OF THE EXPRANTION DATE THE POLICY PROVISIONS.	ANTHORIZED REPRESENTAT
CERTIFICATE HOLDER		BDC Special Waste Services, Inc. 1211 West Gladstone Street Azusa CA 91702 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE ALCE SPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CANCELLATION

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

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ACORD 25 (2010/05)

ACORD.

1/1/2015 CERTIFICATE OF LIABILITY INSURANCE

12/11/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND COMFERS NO RICHT'S UPON THE CERTIFICATE HOLDER. THIS STEPFICATE OF STRIPFICATE OF STRIPFICATE OF STRIPFICATE OF STRIPFICATE OF STRIPFICATE OF INSURANCE OF STRIPFICATE OF INSURANCE OF STRIPFICATE OF INSURANCE OF STRIPFICATE OF INSURANCE OF STRIPFICATE OF STRIPFICATE OF STRIPFICATE HOLDER.

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| Control of the certification of the certification of the certification of the certificate holder in itsue of each endorsements.

22667 43575 No IAN. INBURER A : ACE American Insurance Company MISURAR B : Indemnity Insurance Co of North America INSURER C : ACE Property & Casually Insurance Co COSTACT NAME: INC. No. Eng: E-MAIL ADDRESS: NEWEN WEURER D WASTE WANGENBUT HOLDINGS INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLIDING. BDC SPECIAL WASTE SERVICES (21f. GLADTONE STREET AZUSA GA. 91702 R LOCKTON COMPANIES, LLC 5847 SAN FELIPE, SUITE 320 HOUSTON TX 77057 866-260-3638 1300299 F

COVERAGES
THIS IS TO CERTY THAT THE POLICES OF INSURAGE. LISTED BELOW NAWE BEEN ISSUED TO THE INSURED INJURBER: XXXXXXXX
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CANONING	IJ	TYPE OF INSURANCE	100	WERE WALL		POLICY NUMBER	(MMCDO/CYCY)	MILEDOCYCO IMMODINATION	LIMITS	2
COMMERCIAL CREMENT ACCOUNT AC	5	HERAL LABILITY	>	>	HDO C	32732924A	1/1/2014		EACH OCCURRENCE	2,000,000
CLANSANDE	×	COMMERCIAL GENERAL LIABILITY							DAMAGE TO SENTED	5 000 000
XCU INCLUDED XCU INCLUDIO XCU	1	CLAIMS-MADE X OCCUR							MED EXP Arr DNB p= 150*1	XXXXXXX
Note	×	XCU INCLUDED							PERSONAL & ADV INJURY	s 5 000 000
VACORGON TO WIT APPLES PER VACORGON TO WI	×	ISO FORM CG 0001 1207								\$ 6,000,000
ACCOUNTY	삥	GEN'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMPIDE AGG	s 6,000,000
NAME		POLICY X 150 X LDC								vs.
Mark Auto	₹	AUTOMOBILE LIABILITY	>	×	MMT	H08816025	1/1/2014	1/1/2015	ACCIDENT SINGLE LIMIT	s 1,000,000
March Marc	X								BODEY (NJURY (Parperson)	s XXXXXXX
MCS-00 M	×								BODILY INJURY (Per accident	s XXXXXXX
Y X X X X X X X X X	×	×							PACPERTY DAMAGE	s XXXXXXX
NOTE OF CHARGES NOTE OF CH	×	MCS-90	1							S XXXXXXX
V V V V V V V V V V	×	UMBRELLA LIAB X OCCUR	>	>	XOO G	27054961	1/1/2014		EACH OCCURRENCE	\$ 15,000,000
VIII VIII C47876345 (AOS) VIII.2014 VIII.2015 VIII.2015 VIII.2016 VIII.2015 VIII.2015 VIII.2016		EXCESS LIAB							AGGREGATE	s 15,000,000
V V V V V V V V V V		DED RETENTIONS								s XXXXXXX
NA XY XSA H08816013	5.5			>	WLRC	47876345 (AOS)	1/1/2014	1/1/2015		
1/1/2014 1/1/2014 1/1/2015 COMBINED SAME E-MAINTENER E	38		N/A		SOT S	47876357 (AZ,CA&MA)	1772014	772015	E.S. EACH ACCIDENT	s 3,000.000
Y XSA H08816013 I/I/Z014 I/I/Z015 COARBINED SAMED SANCHE LIMIT Y Y XSA H08816013 I/I/Z014 I/I/Z015 GOARBINED SANCHE LIMIT	1				-	644)			# 1. ONSDARE - EA GASPLOYEE	3,000,000
Y XSA H08816013 1/1/2014 1/1/2015	58	ASSENTION OF DPERATIONS INJUN							E.L. DISEASE - POUCY UNIT	3,000,000
	i	CESS AUTO ABILITY	>	≻	XSA H	08816013	1/1/2014		COMBINED SINGLE LIMI \$9,000,000 (EACH ACCIDENT)	±.

DESCRIPTION OF OPERATORS LUCKTIONS LYBRICLS TRIBLE ACDRO 191, Additional remains Scholuff, if more space is required
MANICET MANICET OF SUBSOCIATIONS GENERALIED IN FACE OF CERTIFICITY EN BLOLDER OF ALL POLICIES WHERE AND TO THE EXTENT
REQUIRED BY WAITTEN CONTRACT WHERE PERMISSIEL BY LAW, CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED
RECYLET FOR WORKERS COMPICE, WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

SKOULD ANY OF THE ABOVE DESCRIBED POLICIEB BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. D-+ Teur AUTHORIZED REPRESENTATIVE CANCELLATION FOR BID PURPOSES ONLY C/O BDC SPECIAL WASTE SERVICES CERTIFICATE HOLDER 3526769

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ACORD 25 (2010/05)

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

12/11/2013

THIS GERTHFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS STEPPING SEES FOR TAFFRANCE, ON RIGHTHOATE DESCRIPTION AND SEESON. THIS CERTIFICATE OF MALTER OF MALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF MALTEN, CODES NOT CONFIDITION. TO A CONTROL ENTINE A DEFINITION OF MALTEN THE ISSUING INSURERIS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the sentiticate holder is an ADDITIONAL INSURED, the pollogical must be andorsed. If SUBROGATION IS WAIVED, subject to the worker of the policy, re-criting pelicies may require an endorsenment. A statement on this cartificatio done not conforrights to the enditions holder in like of such endorsenment(s).

ROBUCER LOCKTON COMPANIES, LLC	NAME	2000	
284/ SAN PELIPE, SUITE 320	(A.C. No. Ext	ACC, NO.	
868-5673538	ADDRESS.		
		MOUNTAINS AFFORDING COVERAGE	NAME #
	INSURER A:	MSURER A: ACE American Insurance Company	22667
NSURED WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED,	INSURER B	ASURER B. Indemnity Insurance Co of North America	43575
300299 RELATED & SUBSIDIARY COMPANIES INCLUDING:	INSURER C:	MSURER C: ACE Property & Casualty Insurance Co	20699
1211 GLADSTONE STREET	INSURER D.		
AZUSA CA 91702	INTURER E.		
	Commence of		

COVERÁGES
TOUR STATE POLICIES OF INSTITUTE DE CONTROL DE TOUR DE LEGISTON NUMBER: XXXXXXX XXXXXX MENTRE POLICIES OF INSTITUTE DE CONTROL LISTED BELOWN HAVE BEEN BESUDED THE INSTITUTE DATOR FEB OF PRENDE PRENDE MAN HAVE BEEN BEEN DE CHARLED AND FEB OF BEEN PRENDE AND FEB OF BEEN BEEN FEB OF BE

ś	TYPE OF INSURANCE	A E	MEN WICH	POLICY NUMBER	MANDONY	MANDONAN	LIMITS	
<	GENERAL LABILITY	>	>	HDO G2732924A	1/1/2014	1/1/2015	Ī	5 000 000
	X COMMERCIAL GENERAL LIABILITY						PREMISE TORENTED	5,000,000
	CLAIMS-MADE X OCCUR						÷	* XXXXXXX
	X XCU INCLUDED						PERSONAL & ADV INJURY \$	\$ 5,000,000
	X ISO FORM CG 00011207						DENERAL AGGREGATE \$	\$ 6.000,000
	GENT AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMPIOP AGG \$ 6,000,000	6,000,000
4		>	>	Y Y MMT H08816025	1/1/2014	1/1/2015	S SCOLOM INGLE LIMIT S	\$ 1,000,000
							BODILY INJURY (Per person) 5 XXXXXXX	XXXXXXX
	X AUTOWNED SCHEDULED						BODILY INJURY (Per accident & XXXXXXX	XXXXXXX
	X HIRED AUTOS X XUTOS WINED						PROPERTY DAMAGE	* XXXXXXX
	X MCS-90							* XXXXXXX
ပ	X UMBRELLA LIAB X DCCUR	>	>	Y XOO G27054961	1/1/2014	1/1/2015	EACH OCCURRENCE \$	\$ 15,000,000
	EXCESS LIAB CLAIMS-MACK						AGGREGATE \$	s 15,000,000
	OED RETENTIONS							s XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND		>-	WLR C47876345 (AQS)	1/1/2014	1/1/2015	X HOWSTONIA CITE	
	SUTIVE.	N/N		WLR C47876357 (AZ,CA&MA)	1/1/2014	200	E.L. EACH ACCIDENT 8	\$ 3.000,000
				fundamental fundamental			E L DINTAGE - CA EMPLOYEE	3 000 000
	DESCRIPTION OF OPERATIONS balow						FLDIESE-POLCTUNE	3,000,000
<	EXCESS AUTO LIABILITY	>	>	Y Y XSA Н08816013	1/1/2014	1/1/2015	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)	

DESCRIPTION OF OPERATORS I LOCATIONS I VEHICLES IGNORD ADDID 101, Adeliand Remarks Edicator, if more spiese is required)
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CERTIFICATE HOLDER

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREDF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CANCELLATION

AUTHORIZED REPRESENTATIVE

"FOR BID PURPOSES ONLY"

3449506

ACORD 25 (2010/05)

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CERTIFICATE OF LIABILITY INSURANCE INIZOIS

12/11/2013

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INO DESCRIPTION IS RECORD AS A MALIER OF INFORMATION ONLY AND CONTENS IN DESCRIPTION OF THE DESCRIPTION OF T	CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES	SELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED	REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the cardificate holder is an ADDITIONAL INSURED, the policydeal must be endorred. If SUBROGATION IS WANVED, subject to the very and conditions of the policy, except polities may require an endorrannel. A statement on this certificate does not confer rights to the sertificate holder in fau or auch anothermoritie).

PRODUCER	PRODUCER LOCKTON COMPANIES, LLC	CONTACT			
	5847 SAN FELIPE, SUITE 320	MONE ENGL		AUC. No.:	
	HOUSTON I A 7/03/ 866-280-3538	ACORESS:			
			INSUREMEN AFFORDING COYER	RAGE	
		INSURER A:	ISURER A: ACE American Insurance Company	mpany	22
NSURED	WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED,	INSURER B : It	MEURER B.: Indemnity Insurance Co of North America	America	43
300299	RELATED & SUBSIDIARY COMPANIES INCLUDING:	INSURER C: /	ASURER C: ACE Property & Casualty Insurance Co	nce Co	30
	1211 WEST GLADSTONE	INDIVISES O.			+
	AZUSA CA 91702	MAURERET			+
		Sand territory in a			

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COVERAGES
THIS IS TO CERTIFICATE NUMBER: 3497757
THIS IS TO CERTIFICATE ADDITIONAL ENDER OF CONTRACT OF CHIRACON NUMBERS: XXXXXXXX
THIS IS TO CERTIFY THAT THE POLICY PRODUCE LISTED BELOWN WAVE BEEN ISSUED OF THE INSURED NAMED ADOVE FOR THE POLICY PRODUCE.

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EXCUISIONS AND COMMITTIONS OF SUCH POLICIES. LIMITS SOON MAY HAVE BEEN PEDUCED BY PAGE OLIVING.

L.	TYPE OF INSURANCE	000 HE	DAW	POLICY NUMBER	(MACODYNY)	MANDENAN CHANGE AND	LIMITS	
-	GENERAL LIABILITY	>	>	HDO G2732924A	1/1/2014	1/1/2015	EACH OCCURRENCE	5,000,000
_	X COMMERCIAL GENERAL LIABULTY						SAFARSE TO RENTED	\$ 000,000
_	CLATMS-MADE X OCCUR							* XXXXXXX
_	X XCU INCLUDED						PERSONAL & ADV INJURY	5 000 000
_	X ISO FORM CG 00011207						GENERAL AGGREGATE S 6	s 6 000 000
	GENT AGCHEGATE LIMIT APPLIES PER:						PREDUCTS - COMPION AGG & 6,000,000	000,000,0
_	POLICY X LECT X LCC						e/i	
-	AUTOMOBILE LIABILITY	>	>	Y MMT HORRIGO25	1/1/2014	1/1/2015	COMBINED INGLE LIMIT 5 1	\$ 1,000,000
_							BOCILY INJURY (Per person) 5 XXXXXXX	XXXXXXX
_	X AUTOWNED SCHEDULED						SOCILY INJURY (Per ecident) 5 XXXXXXX	XXXXXX
	X HIRED AUTOS X AUTOS						PRDPEHTY DAMAGE: 8 7	8 XXXXXXX
	X MCS-90						25	5 XXXXXXX
	X UMBRELLA LIAR X LCCUR	>	>	Y XOO G27054961	1/1/2014	1/1/2013	EACH OCCURRENCE \$]	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE S 1	s 15 000 000
	DED RETENTIONS						S	XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		>	WLR C47876345 (AOS)	1/1/2014	1/1/2015	X PSFSMK UNK	
	LYINE	Ž		WLR C47876357 (AZ,CA&MA)	772014	1/1/2015	I.L. EACH ADDIDENT S	\$ 3,000,000
				(111) (2000)			L. DISEASE - FA EMPLOYEE	3 000 000
	DESCRIPTION OF OPERATIONS below						S L. DISEASE . POLICY LINCT	3,000,000
Linear Control	EXCESS AUTO	>	>	Y XSA H08816013	1/1/2014	1/1/2015	COMBINED SINCILE LIMIT \$9,000,000 (EACH ACCIDENT)	

DESCRPTION OF OPERATORS LYCHICLES (MAINS ACCIOU 101, Additional Remains Schiedle, if more gare is required)
MAKEY (MAYNER OR SUBBOOKATONS) OR SCHATTEN OF OF CENTRICATE FROLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WAITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMPIEL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

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CANCELLATION

Should any of the above described policies be cancelled before The expiration date thereof, notice will be delivered in Accordance with the policy provisions. AUTHORIZED REPRESENTATIVE FOR BID PURPOSES ONLY C/O THERMAL REMEDIATION SOLUTIONS 3497757

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ACORD 25 (2010/05)

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CERTIFICATE OF INSURANCE

Motor Carriers of Property

	areas and a second seco		Status		
Ace American Insurance Company		22667	Licensed to write insurance in the State of California	twance in th	e State of California
1601 Chestnut Street PO Box 41484 Philadelphia, Ph 19101-1489	-	SLAPLUS LINE BROKER #	(Admitted Insurer) [] Nonsdmillted Insurer subject to Section 1763 of the California traurance Code.	r subject to Code.	Section 1763 of the
	OTHERS	* #	Charilable Risk Pool		Burplus Lime ercker name
NSURED PROTOR CHRESTINUE AND ADDRESS USA Waste of California, Inc. 4333 East Jefferson Avenue Fresno, CA 83725	\$\$		Filed with the: California Department of Motor Vehicles Motor Carrier Services Branch P. O, Box 622370 MS G875 Sacramento, CA 84232-3700 (815) 657-8153	California Department of Motor Motor Carrier Services Branch P. O. Box 803370 MS G875 Secramento, CA 94232-3700 [916] 657-8153	nt of Motor Vehicles ses Branch MS G875 232-3700
TYPE OF INSURANCE	POLICY HUMBER	DATE MADONN		LIMITS	
PRIMARY LIABILITY			COMBINED SINGLE UMIT		\$1.000.000
(7) Coverage bolow stalulary minimum limits,	MMT H08816025 1/1/2014	1/1/2014	BODELY INJURY OR DEATH (ONE PERSON)		
Coverage squal to or acceeding statistics minimum finds.			BODILY INJURY OR DEATH GAORE THAN ONE PERSON)		.,
			PROPERTY DAMAGE		
EXCESS LIABILITY			COMBINED SINGLE LIMIT	\$ 9M hex	S 9M in auctors of 8 1 M
Coverage between primary coverage and stability minimum finds.	KSA H08816013 1/1/2014	1/1/2014	BODILY INURAY (ONE PERSON)	3 hex	1 hexast of 5
(2) Coverage provided at or above statistics? Middelin limbs.			BOOTY IN JURY OR DEATH (MORE THAN ONE PERSON)	a d	\$ In excess of \$
			PROPERTY DAMAGE	S In ea	8 In excess of 8
WORKERS COMPENSATION	WLR C47876357 3/1/2014	1/1/2014	(A WC Slaketory Limits	BL 3M /	BL 3M / 3M / 3M

insurer certifies to each of the following:

- The motor carrier of property (Insured) identified herein is covered by an insurance policy providing bodily injury or death healing, property demage fability insurance, or workers, compensation insurance within the coverage limits identified above as required by Califord Vehicle Code (CVCS) Sections 34630, 34631.5, and 34640, and by Part 387 of Title 49 of the Code of Fabias Regulations.
 - This insurance policy covers all vehicles used in conducting the service performed by the insured for which a motor carrier permit is required whether or not eaid vehicle is listed in the insurance policy.
- A fully executed endorsament, on a form authorized by the Department of Motor Vehicles (DMV), is exteched to the referenced policy by conform to the requirements of the Motor Centrers of Property Permit Act., CVG Section 34500 and following, and the rules and regulations of the DMV. (This provision does not apply to Workers' Compensation insurance.) For the purposes of Charitable Risk Pool coverage, this policy meets the requirements of the CVC Section 34631 (d). For the purposes of Risk Relention Group coverage, this policy meets the requirements of the Risk Relention Act of 1981, California Insurance Code Section 125 and following, and is suthorized to do business in California.
- insurer agrees to each of the following:
- This Certificate of Insurance shall not be canceled on less than thitly (30) days notice from the Insurer to the DMN and virtlen on a Notice of Cancellation form authorized by the DMN, and that the thirty (30) day period commences to run from the date the Notice of Cancellation form was actually received at the office of the California Department of Motor Vehicles, Motor Carter Services Branch, in Secretarnerio, California.
- A duplicate original of the referenced policy, a DMV authorized endorsement, and all other related endorsements and docunientation, shall be funished to DMV upon request.

I certify (or declare) under penalty of parjury under the laws of the State of Celifornia that the foregoing is true and correct.

sgallagher@lockzon.com DAT6 12/27/2013 TELEPHONE NUMBER (713) 458-5367 GRECUTED AT (UTY, STATE) TEXAS PRINTED WAVE OF SVEURER'S AUTHORIZED REPRESENTATIVE Spatistick TWE Timothy F. Kelly

MC 58 IS (REW. 112010) UH

State of California Department of Resources Recycling and Recovery REGISTERED

Waste Tire Hauler



FOR QUESTIONS CONCERNING THIS REGISTRATION, PLEASE CALL (916) 341-6422

ONLY ORIGINAL REGISTRATION VALID

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ONLY ORIGINAL REGISTRATION VALID

STATEMENT TO NOT COPY OR REPRODUCE

STATEMENT TO NOT COPY

Alliance for Uniform HazMat Transportation Procedures Uniform Program Credentials



BDC SPECIAL WASTE SERVICES 1211 W. GLADSTONE AZUSA, CA 91702 USDOT Census #: 376375 ICC #: 265711 EPA Transportation ids: CAR000181891 Intrastate Motor Carrier #: Phone Number to call in case of an accident or emergency: 626-705-8521

Uniform Program ID: UPM-375375-NV

Certified By: John Budden IB

Issuance Date: October 8, 2013 Expiration: December 31, 2014

Issuing Agency: Nevada Highway Patrol

Agency Phone Number: (775) 684-4622





COUNTY OF LOS ANGELES Department of Public Health - Solid Waste Program

Waste Collector Permit Under Provisions of County Ordinance Title 20

2014

BDC SPECIAL WASTE SERVICES 1211 W. GLADSTONE ST AZUSA, CA 91702

PERMIT VEE VEHICLES PERMITTED DATE OF ISSUE **EXPIRATION DATE** COMPARY ID#

\$0585 \$798.00

12/17/2013 12/31/2014

CHIEF, SOLID WASTE PROGRAM

United States Environmental Protection Agency 13 Hawthorne Street, (WST-6) Nan Francisco, CA 94105 Region 9

March 13, 2007

STEVE AMROMIN

USA WASTE OF CA INC DBA BDC SPECIAL WAST 1211 W GLADSTONE

AZUSA, CA 91702

to your location, EPA has assigned this ID number in response to the RCRA Subtitle C Site Identification Form The US Environmental Protection Agency (EPA) has assigned an EPA Identification (ID) number (8700-12) received from your RCRA Subjitle C Site on February 23, 2007.

By submitting the Form 8700-12, your RCRA Subtitle C Site has notified the EPA of the Resource Conservation and Recovery Act (RCRA) regulated waste activities shown below in accondance 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.

USA WASTE OF CA INC DBA BDC SPECIAL WAST RCRA ID number: CAR000181891 is assigned to:

1211 W GLADSTONE AZUSA, CA 91702

EPA has listed your status as:

Not a Generator, Verified

Transporter

For assistance regarding RCRA regulations, access the following websites: http://www.epa.gov/osw/ or http://epa.gov/icraonline/

or if you need a current version of the Subtitle C Identification Form (8700-12), access

http://www.epa.gov/epacswer/hazwasie/dutu/form8700/forms.htm

For assistance with any other RCRA Notification questions please call the Notification Information Line listed below.

U.S. EPA Region 9

RCRA Notifications

75 Hawthorne Street

San Francisco, CA 94105 (WST-6/Tetra Tech)

Notification Line (415) 495-8895

** TOTAL PAGE. 07 **

DEPARTMENT OF TRANSPORTATION PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION UNITED STATES OF AMERICA



FOR REGISTRATION YEAR(S) 2013-2014 CERTIFICATE OF REGISTRATION HAZARDOUS MATERIALS

USA WASTE OF CALIFORNIA INC DBA BDC SPECIAL WASTE SERVICES Registrant:

Attn: STEVE AMROMIN 1211 W GLADSTONE 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

Expires: 06/30/2014 Issued: 05/24/2013 Reg. No: 052413 551 018V

HM Company ID: 021193

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 Fransportation 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-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Faz. (323) 580-8823 From Karen Meza

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Page 2 of 3 03/07/2014 2:05 Fax: +1 (951) 681-4391

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(KKM) © ACORD CORPORATION 1988 Printed by KKM on March 67, 2014 at 02:09PM

Fax: 323-568-8823 From Nevelda Murillo

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Page 2 of 3 4/9/2013 8:59 Fax: +1 (951) 681-4991

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

Form Approved O'MB No 2125-0374

issited toEarthwise Services_LLC	Dated at Denver, CO Inis 28th day of February 13	Sacy No. FECAT0036209 Effective Date 0278/13	Arch Insurance Company	Telephone Number (203) 199-1220 Countersigned by Counter	This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accepant.	This insulance is excess and the company shall not be liable for amounts in excess of \$ for each accident. Whenever required by the Federal Highway Administration (FHMA) or the Interestian Commence Commission (ICC), the company egrees to furnish the FHMA or the ICCs explained by the Federal Highway Administration (FHMA) or the Interestian Commence Commission (ICC), the company egrees to furnish the the FHMA or the ICCs explained by an outstoned is empresentable of the FHMA or the ICCs explained by the policy is to force as of a particular cate.	
ssited to Earthwise	Dated at De	Amending Palay No.	Name of Insurance Company	Telephone Number (203 The policy to which this e	X This insurance	This insurance in excess of the Whenever required by the FHWA of the ICC a duplic the FHWA or the ICC, to	

Cancellation of this endersement may be effected by the company or the insured by giving (1) turty-tive (55) days notice in writing to the wher party (said 5 days notice to ownthing the indice is relied proof of maling shall be sufficient croof of notice), and (2) if the insured is subject to the CCs suidadicion, by proving thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is nesewed by the ICCs at 85 office in Westhington, D.C.).

ACCIDENT includes continuous or repeated exposure to loss, damage, or desturbing out of periodic exposure to loss, damage, or desturbing out of conditions which results in bodys it; juty, properly damage, or the accidental discharge, dispetsal; release or escape into or including amage which the insured retirer expected no upon the land, almosphere, wistorcurse, or body of wager, of any commodity transported by a modification shall include the cost of necessary measures hall include the cost of necessary measures hall include the cost of necessary measures hall not be not included the cost of necessary measures have to corbination thereof and used on a highway for transporting property, or any person, including ocally including order sections and the cost of necessary passon, including ocally isolated from any of these. EVINRONMENTAL EXPENDATION means the property or any person, including ocally results from the including ocally results from the property.	N THIS ENDORGEMENT I loss, damage, or destuction of natural resources arising out of the a coldorate, or destuction of natural resources arising out of the a coldorate, denosphere, wetercourse, or body of water, or any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to munitie or miligate camage to human nealth, the natural municipant, fish, shellfish, and wildlife PROPERTY DAMAGE means damage to or loss of use of stargible property.
Entrangmental Regionalion means restauron for the	Public Limbilli Y means flability for bodily injury, property damage, and environmental responsition

in consideration of the premium stated in the policy to which this erodorsanent is statehed, the insured (the company) agrees to pay exponent its tatehed, the insured for public its play agrees to fill undernot recovered against the insured for public its play state for the polarization marriconnesse or use of incolor volhicles subject to the financial responsibility requirements of 35 sections 29 and 30 of the Motor Carrier Act of 1980 regardless of It is whether or not earn mator vehicle is specifically described in the companity and whether or not such negligence occurs on any route or in any fartitury authorized to be served by the insured to elsewhere an injury to or death of the nazinet's employees white engaged in the course of their employment, or properly transporced by the highest. The course of their employment, or properly transporced by the highest. The course of their employment, or properly transporced by the highest. The insurance policy to which this endorsement is attached provides actomobile liability insurance and is amended to assure compliance by the insurance, 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 rues and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC). designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement,

bes endorsement thereon, or violation thereof, anali telleve the company from lability or from the payment of any final or indignent. Within the limits of liability herein described, like interpretive of the financial condition, insolvency or bankruptcy of the fisance. Allowever, all terms conditions and lentiations in the policy to which the endorsement is attached shall reman in full force and effect as building between the insured and the company. The insured agrees to temburse the company for any to company or account of any accident, to claim, or suit wowing a breach of the terms of the policy, and for any payment that the company would not have been follogisted to make under the provisions of the policy except for the oil agreement contained in this endorsement. The limits of the company's liability for the amounts prescribed in line errorsement apply separately. In each actionent, and any payment undor the policy because of any one accident, shall not operate to reduce the liability of the company, for the payment of It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the instruced as provided noted, the judgment creditor may mainfain an action in any court of competent jurisdiction against the company to compet such payment.

The Molor Carrier Act of 1960 requires limits of financial resconsibility according to the accident and other accident.

The Molor Carrier Act of 1960 requires limits of financial responsibility according to the Type of carriage and commodity transported by the THE SCHEDULE OF LIMITS SHOWN ON THE NEXT PAGE DOES NOT PROVIDE COVERAGE.

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

Form MCS-90

UNFORM INFORMATION SERVICES, INC., MC 1622k (10:99)

Over

Fext.323-59C-8823 From: Nereida Murilio

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Page 3 of 3 4/9/2013 8:55 Fax: +1 (951) 681-1991

SCHEDULE OF LIMITS Public Liability

- 1	Type of Carriage	Commodity Transported	Minimum	
	(1) For-hire (In interstate or foreign commerce).	Property (nonhazardous)	LA	750,000
8	For-hite and Private (in interstate, foreign, or intrastate commerce).	Hazardous substances, as defined in 49 CFR 171.8, Innsported in calgo tanks, portable tanks, or hoppertyper vehicles with capacities in excess or 3,500 water galants; or in but Ovisions 1.1, 1.2, and 1.3 metatids; any quantity of Division 2.3 Hazard Zone A or Division 6.1, Packing Group 1, Hazard Zone A materiat in butter Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	O's	5,000,060
(3)	For hire and Private (in interstate or foreign commerce, in any quantity) or (in intrassate commerce; in bulk only).	Oll fished in 49 CFR 172.101, hazardous materials and hazardous substances defined in 49 CFR 1718 and listed in 49 CFR 172.101, but not mentioned in [2] above tr (4) below.	10,	000,000,1
-	(4) For-trie and Private (In interstate or foreign commerce).	Any quantity of Division 11, 1.2 or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material, or highway route controlled quantities of Class 7 material as defined in 49 CFH 473,403.	5,03	6,020,000

Note: The type of parriage listed under (1), (2), and (3) applies to vehicles with a gross vehicle weight rating of 10,000 pounds or more. The type of carriage listed under number (4) applies to all vehicles with a gross vehicle weight rating of less than or more. The 10,000 pounds

Schedule of Limits Public Liability

For-kire motor carriers of passengers operating in interstate or foreign commerce

Vehicle Seating Capacity	Insurance
(1) Any vehicle with a sealing capacity of 16 passengers or more.	\$ 5,000,000
(2) Any vehicle with a sealing capacity of 15 passengers or less.	1,500,000

MC 1622k (10-99) Unform Information Services. Inc.

Form MCS-90





Department of Toxic Substances Control

8800 Cal Center Drive Sacramento, California 95826-3200 Deborah O. Raphel, Director



Secretary for Environmental Protection Matthew Rodriquez

Department of Toxic Substances Control

Sacramento, California 95812-0806 Deborah O. Raphael, Directo 1001 T" Street P.O. Box 806



HAZARDOUS WASTE TRANSPORTER REGISTRATION

NAME AND ADDRESS OF REGISTERED TRANSPORTER

EARTHWISE SERVICES LLC 5949 DODD STREET

MIRA LOMA, CA 91752

TRANSPORTER REGISTRATION NO.: 5094

EXPIRATION DATE: JUNE 30, 2014

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) 440-7145.

(AUTHORIZED SIGNATURE)

(DATE)

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MIRA LOMA

5949 DODD ST

SCOTT WAI, LACE

Operator/

Contact

EARTHW

Owner

EARTHWISE SERVICES LLC

SIC: 4212 Record Entered: 07/19/2004 562112

EPA ID PROFILE

Name:

Inactive Date:

ACTIVE

Status:

RIVERSIDE

County

EARTHW

Location

Mailing

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Last Updated: 06/04/2013

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SCAQMD Permits



Air Quality Management District 21855 Copley Drive, Diamond Bar, CA 91765-4178 (909) 396-2000 - www.aqmd.gov South Coast

DATE: 02/18/2014

EQUIPMENT LOCATED AT:

VARIOUS LOCATIONS IN SCACIMD LOS ANGELES,CA 90018

> LEGAL OWNER CO. ID. OR OPERATOR

133566

ASBESTOS INSTANT RESPONSE INC 3517 W WASHINGTON BLVD LOS ANGELES, CA, 90018 RULE 222 FILING

EQUIPMENT DESCRIPTION

DATE 02/01/2015

FACILITY RENEWAL

02/01/2015 02/01/2015 02/01/2015 02/01/2015

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2013

BILLING YEAR: APPL NBR

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EQUIPMENT LOCATED AT:

VARIOUS LOCATIONS IN SCAQMD LOS ANGELES, CA 90018

DATE: 02/18/2014

Air Quality Management District

South Coast

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

133566

LEGAL OWNER CO, ID:

VARIOUS LOCATIONS IN SCAQMD LOS ANGELES, CA 90018

EQUIPMEN' LOCATED AT:

DATE: 02/18/2014

ASBESTOS INSTANT RESPONSE INC 133566 LEGAL OWNER CO. ID.

SILLING YEAR:

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

EQUIPMENT LOCATED AT:

VARIOUS LOCATIONS IN SCAQMD LOS ANGELES, CA 90018

> CO. ID. LEGAL OWNER OR OPERATOR

ASBESTOS INSTANT RESPONSE INC 3517 W WASHINGTON BLVD LOS ANGELES, CA, 90018

FACILITY RENEWAL DATE RULE 222 FILING EQUIPMENT DESCRIPTION

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EQUIPMENT DESCRIPTION

RULE 222 FILING

ASBESTOS INSTANT RESPONSE INC

133566

CO. ID:

LEGAL OWNER OR OPERATOR

3517 W WASHINGTON BLVD

LOS ANGELES, CA, 90018

FACILITY RENEWAL

DATE: 02/18/2014

Air Quality Management District

South Coast

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 · www.aqmd.gov

VARIOUS LOCATIONS IN SCAOMD

EQUIPMENT LOCATED AT:

DATE: 02/18/2014

LOS ANGELES, CA 90018

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VARIOUS LOCATIONS IN SCAQMD LOS ANGELES, CA 90018

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South Coast
Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 - www.aqmd.gov

DATE: 02/18/2014

EQUIPMENT LOCATED AT:

DATE: 02/18/2014

VARIOUS LOCATIONS IN SCAOMD LOS ANGELES, CA 90018

	RULE 222 FILING	
FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWA DATE
BILLING YEAR:	EAR: 2013	
436676	NEGATIVE AIR MACHINE/HEPA, ASBES <= 15 GAL	02/01/2015
436677	NEGATIVE AIR MACHINEMEPA, ASBES <= 15 GAL	02/01/2015
436678	NEGATIVE AIR MACHINE/HEPA, ASBES <= 15 GAL	02/01/2015
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436680	NEGATIVE AIR MACHINE/HEPA, ASBES <= 15 GAL	02/01/2015
436681	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
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436701	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL.	02/01/2015
436702	NEGATIVE AIR MACHINEMEPA, ASBES <=15 GAL	02/01/2015
436704	NEGATIVE AIR MACHINE/HEPA, ASBES <= 15 GAL	02/01/2015
436705	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
444546	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
444547	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
444548	Negative air machinemhepa, asbes <=15 gal	02/01/2015
444549	NEGATIVE AIR MACHINEMEPA, ASBES <=15 GAL	02/01/2015



EQUIPMENT LOCATED AT:

LEGAL OWNER CO. ID-OR OPERATOR

VARIOUS LOCATIONS IN SCAGMD LOS ANGELES.CA 90018

133566 ASBESTOS INSTANT RESPONSE INC 3517 W WASHINGTON BLVD LOS ANGELES, ÇA,90018

PERMIT/APPLICATION RENEWAL

PERMIT/ APPL NBR	EQUIPMENT DESCRIPTION	NEXT RENEW, DATE
BILLING YE	BILLING YEAR: 2013	
G17479	ABATEMENT SYSTEMINEPA, ASBESTOS, LEAD	02/01/2015
G174B0	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	02/04/2015
G17481	ABATEMENT SYSTEMIHEPA, ASBESTOS, LEAD	02/01/2015
G17482	ABATEMENT SYSTEMHEPA, ASBESTOS, LEAD	02/01/2015
G17483	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	02/01/2015
G17484	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	02/01/2015

DATE:02/18/2014

CORRESPONDENCE

PREVIOUS REPORTS

October 20, 2017

Ms. Lisa Walldez
City of Los Angeles, Department of Recreation and Parks
Planning, Construction, and Maintenance Branch
221 North Figueroa Street, Suite 400
Los Angeles, California 90012

Subject: DRAFT - ASBESTOS AND LEAD SURVEY - VARIOUS ROOFS

Wattles Mansion

1824 N. Curson Avenue Los Angeles, California

Converse Project No. 17-41-118-17

Ms. Walldez:

On October 16, 2017, Converse Consultants (Converse) completed an *Asbestos and Lead Survey* on the roof at the referenced facility. Converse's work was completed in general accordance with our proposal dated September 21, 2017.

The work was completed by certified asbestos and lead staff of Converse. Copies of their certifications are attached to this letter. Copies of the laboratory certifications are also attached.

A summary of the findings is provided below. Attached to this letter are copies of the analytical reports, chain of custodies, sample location maps, photographs and field logs.

Asbestos

The bulk materials were submitted to a State-certified laboratory, LA Testing in South Pasadena, California for analysis. The bulk samples were analyzed by Polarized Light Microscopy (PLM) in accordance with EPA Test Method 600/R-93/116.

Samples were collected of the following materials:

- Roof core White silicone over black roof felt
- Roof mastic (upper flat roof)
- Roof parapet core silicone over black felt
- Roof core grey rolled roofing painted red (South Veranda)
- Roof mastic (South Veranda)
- Roof core- felt roof under Spanish Tile

- Roof capsheet (underneath copper jacketing at roof hatch)
- Exterior stucco (Chimney)

Laboratory analysis detected asbestos in the following materials:

Material	Location	Asbestos Content	Comments
Roof mastic	Upper Flat Roof	6 – 10% Chrysotile	Located at roof penetrations, roof corners, corners of the large square vent, chimney corners and at the roof access hatch. The mastic is covered by white silicone, approximately 50 square feet. The mastic is a non-friable asbestos-containing material (ACM) and was in good condition at the time of the survey.
Roof mastic	South Veranda	6 – 10% Chrysotile	Located around the perimeter of the red-painted grey rolled roofing at the South Veranda. The mastic has been covered with paint, approximately 20 square feet. The mastic is a non-friable ACM and was in good condition at the time of the survey.
Roof mastic	Lower Flat Roof and underneath Spanish Tile	7% Chrysotile	Located at roof corners and in scattered locations underneath the Spanish Tile adjacent to the flat portion of the roof, approximately 400 square feet. The mastic is a non-friable ACM and was in good condition at the time of the survey.

Asbestos was not detected in the remaining sampled roofing materials and stucco at the Chimneys.

Converse recommends the asbestos-containing material (ACM) be abated if it will be impacted by future renovation activities. Asbestos abatement must be performed by a Cal/DOSH licensed asbestos abatement contractor using methods in accordance with 8 CCR 1529, and SCAQMD Rule 1403.

In the event that suspect materials that have not been previously sampled are observed during renovation/remodeling activities, these materials should be assumed to contain asbestos, until such time that they can be sampled and evaluated for asbestos content.

Lead

During our survey, Converse collected readings of lead content in painted surfaces using an X-Ray Fluorescence (XRF) device. The action level was set at 0.7 mg/cm², or 600 parts per million (ppm), the Los Angeles County Department of Health Services definition for lead-based paint. XRF readings were collected on the following painted surfaces at the Wattles Mansion roof:

- Varnished interior wood stairs and
 White square vent on the Upper Flat associated components to roof hatch
- White silicone flat roof

- Roof
- White metal vent pipes

- Beige paint on stucco chimneys
- Beige paint on metal chimney flashing
- Brown paint on metal gutter
- Brown paint on wood door landings
- Brown paint on wood rafter (rafter molding)
- Beige paint on wood wall post (South Veranda)

- Brown paint on metal flashing
- Copper jacketing on roof access hatch
- Red paint on grey asphalt rolled roofing
- Brown paint on wood fascia and eaves
- Brown paint on wood roof beam
 - Beige paint on exterior stucco wall (South Veranda)

Lead in a concentration greater than 0.7 mg/cm² was detected in the following:

Material/Substrate	Color	Lead Content (mg/cm²)	Comments
Stucco chimney	Beige	1.1	Located on the Upper Flat Roof. The paint was intact. (See bulk sample results below).
Asphalt grey rolled roofing	Red	3.0	Located at the South Veranda. The paint was in cracked (fair) condition.
Wood door landing	Brown	3.1	Located at the South Veranda. The paint is in peeling condition.
Wood fascia	Brown	1.9	Sampled at the South Veranda but indicative of the wood fascia around the perimeter of the building. The paint is in fair condition.
Wood eaves	Brown	7.1	Sampled at the South Veranda but indicative of the wood eaves underneath the Spanish Tile portion of the roof. The paint is intact.
Wood rafter molding (carved rafter)	Brown	2.7	Sampled at the South Veranda but indicative of the wood rafters underneath the Spanish Tile portion of the roof. The paint is intact.
Wood beam	Brown	2.3	Sampled at the South Veranda but indicative of the wood ceiling beams underneath the Spanish Tile portion of the roof. The paint is intact.
Wood wall post	Beige	1.7	Sampled at the South Veranda but indicative of the wood posts sticking out of the stucco walls around the perimeter of the building. The paint is in peeling condition.
Stucco wall	Beige	1.6	The parapet wall at the South Veranda. The paint is intact.

In addition to the XRF readings, Converse collected two (2) bulk samples of white paint from the wood frame of the large square vent and from the beige paint on the stucco chimneys on the Upper Flat Roof. The bulk samples were submitted to LA Testing and analyzed for lead content by either flame atomic absorption (SW 846 3050B/7000B) or total threshold limit concentration (TTLC). A lead concentration less than 600 ppm was detected in both of the paint samples. The laboratory analysis of the beige paint on the stucco chimney (< 100 parts per million) indicates that the paint on the chimneys is not lead-based as indicated by the XRF reading listed at the top of the table. The exterior painted surfaces were observed to be generally in intact to fair condition at the time of

our survey except at the exterior wood wall posts and door landings at the South Veranda. The painted walls were observed to be intact.

Lead-based painted components not impacted by the planned renovation activities may remain in place. Painted surfaces in peeling condition, or painted surfaces that become damaged (loose, flaking, peeling) and will be impacted by the renovation would need to be stabilized by a licensed lead paint abatement contractor. The resulting waste stream would need to be characterized for disposal purposes.

In the event that previously unsampled suspect painted or ceramic surfaces are observed during renovation activities, these materials should be assumed to contain lead in concentrations exceeding the DHS definition, until such time that they can be sampled and evaluated for lead content.

Closure

This letter report is for the sole benefit and exclusive use of the City of Los Angeles, Department of Recreation and Parks (RAP) as it pertains to the Wattles Mansion located at 1824 North Curson Avenue, Los Angeles, California. Our services have been performed in accordance with the terms and conditions under which these services have been provided. Its preparation has been in accordance with generally accepted environmental practices. No other warranty, either express or implied, is made. The Scope of Services associated with the report was designed solely in accordance with the objectives, schedule, budget, and risk-management preferences of RAP.

This report should not be regarded as a guarantee that further ACMs or lead beyond that which could be detected within the scope of this project, is present at the Property. It is not possible to absolutely confirm that no hazardous materials and/or substances exist at the Property. If none are identified as part of a limited scope of work, such a conclusion should not be construed as a guaranteed absence of such materials, but merely the results of the evaluation of the property at the time of the survey. If previously un-sampled materials are encountered they should be assumed positive until tested. Also, events may occur after the Property visit, which may result in contamination of the Property. Additional information, which was not found or available to Converse at the time of report preparation, may result in a modification of the conclusions and recommendations presented.

Any reliance on this report by Third Parties shall be at the Third Party's sole risk. Should RAP wish to identify any additional relying parties not previously identified, a completed *Application of Authorization to Use* (see page 5 of this report) must be submitted to Converse Consultants.

We appreciate the opportunity to be of service. Should you have any questions or comments regarding this report, please contact either George Paler at (626) 930-1258 or Norman Eke at (626) 930-1260.

Sincerely,

CONVERSE CONSULTANTS

George Paler
Certified Asbestos Consultant, #93-1136
DPH Lead Inspector/Assessor #I-1487
Project Environmental Scientist

Norman Eke Certified Asbestos Consultant, #96-2093 Managing Officer

Attch: Application for Authorization to Use

Certifications

Asbestos: Analytical Report, Chain of Custody, Sample Location Map Lead: XRF Summary Table, Analytical Report, Chain of Custody

Application for Authorization to Use

TO:	Converse Consultants 717 Myrtle Avenue Monrovia, California 91016		
	Project Title & Date:		
	Project Address:		
	fl: (Please identify name & addrented and report.)	ess of person/enti	ty applying for permission to use the
Appli			hereby applies for permission to use
	the referenced report in order	to:	
Applic	ant wishes or needs to use the re	eferenced report l	because:
docum copyin Consu permis	ng of the report is strictly prohibite ultants. <i>Applicant</i> understands ar	operty of Conversed without the exp and agrees that Co nt such permission	se Consultants. Unauthorized use or press written permission of Converse proverse Consultants may withhold such an upon agreement to Terms and
	Applicant Signature:	-	
	Applicant Name (print):		
	Title:		
	Date [.]		

Certifications

Certifications

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety and Health
Asbestos Unit
2424 Arden Way, Suite 495
Sacramento, CA 95825-2417
(916) 574-2993 Office (916) 483-0572 Fax
http://www.dir.ca.gov/dirdatabases.html actu@dir.ca.gov



307281136C

72 79

Converse Consultants George John Paler 717 S. Myrtle Ave. Monrovia CA 91016 September 26, 2017

Dear Certified Asbestos Consultant or Technician:

Enclosed is your certification card. To maintain your certification, you must 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 <u>before</u> the expiration date shown on your card. [8 CCR 341.15(h)(1)].

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

Certificates must be kept current if you are actively working as a CAC or CSST. The grace period is only for those who are not actively working as an asbestos consultant or site surveillance technician.

Please contact our office at the above address, fax number or email; of any changes in your contact/mailing information within 15 days of the change.

Sincerely.

Jeff Ferrell

Senior Safety Engineer

Attachment: Certification Card

cc: File

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

George John Paler

Certification No

xpires on 11/19/18

This certain all of the flivision of Occupations, Service 1 to the flivision of Occupations, Service 1 to the flivision of Occupations 7 to the fliving 1 to Business and Professions Code.

Mr. George J. Paler Converse Consultants 717 S. Myrtle Ave Monrovia, California 91016



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

Norman S Eke LOF

Certification No. 96-2093

Expires on 03/07/18

This certification was issued by the Division of Occupational Sands and realth a authorized by Sections 7 80 all Sections Business and Professions Code.



CALIFORNIA STATE



ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM

CERTIFICATE OF ENVIRONMENTAL ACCREDITATION

Is hereby granted to

LA Testing - South Pasadena Laboratory

520 Mission Street
South Pasadena, CA 91030

Scope of the certificate is limited to the "Fields of Testing" which accompany this Certificate.

Continued accredited status depends on successful completion of on-site inspection, proficiency testing studies, and payment of applicable fees.

This Certificate is granted in accordance with provisions of Section 100825, et seq. of the Health and Safety Code.

Certificate No.: 2283

Expiration Date: 12/31/2017

Effective Date: 1/1/2016

Sacramento, California subject to forfeiture or revocation Christine Sotelo, Chief

Environmental Laboratory Accreditation Program



CALIFORNIA STATE ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM Accredited Fields of Testing



LA Testing - South Pasadena Laboratory

520 Mission Street South Pasadena, CA 91030 Phone: (800) 303-0047 Certificate No. 2283 Expiration Date 12/31/2017

Field of	Testing	: 101 - Microbiology of Drinking Wate	er	
101.010	001	Heterotrophic Bacteria	SM9215B	
101.060	002	Total Coliform	SM9223B (Colilert)	
101.060	003	E. coli	SM9223B (Colilert)	
101.150	001	Fecal Coliform (Enumeration)	SM9222D	
101.160	001	Total Coliform (Enumeration)	SM9223B (Colilert/Quanti-Tray)	
Field of	Testing	: 103 - Toxic Chemical Elements of I	Orinking Water	
103.301	001	Asbestos	EPA 100.2	
Field of	Testing	: 107 - Microbiology of Wastewater		
107.010	001	Heterotrophic Bacteria	SM9215B	
107.080	002	Fecal Coliform	SM9222D-1997	
Field of	Testing	: 114 - Inorganic Chemistry of Hazar	dous Waste	
114.130	001	Lead	EPA 7420	
Field of	Testing	g: 121 - Bulk Asbestos Analysis of Ha	zardous Waste	
121.010	001	Bulk Asbestos	EPA 600/M4-82-020	
Field of	Testing	g: 126 - Microbiology of Recreational	Water	
126.040	001	Fecal Coliform (Enumeration)	SM9222D-1997	
126.080	001	Enterococci	Enterolert	

Asbestos

Analytical Report Chain of Custody Sample Location Map

Asbestos



LA Testing

Converse Consultants

717 S Myrtle Avenue

Monrovia, CA 91016

Attention: George Paler

520 Mission Street South Pasadena, CA 91030

Tel/Fax: (323) 254-9960 / (323) 254-9982

http://www.LATesting.com / pasadenalab@latesting.com

LA Testing Order: 321724431 Customer ID: 32CONV56

> Customer PO: Project ID:

> > Phone: (626) 930-1258

Fax: (626) 930-1212

Received Date: 10/16/2017 4:42 PM

Analysis Date: 10/17/2017

Collected Date:

Project: 17-41-118-17 LA/RAP/Various Roofs ASB/LBP Svy/Wattles Mansion

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

			Non-Asbe	estos	<u>Asbestos</u>
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Type
01-Coating	Upper Flat Roof - SW Corner	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0001		Homogeneous			
01-Roofing	Upper Flat Roof - SW Corner	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0001A	<u>'</u>	Heterogeneous			
02-Coating	Upper Flat Roof - SE Side	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0002		Homogeneous			
02-Roofing 1	Upper Flat Roof - SE Side	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0002A		Heterogeneous			
02-Roofing 2	Upper Flat Roof - SE Side	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0002B		Homogeneous			
02-Roofing 3	Upper Flat Roof - SE Side	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0002C		Homogeneous			
02-Wood	Upper Flat Roof - SE Side	Brown Fibrous	98% Cellulose	2% Non-fibrous (Other)	None Detected
321724431-0002D		Homogeneous			
03-Coating	Upper Flat Roof - NW Side	White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0003		Homogeneous			
03-Roofing 1	Upper Flat Roof - NW Side	Black Fibrous	12% Glass	88% Non-fibrous (Other)	None Detected
321724431-0003A		Homogeneous			
03-Roofing 2	Upper Flat Roof - NW Side	Black Fibrous	15% Glass	85% Non-fibrous (Other)	None Detected
321724431-0003B		Homogeneous			
04-Coating	Upper Flat Roof - Large Savone Vent,	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0004	NW Corner	Homogeneous			
04-Mastic	Upper Flat Roof - Large Savone Vent,	Black Non-Fibrous		90% Non-fibrous (Other)	10% Chrysotile
321724431-0004A	NW Corner	Homogeneous			
05-Coating	Upper Flat Roof - Vent Pipe, NW Side	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0005		Homogeneous			
05-Mastic	Upper Flat Roof - Vent Pipe, NW Side	Black Non-Fibrous		94% Non-fibrous (Other)	6% Chrysotile
321724431-0005A		Homogeneous			
05-Roofing	Upper Flat Roof - Vent Pipe, NW Side	Gray/Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0005B		Heterogeneous			
06-Coating 1	Upper Flat Roof - Hutch Pad, N Center	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0006		Homogeneous			



LA Testing Order: 321724431 **Customer ID:** 32CONV56

Customer PO: Project ID:

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Annearance	Non-Asbe % Fibrous	% Non-Fibrous	Asbestos
		Appearance	/e FIDIOUS		% Type
06-Coating 2	Upper Flat Roof - Hutch Pad, N Center	Beige Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
06-Mastic	Upper Flat Roof -	Black		90% Non-fibrous (Other)	10% Chrysotile
321724431-0006B	Hutch Pad, N Center	Non-Fibrous Homogeneous			
07-Coating	Upper Flat Roof - W Center	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0007	00/1101	Homogeneous			
07-Roofing 1	Upper Flat Roof - W Center	Black Fibrous	10% Synthetic	90% Non-fibrous (Other)	None Detected
321724431-0007A		Homogeneous			
07-Roofing 2	Upper Flat Roof - W Center	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0007B		Homogeneous			
08-Coating	Upper Flat Roof - NW Side	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0008		Homogeneous			
08-Roofing	Upper Flat Roof - NW Side	Black Fibrous	10% Synthetic	90% Non-fibrous (Other)	None Detected
321724431-0008A	Manager Plate	Heterogeneous		10001 N . E	
09-Coating	Upper Flat Roof - E Center	Gray/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
	News Flat Doof E	Homogeneous	400/ O	000 11 - 51 - 100	
09-Roofing 321724431-0009A	Upper Flat Roof - E Center	Black Non-Fibrous	10% Synthetic	90% Non-fibrous (Other)	None Detected
	South Verande - W	Homogeneous Silver		1000/ Non Shrave (Other)	Mana Datastad
10-Silver Paint 321724431-0010	Side	Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
10-Roofing 1	South Verande - W	Gray/Black	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0010A	Side	Fibrous Heterogeneous	TON Glads	55 % Non-Historia (Other)	None Detected
10-Roofing 2	South Verande - W	Black	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0010B	Side	Fibrous Homogeneous		con Hell librate (Caller)	None Belesied
10-Roofing 3	South Verande - W	Black	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0010C	Side	Fibrous Homogeneous			
10-Roofing 4	South Verande - W Side	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0010D		Homogeneous			
11-Coating/Silver Paint	South Verande - Center	Red/Silver Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0011		Homogeneous			
11-Roofing 1	South Verande - Center	Gray/Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0011A		Heterogeneous			
11-Roofing 2	South Verande - Center	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0011B		Homogeneous			
11-Roofing 3	South Verande - Center	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0011C		Homogeneous			
11-Wood	South Verande - Center	Brown Fibrous	95% Cellulose	5% Non-fibrous (Other)	None Detected
321724431-0011D		Homogeneous			



LA Testing Order: 321724431 **Customer ID:** 32CONV56

Customer PO: Project ID:

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

_			Non-Asbe		<u>Asbestos</u>
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Type
12-Coating/Paint	South Verande - E Side	Red/Silver Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
12-Roofing 1	South Verande - E Side	Black Fibrous	15% Glass	85% Non-fibrous (Other)	None Detected
321724431-0012A	Side	Homogeneous			
12-Roofing 2	South Verande - E Side	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-00128		Homogeneous			
12-Roofing 3	South Verande - E Side	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0012C		Homogeneous			
12-Roofing 4 321724431-0012D	South Verande - E Side	Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
	South Verande	Homogeneous Gray/Red		door Non-Shroup (Other)	None Detected
13-Coating Like	South Verande	Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
13-Mastic	South Verande	Various/Black/Silver Non-Fibrous	10% Cellulose	84% Non-fibrous (Other)	6% Chrysotile
321724431-0013A		Homogeneous			
14-Coating Like	South Verande	Gray/Red Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0014		Homogeneous			
14-Mastic	South Verande	Various/Black/Silver Non-Fibrous		93% Non-fibrous (Other)	7% Chrysotile
321724431-0014A		Homogeneous			
15-Coating Like	South Verande	Red Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
15-Mastic	South Verande	Black/Silver		90% Non-fibrous (Other)	10% Chrysotile
321724431-0015A	oddii volande	Non-Fibrous Homogeneous		ob / Hon-Indiada (Otrici)	1070 Omysourc
16-Shingle	Lower Roof - W Side	Red/Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0016		Heterogeneous			
16-Mastic	Lower Roof - W Side	Black Non-Fibrous		94% Non-fibrous (Other)	6% Chrysotile
321724431-0016A		Homogeneous			
16-Felt 1	Lower Roof - W Side	Black Fibrous	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0016B	Lower Book Mi Cid-	Homogeneous	200/ Collisions	200/ Non Sharin (Othar)	None Defected
16-Felt 2 321724431-0016C	Lower Roof - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
16-Felt 3	Lower Roof - W Side	Black	20% Cellulose	80% Non-fibrous (Other)	None Detected
321724431-0016D	Lower Roor - W Side	Fibrous Homogeneous	20 % Cellulose	60% Notifibious (Otilei)	Notic Detected
17	Lower Roof - E Side	Red/Black	10% Cellulose	90% Non-fibrous (Other)	None Detected
321724431-0017		Fibrous Heterogeneous		(50.5.)	
18-Shingle 1	Lower Roof - E Side	Red/Black Fibrous	10% Cellulose	90% Non-fibrous (Other)	None Detected
321724431-0018		Heterogeneous			
18-Shingle 2	Lower Roof - E Side	Red/Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0018A		Heterogeneous			



LA Testing Order: 321724431 **Customer ID:** 32CONV56

Customer PO: Project ID:

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

			Non-As	<u>Asbestos</u>	
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Type
19	Upper Flat Roof - Hatch	Brown/Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0019		Heterogeneous			
20	Upper Flat Roof - Hatch	Brown/Black Fibrous	10% Glass	90% Non-fibrous (Other)	None Detected
321724431-0020		Heterogeneous			
21	Upper Flat Roof - Hatch	Brown/Tan/Black Fibrous	15% Glass	85% Non-fibrous (Other)	None Detected
321724431-0021		Heterogeneous			
22	Upper Flat Roof - W Chimney	Gray/White/Beige Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0022		Homogeneous			
23	Upper Flat Roof - W Chimney	Gray/White/Beige Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0023		Homogeneous			
24-Stucco	Upper Flat Roof - E Chimney	Gray/Beige Non-Fibrous		100% Non-fibrous (Other)	None Detected
321724431-0024		Homogeneous			
24-Mastic	Upper Flat Roof - E Chimney	Black Non-Fibrous		90% Non-fibrous (Other)	10% Chrysotile
321724431-0024A	,	Homogeneous			

Analyst(s)

Julie Vong (41) Rosa Mendoza (20) Jerry Drapala Ph.D, Laboratory Manager or Other Approved Signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-friable organically bound materials present a problem matrix and therefore EMSL recommends gravimetric reduction prior to analysis. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request. Unless requested by the client, building materials manufactured with multiple layers (i.e. linoleum, wallboard, etc.) are reported as a single sample. Reporting limit is 1%

Samples analyzed by LA Testing South Pasadena, CA NVLAP Lab Code 200232-0, CA ELAP 2283

OrderID: 321724431



Asbestos Chain of Custody LA Testing Order Number (Lab Use Only):

#321724431

LA TESTING 520 MISSION STREET S. PASADENA, CA 91030 PHONE: (323) 254-9960

FAX: (323) 254-9982

Company : Converse Consultants		LA Testing-Bill to: ☑ Same ☐ Different If Bill to is Different note instructions in Comments**					
Street: 717 S Myrtle Avenue			Third Party Billing requires written authorization from third party				
City: Monrovia State/Province: CA			Zip/Postal Code: 91061 Country: USA				
Report To (Name): George Paler	Fax #:				1	and yr ook	
Telephone #: (626) 807-3416			Email Address: gpaler@converseconsultants.com				
Project Name/Number: 17-41-118-17 LA/RAP/Various Roofs							
	☐ Email			Svyr W		S. State Samples Ta	
		around Time (TAT)		* – Pleas	_		
	24 Hour	48 Hour	72	Hour		96 Hour 1 We	ek 🔲 2 Week
*For TEM Air 3 hours through 6 hours, please to sign an authorization form for this service	e call ahead Analysis	to schedule. "There is a completed in accordan	premium	charge for Testing's	3 Hour	TEM AHERA or EPA Level of Conditions located in the	el II TAT. You will be asked
PCM - Air	, radiyo	TEM - Air 4-4.				TEM- Dust	ne Analytical Price Guide.
☐ NIOSH 7400		☐ AHERA 40 CF				☐ Microvac - AST	M D 5755
w/ OSHA 8hr. TWA		☐ NIOSH 7402	•			☐ Wipe - ASTM D	
PLM - Bulk (reporting limit)		☐ EPA Level II				1 = '	on (EPA 600/J-93/167)
☑ PLM EPA 600/R-93/116 (<1%)		☐ ISO 10312				Soil/Rock/Vermic	
☐ PLM EPA NOB (<1%)	Ì	TEM - Bulk				-	i - A (0.25% sensitivity)
Point Count		TEM EPA NOB					- B (0.1% sensitivity)
☐ 400 (<0.25%) ☐ 1000 (<0.1%)		☐ NYS NOB 198.	4 (non-fri	able-NY)			6 - B (0.1% sensitivity)
Point Count w/Gravimetric		☐ Chatfield SOP				☐ TEM CARB 435	5 - C (0.01% sensitivity)
400 (<0.25%) 1000 (<0.1%)	- 1	☐ TEM Mass Ana	lysis-EP/	4 600 sec	2.5	☐ EPA Protocol (Semi-Quantitative)	
NYS 198.1 (friable in NY)		TEM - Water: EPA 100.2				☐ EPA Protocol (Quantitative)	
NYS 198.6 NOB (non-friable-NY)		Fibers >10µm			ing	Other:	
☐ NIOSH 9002 (<1%)		All Fiber Sizes Waste Drinking			ing		
☐ Chec	k For Po	ositive Stop - Cle	early Ide	entify He	omog	enous Group	
Samplers Name:			Sampl	ers Sign	ature:		
Sample #		Sample Description				Volume/Area (Air	
			1			HA # (Bulk)	Sampled
See	AH	thehed					
					-		
Client Sample # (s):		•				Total # of Samples	
Relinquished (Client):	50	Date:	17/	16/1-	7	Tir	ne: 4:42 pm
Received (Lab): AMNISS	OV (Date:	101	111		Tir	11/11/2
Comments/Special Instructions:		Voc J Date:	14	4		111	ine. In In
,							
		Page 1 of page	ages				

#321724431



Converse Consultants

717 S. Myrtle Avenue Monrovia, CA 91016-3422

Tel.: (626) 930-1200 Fax: (626) 930-1212

BULK SAMPLE LOG

Project Name	e: LA RAP/Various Roof ASB/LBP Survey Collected B	By: GJP	
Project N	o.: <u>17-41-118-17</u> Da	te:	16/17
HOMOGENEO	US MATERIAL: Root core - Sitreme o	Jer BIN	K Root fest
Sample Number	Location	Area Sq. Ft.	Condition
DI	UPPER KINT 12 ART - SW COMER	-4.090	Good
20	- SE Side		
03	-NW5.de		
influence o Potential fo Damage As	of Vibration: High Moderate Lo for Air Erosion: High Moderate Lo ssessment: Good Damaged Si	ow ow ow gnificantly Damaged	
COMMENTS:	I Roof of couler and	Wisida	(lower root)
Wh	te sitizone over black	felt	rooting
ne	Used Substitute, 3,10	PSIE 19	sper Plat
ra	ets une homogeness	COAT.	S Pu Plat
-			
Relinquished By: Received By: Relinquished By: Received By:	A CO.	Date: Date: Date: Date: Date:	0/16/17
			Page of





Converse Consultants

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200 Fax: (626) 930-1212

BULK SAMPLE LOG

Project Name	e: LA RAP/Various Roof ASB/LBP Survey	Collected By:0	3JP	
Project N	lo.: <u>17-41-118-17</u>	Date:	10/1	6/17
HOMOGENEO	US MATERIAL: Roof Musture			
Sample Number	Location	Are	ea Sq. Ft.	Condition
04	UPPER KILL IZART - Lurge Si	WHEN -	-50	Good
DT	- Vant F NWs	vde v		
06	l - Hutel	n Pad,		6
	•			
influence o	Friable Non-Friable or Contact with Material: High Moderate or Air Erosion: High Moderate ssessment: Good Damaged	Low Low Low	h. Damand	
COMMENTS:	Withles Mans, on Pi	Significant	ly Damaged	
Unh	thereath white sities	one not	Vent	-popes.
cm	droot hatch ped c	orners	- on	Flut Roofs.
· ·				
×				
CHAIN OF CUS Relinquished By: Received By: Relinquished By: Property of By:	Tin Tin Tin	ne: 1042	Date:	0/16/17
Received By:	tin	ne:	Date:	Page <u>Z</u> of <u>8</u>

#321724431



Converse Consultants

717 S. Myrtle Avenue Monrovia, CA 91016-3422

Tel.: (626) 930-1200 Fax: (626) 930-1212

BULK SAMPLE LOG

Project Name	e: LA RAP/Various Roof ASB/LBP Survey Collected	By: GJP	
Project N	lo.: <u>17-41-118-17</u>	ate:	6/17
HOMOGENEO	US MATERIAL: RATE Parapet Core - S.	7. zone10	ver blackfelt
Sample Number	Location	Area Sq. Ft.	Condition
07	Upper RINT KAOL - W. Center	~510	Cool
-08	-NW side		
09	- E. Center		
		,	<u> </u>
influence o Potential fo Damage As	f Vibration: High Moderate L or Air Erosion: High Moderate L	.ow .ow .ow Significantly Damaged	
COMMENTS: _	cone over fot rooting, w	and su	bitrate
- Vp(Per a Louise Plat voger		
CHAIN OF CUS	STORY		
Relinquished By: Received By: Relinquished By: Received By:	AMOVISCON (WE) PAINT Time: 104	Date:	10/14/17
TOUGIVEU DY.	Time:	Date:	***



Converse Consultants

#321724451

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200 Fax: (626) 930-1212

Project Name	e: LA RAP/Various Roof ASB/LBP Survey	Collected By:	GJP	
	lo.: <u>17-41-118-17</u>	Date:	10/1	12/17
HOMOGENEO	US MATERIAL: ROOF core - Grey roll	ed root.	my Pai	nted red
Sample Number	Location	A	rea Sq. Ft	Condition
10	Sarth Verande - W. S. d.	2	-150	Good
11	- cente			
12	- E. Sud	2		
Influence o	or Contact with Material: If Vibration: If	Low Low Low Significa	ntly Damaged	
COMMENTS:	Walles Mansion P	nok	. /6	A (4
N. V.	evende has rolled or	offer) c	sheet ove	- wood but
CHAIN OF CUS		14.147	5.	10/14/7
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THOUSTED BY.	Time		Date:	Page 4 of 8



Converse Consultants #321724451

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200 Fax: (626) 930-1212

roject Name: _1	A RAP/Various Roof ASB/LBP Survey	Collected By: GJP	9
Project No.:	7-41-118-17	Date: VA/IV	17
MOGENEOUS M	ATERIAL: Rest Mustic		
Sample Number	Location	Area Sq. Ft.	Condition
13 5.	I levande	~20	Good
14			
15	/	J	l l
Potential for Contact Influence of Vibration Potential for Air Ero Damage Assessment DMMENTS:	n: High Moderate	Low Low Low Significantly Damaged Low Significantly Damaged	de flas
Inquished By:	OVISSON (Wil) In ex Time	e: 1042 Date:	0/16/17
warea wy.	Unit	Date.	Page of



Converse Consultants #321724431

717 S. Myrtle Avenue Monrovia, CA 91016-3422

Tel.: (626) 930-1200 Fax: (626) 930-1212

Project Nam	e: LA RAP/Various Roof ASB/LB	P Survey Collect	ted By: <u>GJP</u>	120
Project N	No.: <u>17-41-118-17</u>		Date:	17
HOMOGENEO	OUS MATERIAL: TO OOL CO	he - Pelt ra	at under Sp	auish file
Sample Number	Locati		Area Sq. Ft.	Condition
16		Wiside	~3,919	Good
17	Lower Rost -	iE. S. de		
18	V	Ly Company		a de la companya de l
influence Potential :	Fri for Contact with Material: Hig of Vibration: Hig for Air Erosion: Hig lassesment: Go	gh Moderate gh Moderate	Low Low Low Significantly Damaged	
COMMENTS:	1	ends. T	rapt upo	·
CHAIN OF CU Relinquished By: _ Received By: _ Relinquished By: _ Received By: _	Amoristan (wo	Time:	Date: 10 Date: 10 Date: Date: Date:	Page 6 0



Converse Consultants #3 2 1 7 2 4 4 3 1

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200 Fax: (626) 930-1212

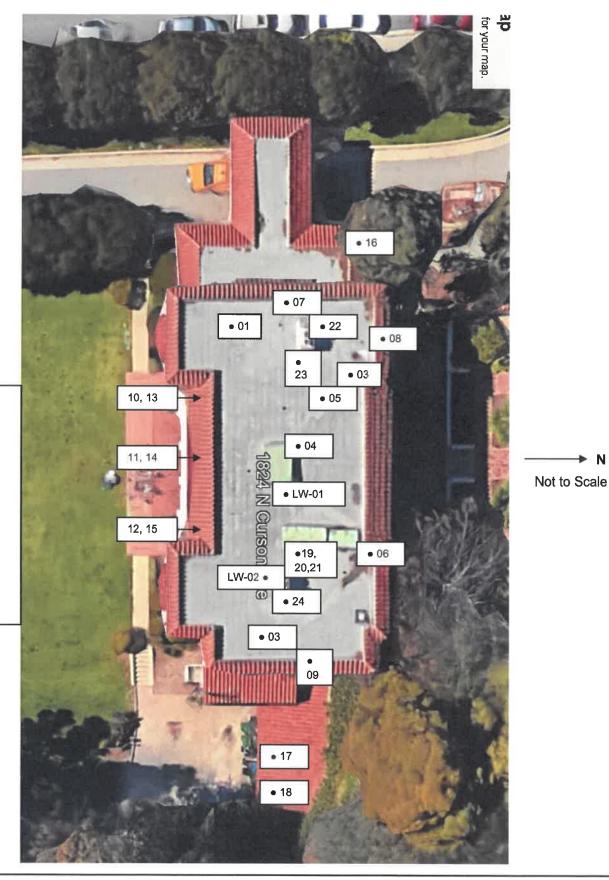
Project Name	ELA RAP/Various Roof ASB/LBP Survey	Collected By: GJP	
Project N	o.: <u>17-41-118-17</u>	Date:	6/17
HOMOGENEO	US MATERIAL: Roof Capsherd	- Flat Roof	
Sample Number	Location	Area Sq. Ft.	Condition
19	UPPER FIRST KOOK - LIN	~107	600l
20			
21			
Influence o	or Air Erosion: High Moderate	Low Low Low Significantly Damaged	
un vo	devienth copper in of hunger mid I are	eket at i	ent.
CHAIN OF CUS Relinquished By: Received By:	STODY George Time: Time: Time:	4:47 Date:	10/14/17
Relinquished By: Received By:	Time:		
			Page <u>7</u> of <u>9</u>



Converse Consultants #321724451

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200 Fax: (626) 930-1212

roject Name:	LA RAP/Various Roof ASB/LBP Survey	Collected By: GJP	
Project No.	: _17-41-118-17	Date: 10/14/	17
MOGENEOUS	SMATERIAL: (Ext. Stuces -	chimney	
Sample Number	Location	Area Sq. Ft.	Condition
22	IPPOR PETAL ROOK - W.	chimner -100	Good
23	- W.	Chimbo	
24	- 18.	chimney	
Potential for Clarifuence of V. Potential for A Damage Asset	Air Erosion: High Mode	rate Low rate Low ged Significantly Damaged	
HAIN OF CUST	TODY		j . f .
dinquished By:		Time: 1042 Date: 1 Time: Date:	0/16/17
ceived By:		Time: Date:	Page <u>B</u> of _
			- ''



Sample Location Map - Wattles Mansion



<u>Key</u>

• 01

Bulk Asbestos

Sample

Location

• LW-01

Bulk Paint

Sample Location

Lead

XRF Summary Table Analytical Report Chain of Custody

Leac

XRF Summary Table Wattles Mansion

Date of Inspection: Oct. 16, 2017 Inspector: George Paler Cert No.: I-1487

Analyzer: Niton XLp 702A Units: mg/cm² Action Level: 0.7 mg/cm²

	Component	annsuge	Side	Condition	Color	Room	Kesults	Poc
_			SHUTTER_CAL					0.85
2			CALIBRATE				Positive	-
က			CALIBRATE				Positive	-
4			CALIBRATE				Positive	_
5	STAIRS	WOOD	NORTH	INTACT	VARNISH	ROOF	Negative	0.07
9	STAIR SIDE BASE	WOOD	NORTH	INTACT	VARNISH	ROOF	Negative	0.01
7	STAIRWELL WALL	PLASTER	NORTH	INTACT	WHITE	ROOF	Negative	0
80	SQUARE VENT	WOOD	NORTH	PEELING	WHITE	ROOF	Negative	0.01
6	SQUARE VENT	WOOD	NORTH	PEELING	WHITE	ROOF	Negative	0.01
10	ROOF	VINYL		INTACT	WHITE	ROOF	Negative	0.01
11	VENT PIPE	METAL	WEST	INTACT	WHITE	ROOF	Nall	0.02
12	VENT PIPE	METAL	WEST	INTACT	WHITE	ROOF	Negative	0.04
13	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Null	0
14	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Null	0
15	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Null	0
16	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Null	0.04
17	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Null	0
18	CHIMNEY	STUCCO	WEST	INTACT	BEIGE	ROOF	Positive	1.1
19	FLASHING	METAL	NORTH	INTACT	BROWN	ROOF	Negative	0
20	CHIMNEY FLASHING	METAL	WEST	PEELING	BEIGE	ROOF	Negative	0
21	COPPER JACKETING	METAL	WEST	INTACT	GREEN	ROOF	Negative	0.13
22	GUTTER	METAL	NORTH	INTACT	BROWN	S. VERANDA ROOF	Negative	0.01
23	ROOF	ASPHALT	SOUTH	CRACKED	RED	S. VERANDA ROOF	Positive	က
24	DOOR LANDING	WOOD	SOUTH	PEELING	BROWN	S. VERANDA ROOF	Positive	3.1
25	FASCIA	MOOD	SOUTH	FAIR	BROWN	S. VERANDA ROOF	Positive	1.9
26	EAVES	WOOD	SOUTH	INTACT	BROWN	S. VERANDA ROOF	Positive	7.1
27	RAFTER MOLDING	WOOD	SOUTH	INTACT	BROWN	S. VERANDA ROOF	Positive	2.7
28	BEAM	WOOD	SOUTH	INTACT	BROWN	S. VERANDA ROOF	Positive	2.3
29	WALL POST	WOOD	SOUTH	PEELING	BEIGE	S. VERANDA ROOF	Positive	1.7
30	WALL	STUCCO	SOUTH	INTACT	BEIGE	S. VERANDA ROOF	Nall	0.05
31	WALL	STUCCO	SOUTH	INTACT	BEIGE	S. VERANDA ROOF	Positive	1.6
32	WALL CAP	CONCRETE	SOUTH	FAIR	BEIGE	S. VERANDA ROOF	Negative	0.18
33			CALIBRATE				Null	6.0

Date of Inspection: Oct. 16, 2017 Inspector: George Paler Cert No.: I-1487

XRF Summary Table Wattles Mansion

Units: mg/cm² Analyzer: Niton XLp 702A

Action Level: 0.7 mg/cm²

Reading No	Component	Substrate	Side	Condition	Color	Room	Results	PbC
34			CALIBRATE				Positive	_
35			CALIBRATE				Positive	6.0
36			CALIBRATE				Positive	1



LA Testing

520 Mission Street, South Pasadena, CA 91030

Phone/Fax:

(323) 254-9960 / (323) 254-9982

pasadenalab@latesting.com

LA Testing Order: 321724412 CustomerID:

32CONV56

CustomerPO: ProjectID:

Attn: George Paler **Converse Consultants** 717 S Myrtle Avenue Monrovia, CA 91016

Phone: Fax:

(626) 930-1200 (626) 930-1212

Received: Collected:

10/16/17 4:45 PM

Project: 17-41-118-17 LA RAP/Varous Roofs ASB/LBP Svy/Wattles Mansion

Test Report: Lead in Paint Chips by Flame AAS (SW 846 3050B/7000B)*

Client Sample Descript	ion Lab ID	Collected	Analyzed	Lead Concentration
LW-01	321724412-000	01	10/17/2017	340 ppm
	Site: White We	ood - Upper F	lat Roof - Large Savoi	t
LW-02	321724412-000	02	10/17/2017	<100 ppm
	Site: Beige Stu	ucco - Upper I	lat Roof/E Chimney	

Jerry Drapala Ph.D, Laboratory Manager or other approved signatory

*Analysis following Lead in Paint by EMSL SOP/Determination of Environmental Lead by FLAA. Reporting limit is 0.010 % wt based on the minimum sample weight per our SOP. Unless noted, results in this report are not blank corrected. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL benso responsibility for sample collection activities. Samples received in good condition unless otherwise noted. "<" (less than) result signifies that the analyte was not detected at or above the reporting limit. Measurement of uncertainty is available upon request. The QC data associated with the sample results included in this report meet the recovery and precision requirements unless specifically indicated otherwise. Definitions of modifications are available upon request.

Samples analyzed by LA Testing South Pasadena, CA CA ELAP 2283, AIHA-LAP, LLC ELLAP 102814

Initial report from 10/17/2017 12:17:06



Lead (Pb) Chain of Custody LA Testing Order Number (Lab Use Only):

#321724412

LA TESTING 520 MISSION STREET SOUTH PASADENA, CA 91030 PHONE: 800-303-0047

HONE: 800-303-0047 FAX: 323-254-9982

Company: Convers	se Consultants		LA If 8	Testing-Bill to	o: Same Differer te instructions in Comments*	nt
Street: 717 S Myrtle	Avenue		Third Party	Billina requires w	vritten authorization from t	hird party
City: Monrovia		State/Province: CA	Zip/Postal C		Country: USA	in a party
Report To (Name):	George Paler		Fax #:		- Joseph - Joseph	
Telephone #: (626)						
					converseconsultants.	com
		RAP/Varous Roofs ASB/LE	The second secon			<i>∞</i> 2Λ
Please Provide Res	ults: 🔲 Fax 🛛 En				ate Samples Taken:	CH
Пана		naround Time (TAT) O				
3 Hours	6 Hours 24 H	ours 48 Hours accordance with LA Testing's	3 Days	4 Days		2 Week
M:	atrix	Method		ument	Reporting Limit	Check
Chips		SW846-7000B/7420	moti	differit		OHOUR
□ % by w		or AOAC 974.02	Flame Ator	nic Absorption	0.01%	
Air		NIOSH 7082	Flame Ator	nic Absorption	4 µg/filter	
		NIOSH 7105	Graphite	Furnace AA	0.03 µg/filter	
		NIOSH 7300 modified	ICI	P-AES	0.5 µg/filter	
Wipe* ☐ ASTM		SW846-7000B/7420	Flame Ator	nic Absorption	10 μg/wipe	
non AS1	M n-ASTM Wipe is assumed	SW846-6010B or C	ICE	P-AES	0.5 μg/wipe	
TCLP		SW846-1311/7420/SM 311	11B Flame Ator	nic Absorption	0.4 mg/L (ppm)	
		SW846-6010B or C	ICI	P-AES	0.1 mg/L (ppm)	
Soil		SW846-7000B/7420	Flame Ator	nic Absorption	40 mg/kg (ppm)	
		SW846-7421		Furnace AA	0.3 mg/kg (ppm)	
		SW846-6010B or C SM3111B or	ICI	P-AES	1 mg/kg (ppm)	
Wastewater		SW846-7000B/7420	Flame Ator	nic Absorption	0.4 mg/L (ppm)	
		EPA 200.9		Furnace AA	0.003 mg/L (ppm)	
		SW846-6010B or C	ICI	P-AES	1 mg/kg (ppm)	
Drinking Water		EPA 200.9	Graphite	Furnace AA	0.003 mg/L (ppm)	
Other:		F	reservation Me	thod (Water)):	
Name of Sampler	b	9	ignature of Sar	npler:		
Sample #	Loc	ation	Vol	ume/Area	Date/Time	Sampled
2	see Atta	wheel				
Client Sample #'s		Date:	13/16/1	Total # of Sa	amples: 4:45	řM.
Received (Lab):	Amcki	SSOOK Date:	10/10/17	Time:	1046	
Comments:		(Wi)				
		Page 1 of	pages			



Converse Consultants

#321724412

717 S. Myrtle Avenue Monrovia, CA 91016-3422 Tel.: (626) 930-1200

Fax: (626) 930-1212

BULK SAMPLE LOG - LEAD PAINT

Sample Number	Interior	Exterior	Paint Color & Substrate	Sample Location & Comments	Area Sq. Ft.	Cond.
LW-01		/	White	Lunge savare vant	~50	Peel.
LW-97		/	Berge, Stucco	1E. Chowney	-109	Intu
OMMEN	NTS:	Hat	Hes Mr	noven		
linquished (CUSTOD By:	Y (Soul 6	Time: 1045 Date:	2/16/1-	7

The Pulse of the Industry

PRIVILEGED & CONFIDENTIAL

LIMITED ASBESTOS SURVEY

Wattles Mansion 1824 N. Curson Avenue

City of Los Angeles County of Los Angeles State of California

May 9, 2014

Prepared For:

City of Los Angeles, Department of Recreation and Parks

Volume I of I

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

Cover

ASBESTOS

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- 2.0 Scope of Survey
- 3.0 Previous Survey/Historical Data
- 4.0 Visual Inspection and Sampling/Analytical Methodology
- 5.0 Laboratory Accreditation and Analytical Praocedures
- 6.0 Analytical Results
- 7.0 Recommendations
- 8.0 Limitations

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Asbestos Bulk Sample Locations

Laboratory Reports

Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method Using Polarized Light Microscopy and Chain of Custody

May 9, 2014

City of Los Angeles, Department of Recreation and Parks 221 N. Figueroa Street, Suite 100 Los Angeles, CA 90012

Attn: Ms. Lisa Walldez

Re: Wattles Mansion

1824 N. Curson Avenue, Los Angeles, CA 90046

Dear Ms. Walldez,

Pursuant to your request, A-Tech Consulting, Inc. has completed a Limited Asbestos Survey of various areas within the Wattles Mansion located at 1824 N. Curson Avenue, in Los Angeles, California. The following report summarizes the findings of this inspection.

1.0 INTRODUCTION

A-Tech Consulting, Inc. was contacted by Ms. Lisa Walldez (213) 202-2664 to confirm the presence or absence of asbestos in various areas within the Wattles Mansion located at 1824 N. Curson Avenue (subject property), in Los Angeles, California. The survey was conducted by Mr. Conan Williams CSST #07-4206 on May 8, 2014. This report is not intended to be a comprehensive survey.

2.0 SCOPE OF SURVEY

This Limited Asbestos Survey was performed to identify visible and/or readily accessible suspect non-firiable Asbestos-Containing Building Materials (ACBMs) at the subject property. The intent of this survey was to satisfy all regulatory requirements for renovation and/or demolition. 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 Class I or Class II, non-friable ACBM. These surveys are typically accomplished by, and limited to, an in-depth 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 collected for subsequent laboratory analysis.

This Limited Asbestos Survey was conducted in accordance with the Scope of Services authorized by Ms. Lisa Walldez with the City of Los Angeles, Department of Recreation and Parks, in accordance with current regulatory guidelines. All sampling was conducted at the direction of Ms. Lisa Walldez and Mr. Rodney Nisperos, with the City of Los Angeles, Department of Recreation and Parks. This survey was conducted to identify the absence or presence of asbestos in various building materials with a potential for impact in upcoming renovation activities.

3.0 PREVIOUS SURVEY/HISTORICAL DATA

No prior asbestos related documentation for the subject property was reviewed or made available.

4.0 VISUAL INSPECTION AND SAMPLING/ANALYTICAL METHODOLOGY

To identify suspect non-friable ACBM, as required under California law, a California Occupational Safety Health Administration (CAL-OSHA), Certified Site Surveillance Technicians (CSST) and/or Certified Asbestos Consultant (CAC) is required to conduct visual and/or bulk surveys of a subject property.

During this survey, A-Tech Consulting, Inc. identified homogenous areas of suspected ACBMs for purpose of sampling in accordance with current CAL-OSHA/EPA (AHERA) 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 A-Tech Consulting, Inc.'s observations, five (5) homogeneous suspect asbestos containing building materials were identified. The materials in the inspected areas were: plaster ceiling, plaster walls, stucco, canvas and rolled roof core.

To evaluate the presence of asbestos in these suspected ACBMs, A-Tech Consulting, Inc. obtained eleven (11) bulk samples which appeared to represent each homogeneous area.

Whenever possible A-Tech Consulting, Inc. does not conduct destructive sampling (with the exception of vacant buildings to be demolished).

After collecting 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 LABORATORY ACCREDITATION & ANALYTICAL PROCEDURES

The eleven (11) samples obtained from the subject property were delivered (under chain-of-custody procedures) to LA Testing of Garden Grove, California (714) 828-4999 for analysis.

LA Testing is a fully accredited laboratory by the National Institute of Standards and Technology (NIST) through participation in the National Voluntary Laboratory Accreditation Program (NVLAP) lab code #101384.

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). The laboratory analyst using a stereomicroscope made asbestos volume estimates.

6.0 ANALYTICAL RESULTS

Based upon the analytical results, asbestos is not present in the materials analyzed.

7.0 RECOMMENDATIONS

No recommendations are made at this time for the areas and materials sampled. However, this was not a comprehensive survey of the building and any impact of materials or areas not surveyed would require additional sampling.

If any further suspect asbestos containing materials are discovered and are to be impacted as part of the termite work and/or any future renovation activities, they must be sampled for asbestos content prior to being impacted.

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 survey report may be used as an addition to limited specifications for asbestos abatement. However, it should not be used as a stand-alone asbestos abatement bid document. Recognizing that even the most limited 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. Asbestos quantities are estimates only (see Asbestos Tables-Est. Qty.) Exact quantities should be verified by the abatement contractor prior to removal.

A-Tech Consulting, Inc. assumes no responsibility for the identification of suspect asbestos-containing materials, which are not included in this survey, and concealed and/or inaccessible (i.e. locked rooms, under carpet, etc.) However, A-Tech Consulting, Inc. makes every attempt possible to inspect all designated areas for asbestos-containing materials (i.e. check under carpeting, inspect attic and crawl space, etc.)

Services performed by A-Tech Consulting, Inc. were conducted in a manner above the care and skill ordinarily and currently exercised by members of the same profession that even the most limited Scope of Services might fail to detect environmental liabilities on a particular site. Therefore, A-Tech Consulting, Inc. 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 have 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 or the broadening of knowledge. Accordingly, the findings of this report may be invalidated, wholly or in part by changes beyond our control.

A-Tech Consulting, Inc. trusts that the information presented herein provides the data you require. Should you have any questions or comments please contact A-Tech Consulting, Inc. at (714) 434-6360.

Respectfully submitted, A-Tech Consulting, Inc.

Robert L. Williams, DPH, CAC

Certified Asbestos Consultant #96-1980

Attachments:

Tables: Asbestos Bulk Sample Analysis Diagrams: Asbestos Bulk Sample Locations

Laboratory Analytical Results and Chain of Custody

The Pulse Of The Industry

Asbestos Bulk Analysis

Client: City of Los Angeles, Department of Recreation & Parks

Laboratory Analysis

A-Tech Project Number: Atch-14285

Material Description Sample Location Homo Asbestos Type Percentage Classification Plaster Ceiling 1st Floor, Gallery Yes None Detected N/A N/A Plaster Ceiling 1st Floor, Gallery Yes None Detected N/A N/A Plaster Ceiling 1st Floor, Care Taker's House Yes None Detected N/A N/A Plaster Wall 1st Floor, Care Taker's House Yes None Detected N/A N/A Stucco Exterior, Care Taker's House, South Yes None Detected N/A N/A Stucco Exterior, Care Taker's House, South Yes None Detected N/A N/A Stucco Exterior, Care Taker's House, South Yes None Detected N/A N/A Stucco Exterior, Care Taker's House, Boath Yes None Detected N/A N/A Stucco Exterior, Care Taker's House, Boath Yes None Detected N/A N/A Canvas 2nd Floor, East Balcony Yes None Detected N/A N/	AI CA/FIUUI	ALCA/FIOOI: Watties Ivialision, 1024 IV. Cuison Avellue	Curson Avenue							2	Sheet: 1 of 1
Plaster Ceiling Plaster Wall Plaster Wall Plaster Wall Plaster Wall Exterior, Care Taker's House South Exterior, Care Taker's House, South South South South South South Exterior, Care Taker's House, South Sout	Sample Number	Material Description	Sample Location	Homo		Percentage	Classification	Friability	Cond.	Accessibility	Est. Oty
Plaster Ceiling Plaster Ceiling Plaster Ceiling Plaster Ceiling Plaster Ceiling Plaster Wall Plaster Wall Plaster Wall Plaster Wall Exterior, Care Taker's House Stucco Exterior, Care Taker's House, Stucco Exterior, Care Taker's House, Stucco Exterior, Care Taker's House, South Stucco Exterior, Care Taker's House, South Exterior, Care Taker's House, South South Exterior, Care Taker's House, South Stucco Exterior, Care Taker's House, South South South South South South South South Exterior, Care Taker's House, South	1824-A-01	Plaster Ceiling	1st Floor, Gallery	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
Plaster Ceiling Ist Floor, Care Taker's House Yes None Detected N/A N/A N/A Plaster Wall Plaster Wall Exterior, Care Taker's House, Yes None Detected N/A N/A N/A Stucco Exterior, Care Taker's House, Yes None Detected N/A N/A N/A Stucco Exterior, Care Taker's House, Yes None Detected N/A N/A N/A Stucco Exterior, Care Taker's House, Yes None Detected N/A N/A N/A Canvas Canvas 2nd Floor, East Balcony Yes None Detected N/A	1824-A-02	Plaster Ceiling	1st Floor, Gallery	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
Plaster Wall 1st Floor, Care Taker's House Yes None Detected N/A N/A N/A Stucco Exterior, Care Taker's House, Stucco East Balcony Yes None Detected N/A	1824-A-03	Plaster Ceiling	1st Floor, Gallery	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
Plaster Wall Ist Floor, Care Taker's House, Stucco Exterior, Care Taker's House, South Exterior, Care Taker's House, South Stucco Exterior, Care Taker's House, South Stucco Exterior, Care Taker's House, South Stucco East Balcony Yes None Detected N/A	1824-A-04	Plaster Wall		Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
Stucco Exterior, Care Taker's House, Yes None Detected N/A N/A N/A Stucco Exterior, Care Taker's House, Yes None Detected N/A N/A Stucco Exterior, Care Taker's House, Yes None Detected N/A N/A Canvas 2nd Floor, East Balcony Yes None Detected N/A N/A Rolled Roof Core 2nd Floor, South Balcony Yes None Detected N/A N/A N/A Rolled Roof Core 2nd Floor, South Balcony Yes None Detected N/A N/A N/A	1824-A-05	Plaster Wall		Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
Stucco Exterior, Care Taker's House, Yes None Detected N/A N/A N/A Stucco Exterior, Care Taker's House, Yes None Detected N/A N/A Canvas 2nd Floor, East Balcony Yes None Detected N/A N/A Rolled Roof Core 2nd Floor, South Balcony Yes None Detected N/A N/A N/A	1824-A-06	Stucco	Exterior, Care Taker's House, South	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	Z/A
Stucco East Flouse, Yes None Detected N/A N/A N/A Canvas 2nd Floor, East Balcony Yes None Detected N/A N/A Rolled Roof Core 2nd Floor, South Balcony Yes None Detected N/A N/A N/A	1824-A-07	Stucco	Exterior, Care Taker's House, South	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
Canvas 2nd Floor, East Balcony Yes None Detected N/A N/A Canvas 2nd Floor, East Balcony Yes None Detected N/A N/A Rolled Roof Core 2nd Floor. South Balcony Yes None Detected N/A N/A	1824-A-08	Stucco	Exterior, Care Taker's House, East	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
Canvas 2nd Floor, East Balcony Yes None Detected N/A N/A N/A Rolled Roof Core 2nd Floor. South Balconv Yes None Detected N/A N/A N/A	1824-A-09	Canvas	2nd Floor, East Balcony	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
Rolled Roof Core 2nd Floor. South Balconv Yes None Detected N/A N/A	1824-A-10	Canvas	2nd Floor, East Balcony	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
ATTENDED TO THE PROPERTY OF TH	1824-A-11	Rolled Roof Core	2nd Floor, South Balcony	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A

^{*}Note: Quantities are based on the amount of material to be impacted during upcoming renovation activities.

Homo: Homogenous Material

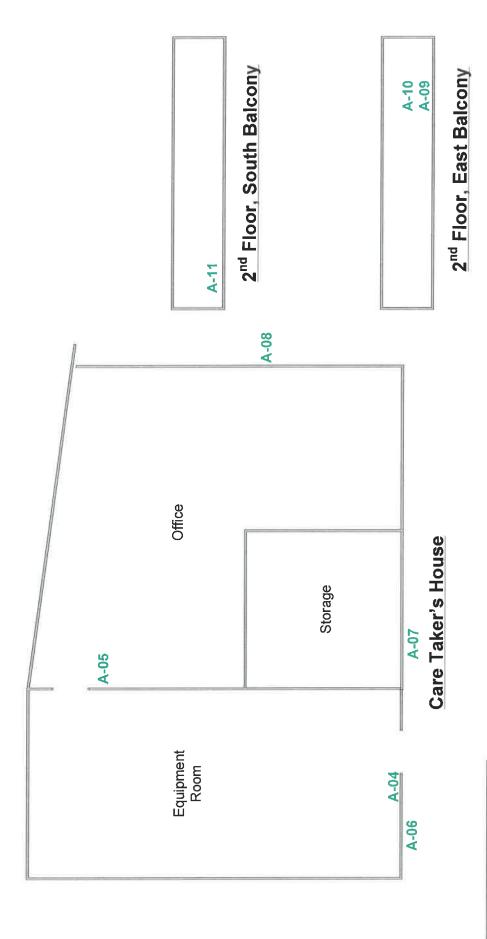
N/A: Not Applicable

Asbestos Table Page 1

1748 W. Katella Avenue, Suite 112, Orange, CA 92867 Phone (714) 434-6360 A Fax (714) 221-6360 Web Address: www.atechinc.net

1824 N. Curson Avenue, Los Angeles, CA 90046 Project #: 14285 A = Positive Asbestos Sample Locations A = Negative Asbestos Sample Locations A-Tech Consulting, Inc. Wattles Mansion **(itchen** Legend: Formal Garden Rose Garden Front Lawn Gallery A-02 A-03 Women Mon 0 U





A-Tech Consulting, Inc. Wattles Mansion 1824 N. Curson Avenue, Los Angeles, CA 90046 Project #:14285

Legend:
A = Positive Asbestos Sample Locations
A = Negative Asbestos Sample Locations



LA Testing Order: 331408482 CustomerID: 32ATEC93

CustomerPO: ProjectID:

gardengrovelab@latesting.com

Attn: Robert L. Williams

A-Tech Environmental Consulting

1748 W. Katella Avenue

Suite 112

Orange, CA 92867

Phone:

(714) 434-6360

Fax:

Received:

05/08/14 3:30 PM

Analysis Date:

5/9/2014

Collected:

Project: 1824 N. Curson Ave, Wattles Mansion Atch14285

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using **Polarized Light Microscopy**

			No	on-Asbestos	<u>Asbestos</u>
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Type
01 331408482-0001		Gray/White Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
02 331408482-0002		Gray/White Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
03 331408482-0003		Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (other)	None Detected
04 31408482-0004		Gray Non-Fibrous Homogeneous		100% Non-fibrous (other)	None Detected
05 331408482-0005		Gray/White Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
06 331408482-0006		Gray/Pink Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
07 331 408482-0007		Gray/Pink Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
08 331408482-0008		Gray/Pink Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected

Analyst(s)	
Michael DeCavallas (11)	

Michael DeCavallas, Laboratory Manager or other approved signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-friable organically bound materials present a problem matrix and therefore EMSL recommends gravimetric reduction prior to analysis. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request. Unless requested by the client, building malerials manufactured with multiple layers (i.e. linoleum, wallboard, etc.) are reported as a single sample. Reporting limit is 1% imples analyzed by LA Testing Garden Grove, CA NVLAP Lab Code 101384-0, CA ELAP 1406

Initial report from 05/09/2014 13:00:58



LA Testing Order: 331408482 CustomerID: 32ATEC93

CustomerPO:

ProjectID:

Robert L. Williams **A-Tech Environmental Consulting** 1748 W. Katella Avenue Suite 112 Orange, CA 92867

Phone: Fax:

(714) 434-6360

Received: 05/08/14 3:30 PM

Analysis Date:

5/9/2014

Collected:

Project: 1824 N. Curson Ave, Wattles Mansion Atch14285

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using **Polarized Light Microscopy**

			Non-Asbestos Asbestos				
Sample	Description	Appearance	%	Fibrous	% Non-Fibrous	% Type	
09		Brown/Tan	459	% Cellulose	55% Non-fibrous (other)	None Detected	
331408482-0009		Fibrous Heterogeneous					
10		Brown/Tan	459	% Cellulose	55% Non-fibrous (other)	None Detected	
331408482-0010		Fibrous Heterogeneous					
11		Red/Various/Black	109	% Glass	90% Non-fibrous (other)	None Detected	
331408482-0011		Fibrous Heterogeneous					

Analyst(s)				
Michael DeCavallas (11)				

Michael DeCavallas, Laboratory Manager

or other approved signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-friable organically bound materials present a problem matrix and therefore EMSL recommends gravimetric reduction prior to analysis. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request. Unless equested by the client, building materials manufactured with multiple layers (i.e. linoleum, wallboard, etc.) are reported as a single sample. Reporting limit is 1% imples analyzed by LA Testing Garden Grove, CA NVLAP Lab Code 101384-0, CA ELAP 1406

Initial report from 05/09/2014 13:00:58



Chain of Custody LATesting Order Number (Lab Use Only):

LATESTING 11652 KNOTT AVENUE, UNIT F5 GARDEN GROVE, CA 92841

PHONE: (800) 755-1794 FAX: (714) 828-4944

#331408482

			1700.(1777) 020 1944	
Company: A-Tech Consul	ting	LATesting-Bill to: Same Different If Bill to is Different note instructions in Comments**		
Street:		Third Party Billing requires written authorization from third party		
City:	State/Province: CA		Country:	
Report To (Name):		Zip/Postal Code:	- Country :	
Telephone #:	2542142 //4/4	Email Address:	Atch 14285	
Project Name/Number: 1824 N. Co	Email Purchase	Order: U.S. State	Samples Taken:	
		AT) Options* - Please C		
3 Hour 6 Hour			Day 1 Week 2 Week	
		nead to Confirm Lab Hours and		
inaterials Science and IA		sbestos	our = End of Next Business Day)	
PCM - Air	PLM_Bulk	spesios	TEM - Bulk	
□ NIOSH 7400	PLM EPA 600/R-93/	116	☐ TEM EPA NOB	
w/ 8hr. TWA	PLM EPA NOB (<1%		☐ NYS NOB 198.4 (non-friable-NY)	
TEM- Air 4-4.5hr TAT (AHERA ONLY)	NYS 198.1 (friable-N		☐ Chatfield SOP	
AHERA 40 CFR, Part 763	NYS 198.6 (non-frial		Soil/Rock/Vermiculite	
☐ NIOSH 7402 ☐ EPA Level II	Point Count 400 (<0 Point Count w/ Gravime		PLM CARB 435 – A (0.25% sensitivity) PLM CARB 435 – B (0.1% sensitivity)	
☐ ISO 10312).25%) 🔲 1000 (<0.1%)	TEM CARB 435 – B (0.1% sensitivity)	
TEM - Water	TEM - Dust	***	☐ EPA Reg. 1 Screening Protocol (Qualitative)	
Fibers ≥10µm ☐ Waste ☐ Drinking	Microvac - ASTM D	5755	Other:	
All Fiber Sizes Waste Drinking	Wipe-ASTM D6480		Materials Colons	
	ead (Pb)	140	Materials Science	
Flame Atomic Absorption Chips SW846-7000B or AOAC 974.0	2 Air NIOSH 7	ICP	Common Particle ID (large particles) Full Particle ID (environmental dust)	
Soil SW846-7000B of ACAC 974.0		/ipe SW846-6010B or C	Basic Material ID (solids)	
Air NIOSH 7082		SW846-6010B or C	Advanced Material ID	
Wastewater SM3111B or SW846-7000B	77420 Soil SW846	-6010 B or C	Physical Testing (Tensile, Compression)	
☐ASTM Wipe SW846-7000B/7420	☐ Waste Wate	er SW846-6010B or C	Combustion-by-products (soot, char, etc.)	
non ASTM Wipe SW846-7000B/7420 TCLP SW846-1311/7420/SM 3111B	X-Ray Fluorescence (elem. analysis)			
Graphite Furnace Atomic Abs	TCLP SW84	er:	X-Ray Diffraction (Crystalline Part.)	
☐ Soil SW846-7421 ☐ Wastewater	EPA 200.9		☐ MMVF's (Fibrous glass, RCF's)	
	ter EPA 200.9		Particle Size (sieve/microscopy/laser)	
	crobiology		Combustible Dust	
Wipe and Bulk Samples	Air Samples	Towns	Petrographic Examination	
Mold & Fungi – Direct Examination	☐ Mold & Fungi (Sp		Other:	
Mold & Fungi Culture (Genus Only)	Mold & Fungi Cult		IAQ	
Mold & Fungi Culture (Genus & Species)	Mold & Fungi (Ge		Nuisance Dust NIOSH 0500 0600	
☐ Bacterial Count & ID (Up to Three Types) ☐ Bacterial Count & ID (Up to Five Types)		D (Up to Three Types) D (Up to Five Types)	Airborne Dust PM10 TSP Silica Analysis: All Species	
MRSA	☐ Endotoxin Testing		Silica Analysis – Single Species	
☐ Pseudomonas aeruginosa		ee Analytical Guide for Code)	☐ Alpha Quartz ☐ Cristobalite ☐ Tridymite	
Water Samples	Code:		☐ HVAC Efficiency	
☐ Total Coliform & E.coli (P/A)	Legionella		☐ Carbon Black	
Fecal Coliform (SM 9222D)	Level 1 Level 2	☐Level 3 ☐Level 4	Airborne Oil Mist	
Sewage Screen	Other:		Other:	
Heterotrophic Plate Count (SM 9215)				
**Comments/Special Instructions:				
Client Sample #'s 01 - 11			# of Samples:	
	Relinquished (Client): Comm D. Williams Date: 5/8/4/ Time: 330pm			
Received (Lab):	Date:	5/8/(C/ Time	3:34	

Controlled Document-OneChain-R2-1/12/2010

RESOURCE

RESOURCE ENVIRONMENTAL, INC.

Post Job Submittal

Project: 1824 Curson Ave. Los Angeles, CA 90046

Resource Project No.: RE18-189

Prepared For: Clean Harbors Environmental Services

2500 E Victoria St. Compton, CA 90220



Contractor Licensing and Insurance

United States Environmental Protection Agency This is to certify that



Resource Environmental, Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and paintingactivities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires

April 23, 2020

NAT-23762-2

Certification #

March 31, 2015

Issued On



Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch



CONTRACTORS STATE LICENSE BOARD ACTIVE LICENSE



Licerse Number 864417

Erien CORP

BUSINESS NAME RESOURCE ENVIRONMENTAL INC

Classification(s) C21 ASB B HAZ C22



State of California



Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Certificate of Registration for Asbestos-related Work

Expiration Date	1/10/2018
1	xpiration Date

Resource Environmental, 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.

Division of Occupational Safety and Health

Jeff Ferrell

Contractor's License No. 864417

Effective Date

8/10/2017

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

- The registered employer shall safely perform asbestos-related work in compliance with relevant occupational safety and health regulations.
- 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 May Cause Cancer - Causes Damage to Lungs Authorized Personnel Only

- 4. A copy of the registration shall be posted at the jobsite beside the Cal-OSHA poster.
- 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.
- 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.
- 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

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

RESOURCE ENVIRONMENTAL INC

License Number 864417

to engage in the business or act in the capacity of a contractor in the following classifications:

C22 - ASBESTOS ABATEMENT

Witness my hand and seal this day,
August 10, 2015

Issued September 19, 2005

Eddie Lang, Jr., Board Chair

This license is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

Cindi A. Christenson, Registrar of Contractors



CONTRACTORS STATE LICENSE BOARD

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

RESOURCE ENVIRONMENTAL INC

License Number 864417

to engage in the business or act in the capacity of a contractor in the following classifications:

C21 - BUILDING MOVING, DEMOLITION
ASB - ASBESTOS
B - GENERAL BUILDING CONTRACTOR
HAZ - HAZARDOUS SUBSTANCES REMOVAL

Witness my hand and seal this day,
August 10, 2015

Issued September 19, 2005

Eddie Lang, Jr., Board Chair

This license is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

Cindi A. Christenson, Registrar of Contractors





CERTIFICATE OF LIABILITY INSURANCE

KSHULTENBURG

DATE (MM/DD/YYYY) 04/02/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # OC88587	CONTACT NAME:				
CDS Insurance Services	PHONE (A/C, No, Ext): (626) 610-9500	FAX (A/C, No):(626) 610-9299			
2001 E. Financial Way, Suite 200 Glendora, CA 91741	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING CO	OVERAGE NAIC #			
	INSURER A : Nautilus Insurance Com	pany 17370			
INSURED	INSURER B : Great Divide Ins Co	25224			
Resource Environmental, Inc.	INSURER C:				
6634 Schilling Ave	INSURER D:				
Long Beach, CA 90805	INSURER E :				
	INSURER F:				
COVED A CEC CERTIFICATE AU IMPED.	DEVIC	ION NUMBER.			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSR	TYPE OF INSURANCE	ADDL SU	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INOD W	VD	(MINUSS/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		ECP2021736-11	04/01/2018	04/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		BAP2021738-11 04/01/2018 04/	04/01/2019	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 10,000,000
	X EXCESS LIAB CLAIMS-M	DE	FFX2021737-11 04/01/2018	04/01/2019	AGGREGATE	\$ 10,000,000	
	DED RETENTION \$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N N/A	WCA2021740-11	04/01/2018	04/01/2019	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	\ ^N /A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	POLL LIAB		ECP2021736-11	04/01/2018	04/01/2019	Each Occurrence	1,000,000
Α	PROF LIAB		ECP2021736-11	04/01/2018	04/01/2019	Each Claim	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EVIDENCE - Certificate Holder is named as additional insured as respects to General Liability if required by written contract per attached endorsement ECP
1004 08 16 and Auto Liability if required by written contract per attached endorsement BSUM CA 06 02 13. Primary/Non-Contributory Clause applies as
respects General Liability if required by written contract per attached endorsement ECP 1004 08 16. Waiver of Subrogation applies as respects General
Liability, Auto Liability and Workers' Compensation if required by written contract per attached endorsement (s) ENV 2004 09 06, CA 04 44 10 13, WC 04 03 06.
NOTICE: Attached endorsements may not apply to your specific contract/project. Please read your contract and the endorsement to determine coverage.

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	pulo Co

ENDORSEMENT

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

BUSINESS AUTO - ADDITIONAL INSURED WHEN REQUIRED BY CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Section II - Liability Coverage A. - Coverage, 1. Who is an Insured, is amended to add:

- **d.** Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into, excluding contracts or agreements for professional services, which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:
 - 1. The coverage and/or limits of this policy; or
 - 2. The coverage and/or limits required by said contract or agreement.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Resource Environmental, Inc.

Endorsement Effective Date: 04/01/2017

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

Any Principal wherein such waiver has been included before loss as part of a contractual undertaking by the Named Insured.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

ENDORSEMENT

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

WAIVER OF SUBROGATION

It is agreed that the Company, in the event of any payment under this policy, waives its right of recovery against any Principal, but only at the specific written request of the Named Insured either before or after loss, wherein such waiver has been included before loss as part of a contractual undertaking by the Named Insured.

This waiver shall apply only with respect to losses occurring due to operations undertaken as per the specific contract existing between the Named Insured and such Principal and shall not be construed to be a waiver with respect to other operations of such Principal in which the Named Insured has no contractual interest.

No waiver of subrogation shall directly or indirectly apply to any employee, employees or agents of either the Named Insured or of the Principal, and the Company reserves its right or lien to be reimbursed from any recovery funds obtained by any injured employee.

This waiver does not apply in any jurisdiction or situation where such waiver is held to be illegal or against public policy or in any situation wherein the Principal against whom subrogation is to be waived is found to be solely negligent.

ENDORSEMENT

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT

SCHEDULE

Designated Construction Projects:

Each of your projects away from premises owned or rented by you, performed during the policy period when a Designated Per Project Aggregate Limit of Insurance is required in a written contract

- A. For all sums which the insured becomes legally obligated to pay as damages caused by **occurrences** under **SECTION I COVERAGE A** which can be attributed only to ongoing operations as shown in the schedule above:
 - 1. A separate Designated Construction Project Limit applies to each designated construction project and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations page.
 - 2. Except for damages because of bodily injury or property damage included in the products-completed operations hazard, the Designated Construction Project Limit is the most we will pay for the sum of all damages under SECTION I –COVERAGE A regardless of the number of:
 - a. Insureds;
 - b. Claims made or suits brought; or
 - **c.** Persons or organizations making claims or bringing **suits**.
 - 3. Any payments made under **SECTION I –COVERAGE A** for damages shall reduce the Designated Construction Project Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations page nor shall they reduce any other Designated Construction Project Limit, except as affected by the Designated Construction Project Aggregate Limit described below.
 - 4. The limits shown in the Declarations page for Each Occurrence and Damage to Premises Rented to you continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project Limit.
 - 5. a. The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under the Designated Construction Project Limit, described in 1. and 2. above.
 - **b.** Regardless of the number of construction projects or designated construction projects covered under this policy, the most we will pay as the Designated Construction Project General Aggregate is \$5,000,000.
- **B.** For all sums which the insured becomes legally obligated to pay as damages caused by **occurrences** under **SECTION I –COVERAGE A** which cannot be attributed only to ongoing operations as shown in the schedule above:
 - 1. Any payments made under **SECTION I –COVERAGE A** for damages shall reduce the amount available under the General Aggregate Limit or the Products Completed Operations Aggregate Limit, whichever is applicable; and

ECP 1021 10 06

- 2. Such payments shall not reduce any Designated Construction Project General Aggregate Limit.
- C. When coverage for liability arising out of the **products-completed operations hazard** is provided, any payments for damages because of **bodily injury** or **property damage** included in the **products-completed operations hazard** will reduce the Products-Completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.
- **D.** If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.
- E. The provisions of SECTION IV LIMITS OF INSURANCE not otherwise modified by this endorsement shall continue to apply as stipulated.

ENDORSEMENT

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

ADDITIONAL INSURED - BLANKET

This endorsement modifies insurance provided under the following:

ENVIRONMENTAL COMBINED POLICY

In consideration of the premium charged and notwithstanding anything contained in this policy to the contrary, it is hereby agreed and understood that this endorsement shall apply only to the Coverage Part(s) corresponding with the box or boxes marked below.

- X COVERAGES PARTS A AND B GENERAL LIABILITY
- X COVERAGE D CONTRACTORS POLLUTION LIABILITY

<u>SECTION III – WHO IS AN INSURED</u> is amended to include as an insured, with respect to Coverage A, B and D, any person(s) or organization(s) when you and such person(s) or organization(s) have agreed in a written contract or written agreement that such person(s) or organization(s) be added as an additional insured on your policy. Such written contract or written agreement must be in effect prior to the performance of **your work** which is the subject of such written contract or written agreement.

Such additional insured status applies only:

- 1. Under COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY and COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY for claims or suits resulting from:
 - a. Your work performed for such person(s) or organization(s) in the performance of your ongoing operations for the additional insured; or
 - b. Your work performed for such person(s) or organizations(s) and included in the products-completed operations hazard.
- 2. Under COVERAGE D CONTRACTORS POLLUTION LIABILITY for claims or suits arising out of pollution conditions that are the result of:
 - Your work performed for such person(s) or organization(s) in the performance of your ongoing operations for the additional insured; or
 - b. Your work performed for such person(s) or organizations(s) and included in the products-completed operations hazard.

With respect to damages caused by **your work**, as described above, the coverage provided hereunder shall be primary and not contributing with any other insurance available to those person(s) or organization(s) with which you have so agreed in a written contract or written agreement.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be _____% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

Any Principal wherein such waiver has been included before loss as part of a contractual undertaking by the Named Insured.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 4/1/2018 Insured Resource Environmental, Inc.

WCA2021740-11

Endorsement No.

Insurance Company Great Divide Insurance Company

Countersigned By	
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Notifications

Revision

STATE OF CALIFORNIA Division of Occupational Safety and Health

LEAD-WORK PRE-JOB NOTIFICATION



Annual Notification for Steel Structures (*Note: Items marked are required) *Name of employer doing 'Lead Work' *Address *Zipcode *Phone 562-468-7000 Resource Environmental, Inc. 6634 Schilling Ave Pager/cellular phone no. Long Beach CA 90805 864417 Catif. Cont. Lic. No. (if applicable) Supervisor: *Number of lead-job workers: (Check one below) 1 - 5 31 - 40 **Nestor Reyes** 6 - 10 Supervisor name: 41 - 50 California Department of Health Services Lead Cert. No. 11 - 20 > 50 (if applicable) 14549 21 - 30 'Job start date/time Job completion date/time Shift (Check all that apply) *Approximate duration of 'Lead Work' in days ☑ Day ☐ Swing 10/24/2018 10/26/2018 2 ☐ Gravevard 7:00 am 4:00 pm Other *Street address or location of job City Nearest cross street 35 Los Angeles Franklin Ave 1824 Curson Avenue County Zipcode 90046 Los Angeles *Precise location of work (building no., room no., etc.) Entity contracting the lead-work (check one) Address Zipcode Phone (213) 202-2664 ✓ Premises Owner Lessee 221 N Figueroa St 90012 Pager/cellular phone no. Suite 400, Los Angeles Name: City of Los Angeles Recreation and Parks
Type of structure and use: (Check all that apply) Residence Steel Structure/Type _ Office Building ✓ Public Access/Commercial School Scope of work and work practices: 'Describe lead-related work to be done (check all that apply) Wall Repair Surface Preparation Other ____ Paint Removal ■ Water/Moisture Damage Repair ☑ Demolition Window/Door Repair/Replacement Describe paint removal methods (Check all that apply): ✓ Demolition Hydroblasting Manual Scraping/Sanding Other work practices disturbing lead: Torch Cutting Power Sanding/Grinding ☐ Heat Guns ☐ Welding Chemical Stripping Abrasive Blasting 'Amount of area to be disturbed: (Check one per column) < 10 linear feet</p> < 10 square feet</p> 10 - 100 linear feet 10 - 100 square feet 🔲 100 - 1000 linear feet √ 101 - 1000 square feet > 1000 square feet > 1000 linear feet Torch cutting/welding Duration of work: Concentration of lead in disturbed materials: % percent by weight parts per million (ppm) Assumed to be lead-containing: Z YES mg/cm² Title: Date: Name of Notifier: Administrative Assistant Cynthia Torres

DOSH Lead Notification Original



To pay fee, offix stamps or meter postage nero

Certificate Of Mailing This Certificate of Mailing provides exidence that mail has been presented to USPS® for making. This form may be used for demestic and international mail. From: Resource Environmental, Inc. 6634 Schilling Ave. Long Beach, CA 90805

DOSH District Office 320 West 4th Street, Room 820 Los Angeles, CA 90013

PS Form 3817. April 2007 PSN 7530-02-000-9065

PALS. Rostage Paid

OCT 2 2 2018

Long Beach, CA 90805

Locate Nearest OSHA Office>>>>



Foreman Field Forms

	Foreman Field Forms
Job Na	wartles Mansions Job Number: 18-189
Resour	ce Foreman: Signature Date:
3()	selenti Nosel Laberti Nosel 10/24/18
	he following forms are to be completed by the Resource Foreman each and every day. If the form is not applicable write "N/A".
	Foreman Field Forms
1	Daily Time Sheet
2	Daily Check List & Work Log
3	Daily Safety Meeting & Training Participation
4	Safety Meeting Guide
5	Air Sample Data Sheet
6	Area Entry/Exit Log
7	Jobsite Roster /
8	Manometer & Filtration Log
9	Manifest Tracking Log
10	Visitors Worksite Entry/Exit Log
11	Resource Emergency Contact List

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License No. 864417

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Job Name:	ia d	Hle	S	Han	aily Tim Sco∩	e she		Number:	3 – /	189 189		
Resource Forema	اان	•		SeS		Date:	124	118			Start Time	e: Yok
Air Sampling (Y		Incident Rep	oort (Y o	N) Percent Compl	eted for all Work		Tue (Weg	Thur	Fri	Sat	Sun
Breaks Employee Number last 4 of SSN	a Princip	Employee	Name (I	ast, First)	Title Foreman, Leadman, Worker	Regular Hours		Premium Hours	2nd Break Total Hours	Were you Injured Y/N Se Iesiono	Employee	e Signature Empleado
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Neluf oreman Sign	nature	sS.	le	/24/18 Date	Total Man-days	(for Today)	3			il Man-days P TO DATE)	3	
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esource Sup	erinte	ndent		Date	 	•	Resou	ırce Proj	ect Mai	nager	Da	ete .

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Daily Checklist & Work Log											
JOB NO. (Nu. de trabajo): 18-189			DATE [C	(FECHA): 124/18	DAY OF TO SEMANA)		(DIA DE LA				
JOB NAME (Nom. de trabajo):	NORK AREA LOCATION (Area de trabajo): East Side (outside)										
STARTING TIME (Hora de inicio):	3:30	empo tinai		NO. OF BAGS (N	u de bols	as):					
NO. OF AIR SAMPLES TAKEN TODAY OF THE FOLLOWING: (Cantidad de muestras de aire tomadas hoy)	BASELINE	PERSON	IAL:	AREA: AFT: FINAL AIR CLEARANCE (Autorización de aire final):					T	≣M*	
DESCRIPTION	YES	NO	NA		DE	SCRI	PTION	YES	NO	NA	
Work area isolated (area de trabajo aislado)	~			GFCI on site/i	n use (i	ntern	ptor de circuito en el	V			
Critical barriers/Isolation barriers maintained (barreras de aislamiento/criticas)				Decontaminat (Funcionamier			inctioning na de decontaminación)	V			
HVAC system turned off/sealed (El sistema de HVAC apagado)	,		-	Evidence of w			agua)				
Negative pressure maintained in work area (presión negativa mantenida en el area de trabajo)			V	Water shut off (Agua apagad		<u> </u>		v		Ø	
Signs posted at work area (letreros en el area de trabajo)		-		Emergency ex			hlicadas)				
Work area secured (area de trabajo asegurada)				Fire extinguish	(salidas de emergencia publicadas) Fire extinguishers in place (extintor de fuego en sitio)						
EPA/OSHA/Municipal job notification posted (notificacion de trabajo Municipal/OSHA/EPA)	4				Safety/Fire meeting: attach report (Junta de seguridad y fuego: ate el reporte)						
EPA/OSHA regulations posted (poner reglamentos de EPA/OSHA)				Asbestos load (reporte de tier			a de asbestos				
Specification/Scope of work (Especificaciones/detalles de trabajo)	~			Dumpster lined (basurero forra							
Respirators in use (respiradores en uso)	~			Waste manifes (Manifest de re			tio)	V			
Respirator type (tipo de respirador): Electrical panels lock/ tag out				Sup/Workers t	rain. Ce	erts &	med. records on site	1			
(Paneles electricos cerrados/Etiqueta afuera)			/	Air sample pla	n on site	e (pla	n de muestra de aire)	0	<u>.</u>		
MSDS onsite for all chemicals used (MSDS para todos los químicos en el sitio)				AFD filter chan	ge (Ca	mbio	de filtro de AFD)		,		
Visual Inspection of work (Inspección visual)				PPE: Respirate	ors & C	Cover	alls of Foot covers of He	adcovers	Safet	y Glasses d	
Appropriate PPE on-site/in use (Apropiado PPE en uso) (see checklist)	V			PPE: Respirad Gafas de segu		Over	ol o Cubiertas para pies	a cubiert	as de ca	beza a	
	en e	De	THE PARTY OF THE P	Description ion de Traba	2.2						
A necrew besource arrived on Johnsite and hen corrived poor											
FRICH Brockhonk	orr ru Jo	ive bsi	en	JOH S	1/2		at 6:50 K	tur.			

Daily Log Continuation Sheet Description of Work (cont.)
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* After Bich Norme The Work area and he constants Mosty nursuster. The he heft.
* The even of Thid Safet & Meeting to cerriers and me signet.
The The started to repend in The storage rock from the fresh average up put glostic of the floor we put critical in the door
and signs souther tope, lead tope, de cons with water.
and Started to remare stucco from hower root to Height of 3' along rengint of coast hower root.
tue took luck time one hro
and continue to renewe parted stores and hegge all weekert
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* The crew stated to project and hard all week with plastic.
worste prepart ins. Le Di pascurea true ko
Total Man Days This Date Total Man Days This Date Total Man Days Job to Date Total Man Days Job to Date Total Man Days Job to Date

	The second secon	Area Entry / Ex	t Log								
J	ob No.: 18-189	Date: Day of Week: 10 24 18									
J	ob No.: 18-189 ob Name: Wattles Man	Work Area Location: Fost area									
	Employees Name	Social Security Number	Time In	Lunch Out	Lunch In	Time In	Time Out	Filter Cl			
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1	Resource Superintendent Signature	Date									

Daily Safety Meeting & T	
Number/Nu. De Trabajo 18-189	Resource Foreman; Calleutin 168cs
Job Name/Nombre de Trabajo Wattles Hinsions	Meeting Conducted by: Use &
PPE on-site/PPE en el MSDS on-site/en el Safety Hazafds Identified & Discussed: Date/Fe	
MEETING TOPIC(s)	Discussed
* sexet + protector with pp.	* Use The Hornes correct.
proport and check before use The	of cueen ne boon hift TS &
Fail procteción.	use.
* Bocarfallerike Hand tool Ju Employees In Att	Kall warst appet aiside The bary
Employee Name (Last, First)	Employee Signature/ Firma De Empleado
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Suggestions to improve workpl	ace safety and health:
Actions Taken to Impi	ove Safety:
Resource Superintendent Signature Date	

ob No.: 18-189		Date: Day of Week: Wed			
ob Name: Untries Hansion	<u>s</u>	Work Area Location: East Side (out Side)	do.		
		addition, complete the Safety Meeting & Training Form for each mee	ting that		
Safety Meeting Topics	Date 10/24//8		Date 19/14		
Access to Project Site		Guardrails, Generators, floor buffers			
Aerial Devices and Elevating Work Platform Equipment		Hazard Communication	1		
Air Compressors		Heat Illness Prevention	4		
Airborne Contaminants and Dust		Heavy Construction Equipment			
Asbestos		Hot Pipes and Hot Surfaces			
Accidents - Causes & Prevention	-	Housekeeping/ Site Cleaning	-		
Blasting (Abrasives/Sand)		Injury and Illness Prevention	-		
Blasting (Explosives)		Ladders	-		
Company Safety Policies		Lead	-		
Chemical Wash Area		Lifting Safety (Proper Procedures for Lifting)	-		
Code of Safety Practices		Lock-out/Block-out Procedures (Machinery/Equipment)			
Construction Housekeeping		MSDS	-		
Concrete Construction		Machine Guarding			
Confined Spaces		Multi-employer Work Sites			
Corrosive Liquids		Review of Injuries			
Cranes		Personal Protective Equipment (PPE)	-		
Demolition		Pile Driving			
Dust, Fumes, Mists, Vapors and Gases		Pressurized Worksites			
lectrical (extension cords,	0	Qualified Person			
levators, Lifts and Hoists		Ramps and Runways			
mergency Medical Services		Roofing Operations			
Engine Exhaust Emission		Scaffolds			
rection and Construction		Silica Dust			
vacuation Plan, Use of Fire Extinguishers		Stairways			
xcavation, Trenches, and Earthwork		Safety Orientation IIPP			
xplosion Hazards		Toilets/Washing Facilities/Sanitation			
all Protection	V	Tools and Equipment (hand saws, jackhammers, grinders)			
ire Protection and Prevention		Traffic Control			
First Aid	1	Training			
Flaggers, Drivers		Trip Hazards			
flammable and Combustible Liquids		Tunnels and Tunneling			
Forklifts		Water Pumps			
Forms, False work, and Vertical Shoring		Welding, Cutting and other Hot Work			

	Jobsite R	loster -									
Job No.: 18-189		Date: 10 / 24 / 18	Day of Week:								
Job Name:	nsion	Work Area Location: East Side	(outside)								
Employees Name Nombre de Empleado	Social Security Seguro Social	Employees Name Nombre de Empleado	Social Security Seguro Social								
Valentini Boos	2302										
Ciro pogránci	7863										
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Resource Superintendent Signate	Resource Superintendent Signature Date										

	Manometer & Filtration Log
Y	18-189 Work Date: Resource Foreman: Work Date: Volenti 168es
	Work Date: 18-189 10/24/18 Volenti 16805 Foreman Signature: Wattles Mon8ion S Valuation S
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	Water Filtration Log Size of Filter (.1. :5, 10, :20 MIC) and Time of Change
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	Neg Air Filtration Log Serial #, Type of Filter (primary or secondary) and Time of Change
	Serial #, Type of Filter (primary or secondary) and Time of Change
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J	16 No.: 189				Work Date: 10/24/18 Foreman Name: Valentin 10805						
Jo	b Name: Wuttles M	arsion	S		Foreman Na	me: Walkertin 168es					
		Man	fest T	racking	g Inform	ation					
	Manifest Tracking Number	Date Shipped Off-Site	HAZ Waste	Non-HAZ Waste	No. of Bags	Name of Hauler	Landfill Name				
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H	Resource Foreman Sign	nature				Date					

	+ Vis	itors Worksite	En	try	//E	xit l	_og						
	No.: 18-189				Date: 10/24/18 Project Manager Signature: Foreman: Valentin Rosus Log								
Job	Name: WATTIES H	ansions	Fore	man:	ale	nt	1/2	Ro	Scot	<u>s_</u>			
्र		Visitors	Log 🗦					W. Brig					
	Name	Company	MED (Cir YES	cle)	Time In	Time Out	Time In	Time Out	Workin Asbe: Work A	-1	PPE (Ci 1) 1/2 F 2) PAPF 3) Tyvel	ace HEF) PA
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	Resource SuperIntendent Signature		Date										
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Email This Page After Shift to labormanager@resource-env.com and to the Project Manager JOB NUMBER: B-189 FOREMAN: PROJECT MANAGER: PROJECT MANAGER: LABOR CREW SIZE: EQUIPMENT RESOURCE EQUIPMENT: RESOURCE EQUIPMENT: RESOURCE EQUIPMENT: PROJECT MANAGER: LABOR CREW SIZE: ABOR CREW SIZE:	724/18
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CREW SIZE: EQUIPMENT	DQ)
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) e1.)
RESOURCE EQUIPMENT: JEG Lift 40 Park) e1.)
JLG Lift 40 Gant) e1.)
DISPOSAL	
TYPE OF MATERIAL: # OF LOADS: HAULER: TYPE OF MATERIAL: # OF LOADS: HA	AULER:
ONCRETE: RECYCABLE:	
SPHALT: SOIL:	
ASH: OTHER:	
REEN WASTE: OTHER:	
BRIEF DESCRIPTION OF WORK / DESCRIPCIÓN DE TRABAJO	

Sample ID Onsite Project Foreman Job Name Calibration Indicated vicalculate th Rotometer ID # Rotometer Calibration Date (must be calibrated against primary every 6 months Pumps must be calibrated before and after each use. Reference calibration curve to determine 20 Pump# al flow rate. The lab will and EL. Sample Type Dond Resource Environmental, Inc. Sampling Time Stop Chain of 93. Custody Sampling and Data Sheet Completed By Flow Rate (Liters/Minute) Start Stop Relinquished By 120000 * Address 1 et co AIR SAMPLE DATA SHEET REONDE Description of Worker Activity or Sample Location W Reset Mu 01 20-1001 P.O. Box 2077, Paramount, CA 90723 Title Date/Time 530 Received By Signature gregorie Name of Employee and Social Security# Job Number Phone: (562) 468-7000 Fax: (562) 468-0600 Date of Sampling Date/Time Crew Size Respirator Type

	Foreman Field Forms									
Job Na Resour	Leuti Rosas Job Number: 18-189 Date: 10/25/18									
Т	The following forms are to be completed by the Resource Foreman each and every day. If the form is not applicable write "N/A".									
ti (ili	Foreman Field Forms									
1	Daily Time Sheet									
2	Daily Check List & Work Log									
3	Daily Safety Meeting & Training Participation —									
4	Safety Meeting Guide									
5	Air Sample Data Sheet									
6	Area Entry/Exit Log									
7	Jobsite Roster V									
8	Manometer & Filtration Log 1/4									
9	Manifest Tracking Log 1/4									
10	Visitors Worksite Entry/Exit Log									
11	Resource Emergency Contact List									

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				RESOL							
Lat Name			D	aily Tim	e She						
Job Name:	אאנג	Hos	Mension)		- 1	Number:	189			
Resource Forema	<u> </u>		Mensior Noses		Date:	,	118	3		Start Time:	
Air Sampling (Y	or N)	Incident Report (Y o	Percent Comp	leted for all Work: OonE	Circle one Mon	Tue	Wed	Thur	Fri	Sat	Sun
Breaks		ak 15 Min	enjekar semini <mark>nkar</mark> en (j. Estako en G <mark>iorra</mark> ko eta (j.	Lunch 30 min:	Minder of the Allegaria Protest Allegaria			2nd Breal			
Employee Number last 4 of SSN		Employee Name ((last, First)	Title Foreman, Leadman, Worker	Regular Hours	Overtime Hours	Premium Hours	Total Hours	Were you Injured Y/N Se lesiono hoy Si/No	Employee Firma de I	-
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Foreman Sign Notes: To Au		k Done l	Date	The cit	4/11/04	ر دورا	5 —	-	j	signet	esc
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Resource Sup	erinte	endent	Date			Resou	rce Proj	ect Mar	nager	Dat	e

	Dai	ly C	heck	dist & Wor	k Log			
JOB NO. (Nu. de trabajo): 18-189					DATE (FECHA):	8 SEN	MANA) Z	EEK (DIA DE LA
JOB NAME (Nom. de trabajo): WaTTle S	INISH TIME (Tie	lan.	Sion	NO. OF BAGS (Nu de bo	East an):	1-side T
inicio): NO. OF AIR SAMPLES TAKEN TODAY OF THE FOLLOWING: (Cantidad de muestras de aire tomadas thoy)	BASELINE	PERSON	VAL:	AREA: AFT:	FINAL AIR CLE (Autorización de		A:	TEM"
DESCRIPTION	YES	NO	NA	D	ESCRIPTION	Y	ES NO	D NA
Nork area isolated (area de trabajo aislado)	V			GFCI on site/in use sitio)	ito en el			
Critical barriers/Isolation barriers maintained barreras de aislamiento/criticas)	~			Decontamination sy (Funcionamiento de	aminación)			
HVAC system turned off/sealed El sistema de HVAC apagado)	~			Evidence of water le (evidencia de aguje			/	
Negative pressure maintained in work area (presión negativa mantenida en el area de trabajo)			/	Water shut off (Agua apagada)	-			
Signs posted at work area (letreros en el area de trabajo)	V			Emergency exits po (salidas de emerger				
Vork area secured area de trabajo asegurada)	~	-		Fire extinguishers in (extintor de fuego er	,			
EPA/OSHA/Municipal job notification posted notificacion de trabajo Municipal/OSHA/EPA)	~	-		Safety/Fire meeting: (Junta de seguridad	rte)			
EPA/OSHA regulations posted poner reglamentos de EPA/OSHA)	V			Asbestos load out tii		. 8	>	N
Specification/Scope of work Especificaciones/detalles de trabajo)	~			Dumpster lined/secu (basurero forrado/se				
Respirators in use respiradores en uso)	/			Waste manifest on s	24 T			-
Respirator type (tipo de respirador):	V			Sup/Workers train. (s on site		
Electrical panels lock/ tag out Paneles electricos cerrados/Etiqueta Ifuera)			_	Air sample plan on s	ite (plan de muestra	de aire)	_	
ISDS onsite for all chemicals used (MSDS ara todos los químicos en el sitio)	1			AFD filter change (C	ambio de filtro de Al	FD)		
fisual Inspection of work (Inspección visual)	~			PPE: Respirators	Coveralls of Foot co	overs 1 Headco	vers Sa	fety Glasses
ppropriate PPE on-site/in use (Apropiado PE en uso) (see checklist)				PPE: Respiradores Gafas de seguridad		as para pies □ cu	ibiertas de	cabeza a
		De		Description ión de Trabajo				
* Therew and	e ce	ıJo	b 8	ite at	7:00 A	in free	ı I	did
Safety Meetu	ing !	10 1	way	rkers a	id ae	gygn	et	1+
* 110 0 000 × 0 + 0	. 1	1	- ~	1 1	h. p		- /	10/
130000000000000000000000000000000000000	TO TE		0	teaning	The cylin	pour	and	pero

		Continuation S			22.
Fran De Han	Descrip	tion of Work (co	nt.)		
Y-TO COMUS (STE	cuits,	dones.	scretz	Apreses.	Hand Hade
and fall procte	10				7700 # 1701
* De crew use	The boom	hitta	& west	to voo	F 70
and lest metros	dautet.	and cle	rened o	inte p	pa valen
ATHER SUFER	Eyrpun	f. fare	teeredo	ud hav	t foots
* Tlecrew frist	Wefuc	leaved a	ud dear	tout:	sidead
The stanted to	cleared	whac	Storag	e voon	6
the took himes	2 time	one v	1r.		
* Theorem come	haer	fran h	wen to	ne at	(seewie)
P.P.E. preperty and	started to	reneve a	u plastice	ortho	einny au
floor. and the	u conf.	nued h	when the	a Vace	surard
					A
	check My	Work	and he	said of	< Eventning
KAfter Gruge Sign m	e of Cer	tificate	of com	oletion.	and Then
ATHCrew started to	copickium	The Baylo	prent a	- Litter	you and
Valut Ass	Total Man Days This Date	3	OT Hours This Date	Max	
Foreman's Signature (firma)	Total Man Days Job to Date	6	OT Hours Job to Date _	N/A	

Daily Safety Meeting & T	
3 Number/Nu. De Trabajo	Resource Foreman:
Job Name/Nombre de Trabajo Wattles Marsion	Meeting Conducted by:
PPE on-site/PPE en el sitio: YES y NO a sitio: Y	cha: Mon Tues Weds Thurs Fri Sat Sun
MEETING TOPIC(s)	Discussed
* Becomfol with neils and	* Becarted with electrical cobles
Screws.	when we Boarchiff.
* fall prectection, check Before to	·
U80.	
	endance · 神通影響· pro information (a) · Mary Technology (b) · preparation (c) · Mary Technology (c) · Mary Tech
Employee Name (Last, First)	Employee Signature/ Firma De Empleado
Walarti Rosos	Verleti Ves-S.
Gregorio Hernuldes	Gran Har
Ciró Rodrigues	Ciro Rodrigues
5	,
19	
11	
1	
15	
14	
15	
Suggestions to Improve workpl	ace safety and health:
Hoose Keeping all time.	
* Check and Mark The Hazer and	eas.
Actions Taken to Impi	ove Safety:
	akers and Explain from
fall proctecian in The voot.	
Resource Superintendent Signature Date	

Safe	ty Meet	ing Topics	
Job No.: 18-189		Date: Day of Week: Thur	
The Charles of the member wet selected 20,20 for the consequent and before the consequence of the consequenc	sions	Work Area Location: East area outside.	
Use the table below as a guide to help you select subjects and track includes workers name, date, subject and the Foreman's name.	meeting dates. In	addition, complete the Safety Meeting & Training Form for each mee	ting that
Safety Meeting Topics	Date 10/25/20	Safety Meeting Topics	Date Desle
Access to Project Site		Guardrails, Generators, floor buffers	
Aerial Devices and Elevating Work Platform Equipment		Hazard Communication	
Air Compressors		Heat Illness Prevention	
Airborne Contaminants and Dust		Heavy Construction Equipment	
Asbestos		Hot Pipes and Hot Surfaces	
Accidents - Causes & Prevention	-	Housekeeping/ Site Cleaning	
Blasting (Abrasives/Sand)		Injury and Illness Prevention	<u> </u>
Blasting (Explosives)		Ladders	
Company Safety Policies		Lead	
Chemical Wash Area		Lifting Safety (Proper Procedures for Lifting)	
Code of Safety Practices		Lock-out/Block-out Procedures (Machinery/Equipment)	
Construction Housekeeping		MSDS	1
Concrete Construction		Machine Guarding	
Confined Spaces		Multi-employer Work Sites	
Corrosive Liquids		Review of Injuries	
Cranes		Personal Protective Equipment (PPE)	
Demolition		Pile Driving	
Dust, Fumes, Mists, Vapors and Gases		Pressurized Worksites	
Electrical (extension cords,	1	Qualified Person	
Elevators, Lifts and Hoists		Ramps and Runways	
Emergency Medical Services		Roofing Operations	
Engine Exhaust Emission		Scaffolds	
Erection and Construction		Silica Dust	
Evacuation Plan, Use of Fire Extinguishers	1/2	Stairways	
Excavation, Trenches, and Earthwork		Safety Orientation IIPP	
Explosion Hazards		Toilets/Washing Facilities/Sanitation	
Fall Protection	-	Tools and Equipment (hand saws, jackhammers, grinders)	
Fire Protection and Prevention		Traffic Control	
First Aid		Training	
Flaggers, Drivers		Trip Hazards	
Flammable and Combustible Liquids		Tunnels and Tunneling	
Forklifts		Water Pumps	
Forms, False work, and Vertical Shoring		Welding, Cutting and other Hot Work	
			L
Resource Superintendent Signature	Date		

•		Area Entry / Exi	t Log						
J	ob No.: 18-189		Date: 10/2	-/1	P.	Day of			
J	ob Name: Wattles Ma	ansions	Work Are	a Locati	on:				
	Employees Name	Social Security Number	Time In	Luntik Out	Lunch In		Time	Filter C	
1	Jobuti Roses	2302	8:00				8:32	8)	N .
2	Gregoria Harnondez	7756	7!15	11:00	12:00	12:10	12:4	<i>8</i>)	N
n ~	Ciro Rodriquez	7863	7:15						N
7								Y	N
5								Υ	N
6								Y	N
7								Y	N
8								Y	N
9	7							Y	N
								Y	N
11								Υ	N
12								Y	N
13								Υ	N
14								Υ	N
15								Y	N
16								Υ	N
17								Υ	N
18								Υ	N
19								Υ	N
20								Y	N
			<u> </u>		I		I		
	Resource Superintendent Signature	Date							
11									

	Jobsite F	Roster	
Job No.: 18-189	/	Date: 18/25 /18	Day of Week:
Job Name: Wattles		Work Area Location:	out side Tub/19)
Employees Name Nombre de Empleado	Social Security Seguro Social	Employees Name Nombre de Empleado	Social Security Seguro Social
Cregorio Harronde	2302		
Gregorio Harronde	7756		
Ciro hodriques	1863		
\$			
6			
8			
4			
J			
11			
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15			
16			
17	•		
18			
19			
20			
Resource Superintendent Signat	ure Date		

			eter & Filtration Log		
Job No:	3-189 attles	Work Date:	25/18	Resource Foreman:	ges
Job Name:	. \ () -	Honsion	0	Koberfir 16 Foreman Signature:	200
ω	attles	MCV78001	anometer Log	- Solector VC	9805
Terrigitation on a production					
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		/	10 / 1		
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		Water Elle	ation Log Size of Filter	TATAKAN TOOLIGA DAAGAA TAALAA AA AA AA AA AA	College (1985) (1984) (1984) (1985) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986)
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	THE SALES OF THE SALES	Neg	Air Filtration Log	ime of Change	
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		/ '		4	
			· · · · · · · · · · · · · · · · · · ·		

		⊸Mai	nifes	t Tra	cking	Log	
50	b No.: 18-189				Work Date:	10/25/18	
Jo	b No.: b Name: Wattles	larlia	25		Foreman Na	10/25/18 uti 18ges.	
4, 474%	to the state of th	Mani	fest T	racking	Inform	ation	
	Manifest Tracking Number	Date Shipped Off-Site	HAZ Waste	Non-HAZ Waste	No. of Bags	Name of Hauler	Landfill Name
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- -	NIT					10/1-1	
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						Date:	
	Resource Foreman Sign	ature				Date	

		itors Worksite			//E								Pie.
	ONO.: 18-189		Date	: la	25 ll	8	Project	Manag	er Sign	ature):		
Jol	No:: 18-189 Name: Wattles 1	lunsions	Fore	man: <i>FC</i> e	lut	i 1	Project	<u> </u>					
	August 1985 August 1985	Visitors	Log		<i>.</i>							极為	
	Name	Company	MED (Cir YES	cle)	Time In	Time Out	Time In	Time Out	Worki Asbe: Work A	stos	PPE (Ci 1) 1/2 F 2) PAPF 3) Tyvel	ace HEF }	
	1/11	1//2	Y	N					Y	N	1	2	3
2	1. WT	1014	Y	N					Y	N	1	2	3
3			Υ	N					Y	N	1	2	3
5			Y	Z					Y	N	1	2	3
6			Y	N					Y	N	1	2	3
7			Y	N					Y	N	1	2	3
8			Y	N					Y	N	1	2	3
			Y	N					Y	N	1	2	3
9			Y	N					Y	N	1	2	3
=			Υ	N					Y	N	1	2	3
12			Y	N				_	Y	N	1	2	3
13			Y	N					Y	N	1	2	3
			Y	N					Y	Z	1	2	3
14			Y	N					Y	N	1	2	3
15			Y	N					Y	N	1	2	3
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17			Y	N					Y	N	1	2	3
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19			Y	Z					Y	N	1	2	3
20			Υ	N					Υ	N	1	2	3
	· 												
	Resource Superintendent Signature		Date										

DEMOLITION FOREMAN FIELD FORM Email This Page After Shift to labormanager@resource-env.com and to the Project Manager DATE: JOB NUMBER: JOB NAME: PROJECT MANAGER FOREMAN: LABOR CREW SIZE: **EQUIPMENT** RESOURCE EQUIPMENT: **RENTAL EQUIPMENT:** BounLAFF DISPOSAL HAULER: HAULER: # OF LOADS: TYPE OF MATERIAL: # OF LOADS: TYPE OF MATERIAL: CONCRETE: RECYCABLE: ASPHALT: SOIL: TASH: OTHER: GREEN WASTE: OTHER: BRIEF DESCRIPTION OF WORK / DESCRIPCIÓN DE TRABAJO ANY INCIDENTS OR ACCIDENTS: YES NO If YES, Briefly describe below. **Must Submit Separate Resource Incident Form**

AIR SAMPLE DATA SHEET Phone: (562) 468-7000 Resource Environmental, Inc. P.O. Box 2077, Paramount, CA 90723 Fax: (562) 468-0600 Address Job Name Job Number **Crew Size** 1824 (Urson AUE LOS Augeles CA 900 46 Sampling and Data Sheet Completed By Onsite Project Foreman Date of Sampling Rosas Flow Rate Sampling Time Sample ID Sample Respirator (Liters/Minute) Description of Worker Activity or Sample Location Pump# Name of Employee and Social Security# Туре Type Start Deate I and cleared with upa vaccini Lead tace 12:10 1:00 0 4年 大学 Relinquished By Date/Time Rotometer ID# Received By Date/Time Calibration Chain of Custody Rotometer Calibration Date (must be calibrated against primary every 6 months Pumps must be calibrated before and after each use. Reference calibration curve to determine Villow rate. The lab will Indicated vs. calculate nd EL.



Employee Certifications

EPA ACCREDITED

AHERA APPROVED 44159

OCCUTRAIN

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT Valentin Rosas

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

ON January 6, 2019

ASBESTOS ABATEMENT CONTRACTOR/ SUPERVISORS- ANNUAL REFRESHER

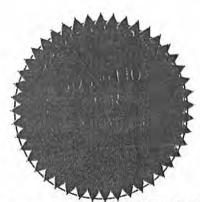
COURSE DATES: January 6, 2019

AACS-R-10633-19

ACCREDITATION NO.

January 6, 2020

EXPIRATION DATE



EXAM DATE: January 6, 2019

Nubia Ayala-Director

AUTHORIZED SIGNATURE

Paul Eubanks

EXAM ADMINISTRATOR
DOSH APPROVAL #CA-017-04

For purposes of accreditation required unger section 206 of the Toxic Substances Control Act (TSCA)

Occupational Training Institute, Inc (OCCUTRAIN) 621 Atlantic Ave, Ste. E, Long Beach CA 90807 TEL(562) 612-3109

A & C Urgent Care 1000 S. Anaheim Bivd. #200, Anaheim, CA 92805 (714) 634-4884 Fax: (714) 635-5389

Date:
Patient/Employee Name: Alekin Kosus
◆ Pass ◆ Pending (Medical Hold)
 Are there any limitations on respirator use related to medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator? YES NO
Comments: Pt has Bradeline PFT.
2. Is there any need for follow-up medical evaluation? YES NO The Will benefit by loosing Werklet.
The above are my recommendations regarding the employee's ability to use a respirator. Sincerely, Nardo Buena, M.D. Martin C. Nation, M.D.

GOLDEN WEST MEDICAL CENTER

1000 S. ANAHEIM BLVD. SUITE 200 ♦ ANAHEIM, CA 92805 ♦ (714) 634-4884

MEDICAL EXAMINATION FOR RESPIRATORY USE

LAS	T NAME RC	sas	FIRST	NAME <u>Calantin</u>	MI	
Date	of Birth: <u>@2.</u> /	14 /1972 Male	Female	Social Security #		2302
Job '	Tilte Superi	ilsor	Company	Resource_D	ept	
1. H	ave you ever wo	orn a respirator:	Yes (No)			
If	yes describe an	y difficulties wit	h use:	· · · · · · · · · · · · · · · · · · ·		
2. E	xtent of current/	expected respirat	or use:			
D	ailyC	occasional	Weekly	Rarely		-
3. H	ave you had or d	lo you now have	any of the follo	wing:		
Asth	ma	Yes	(No Fear of	f tight or enclosed spaces	Yes	Nó
Emp	hysema	Yes		ion of smothering	Yes	No
Lun	g Disease	Yes	No Heat ex	khaustion or heat stroke	Yes	No
Pers	istent Cough	Yes	No Defect	ive vision	Yes	No
Hear	rt Trouble	Yes	No Defect	ive hearing	Yes	Nø
Shor	tness of Breath	Yes	No Contac	t lenses or glasses	Yes	No
	ory of fainting	Yes	No			
		t my interfere or			Yes	No
_	ı blood pressure	Yes king medication?	No Diabet	es	Yes	No-
	se describe ever	y item answered	Yes or 11 you na	we had a serious illness, o	peration, u	gury or
	,	RE	SPIRATORY 1	HISTORY		
1.	Do you usually	y cough first thin	g in the morning	g?	Yes	No
2.	Do you cough	as much as 3 mo	onths a year?	-	Yes	No
3.	Do you bring	up phlegm wh <mark>e</mark> n	you cough?		Yes	No/
4.	Do you ever e	xperience:	Chest t	ightness?	Yes	No-
			Shortne	ess of breath?	Yes	No
			Wheez	ing?	Yes	No
5.	Have you ever				Yes	No —
6.	•	had allergies?			Yes	No-
7.	•		•	re under a doctors care	Yes	No
8.	Have you ever	taken prescription	on medicine for	respiratory illness?	Yes	No-
			SMOKING H	ISTORY		
1.	Have you ever				Yes	No-
2.	Do you smoke				Yes	No-
3.		ars/months have			_Yrs _	Mth
4.		ars/months did y			_Yrs	Mth
5.		cks of cigarettes	•			_Packs
6.	Cigars per day	r?	_ 7	Pipe bowls per day?		

PART-B-PHYSICAL-EX	AMINATION-FI	o-be-completed-by-p	rysician):
Heightinches \		_	1
Any physical characteristic t	hat would interfer	e with respiratory fitti	ng Yes No
Heart:	(Normal	() Ab	normal
Lungs:	(Normal)	() Ab	normal
Pulmonary Function:	() Normal	() Abnormal	() Borderline
Explanation:			
Based on my examination o	f the above named	employee, it is my op	inion there should be:
() No restrictions on respin	rator use.		
() Some restrictions on res	spirator use.		
() No respirator use permi	tted.		
NARDO BUENA,	(10 D M.D.	<u> </u>	5/14/15 DATE

A&C URGENTCARE

Abnormal Spirometry Report

- ROSAS-MONROY, VALENTIN

Test Information:

Norm Reference:

Quality Messages:

FVC Pre / Post Var:

ATS Reproducibility:

Pre:

Post:

FEV1 Pre / Post Var: 89 ml (3 %)

Pre Time:

Post time:

5/14/2019 10:46:58 AM

NHANESIII 1999

1 -

10:48 AM

Pre: 3-Good effort, 2-Good effort, 1-Good effort,

211 ml (7 %)

NOT MET (FVC and/or FEV1 Variance > 150 ml)

Page 1

Patient Information:

ID:

02-14-1972

Name:

ROSAS-MONROY, VALENTIN

Smoke Years:

DOB: Height:

2/14/1972 Age: Weight: 47 years 351.0 lbs

67 inch

Gender: Race:

Male Hispanic

Cooperation:

Packs / Day:

Test Results:

Lung age:

FEV1%Pred: FEV1%:

Test interpretation:

Improvement:

70 years 70 %

81%

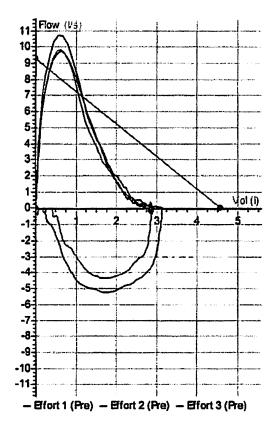
UNCONFIRMED REPO

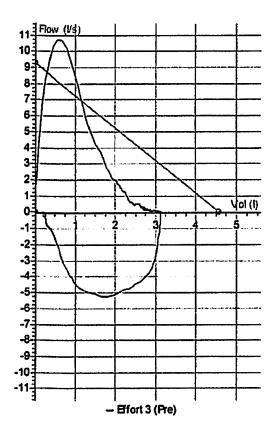
Pre: FVC= 3.13L FEV1= 2.54L FEV1%= 81.3% [2.54/3.13 FEV1/FVC] (5/14/2019 10:57:23 AM), Moderate restriction

ORT	Test Comment:

			Best E	ffort		All Effo	rts	
Parameter	Units	Pred (LLN)	3. Pre	%Pred	%Change	3. Pre	2. Pre	1. Pre
FVC	(L)	4 57 (3.74)	3.13*	68%	•	3.13*	2 92*	2.81*
FEV1	(L)	3 62 (2.92)	2.54°	70%	•	2.54°	2.45*	2.45°
FEV1/FVC	(%)	80 (71)	81	102%	•	81	84	84
FEV6	(L)	4.39 (3.57)	3.10*	71%	•	3.10*	2 90*	2.82°
PEF	(L/s)	9.28 (6.85)	10 74	116%	•	10.74	9.87	9.76
FEF25-75	(L/s)	3.57 (2.00)	2.73	77%	•	2.73	2 97	3.18
ATS	•	•	Yes	-	•	Yes	Yes	Yes

(*) Means below LLN





State of California Department of Public Health

Learn Related Learning transfer Tentals are Type

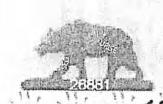
Expiration Date

Worker

02/14/2018



Valentin Rosas



ID#: 19211

Nº 25188

Meets OSHA 29 CFR 1910.1025



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT VALENTIN ROSAS

HAS SUCCESSFULLY COMPLETED A 3 DAY COURSE AND, AFTER PASSING THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

February 13, 2011 FOR

OSHA 30Hrs. SAFETY COURSE FOR THE CONSTRUCTION INDUSTRY

OSCT-170-11

ACCREDITATION NO.

N/A

EXPIRATION DATE

φ (cognisio): PEN Supplion

Adalberto Esc

AUTHORIZED SIGNATURE

Adalberto Escu

EXAM ADMINISTRATOR

Occupational Training Justitute, Inc. (Occutrain)- 610 Baker Street, Suite #315, Costa Mesa CA. 92626, TEL. #714 556-7844



This is to certify that

Valentin Rosas

Emp. Id No: 2302

Has successfully completed the requisite Basic Knowledge and Operation of

Aerial And Scissor Lift Safety

Therefore is awarded this certificate of Completion.

№ 1110MB

Instructor: Martin Bolanos

Signature: Model aug S Date Issued: 07/28/2018

147364

Form Number

CDPH COURSE COMPLETION FORM AND TRAINING CERTIFICATE

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 del entrenamiento. El Proveedor del entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días después de haber pasado el examen final.

estudiante dentro de los siguientes 30 días despue	s de naber pasado	o el examen ilnai.							
Student Information – To be completed by the student. Please print or type. Press firmly./Deberá completarse por el estudiante. Favor de escribir firmemente y con letra de molde.									
Name / Nombre (last / apellido paterno) (first / primer nombre) (middle initial / segundo nombre) Telephone number / Número de teléfono									
Rosas Valentin (5/2)455-7548									
Home address (number, street, apartment number, PO box number / Lapartado postal)	Date of birth (mont Fecha de nacimier								
apartauo postarj	recita de nacimien	no (mes/dia/ano)							
	02	11411476							
8542 Stanford F	ive.		Photo identification Number / Número	n / Tarjeta de identificación con foto					
City / Ciudad	State / Estado	ZIP code / Código postal	Type / Tipo	a III baarata da aasadaata					
Gordon Grave	CA.	97841		e / Licencia de conducir n card / Tarjeta de residencia					
Mailing address, if different (employer or union name, number, street,	apartment number, PO	box number) /		o tipo de ID (specify / especifique):					
Dirección de correo, si es diferente (nombre de patron or unión, núm	ero, calle, número de ap	artamento, apartado postal)							
The state of the s			0110						
			Gender / Sexo						
			Male / Masculine	o ☐ Female / Femenino					
			If currently CDPH co	ertified, provide CDPH certificate ID					
City / Ciudad	State / Estado	ZIP code / Código postal	number / Si está ce	ertificado por CDPH, favor de dar su					
			número de CDPH						
				# 19211					
Prior to signing, read the Privacy Statement and oth	per information on	the back of the form		the same of the same					
Antes de firmar, lea la Declaración Sobre la Privaci			rás de este form	ulario.					
Signature of student / Firma del estudiante	1			th/day/year) / Fecha (mes/dia/año)					
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1/01/2	1/6			1.30 1.60					
Training Information – To	be completed by accredit	ted training provider. Please p	rint or type. Press firm						
Accredited Training Provider name and address				Training Provider Phone Number					
OCCUPATIONAL TRAINING INSTIT	PURE		×. ()	562 612-3109					
621 ATLANTIC AVE				Course Number					
LONG BEACH, CA 90802			1	OCC-048-CEW(Sp)					
Course title:				Instructor Name(s):					
	Aloutudes Educ	ation for Montenan		PAUL EUBANKS					
	Continuing Educ								
	General Continui								
	☐ Supervision and								
☐ Sampling Technician	☐ Supplemental	pervision and Project M	onitoring	☐ English					
				Spanish					
Course dates (mm/dd/yy)	Number of contact of instruction comp		sed course or continuir camination (mm/dd/yy						
06 , 30 ,18 to - / - /-	77	06 / 3							
Location of course			110	Core CCF date (mm/dd/yy)					
621 ATLANTIC AVE, LONG BEA	IN CA OF	1802 V		Gold Golf date (miniadayy)					
As Training Director, I hereby certify, under penalty of per			ue and correct.	15.4 (1111)					
Name of Training Director – please print or type	Signature of Train	ing Director		Date (mm/dd/yy)					
NUBIA AYALA	No	2 Onl		01,04,18					
WHITE copy - CLPPB Blue copy - Training F	Provider Pin	k copy - Student (for Certifical	tion Application)	Yellow copy - Student					

Privacy Statement: This information is requested by the Department of Public Health, Childhood Lead Poisoning Prevention Branch, under the Health and Safety Code, Section 105250, in order to determine the eligibility of an individual for Lead Certification. Provision of this information is mandatory. The consequence of not providing this information is denial of certification. This information may be provided to the California Division of Occupational Safety and Health (Cal-OSHA) and California government agencies and officials, as provided by law. You have the right to access records containing your personal information maintained by the Department of Public Health. For information or access to your records, contact the Childhood Lead Poisoning Prevention Branch, 850 Marina Bay Parkway, Building P. 3rd Floor Box A. Richmond, CA 94804-6403, Telephone: 1-800-597-LEAD.

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Autorización para pasar información: Autorizo al Proveedor acreditado del entrenamiento a que pase al Estado de California, Departamento de Salud Pública (CDPH), toda mi información en relación del curso tomado para obtener la certificación para trabajar con Plomo.

I understand that possession of this form does not constitute certification by CDPH. I understand that I must apply to CDPH within one year of successful completion of the final examination to be eligible for certification or renewal.

Entiendo que al obtener este formulario no constituye tener la certificación con CDPH. Entiendo que tengo un año para solicitar al CDPH después de haber pasado el examen final, os

CDPH 8493 (12/17)

Certification of Powered Industrial Trucks

This certifies that Valentin Rosas
has been trained and evaluated in the safe operation of
Powered Industrial Trucks (CCR Title 8 §3668)

Type: Sit-Down Forklift (propane) Sit-Down Reach Lift (diesel fuel)

and (29 CFR 1910.178)

This class was presented by Safety Compliance Company Instructor

Maria Ramirez Date: 12/15/18

Expires: 12/15/21

Certification of Scissor Lift

This certifies that Valentin Rosas

has been trained and evaluated in the safe operation of Mobile Scaffolding (29 CFR 1926.452 (w))

Type: Scissor Lift

This class was presented by Safety Compliance Company Instructor:

Mario Ramirez Date: 12/15/18

Expires: 12/15/21

Certification of Aerial Devices

This certifies that Valentin Rosas has been trained and evaluated in the safe operation of Aerial Lift (29 CFR 1926.453)

Type: Boom Lift

This class was presented by Safety Compliance Company Instructor.

Mario Ramirez Date: 12/15/18

Expires: 12/15/21

Certification of Fall Protection

This certifies that Valentin Rosas has been trained in requirements for Fall Protection in compliance with:

CFR 29 1926 Subpart M CCR, Title 8, CSO - Subchapter 4

This class was presented by Safety Compliance Company Instructor:

Mario Ramirez Date: 12/15/18

Certification of Tractor Operating Rules

This certifies that Valentin Rosas has been trained in Tractor Operating Rules in compliance with:

CCR Title 8 GISO Article 25 §3664

Type: Skip Steer Loader (diesel fuel)

This class was presented by Safety Compliance Company Instructor:

Mario Ramirez

Date:

12/15/18

Expires:

12/15/21

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EPA ACCREDITED

OCCUTRAIN

Nº 42602 AHERA APPROVED

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT Ciro Rodriguez

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

ON June 16, 2018

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

COURSE DATES: June 16, 2018

AAWT-R-10266-18

ACCREDITATION NO. June 16, 2019

EXPIRATION DATE



EXAM DATE: June 16, 2018

Nubia Ayala-Director

AUTHORIZED SIGNATURE

Nubia Ayala

EXAM ADMINISTRATOR
DOSH APPROVAL #CA-017-12

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (OCCUTRAIN) 621 Atlantic Ave. Ste. E, Long Beach, CA 90802 TEL. (562) 612-3109

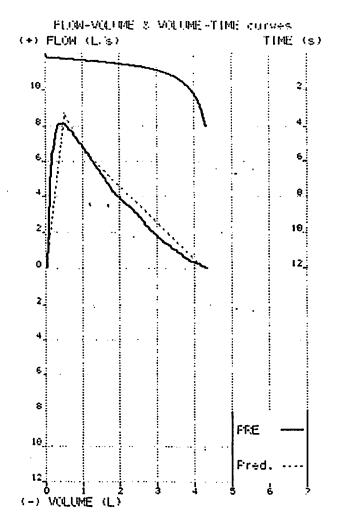
BELLA MEDICAL GROUP INC 9914-16 SAN JUAN AVE. SOUTH GATE, CA 90280 TEL (323)564-1100 FAX (323) 564-1133 FITNESS FOR DUTY FORM

FITNESS I	FOR DUTY FORM
DATE OF EXAM: 04/20/2018	
NAME: RODRIGUEZ, CIRO DOB: 08/03/1977	AGE: 40 YEARS OLD SSN: XXX-XX-7863
TYPE OF EXAMINATION: (X) Pre-Employment (X) (X) Pulmonary Function	Periodic () DOT Oversens () Return to Work
(X) Asbestos () others	
RECOMMENDATIONS: The following medical recommendation are based on a finding related tests or studies and the specific physical applied for or currently held by the examine.	
(X) The examination indicates no significant	pathological condition. Can be
assigned to any work consistent with skills tra	nining.
() The examination indicates no-occupationa	
followed by the personal physical. Can be ass	igned to any work consistent
with skills and training.	
() The examination indicates non- occupation	
followed by the personal physician. Acceptab	
assigned without a review from Medical Depa	
() The examination indicates that a pathologic assigned as follows:	ical condition exist which work
(X) Medically qualified w/no restrictions / no	x-ray needed
(M) medicany quanted who restrictions has	A-Inj needed
() Lifting over	() Use of hearing protection devices
() Walking	() Use of correction lenses
() Climbing	() Work above ground
() Bending	() Shift/Overtime work
() Driving	() Operating machinery
() Temp Limits	() Operating machinery
() others	
() Eligible for expatriate assignment or overs	seas ravel.
() Results of audiometric exam indicates sign	
audiogram. Advised to wear hearing protecti repeated	on. Audiogram () to be () not to be
() Results of audiometric exam indicated mo-	derate hearing loss.
Advised to wear hearing protection	
() Does not meet criteria for employment at t	this time
CERTIFICATION:	
(X)Approved for work with hazardous material	
(X) Approved for use of respirators	
(X) Approved for use of personal protective equipmen	ıt
(X) Medical qualified test completed.	•
() Audiometric test completed.	
() Mechanical visual screening completed.	
	above named individual that place him at risk material
impairment form exposure to:	
(X) The patient has been informed of this physical exa	mination APR 2 0 2018

BELLA MEDICAL GROUP 9916 SAN JUAN AVE. SCUTH GATE, CA 90280 TEL (323) 334-1100 • FAX (323) 564-1133

Maria L. DeLeon, M.D.

buladeun-mo



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PEF L/s	8.79	3.17	94	
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SPTROMETRY INTERPRETATION:

Normal Spirometry

QUALITY CONTROL GRADE.

PEPEATABILITY: None

foreemen.

Made by spirotab III. Ver 2.2° SN 699197

APR 2 0 2018

9916 SAN JUAN AVE. SOUTH GATE, CA 90280

TEL (323) 564-1100 • FAX (323) 564-113°

Marke t. Dear George and i.

149151

Form Number

CDPH COURSE COMPLETION FORM AND TRAINING CERTIFICATE

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 del entrenamiento. El Proveedor del entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días después de haber pasado el examen final.

Student Information - To be completed by the stu	udent. Please print or type. Press firml	y./Deberá completarse por el es	studiante. Favor de escrib	ir firmemente y con letra de molde.			
Name / Nombre (last / apellido paterno)	/ Nombre (last / apellido paterno) (first / primer nombre) (middle initial / segundo						
Rodriques	(393) 3	285 9492					
Home address (number, street, apartment number, PO b	Date of birth (month/da						
apartado postal)			Fecha de nacimiento (mes/dia/ano)			
	The second second		06 / C	03 1 64			
10343 DOBOTHX	AV		Number / Número \chi	arjeta de identificación con foto			
City / Ciudad	State / Estado	ZIP code / Código postal	Type / Tipo Driver's license /	Licencia de conducir			
PONIH PHIF	He)	40280		rd / Tarjeta de residencia			
Mailing address, if different (employer or union name, n Dirección de correo, si es diferente (nombre de patron			Other ID / Otro tip	oo de ID (specify / especifique):			
1000			Gender / Sexo				
(1714 50) 1111 - 1			Male / Masculino	☐ Female / Femenino			
City / Ciudad	State / Estado	ZIP code / Código postal		ed, provide CDPH certificate ID cado por CDPH, favor de dar su			
	Control 2 state	S - s -	número de CDPH	sado por ose en la como de dal ou			
and Reach	A.P	40082	191	39			
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- Isabir Clays November 1, 1-50							
Prior to signing, read the Privacy Statemen	ent and other information on	the back of the form.	THE PERSON NAMED IN	- Harris Harris of Auto-			
Antes de firmar, lea la Declaración Sobre			rás de este formula	nrio.			
Signature of student / Firma del estudiante			Date (month/da	ay/year) / Fecha (mes/dia/año)			
Ciro Rodisones		والسلام المسارة	10	190 118			
	nation - To be completed by accredi	ted training provider. Please pr					
Accredited Training Provider name and address	The state of the state of		Tr	aining Provider Phone Number			
OCCUPATIONAL TRAINING 621 ATLANTIC AVE	INSTITUTE		(562) 612-3109			
LONG BEACH, CA 90802				ourse Number			
Bone Bunelly on 30002		e	OC.	C-048-CEW(Sp)			
Course title:			In	structor Name(s):			
□ Work	□ Continuing Educ	ation for Workers	A	LFREDO AMARO			
☐ Inspection/Assessment	☐ General Continu						
☐ Certified Industrial Hygienist	☐ Supervision and	O CONTRACTOR OF THE PARTY OF TH					
☐ Sampling Technician		upervision and Project Mo	onitoring	I English			
				J Spanish			
Course dates (mm/dd/yy)	Number of conta	ct hours Date student pass	ed course or continuing	Core Instruction (if different)			
	of instruction com	pleted education final ex	amination (mm/dd/yy)	Core instruction CCF number			
_10 /_20 /_18 _to /_	1 - 7	10 / 2	0 18				
Location of course				Core CCF date (mm/dd/yy)			
621 ATLANTIC AVE, LONG BEACH, CA 90802							
As Training Director, I hereby certify, under per			ue and correct.	D-4- ((dd))			
Name of Training Director – please print or type	Signature of Train	ling Director		Date (mm/dd/yy)			
NUBIA AYALA	Un	Osch.		10 16 18			
WHITE copy - CLPPB Blue cop	ov - Training Provider Pin	nk copy - Student (for Certificati	ion Application)	Yellow copy - Student			

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Entiendo que al obtener este formulario no constituye tener la certificación con CDPH. Entiendo que tengo un año para solicitar al CDPH después de haber pasado el examen final. Os



Conditions of Certification This individual meets the requirements of the State of California. Department of Public Health (CDPH), to perform lead-related construction. CDPH 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

Department.

4. failure to comply with any relevant regulation or order of the

This certificate was issued by the Department of Public Health as authorized by 17 CCR 35001 et seq., and is non-transferable. To verify authenticity call (800) 597-LEAD or 03280023 510-620-5600



This is to certify that

Circo Rodriguez

Has successfully completed the 8- Hour Hazardous Waste Operations and Emergency Refresher Course in compliance with 29 CFR 1910.120 and is awarded this certificate.



Certificate #: CS005

Instructor: Adrian Rodriguez

Signature: Adrian Rodriguez

Date Issued: 10/07/17

Nº 43202

Meets OSHA 29 CFR 1910.1025



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

Ciro Rodriguez

HAS SUCCESSFULLY COMPLETED A 2 DAY COURSE AND, AFTER PASSING THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

August 5, 2018 FOR

OSHA 10Hrs. SAFETY COURSE FOR THE CONSTRUCTION INDUSTRY

OSCT-545-18 ACCREDITATION NO.

EXPIRATION DATE



AUTHORIZED SIGNATURE

Nubia Ayala

Alfredo Amaro
EXAM ADMINISTRATOR

Occupational Training Institute, Inc. (Occutrain)- 621 Atlantic Ave, Suite #E, Long Beach CA. 90802, TEL. #562-612-3109

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32-006031626

This cord acknowledges that the recipient has successfully completed

10-hour Construction Safety and Health

This card issued to:

	Ciro Rodriguez	
James Juarez		9/22/20

Trainer Name

Date of Issue

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Type of Respire						_	J. —	ice Oi	TI CE	2-2	2-19
1/2			JE	bold bas base	ef and S	Style of Respire	nloi	Size	Type of Car		
1/2		ICE				VORTH		ML	P-	100	
This test ca	ın only	be conducte	d by Cor	mpetent Pers	ons a	uthorized by	RE's CSM. The	Tost Coodu		<u> </u>	
protocols as	specif	ied in RE's A	Respirato	ry Protection	Prog	ram for Asbe	RE's CSM. The stos Work and I	he Atlachme	ent "Fit Testing	iply with proc	edures and
June one wi	iiihaiik									spirator only a	id shall only liter the Test
		•					4.6 31633 (1011) (1	ie ithiowand a	rnocviici	•	
							cleared to wear				
asked to	select	the respirate	or that pr	ovides the m	ost ac	ceptable fes	pirator for correction is necessary	t fit and has	been informe	d that he/she	is being
The Test	t Subje	ct has been	given ad	equate time l	o ass	ess comfort	after reviewing U	he following	coints: (1) co	sition of the m	and on the
how to de	i Subjei etermin	ct nas been : le an accept	Showed able fit	how to put an	the r	espirator, ho	will should be po	silioned on	the face, how	to set strap to	ension and
X The follow	wing or	iteria has be	en usad	to halo dates							- 1
tension, r	not ove	dy tightened	(3) fit a	coss nose b	ridae.	acequacy or (4) respirato	the respirator fit r of proper size	(1) Chin pro	perly placed,	(2) adequate	strap
IX The Test	Subject	t has succes	ssfully re	edomed the	uene e	eal check (b	oth negative and	1 positive)_n	eler to Licar S	aal Chaek aa	ation in
Respirate	Subiac	rection Progr	am for A	sbestos Wor	k.	<u> </u>			o.c. m 0361 0	cai CileCK Se	ction in
V Prior to th	e fille	st the Tost S	ave any	hair growth (a	and wi	il not allow g	rowth of which	affects the a	dequacy of th	e seal.	
at least 5	minute	es before star	nt of test	as ceen give	n a lu	II description	of the fit test an	d his/her res	ponsiblities a	nd be given a	warning of
X The follow	ving tes	t exercises	are to be	redomed b	u tha	T1 C. L.	46.01				i
Pretocel")	each	test exercise	is to be	performed to	y one	minute and i	from cescripticn	or exercise I	s found in Att	achment "Fit"	Testing
	nd net	allowed to ac					ne lest Subject	is to be son	tiamanaha ara	-47	
	•		djust the	respirator on	ce tes	minute and i It has begun,	(ruil description the Test Subject	is to be con	tinuously que	sticned regar	ding
<u>K</u>	norma	d breathing	just the	respirator on	ce tes	t has begun.	ne Test Subject	is to be con	tinuously que	sticned regar	ding
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	norma deep t turning moving talking tendin	il breathing preathing g head side-t g head up-ar i-read the R ig over	lo-side nd-down ainbow F			·	ne Test Subject	is to be con	linuously que	stioned regan	ding
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EPA ACCREDITED

AHERA APPROVED

OCCUTRAIN

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT Gregorio Diaz

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

October 7, 2018

ASBESTOS ABATEMENT
CONTRACTOR/ SUPERVISORS- ANNUAL REFRESHER

COURSE DATES: October 7, 2018

AACS-R-10456-18

ACCREDITATION NO.

October 7, 2019

EXPIRATION DATE



EXAM DATE: October 7, 2018

Nubia Ayala-Director

AUTHORIZED SIGNATURE

Paul Eubanks

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-04

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA) Occupational Training Institute, Inc (OCCUTRAIN) 621 Atlantic Ave. Ste. F., Long Beach CA 96802 TEI (562) 612-3109

A & C Urgent Care 1000 S. Anaheim Bivd. #200, Anaheim, CA 92805 (714) 634-4884 Fax: (714) 635-5389

JUL 0 5 2018

Date:			
Patient/Employee Name:	Gregorio	Hernandiz	
+ Pass	◆ Did Not Pass	◆Pending (Medica	il Hold)
in which the respirat	ployee, or relating to	the workplace conditions ding whether or not the	YES NO
2. Is there any need fo	r follow-up medical e		YES NO
The above are my recommercespirator. Sincerely, Nardo Buena, M.D. Martin C. Nation, M.D.	Steph U	he employee's ability to us Luck H RA (; 53347 1171907105	

GOLDEN WEST MEDICAL CENTER

1000 S. ANAHEIM BLVD. SUITE 200 ◆ ANAHEIM, CA 92805 ◆ (714) 634-4884

MEDICAL EXAMINATION FOR RESPIRATORY USE

Date of Birth: 1972 Male Female Social Security # 606-89-71 Job Tilte Company Resource Dept. 1. Have you ever worn a respirator: Yes No If yes describe any difficulties with use: 2. Extent of current/expected respirator use:		
1. Have you ever worn a respirator: Yes No If yes describe any difficulties with use: 2. Extent of current/expected respirator use:		
If yes describe any difficulties with use: 2. Extent of current/expected respirator use:		
2. Extent of current/expected respirator use:		
Daily Occasional Weekly Rarely		
3. Have you had or do you now have any of the following:		
Asthma Yes No Fear of tight or enclosed spaces Yes N	<u>(</u>	
	5	
Lung Disease Yes No Heat exhaustion or heat stroke Yes N	_	
** • · · ** • ** • ** • ** • • • • • • • • • • • • • • • • • •	~~	
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	-	
Please describe every item answered Yes or if you have had a serious illness, operation, injur hospitalization:	y or	
RESPIRATORY HISTORY		
1. Do you usually cough first thing in the morning? Yes (1)	IO	
2. Do you cough as much as 3 months a year? Yes	10;	
3. Do you bring up phlegm when you cough? Yes	10	
	<u>10</u>	
4. Do you ever experience: Chest tightness? Yes	0	
	900	
Shortness of breath? Yes	ज़िल्ला	
Shortness of breath? Yes Wheezing? Yes	र्केट्रिट्र	
Job Tilte		
Shortness of breath? Wheezing? Yes Wheezing? Yes Have you ever had asthma? Wheezing? Yes Have you ever had allergies? Yes	ज़िल्ला	
Shortness of breath? Wheezing? Yes Wheezing? Yes A Shortness of breath? Yes A	र्केट्रिट्र	
Shortness of breath? Wheezing? Yes Wheezing? Yes Have you ever had asthma? Have you ever had allergies? Yes Yes Have you ever had allergies? Yes Have you ever taken prescription medicine for respiratory illness? Yes	र्केट्रिट्र	
Shortness of breath? Wheezing? Yes Wheezing? Yes Have you ever had asthma? Have you ever had allergies? Yes Yes Have you ever had allergies? Yes Have you ever taken prescription medicine for respiratory illness? Yes SMOKING HISTORY	े दर्श ग्रिमी जिस्से में ग्रिमी	
Shortness of breath? Wheezing? Yes Wheezing? Yes Have you ever had asthma? Shortness of breath? Yes Yes Have you ever had asthma? Yes Yes Have you ever had allergies? Yes Have you ever taken prescription medicine for respiratory illness? SMOKING HISTORY Have you ever smoked? Yes	र्केट्रिट्र	
Shortness of breath? Wheezing? Yes Wheezing? Yes Have you ever had asthma? Have you ever had allergies? Yes The state of breath? Yes	(इ.इ. कर्मानिक ज्वास्त्र)	
Shortness of breath? Wheezing? Yes Wheezing? Yes Have you ever had asthma? Have you ever had allergies? Yes Mes Yes Yes Yes Yes Yes Yes	म् इत्य क्रिक्तिकिक्निक्ति	
Shortness of breath? Wheezing? Yes Wheezing? Yes Have you ever had asthma? Have you ever had allergies? Yes Meezing? Yes Have you ever had allergies? Yes Mes Meezing? Yes Yes Yes Mes Mes Mes Mes Mes	(इ.इ. कर्मानिक ज्वास्त्र)	

PART B – PHYSICAL I	EXAMINATION (To be completed by ph	ysician):
Height 5. 05 inches	Weight [30] lbs.	. Pulse 76 Blood	Pressure 123/7/
Any physical characteristi	c that would interfe	re with respiratory fittin	g Yes No
Heart:	(Normal	() Abn	ormal
Lungs:	() Normal	() Abn	ormal
Pulmonary Function:	(Normal	() Abnormal	() Borderline
Explanation:			
Based on my examination	of the above named	i employee, it is my opir	nion there should be:
() No restrictions on resp	pirator use.		
() Some restrictions on r	espirator use.		•
() No respirator use perg	zitted.		. 1
		_	7/5/18
✓ NARDO BUENA	-		DATE
Stephen	White RLC 342		
1481: 1871	907105		

od – **t.** V

A&C URGENTCARE

Abnormal Spirometry Report

- HERNANDEZ, GREGORIO

7/5/2018 12:27:02 PM

NHANESIII 1999

1-

12.28 PM

Pre: 3-Good effort, 2-Good effort, 1-Good effort,

73 ml (2 %)

Page 1

Patient Information:

Name: DOB:

Height:

Gender:

Race:

HERNANDEZ, GREGORIO

5/9/1972

Age: Weight:

Smoke Years:

46 years

65 inch

130.0 lbs

Male

Ніѕраліс

Packs / Day: Cooperation:

Test Results:

Test interpretation:

Lung age: FEV1%Pred:

51 years 96 % FEV1%: 69%

Improvement:

UNCONFIRMED REPORT

ATS Reproducibility: Pre: Post:

Test Comment:

Test Information:

Norm Reference:

Quality Messages:

FVC Pre / Post Var.

MET ()

FEV1 Pre / Post Var. 54 ml (2 %)

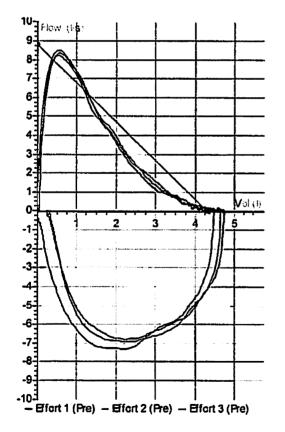
Pre Time:

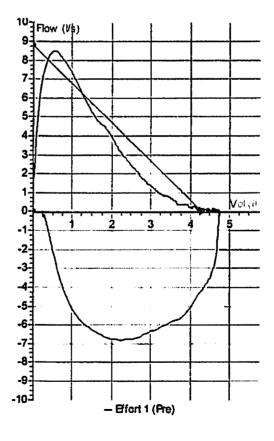
Post time:

Pre: FVC= 4.71L FEV1= 3.27L FEV1%= 69.3% [3.27/4.71 FEV1/FVC] (7/5/2018 12:28:38 PM), Mild obstruction

			Best E	nort		AU EHORS				
Paramet	er Units	Pred (LLN)	_1. Pre	%Pred	%Change	3. Pre	2. Pre	1. Pre		
FV¢	(L)	4 29 (3 51)	471	110%	•	4.46	4 64	471		
FEV1	(L)	3,40 (2 73)	3 27	86%	•	3.17	3 32	3.27		
FEY1/FV	C (%)	80 (71)	69*	87%	•	71	72	69*		
FEV6	(L)	4.12 (3 35)	4.45	108%	•	4 28	4.44	4.45		
PEF	(L/s)	8.82 (6 53)	8.49	98%	•	8 2 6	8.35	B.49		
FEF25-7	5 (L/s)	3.38 (1.90)	1.96	58%	•	2 14	2.13	1.96		
AT\$	•	•	Yes	-	-	Yes	Yes	Yes		

(*) Means below LLN





Reviewed By:

Last Calibration:

UNCONFIRMED INTERPRETATION

6/22/2018 10:35:54 AM

Device Info:

1.6.6.1146



State of California Department of Public Health

Lead-Related

Conditions of Certification This individual meets the requirements of the State of California, Department of Public Health (CDPH), to perform lead-related

Department of Public Health (CDPH), to perform lead-related construction. CDPH may suspend or revoke certification for:

1. any false statement in the application (for certification);

violations of relevant local, state or federal statutes or regulations;
 misrepresentation, failure to disclose relevant facts, fraud, or issuance by mistake; or

failure to comply with any relevant regulation or order of the Department.

This certificate was issued by the Department of Public Health as

authorized by 17 CCR 35001 et seq., and is non-transferable.

To verify authenticity call
(800) 597-LEAD or
510-620-5600

03280140

148083

Form Number

CDPH COURSE COMPLETION FORM AND TRAINING CERTIFICATE

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 del entrenamiento. El Proveedor del entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días después de haber pasado el examen final.

Student Information - To be completed by the student. Please	Student Information - To be completed by the student. Please print or type. Press firmly. Deberá completarse por el estudiante. Favor de escribir firmemente y con letra de molde.									
Name / Nombre (last / apellido paterno) (first / p	rimer nombre)	(middle initial	l segundo nor	mbre) Telephor	ne nur	nber / Número de teléfono				
Ha Diaz Gri	egorio			1323	13	59 55 46				
Home address (number, street, apartment number, PO box number / L	Dirección (número, calle	e, número de aparta	mento,	Date of birth (mor						
apartado postal)			-10 8/19	Fecha de nacimie	ento (n	mes/dia/ano)				
The state of the s			S. Markette	05	_1_	09112				
507 W 43 82				Photo identification Number / Número		arjeta de identificación con foto				
City / Ciudad	State / Estado	ZIP code / Códig	go postal	Type / Tipo	1 .					
las Angeles	CA	900	37			icencia de conducir d / Tarjeta de residencia				
Mailing address, if different (employer or union name, number, street	apartment number, PC	box number) /				o de ID (specify / especifique):				
Dirección de correo, si es diferente (nombre de patron or unión, núm			do postal)			() , , , , , , , , , , , , , , , , , ,				
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				Male / Masculi	no	☐ Female / Femenino				
and the proposition of the second second second second second						ed, provide CDPH certificate ID				
City / Ciudad	State / Estado	ZIP code / Cód	digo postal	number / Si esta d número de CDPH		ado por CDPH, favor de dar su				
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				110	21	/				
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Prior to signing, read the Privacy Statement and other						The state of the s				
Antes de firmar, lea la Declaración Sobre la Privaci Signature of student / Firma del estudiante	dad, y otra inform	ación en la pa	irte de atra			rio. y/year) / Fecha (mes/dia/año)				
Signature of student / Finna der estudiante				Date (IIIO	/a	yryear) r echa (mes/dia/ano)				
((1m/1))			at areas	0	1	1_15_1_18_				
Training Information – To	be completed by accred	ited training provide	er. Please prin	nt or type. Press fire	mly.					
Accredited Training Provider name and address					Tra	ining Provider Phone Number				
OCCUPATIONAL TRAINING INSTI-	PUTE				5	62) 612-3109				
621 ATLANTIC AVE					-	urse Number				
LONG BEACH, CA 90802		- 4			OC	C-048-CEW(Sp)				
Course title:		-			Ins	tructor Name(s):				
					10000	LFREDO AMARO				
	Continuing Educ		ers		1.7.1	DI MIDO MANA				
	General Continu		ata a							
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☐ Sampling Technician	☐ Supplemental S	upervision and	Project Moi	nitoring	0.7	English				
						Spanish				
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09 / 15 / 18 to / / _	_ 7		09 / 15	118		Care CCF data (www.lddf.m.)				
Location of course	02 00	000				Core CCF date (mm/dd/yy)				
621 ATLANTIC AVE, LONG BEAU		802								
As Training Director, I hereby certify, under penalty of per			erein is tru	e and correct.	-	Data (asserted) - A				
Name of Training Director – please print or type NUBIA AYALA	Signature of Trai	ning Director				Date (mm/dd/yy)				
WODIN AIRUR	Max	Back				71/18				
WHITE copy - CLPPB Blue copy - Training	Provider Pi	ink copy - Student (for Certification	n Application)	Y	ellow copy - Student				

Privacy Statement: This information is requested by the Department of Public Health, Childhood Lead Poisoning Prevention Branch, under the Health and Safety Code, Section 105250, in order to determine the eligibility of an individual for Lead Certification. Provision of this information is mandatory. The consequence of not providing this information is denial of certification. This information may be provided to the California Division of Occupational Safety and Health (Cal-OSHA) and California government agencies and officials, as provided by law. You have the right to access records containing your personal information maintained by the Department of Public Health. For information or access to your records, contact the Childhood Lead Poisoning Prevention Branch, 850 Marina Bay Parkway, Building P, 3rd Floor Box A, Richmond, CA 94804-6403, Telephone: 1-800-597-LEAD.

Declaración Sobre la Privacidad: Esta información es solicitada por el Departamento de Salud Pública de California, División de Prevención de Envenenamiento por Plomo en la Niñez, bajo el Código de Salud y Seguridad, Sección 105250, para determinar la elegibilidad del individuo para la certificación del plomo. Proveer esta información es obligatorio. La consecuencia de no dar esta información será la negación de la certificación. Esta información puede ser adquirida por la Administración de la Seguridad y La Salud Ocupacional de California (Cal-OSHA), y otras agencias y oficiales del gobierno según la ley. Usted tiene el derecho de obtener su información personal mantenida por el Departamento de Salud Pública de California. Para información y obtener sus documentos comunicase con la División de Prevención de Envenenamiento por Plomo en la Niñez, 850 Marina Bay Parkway, Building P, 3rd Floor Box A, Richmond. CA 94804-6403, Teléfono: 1-800-597-LEAD.

Authorization to Release Information: I authorize the accredited training provider listed on the front of this form to release information to the State of California, Department of Public Health (CDPH) regarding my completion of this instruction for the purpose of Lead Certification.

Autorización para pasar información: Autorizo al Proveedor acreditado del entrenamiento a que pase al Estado de California, Departamento de Salud Pública (CDPH), toda mi información en relación del curso tomado para obtener la certificación para trabajar con Plomo.

I understand that possession of this form does not constitute certification by CDPH. I understand that I must apply to CDPH within one year of successful completion of the final examination to be eligible for certification or renewal.

Entiendo que al obtener este formulario no constituye tener la certificación con CDPH. Entiendo que tengo un año para solicitar al CDPH después de haber pasado el examen final. Os

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Type of Respir			a bnor8	nd Model and	Style of Respir	alor	Size	Type of Ca	rtridge/Filter	
1/2	FACE				NORTH		ML	ー タ-	100	
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asked to given th	select the e opportun	respirator that ity to select a	it provides different r	the most a sthe most a espirator ar	icceptable res icceptable fit id be retested	ipirator for correct which is necessar	t fit and hary for adec	s been information	n and at any t	ime shall be
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Plan of Test	AD F	levnen	lez	Acm	Tech	Social Securi	-	-7756	MALE	Ago
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Clearance Reports

Certificate of Analysis Lead in Air SOP IV.6.1c/IV.5c

> tel - 714-899-8900 free - 888-743-0998 fax - 714-899-1188 PatriotLab.com 1041 S. Placentia Avenue, Fullerton, CA 92831



Resource Environmental 6634 Schilling Ave Long Beach, CA 90805 Report Number: 740176 Project Number: 18-189

Project Name: Waftles Mansions
Project Location: 1824 N Curson Ave
Los Angeles, CA

Collected By: Valentin Rojas

Date Collected: 10/24/2018
Date Received: 11/13/2018
Date Analyzed: 11/15/2018
Date Reported: 11/16/2018

Claim Number: PO Number:

Number of Samples: 1

Lab/Client ID	Location	Material Description	Volume (m³)	Result (μg/m³)
740176-001 1P	Gregorio Hernandez 7756 Personal Half Face Lower Roof to Height of 3 Feet Remove Paint Stucco Remove Paint 1x6 on the Entire Lower Roof with Hand Tools and Wet Method	Lead Air Sample	0.360	<17

RA

Bridgett Hunt - Analyst

#1/20010

Kwin Legaspi - Approved By

Reporting Limit: 6 µg/filter or 6µg/m³ for a 1000L sample under normal preparatory conditions. Reporting limit may change depending on the volume of air sampled and/or final preparatory dilution. OSHA 8hr-Action Level 30ug/m³, OSHA 8hr-PEL 50ug/m³ (Reference OSHA 1910.1025). Results for samples lacking volume of air drawn or sampling time and flow rate information are reported as µg/filter. Condition of samples as received is fair unless otherwise noted. The results reported may not be representative of other locales and time frames, and pertain only to the items tested. Test data are accurate to two significant figures. Data have not been corrected with instrument or process blanks. Unless otherwise noted, the reported test results have passed necessary quality control requirements. Reference Method: NIOSH 7082/EPA 7420. This report was issued by a DOHS ELAP (Lab No-2540) accredited laboratory and may not be reproduced, except in full, without the expressed written consent of Patriot Environmental Laboratory Services, Inc. This report must not be used to claim product certification, approval or endorsement by DOHS ELAP or any government agency.



feu e Respirator Crew Size Date of Sampling 19:06pm Z Date/Time 1113118 Phone: (562) 468-7000 Fax: (562) 468-0600 Job Number 9 Name of Employee and Social Security# Fregorio Hemude 2 # 7756 1. CUrson Aue Les Parseles P.O. Box 2077, Paramount, CA 90723 Received By Remove painted stucco frue cover 1800 to height of 3' nerver painted 18x6 on the entire * hasge all weekented and searled conervisor * Only one sample * East Lower Rock and wall. mud tools Description of Worker Activity or Sample Location **AIR SAMPLE DATA SHEET** Date/Time and deset meteds Sub mitted Lecur Acor Win Marsions | Sampling and Data Speet Completed By Address 740 | Hesource Environmental, Inc. 0.6 0.2 (Liters/Minute) Start Stop Relinquished By 10ad 8:42 11:06 2.0 3:00 1.0 Custody Chain of Stop Sampling Time Pumps must be calibrated before and after each use, Reference, calibration curve to determine Indicated v 15:12 Start Rotometer Calibration Date (must be calibrated against Sample Type primary every 6 months A and EP Onsite Project Foreman Rotometer ID # Sample ID Pump# 2 <u>~</u> Calibration

Certificate of Analysis Lead in Air **SOP IV.6.1c/IV.5c**

> tel - 714-899-8900 free - 888-743-0998 fax - 714-899-1188 PatriotLab.com 1041 S. Placentia Avenue, Fullerton, CA 92831



Resource Environmental 6634 Schilling Ave Long Beach, CA 90805

Report Number: 740229 Project Number: 18-189 Project Name: 18-189

Project Location: 1824 Curson Ave

Los Angeles, CA 90046

Date Collected: 10/25/2018

Date Reported: 11/16/2018

Date Received: 11/13/2018 Date Analyzed: 11/15/2018

Valentin Rojas Claim Number:

PO Number: Number of Samples: 1

Collected By:

Lab/Client ID	Location	Material Description	Volume (m³)	Result (μg/m³)
740229-001 1P	Ciro Rodreiguez 7863 Personal Half Face Inside of Bldg Storage Room Roof Wall Outside of Bldg Detail and Cleaned with Hepa Vaccum		0.450	<13

Bridgett Hunt - Analyst

Kwin Legaspi - Approved By

Reporting Limit: 6 µg/filter or 6µg/m³ for a 1000L sample under normal preparatory conditions. Reporting limit may change depending on the volume of air sampled and/or final preparatory dilution. OSHA 8hr-Action Level 30ug/m³, OSHA 8hr-PEL 50ug/m³ (Reference OSHA 1910.1025). Results for samples lacking volume of air drawn or sampling time and flow rate information are reported as µg/filter. Condition of samples as received is fair unless otherwise noted. The results reported may not be representative of other locales and time frames, and pertain only to the items tested. Test data are accurate to two significant figures. Data have not been corrected with instrument or process blanks. Unless otherwise noted, the reported test results have passed necessary quality control requirements. Reference Method: NIOSH 7082/EPA 7420. This report was issued by a DOHS ELAP (Lab No-2540) accredited laboratory and may not be reproduced, except in full, without the expressed written consent of Patriot Environmental Laboratory Services, Inc. This report must not be used to claim product certification, approval or endorsement by DOHS ELAP or any government agency.



	18	-18	9			ental, l		P.O.	Box 2077, P	aramount, C	A 90723		Phone Fax: (5	: (562) 461 62) 468-0	3-7000 600
Onsite Pr	roject Forer	man 25			Sampling a	and Data She	et Completed By	rson A	UE LOS	Augel	es cin	90-14	Job Nun	nber	Crew
ample ID #		Sample Type	Samp	ling Time	LUC/LC Fig (Liter	W Rate rs/Minute)	Rosas Description of	Marka - A . a. a.	7		Van	tri Nos		Date	of Sampl
10	25	lead			Start	Stop	Deatel and met puet	Worker Activity	or Sample Loc	vaccus	Nan	Roani	and Social Se	curity#	Resp Ty
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Waste Hauler, Landfill and Laboratory Certifications

CALIFORNIA STATE TRANSPORTATION AGENCY

DEPARTMENT OF MOTOR VEHICLES

Registration Operations Division MS H875 P.O. BOX 932370 Sacramento, CA. 94232-3700 (916) 657-8153

01/18/2019



RESOURCE ENVIRONMENTAL INC 6634 SCHILLING AVE LONG BEACH, CA 90805

DEPURISHENT OF MOTOR VENEZ. A Public Service /	Agency		MO	TOR C	ARRIER PE	RMIT	
	NT OF MOTOL r Permit Branch)	R VEHICLE	S	Valid From:	01/16/2019	Valid Through:	12/31/2019
	2370 Sacramento	CA. 94232-	3700	CA#:	0363414		
RESOURCE ENVIRONMENTAL INC 6634 SCHILLING AVE LONG BEACH, CA 90805				the Depa carrier of met the r	er named on this permit, rtment of Motor Vehicle property as defined in vequirements and paid the lowing classification:	es for a permit to rehicle code section	operate as a motor on 34601, and having
Pmt Date:	01/16/2019	Office #:	154		Full	l Year	
Account #:	590808	Tech ID:	KN		Corp	oration	
Sequence #:	0004	Amt Paid:	\$187.00				

1. (Reminders)

California Relay Telephone Service for the Deaf or Hard of Hearing from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

19-AA-0013

1. Name and Street Address of Facility:

Azusa Land Reclamation Co. Landfill 1211 West Gladstone Street Azusa, CA 91702 2. Name and Mailing Address of Operator:

Azusa Land Reclamation, Inc. 1211 West Gladstone Street Azusa, CA 91702 3. Name and Mailing Address of Owner:

Azusa Land Reclamation, Inc. 1211 West Gladstone Street Azusa, CA 91702

4. Specifications:

Solid Waste Disposal Site

Inert Debris Engineered Fill Operation

a. Permitted Operations:

Nonhazardous Petroleum Contaminated Soil Processing

Operation

b. Permitted Hours of Operation: Receipt of Materials 6:00 a.m. to 8:00 p.m., Monday through Saturday

Contaminated Soil Processing and Ancillary Operations 24 hours per day/7 days per week

c. Permitted Maximum Tonnage: 8,000 tons per day (TPD)/39,000 tons per week (TPW) - See LEA Condition 17(C)(1)

d. Permitted Traffic Volume:

Not Specified

e. Key Design Parameters (Detailed parameters are shown on site plans bearing EA and CalRecycle validations):

	Total	Disposal	Transfer	Composting	Transformation
Permitted Area (acres)	302	266			
Total Permitted Capacity (cu.yds)		80,571,760			
Max. Elevation (ft.MSL)		580			
Max. Depth (ft.MSL)		355*			
Estimated Closure Date		2045*	*see page 6 part C, S	Specifications	

Upon a significant change in design or operation from that described herein, this permit is subject to revocation or suspension. The attached findings and conditions are integral parts of this permit and supersede the conditions of any previously issued solid waste facility permit.

5. Approval

Approving Officer Signature

Gerardo Villalobos, Chief Environmental Health Specialist
Solid Waste Management Program

6. Local Enforcement Agency:

County of Los Angeles Department of Public Health Solid Waste Management Program 5050 Commerce Drive Baldwin Park, California 91706 (626) 430-5540

7. Date Received by CalRecycle:
October 14, 2014

8. CalRecycle Concurrence Date:
November 12, 2014

9. Permit Issued Date:
November 12, 2014

10. Permit Review Date: 10 a. Permit Review Due Date: 11. Owner/Operator Transfer Date: March 10, 2011 March 10, 2016

19-AA-0013

12. Legal Description of Facility: [Refer to Appendix E of Joint Technical Document (JTD), Volume 1]

The legal description of this facility is all of lots 25,28,29 and those portions of lots 30,46,47,48 of Subdivision No. 2, Azusa Land and Water Company, partly in the City of Azusa and partly in the City of Irwindale, in the County of Los Angeles, State of California.

13. Findings:

- a. A Countywide Integrated Waste Management Plan was approved by the former California Integrated Waste Management Board (CIWMB) now the Department of Resources Recycling and Recovery (CalRecycle) on June 23, 1999. Pursuant to Public Resources Code (PRC), section 50001 (a)(1), this facility is identified in the Countywide Siting Element which has been approved pursuant to PRC Section 41721.
- b. This permit is consistent with the standards adopted by CalRecycle, pursuant to PRC 44010.
- c. The design and operation of the facility is consistent with the State Minimum Standards for Solid Waste Handling and Disposal as determined by the Local Enforcement Agency (LEA), pursuant to PRC 44009.
- d. A permit review was conducted on March 10, 2011 which directed the landfill operator to submit an application to revise the Solid Waste Facility Permit.
- e. The local fire protection agency, Los Angeles County Fire Department, Fire Prevention Division has determined that the facility is in conformance with applicable fire standards, pursuant to PRC 44151.
- f. A Negative Declaration, dated November 9, 1987, was adopted by the Los Angeles County Department of Health Services, as the Lead Agency and a Notice of Determination was filed on March 8, 1988. The Lead Agency prepared an Addendum to the Negative Declaration, dated May 2014, in accordance with the California Environmental Quality Act Guidelines, Section 15164 for the continued operations of the facility. The City of Azusa adopted a Negative Declaration for the Nonhazardous Petroleum Contaminated Soil Processing Operation on October 12, 1994.
- g. Azusa Land Reclamation currently conducts a Nonhazardous Petroleum Contaminated Soil Treatment Operation within the solid waste facility permit boundary. This operation is described in Appendix C (Soil Recycling Facility Plan) of the Joint Technical Document (JTD). If this soil treatment operation were operated outside the confines of the facility it would be placed within the "Enforcement Agency Notification Tier" and be subject to all the provisions of that tier. The fact that it is located within the boundary of an existing permitted solid waste facility does not exclude the operator from complying with all the minimum standards that are applicable to this type of operation. Nonhazardous petroleum contaminated soil that is treated on-site and meets applicable regulatory standards is considered earthen material and may be used as cover, but it is not considered as alternative daily cover.
- h. Azusa Land Reclamation plans to conduct an Inert Debris Engineered Fill Operation (IDEFO) within the solid waste facility permit boundary, specifically Zone V as described in the JTD. This operation is described in Appendix Z (Zone V Operation Plan) of the JTD. If this IDEFO were operated outside the confines of the facility it would be placed within the "Enforcement Agency Notification Tier" and be subject to all the provisions of that tier. The fact that it is located within the boundary of an existing permitted solid waste facility does not exclude the operator from complying with all the minimum standards that are applicable to this type of operation. At no time on any given day shall the amount of material placed in Zone V exceed the maximum permitted daily tonnage allowed by this permit. A Material Recovery Facility/Transfer Station is located within the solid waste facility permit boundary and is separately permitted as a large volume transfer/processing facility and conducts operations under Solid Waste Facility Permit No. 19-AA-1127.
- i. This permit does not supplant or modify local land use entitlements or local agencies' authority to enforce local entitlements. It is recognized by the LEA that the operator must comply with the provisions of the Integrated Waste Management Act (IWMA), state regulations and the terms and conditions of this permit as well as other regulatory requirements and applicable local land use measures which govern the operator's activities at the site. If the requirements inadvertently overlap, it is expected that the operator will comply with the more stringent requirement in order to maintain compliance. Non-compliance with another agency requirement may not constitute a violation of this permit, the IWMA, or state regulations.

19-AA-0013

14. Prohibitions

- a. The permittee is prohibited from accepting the following wastes: Hazardous, radioactive, untreated medical (as defined in Chapter 6.1, Division 20 of the Health and Safety Code), municipal solid waste, large animals, liquid, designated, or other wastes requiring special treatment or handling, except as identified in the JTD and approved amendments thereto, and as approved by the LEA and other federal, state, and local agencies.
- b. Scavenging is not permitted by customers or employees at the site.

15. The following documents also describe the operation of this facility:

Document	Date	Document	Date
JTD Revised	September 2013	Negative Declaration (Soil Recycling) and Resolution #94-67. City of Azusa	October 12, 1994
Preliminary Closure/Postclosure Maintenance Plans Partial Final Closure/Postclosure	September 2013	Negative Declaration – LACDOHS NOD - LACDOHS	November 9, 1987 March 8, 1988
Maintenance Plans (Material Recovery Facility/Transfer Station)	May 2013	Addendum to LACDOHS Negative Declaration	May 2014
Approval from the CIWMB, Closure Financial Responsibility Document	December 17, 2013	OSHA #485 (Asbestos)	December 7, 1994
Certificate of Operating Liability Insurance	December 17, 2013	SWPPP - NOI ID #4B19S004450 - (Issued by SWRCB)	October 22, 1992
Financial Assurance Demonstration for Non-Water Release Corrective Action Costs	December 17, 2013	L.A. County Fire Dept. (Tire)	August 20, 2012
South Coast Air Quality Management Rule #1150.1 (Compliance Plan) Rule # 1403 (Asbestos Management Plan) Rule # 403 (Dust Plan) Permit to Construct/Operate # D78514 (LFG Collection)	August 4, 1994 May 2, 2012 March 15, 1993 November 19, 1993	Waste Discharge Requirements R4-2004-0056 R4-2009-0098	April 1, 2004 September 3, 2009
Negative Declaration (Reclamation Plan for Transit Mixed Concrete Co.) Resolution # 90-14	January 10, 1990		

19-AA-0013

16. Self-Monitoring:

The owner /operator shall submit the results of all self-monitoring programs to the LEA within 15 days of the end of the reporting period (for example, 1st quarter = January-March, the report is due by April 15, etc. Information required on an annual basis shall be submitted with the 4th quarter monitoring report, unless otherwise stated).

	Program	Reporting Frequency
a.	The types and quantities of asbestos, contaminated soils, inert debris and tires received each day. The operator shall maintain these records on the facility's premises for a minimum of three years. These records shall be made available to any LEA personnel on request.	
b.	The types and quantities of materials used as alternative daily cover or beneficially reused each day (must include how the material was beneficially reused) and the quantity of treated soils used as cover material (not considered an alternative daily cover). The operator shall maintain these records on the facility's premises for a minimum of three years. These records shall be made available to any LEA personnel on request.	
C.	All incidents of unlawful disposal of prohibited materials and the operator's actions taken. Indicate those incidents which occurred as a result of the random load checking program. Incidents, as used here, means that the hauler or producer of the prohibited materials is known.	Monthly (Due 15 days following the end of each reporting period)
d.	Reports of all special/unusual occurrences and the operator's actions taken to correct these occurrences.	
e.	The number of vehicles using the facility per day and per week.	
f.	Copies of all written complaints and records of complaints received by telephone regarding this facility and the operator's actions taken to resolve these complaints. (Notification to the LEA within 24 hours is required)	
g.	Record of receipt of a Notice of Violation from any regulatory agency. In addition, the operator shall notify the LEA within 24 hours following receipt of a Notice of Violation or upon receipt of notification of complaints regarding the facility, which have been received by other agencies.	
h.	An estimate of the remaining capacity (in cubic yards and tons), and the remaining life of the existing permitted site in years and months.	Quarterly (Due the 15 th of January, April, July, and October)
i.	The results of the landfill gas migration control program.	(======================================
j.	The results of subsurface monitoring indicators as described in Appendix B3, Section 2 of the JTD	Semi-Annual (Due the 15 th of January and July)
k.	Inert Debris Engineered Fill Operation Reporting Requirements per 14 CCR 17388(I) and 17388.3	Annually (Due March 1)
1.	Topographical map* showing all current fill locations and elevations.	Annually
m.	the previous year to the present date.	(Due January 15th)
	e above two maps shall be drawn to a scale no smaller than one inch = feet unless otherwise approved by the LEA.	(220 22

19-AA-0013

17. LEA Conditions:

A. Standard Requirements:

- 1. This facility shall comply with all applicable State Minimum Standards for Solid Waste Handling and Disposal as specified in Titles 14 and 27, California Code of Regulations (14 and 27 CCR).
- 2. Additional information concerning the design and operation of this facility shall be furnished upon request by the LEA personnel.
- 3. A copy of this permit and current JTD, as amended, shall be maintained at the facility so as to be available at all times to facility personnel and the LEA.
- 4. This permit is subject to review by the LEA and may be temporarily suspended or revoked at any time for sufficient cause, in accordance with Division 30 Public Resources Code, Part 4, Chapter 4, Article 2, Section 44305 et seq. and associated regulations.
- 5. The LEA reserves the right to suspend or modify receiving operations of <u>waste and beneficial reuse material</u> when deemed necessary due to an emergency, a potential health hazard, or the creation of a public nuisance.
- 6. Notification to the LEA within <u>24 hours</u> is required for any written <u>complaints received</u> or <u>any complaints called into the facility</u>, and any <u>record of receipt of a violation</u> from any regulatory agency.
- 7. The operator shall notify the LEA, in writing, of any proposed changes in the routine facility operation or changes in facility design during the planning stages. In no case shall the operator undertake any changes unless the operator first submits to the LEA a notice of said changes at least 180 days before said changes are undertaken. Any significant change as determined by the LEA would require a revision of this permit.
- 8. The operator and/or owner shall notify the LEA of any plans to encumber, sell, transfer, or convey the operation or ownership to a new operator or owner, at least 45 days prior to the anticipated transfer, by written certification, including information deemed sufficient by the CalRecycle and the LEA. If the facility will not be operated in compliance with the terms and conditions of this permit, the new operator or owner shall be required to file an application for a revision of this permit.
- 9. The operator shall maintain a log of special/unusual occurrences. The log shall include, but not be limited to, fires, landslides, earthquake damage, unusual and sudden settlement, injury and property damage accidents, explosions, receipt or rejection of non-permitted wastes, flooding, operational shutdowns and other unusual occurrences. Include a summary of the actions taken to mitigate the occurrence. The operator shall maintain this log at the facility so as to be available at all times to site personnel and LEA personnel. Any entries of special/unusual occurrences made in this log must be reported to the LEA at once. Call the duty officer, County of Los Angeles, Department of Public Health, Solid Waste Management Program at (626) 430-5540.
- 10. The operator shall immediately report any incidental receipt of untreated medical waste to the California Department of Public Health (CDPH) Medical Waste Management Program at (213) 977-6877 or (213) 977-7379.
- 11. The operator shall provide training to their personnel to educate them in the identification of medical waste as well as the proper action to take in the event this type of waste is identified at the site.

B. Particular Requirements:

- 1. Operational controls shall be established to preclude the receipt and disposal of volatile organic chemicals or other types of prohibited wastes:
 - a. The operator shall install and maintain an operational, calibrated radiation detector at the scales to detect radioactive materials, at all times, during the hours of receipt of solid waste and other materials as approved by this permit.

19-AA-0013

B. Particular Requirements (continued):

- b. Incidents of receipt of suspected radioactive materials, or warnings from the radiation detector, shall be reported immediately to the County of Los Angeles, Department of Public Health, Radiation Management Program at (213) 351-2718 and the LEA.
- c. The operator shall comply with the approved Hazardous Waste Screening Program as described in the current JTD. Any changes in this program must be approved by the LEA prior to implementation. The following Solid Waste Facility Permit conditions supplement the JTD program:
 - (1) At minimum, three random load checks shall be conducted at the facility per operating day. The operator shall inspect waste vehicle loads if there is any reason to believe the loads may contain prohibited wastes.
 - (2) The LEA may increase the required number of incoming waste load inspections if it has reason to believe that the number currently required is inadequate to ensure compliance with the regulations and protection of the public health and safety and the environment.
 - (3) At all times when facility operations are underway, an attendant or attendants shall be present to supervise the loading and unloading of solid waste and other materials. All working disposal areas shall be under continual visual inspection by facility personnel, such as spotters, equipment operators, and supervisors.
 - (4) Facility personnel and new employees performing duties required by the Hazardous Waste Screening Program shall be trained prior to assignment. The training must include, but is not limited to, how to recognize hazardous waste and other prohibited waste, the proper method of containment, and the reporting requirements of this program. Facility personnel are to be retrained on an annual basis and updated as needed.
 - (5) Incidents of unlawful disposal of prohibited materials shall be reported to the LEA monthly as described in the self-monitoring section of this permit. In addition, the following agencies shall be notified at once of any incidents of illegal hazardous materials disposal:
 - (a) Duty officer, Los Angeles County Fire Department, Health Hazardous Materials Division at (323) 890-4317.
 - (b) Environmental Crimes Division, Los Angeles County District Attorney at (213) 580-8777.
 - (c) California Highway Patrol at (800) 835-5247 or (818) 240-8200.
 - (6) Any hazardous materials thus found shall be set aside in a secured area to await proper disposition following notification of the producer (if known) and the appropriate governmental agencies.
- 2. The LEA reserves the right to require the operator to provide more stringent dust and odor control measures, if the proposed dust and odor control measures identified in the current JTD prove to be inadequate or ineffective.
- 3. ... Traffic into and out of the facility shall be controlled to prevent interference with traffic on adjacent public streets.

C. Specifications:

- 1. The facility shall not receive more than the maximum permitted daily tonnage of 8,000 TPD of solid waste, not to exceed 39,000 tons per week, without a revision of this permit. These limits include solid waste for beneficial reuse consistent with 27 CCR Section 20686.
- 2. The Estimated Closure date [specified on Page 1, Section 4 (e) of this permit] is based on information given in the September 2013 JTD.

Facility Permit Number:

SOLID WASTE FACILITY PERMIT

19-AA-0013

C. Specifications (continued):

- 3. The maximum cell size for altered waste tires co-disposed with inert debris shall not exceed 12,500 square feet by 20 feet deep and shall be covered with at least two feet of earthen material or approved alternative daily cover when the cell size is reached.
- 4. Asbestos containing waste, altered tires, and asphalt shall not be placed below 355 mean sea level. Only inert debris shall be placed below 355 feet mean sea level.
- 5. Zone V, as described in the JTD, will be operated as an Inert Debris Engineered Fill Operation and the operation shall comply with the applicable requirements contained in 14 CCR, Chapter 3, Article 5.95.
- 6. The storage of waste tires shall be conducted in accordance with 14 CCR, Chapter 3, Article 5.5
- 7. Asbestos containing waste shall only be disposed in Zone II, as described in the JTD.

<END OF DOCUMENT>

State of California California Integrated Waste Management Board

Tire Program Identification Number

1103429=01

Azusa Land Reclamation Co Landfill 1211 W Gladstone St Azusa, CA 91702-5142

Do not copy or reproduce Post this certificate in a conspicuous place Introduction Waste Manaciment Facilities

Zero Waste—You Make It Happen

\$	per occurrence and \$	annual aggregate.
•	per occurrence and \$	annua sugregate.

- 4. The insurance coverage is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with sections (a) through (e) of this paragraph shall be amended to conform with sections (a) through (e):
 - (a) Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under the policy to which this certification applies.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement from the insured for any such payment made by the insurer. If another mechanism, as specified in Title 27, California Code of Regulations, Division 2, Subdivision 1. Chapter 6, is used to demonstrate coverage of the deductible, then this section does not apply.
 - (c) Upon request by the California Integrated Waste Management Board (CIWMB), the insurer agrees to furnish to the CIWMB the original policy and all endorsements.
 - (d) Cancellation or any other termination of this certificate, whether by the insurer, the insured, a parent corporation providing insurance coverage for its subsidiary, or by a firm having an insurable interest in and obtaining liability insurance on behalf of the operator of the solid waste disposal facility(les), will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is sent by certified meil, and received by the CIWMB, as evidenced by the return receipt.

 (See exception, section (e))
 - (e) Cancellation due to non-payment of premiums is effective only upon written notice and only after the expiration of 10 days after the date on which the operator and the CfWMB have received the notice of termination, as evidenced by the return receipts.

The party below certifies and signs under penalty of perjury that the Information in this document is true and correct to the best of his or her knowledge, and satisfies the requirements of Title 27, California Code of Regulations, Division 2, Subdivision 1. Chapter 6, and that the insurer is licensed by the California Department of Insurance to transact the business of Insurance in the State of California as an ___ admitted carrier or X eligible excess or surplus lines insurer.

Signature of Individual Authorized to Sign on Benalf of Insurer	Title of Authorized Person Divisional Senior Vice President	
Typed or Printed Name of Person Signing Mark Vuono	Date: July 1, 2016	
Address of Person Signing Address: 401 Plymouth Road, Suite 100 Plymouth Meeting, PA 19460 Phone Number of Person Signing 601-567-5061		

PRIVACY STATEMENT

The Information Practices Act (California Civil Code Section 1798.17) and the Federal Privacy Act (5 U.S.C. 552a(e)(3)) require that this notice be provided when collecting personal information from individuals.

AGENCY REQUESTING INFORMATION: California Integrated Waste Management Board.

UNIT RESPONSIBLE FOR MAINTENANCE OF FORM: Financial Assurances Section, California Integrated Waste Management Board, 10011 Street, P.O. Box 4025, Sacramento, California 95812-4025. Contact the Manager, Financial Assurances Section, at (916) 341-6000.

AUTHORITY: Public Resources Code section 43600 et seq.

PURPOSE: The information provided will be used to verify adequate financial assurance of solid waste disposal facilities listed. REQUIREMENT: Completion of this form is mandatory. The consequence of not completing this form is denial or revocation of a permit to operate a solid waste disposal facility.

OTHER INFORMATION: After review of this document, you may be requested to provide additional information regarding the acceptability of this mechanism.

ACCESS: Information provided in this form may be provided to the U.S. Environmental Protection Agency, State Attorney General, Air Resources Board, California Department of Toxic Substances Control, Energy Resources Conservation and Development Commission, Water Resources Control Board, and California Regional Water Quality Control Boards. For more information or access to your records, contact the California Integrated Waste Management Board. 1001 | Street, P.O. Box 4025, Sacramento, California 958124025, (916) 341-6000.

CIWMB 107 (12/01) Page 2 of 2



LOS ANGELES COUNTY FIRE DEPARTMENT FIRE PREVENTION DIVISION PETROLEUM CHEMICAL UNIT 5823 RICKENBACKER ROAD COMMERCE, CALIFORNIA 90040-3027

CITY OF: Azusa

STATION: 48 BN: 16

DATE: May 1, 2000 PERMIT# 2000-178-146

PERMIT MOTOR VEHICLE DISPENSING-COMBUSTIBLE LIQUIDS 8,000 ABOVEGROUND TANK

COMPANY NAME: Azusa Land Reclamation

ADDRESS: 1211 W. Gladstone TELEPHONE: 626.962.0215

IN ACCORDANCE WITH ARTICLE 1, SECTION 105.8 (PERMITS), OF TITLE 32 (FIRE CODE) OF THE LOS ANGELES COUNTY CODE AND/OR IN ACCORDANCE WITH TITLE 19, CALIFORNIA ADMINISTRATIVE CODE, FOR THE FOLLOWING:

THIS PERMIT SHALL CONSTITUTE PERMISSION TO MAINTAIN, STORE USE OR HANDLE MATERIALS OR TO CONDUCT PROCESSES LISTED AS PER THE CURRENT HAZARDOUS MATERIALS INVENTORY DISCLOSURE REPORT. SUCH PERMISSION SHALL NOT BE CONSTRUED AS AUTHORITY TO VIOLATE, CANCEL OR SET ASIDE ANY OF THE PROVISIONS OF THIS CODE. SUCH PERMIT SHALL NOT TAKE THE PLACE OF ANY LICENSE REQUIRED BY LAW.

This permit is granted until revoked and is subject to revocation for proper cause, for violation of TITLE 32 (Fire Code) of the LOS ANGELES COUNTY CODE AND/OR TITLE 19, C.A.C., or when necessary for public safety. Noncompliance with any provision stipulated herein constitutes a violation.

Thank you for your cooperation. If you need additional information, please contact me at (323) 890-4228.

[4]	OCCUPANT COPY	San MElunda
[]	FIRE STATION COPY	ØWNER/OCCUPANCY REPRESENTATIVE
[]	FIRE PREVENTION COPY	the Suffer
		INSPECTOR STEVEN D. BIERBALIM



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

AZUSA LAND RECLAMATION CO INC

PO BOX 949 AZUSA

CA 91702

L

INSTALLATION ADDRESS

1201 W GLADSTONE AVENUE

AZUSA

CA 91702

EPA Form 8700-12A (4-80)



CERTIFICATE OF LIABILITY INSURANCE

1/1/2020

DATE (MM/DD/YYYY) 12/4/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	LOCKTON COMI ANIES	CONTACT NAME:	
	3657 BRIARPARK DRIVE, SUITE 700	PHONE FAX (A/C, No, Ext): (A/C,	No):
	HOUSTON TX 77042 866-260-3538	E-MAIL ADDRESS:	
	200 200	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: ACE American Insurance Company	22667
INSURED	WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED,	INSURER B: Indemnity Insurance Co of North America	43575
1300299	RELATED & SUBSIDIARY COMPANIES INCLUDING: AZUSA LAND RECLAMATION, INC.	INSURER C: ACE Fire Underwriters Insurance Company	20702
	1211 GLADSTONE STREET	INSURER D:	
	AZUSA CA 91702	INSURER E :	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 3449506

REVISION NUMBER: XXXXXXX

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	CLAIMS-MADE X OCCUR	Y	Y	HDO G71212993	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED \$ 5,000,000 PREMISES (Ea occurrence) \$ 5,000,000
	X XCU INCLUDED						MED EXP (Any one person) \$ XXXXXXX PERSONAL & ADV INJURY \$ 5,000,000
	X ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC						GENERAL AGGREGATE \$ 6,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 6,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO	Y	Y	MMT H2527863A	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXX
	X OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident \$ XXXXXXX
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X MCS-90						(Per accident) \$ XXXXXXX \$ XXXXXXX
A	X UMBRELLA LIAB X OCCUR	Y	Y	XOO G27929242 004	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 15,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 15,000,000 \$ XXXXXXX
B A C	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If wes, describe under	N/A	Y	WLR C65435846 (AOS) WLR C65435809 (CA & MA) SCF C65435883 (WI)	1/1/2019 1/1/2019 1/1/2019	1/1/2020 1/1/2020 1/1/2020	X PER
<u> </u>	DÉSCRIPTION OF OPERATIONS below			**************************************	1/1/2010	4 /4 /2020	E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	EXCESS AUTO LIABILITY	Y	Y	XSA H25278598	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
3449506	AUTHORIZED REPRESENTATIVE
"FOR BID PURPOSES ONLY"	
	O->Kelly

ACORD 25 (2016/03)

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AGRICULTURAL COMMISSIONER WEIGHTS AND MEASURES

ALL FEES ARE DUE AND PAYABLE UPON RECEIPT OF THIS REGISTRATION CERTIFICATE. THE FEE INDICATED IS FOR THE CALENDAR YEAR AND EXPIRES ON THE DATE INDICATED.

INDICATE ID NUMBER ON YOUR CHECK OR MONEY ORDER PAYABLE TO:

"L A COUNTY AGR COMM/WTS & MEAS"

CHECK/PAYMENT MUST BE RECEIVED ON OR BEFORE JANUARY 31. A POSTMARK DOES NOT INDICATE RECEIPT OF PAYMENT.

RETAIN YOUR CANCELLED CHECK AS PROOF OF PAYMENT.

THIS REGISTRATION MUST BE CONSPICUOUSLY DISPLAYED AT PLACE OF BUSINESS

OUNTY OF LOS ANGRES COUNTY OF LOS ANGELES WEIGHTS AND MEASURES DEVICE REGISTRATION CERTIFICATE

IDENTIFICATION NO

ANNUAL FEE

ISSUE DATE

EXPIRATION DATE

16086

SSUMD

TO

\$ 624.00 12/17/18

12/31/19

THIS CERTIFICATE IS VALID ONLY WHEN FEES HAVE BEEN PAID.

IT IS NOT TRANSFERABLE

VOID UPON CHANGE OF OWNERSHIP OR LOCATION.

CALENDAR YEAR 2019

CALIFORNIA

COUNTY OF LOS ANGELES BY

KURT E. FLOREN COMMISSIONER/DIRECTOR AZUSA LAND RECLAMATION 1211 W GLADSTONE ST

AZUSA, CA 91702

LOCATION OF BUSINESS BEING REGISTERED

THE FOLLOWING PENALTY SCHEDULE SHALL APPLY FOR FAILURE TO PAY THE ANNUAL FEE BY JANUARY 31, 2019

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WITHIN 30 DAYS AFTER DUE DATE = ANNUAL FEE + 25%

31 - 90 DAYS AFTER DUE DATE = ANNUAL FEE + 50%*

MORE THAN 90 DAYS AFTER DUE DATE = ANNUAL FEE + 100%*

*OR \$50, WHICHEVER IS GREATER

CUT HERE

ANNUAL FEE COMPUTATION

DEVICE REGISTRATION FEE:

24.00

STATE ADMINISTRATIVE FEE: TOTAL:

624.00

600.00

THE REGISTRATION FEE IS AUTHORIZED BY CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTION 12240 TO SUPPORT THE ENFORCEMENT OF WEIGHTS AND MEASURES LAWS AND REGULATIONS. THE LOS ANGELES COUNTY BOARD OF SUPERVISORS ADOPTED COUNTY ORDINANCE #2.40.060 TO REQUIRE THE PAYMENT OF THESE FEES FOR ANY WEIGHING OR MEASURING DEVICE USED COMMERCIALLY, GOVERNMENT CODE SECTION 25132 MAKES IT A MISDEMEANOR TO OPERATE A COMMERCIAL DEVICE WITHOUT FIRST PAYING THIS FEE. THE ADMINISTRATIVE FEE IS MANDATED BY CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTION 12241 TO ENABLE THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE TO RECOVER THE COST OF PROVIDING SUPERVISION AND OVERSIGHT TO COUNTY SEALERS IN PERFORMING THEIR DUTIES.

PLEASE DIRECT INQUIRIES TO:

SCALE INQUIRIES:

METER INQUIRIES:

AGRICULTURAL COMMISSIONER/WEIGHTS AND MEASURES:

FAX:

TDD (Telephone Services for the Deaf):

(562) 622-0411

(582) 622-0409

(562) 622-0407 (562) 861-0278

(626) 575-5520

OFFICE HOURS: MONDAY THROUGH THURSDAY, 7:00 A.M. - 5:30 P.M.

If you suspect fraud or wrongdoing by a County employee, please report it to the County Fraud Hotline at 800-544-6861 or http://fraud.lacounty.gov. You may remain anonymous



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		100
£ ⁴⁰	AZUSA LAND RECLAHATION	O INC	\$
	AZUSA	CA	91702
INSTALLATION ADDRESS	1201 W GLADSTONE AVENU)E	į
	AZUSA	CA	91702

BUSINESS TAX CERTIFICATE

CITY OF AZUSA

The person, firm or corporation named below is granted this certificate pursuant to the provisions of the City Business Tax Ordinance.

Issuance of certificate is not an endorsement, nor certification of compliance with other ordinances or laws, nor an assurance that the proposed use is in conformance with the city zoning regulations. This certificate is issued without verification that the taxpayer is subject to or exempt from licensing by the State of California.

Business Name:

Azusa Land Reclamation

2nd Contact Name:

Business Name: AZUSA Land Reclamation

1201 W GLADSTONE ST, AZUSA, CA 91702-5142

1st Contact Name: AZUSA Land Reclamation

ATTN: JOSEPH WALSTROM AZUSA LAND RECLAMATION 1211W GLADSTONE AVE **AZUSA, CA 91702**

TO BE POSTED IN A CONSPICUOUS PLACE OR CARRIED IN VEHICLE

Account #: 009445

Description: Rental Of 1201 & 1313 W

Gladstone St

Effective Date: May 01, 2018 Expiration Date: April 30, 2019

NOT TRANSFERABLE

No: 2018-904764

ANNUAL PERMIT

Permit Issued To		
(Insert Contractor/Project Administrator's Name, Address		
and Telephone No.)	No.	

Waste Management
Attn: Safety Mgr or Nicole Stetson
1200 W City Ranch Rd
Palmdale CA 93551-4456

Tel. (818) 901-5403

5/10/2018

Date

Region

District

(661) 223-3437

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number	N/A	Permit Valid through	May 10	, 2019
Description of Project	Location Address	City and County	Anticipate Starting	d Dates Completion
Various Conditions of Issuance:	Statewide		May 10, 2018	May 10, 2019
	Xecent 6 No.			

This Permit is issued upon the following conditions:

- 1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
- 2 The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
- 3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
- 4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
- 5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From	Received	No. adjusted	Investigated by		
Nicole Stetson	Perm	it Unit		Safety Engineer	Date
☐ Cash	Amount	Date	Approved by	dugter la	5/10/2018
X Check 13507084	\$100.00	5/10/18	Approved by	District Manager/Permit Unit	Date



LOS ANGELES COUNTY FIRE DEPARTMENT FIRE PREVENTION DIVISION PETROLEUM CHEMICAL UNIT 5823 RICKENBACKER ROAD COMMERCE, CALIFORNIA 90040-3027

CITY OF: Azusa **STATION: 48 BN: 16**

DATE: May 1, 2000 PERMIT# 2000-178-146

PERMIT MOTOR VEHICLE DISPENSING-COMBUSTIBLE LIQUIDS 8,000 ABOVEGROUND TANK

COMPANY NAME: Azusa Land Reclamation

FIRE PREVENTION COPY

ADDRESS: 1211 W. Gladstone TELEPHONE: 626.962.0215

[]

IN ACCORDANCE WITH ARTICLE 1, SECTION 105.8 (PERMITS), OF TITLE 32 (FIRE CODE) OF THE LOS ANGELES COUNTY CODE AND/OR IN ACCORDANCE WITH TITLE 19, CALIFORNIA ADMINISTRATIVE CODE, FOR THE FOLLOWING:

THIS PERMIT SHALL CONSTITUTE PERMISSION TO MAINTAIN, STORE USE OR HANDLE MATERIALS OR TO CONDUCT PROCESSES LISTED AS PER THE CURRENT HAZARDOUS MATERIALS INVENTORY DISCLOSURE REPORT. SUCH PERMISSION SHALL NOT BE CONSTRUED AS AUTHORITY TO VIOLATE, CANCEL OR SET ASIDE ANY OF THE PROVISIONS OF THIS CODE. SUCH PERMIT SHALL NOT TAKE THE PLACE OF ANY LICENSE REQUIRED BY LAW.

This permit is granted until revoked and is subject to revocation for proper cause, for violation of TITLE 32 (Fire Code) of the LOS ANGELES COUNTY CODE AND/OR TITLE 19, C.A.C., or when necessary for public safety. Noncompliance with any provision stipulated herein constitutes a violation.

Thank you for your cooperation. If you need additional information, please contact me at (323) 890-4228.

[] OCCUPANT COPY VER/OCCUPANCY REPRESENTATIVE

[] FIRE STATION COPY

INSPECTOR STEVEN D. BIERBAUM

State of California California Integrated Waste Management Board

Tire Program Identification Number

1103429-01

Azusa Land Reclamation Co Landfill 1211 W Gladstone St Azusa, CA 91702-5142



Do not copy or reproduce Post this certificate in a conspicuous place

Zero Waste-You Make It Happen!

Facility Permit Number:

SOLID WASTE FACILITY PERMIT

19-AA-0013

1. Name and Street Address of Facility:

Azusa Land Reclamation Co. Landfill 1211 West Gladstone Street Azusa, CA 91702 2. Name and Mailing Address of Operator:

Azusa Land Reclamation, Inc. 1211 West Gladstone Street Azusa, CA 91702

3. Name and Mailing Address of Owner:

Azusa Land Reclamation, Inc. 1211 West Gladstone Street Azusa, CA 91702

4. Specifications:

Solid Waste Disposal Site

a. Permitted Operations:

Inert Debris Engineered Fill Operation

Nonhazardous Petroleum Contaminated Soil Processing

Operation

b. Permitted Hours of Operation:

Receipt of Materials 6:00 a.m. to 8:00 p.m., Monday through Saturday

Contaminated Soil Processing and Ancillary Operations 24 hours per day/7 days per week

c. Permitted Maximum Tonnage: 8,000 tons per day (TPD)/39,000 tons per week (TPW) – See LEA Condition 17(C)(1)

d. Permitted Traffic Volume:

Not Specified

e. Key Design Parameters (Detailed parameters are shown on site plans bearing EA and CalRecycle validations):

	Total	Disposal	Transfer	Composting	Transformation
Permitted Area (acres)	302	266			
Total Permitted Capacity (cu.yds)		80,571,760			
Max. Elevation (ft.MSL)		580			
Max. Depth (ft.MSL)		355*			
Estimated Closure Date		2045*	*see page 6 part C, S	Specifications	

Upon a significant change in design or operation from that described herein, this permit is subject to revocation or suspension. The attached findings and conditions are integral parts of this permit and supersede the conditions of any previously issued solid waste facility permit.

5. Approval

Approving Officer Signature

Gerardo Villalobos, Chief Environmental Health Specialist
Solid Waste Management Program

6. Local Enforcement Agency:

County of Los Angeles Department of Public Health Solid Waste Management Program 5050 Commerce Drive Baldwin Park, California 91706 (626) 430-5540

7. Date Received by CalRecycle:
October 14, 2014

8. CalRecycle Concurrence Date:
November 12, 2014

9. Permit Issued Date:
November 12, 2014

10. Permit Review Date:
March 10, 2016

11. Owner/Operator Transfer Date:
N/A

19-AA-0013

12. Legal Description of Facility: [Refer to Appendix E of Joint Technical Document (JTD), Volume 1]

The legal description of this facility is all of lots 25,28,29 and those portions of lots 30,46,47,48 of Subdivision No. 2, Azusa Land and Water Company, partly in the City of Azusa and partly in the City of Irwindale, in the County of Los Angeles, State of California.

13. Findings:

- a. A Countywide Integrated Waste Management Plan was approved by the former California Integrated Waste Management Board (CIWMB) now the Department of Resources Recycling and Recovery (CalRecycle) on June 23, 1999. Pursuant to Public Resources Code (PRC), section 50001 (a)(1), this facility is identified in the Countywide Siting Element which has been approved pursuant to PRC Section 41721.
- b. This permit is consistent with the standards adopted by CalRecycle, pursuant to PRC 44010.
- c. The design and operation of the facility is consistent with the State Minimum Standards for Solid Waste Handling and Disposal as determined by the Local Enforcement Agency (LEA), pursuant to PRC 44009.
- d. A permit review was conducted on March 10, 2011 which directed the landfill operator to submit an application to revise the Solid Waste Facility Permit.
- e. The local fire protection agency, Los Angeles County Fire Department, Fire Prevention Division has determined that the facility is in conformance with applicable fire standards, pursuant to PRC 44151.
- f. A Negative Declaration, dated November 9, 1987, was adopted by the Los Angeles County Department of Health Services, as the Lead Agency and a Notice of Determination was filed on March 8, 1988. The Lead Agency prepared an Addendum to the Negative Declaration, dated May 2014, in accordance with the California Environmental Quality Act Guidelines, Section 15164 for the continued operations of the facility. The City of Azusa adopted a Negative Declaration for the Nonhazardous Petroleum Contaminated Soil Processing Operation on October 12, 1994.
- g. Azusa Land Reclamation currently conducts a Nonhazardous Petroleum Contaminated Soil Treatment Operation within the solid waste facility permit boundary. This operation is described in Appendix C (Soil Recycling Facility Plan) of the Joint Technical Document (JTD). If this soil treatment operation were operated outside the confines of the facility it would be placed within the "Enforcement Agency Notification Tier" and be subject to all the provisions of that tier. The fact that it is located within the boundary of an existing permitted solid waste facility does not exclude the operator from complying with all the minimum standards that are applicable to this type of operation. Nonhazardous petroleum contaminated soil that is treated on-site and meets applicable regulatory standards is considered earthen material and may be used as cover, but it is not considered as alternative daily cover.
- h. Azusa Land Reclamation plans to conduct an Inert Debris Engineered Fill Operation (IDEFO) within the solid waste facility permit boundary, specifically Zone V as described in the JTD. This operation is described in Appendix Z (Zone V Operation Plan) of the JTD. If this IDEFO were operated outside the confines of the facility it would be placed within the "Enforcement Agency Notification Tier" and be subject to all the provisions of that tier. The fact that it is located within the boundary of an existing permitted solid waste facility does not exclude the operator from complying with all the minimum standards that are applicable to this type of operation. At no time on any given day shall the amount of material placed in Zone V exceed the maximum permitted daily tonnage allowed by this permit. A Material Recovery Facility/Transfer Station is located within the solid waste facility permit boundary and is separately permitted as a large volume transfer/processing facility and conducts operations under Solid Waste Facility Permit No. 19-AA-1127.
- i. This permit does not supplant or modify local land use entitlements or local agencies' authority to enforce local entitlements. It is recognized by the LEA that the operator must comply with the provisions of the Integrated Waste Management Act (IWMA), state regulations and the terms and conditions of this permit as well as other regulatory requirements and applicable local land use measures which govern the operator's activities at the site. If the requirements inadvertently overlap, it is expected that the operator will comply with the more stringent requirement in order to maintain compliance. Non-compliance with another agency requirement may not constitute a violation of this permit, the IWMA, or state regulations.

19-AA-0013

14. Prohibitions

- a. The permittee is prohibited from accepting the following wastes: Hazardous, radioactive, untreated medical (as defined in Chapter 6.1, Division 20 of the Health and Safety Code), municipal solid waste, large animals, liquid, designated, or other wastes requiring special treatment or handling, except as identified in the JTD and approved amendments thereto, and as approved by the LEA and other federal, state, and local agencies.
- b. Scavenging is not permitted by customers or employees at the site.

15. The following documents also describe the operation of this facility:

Document	Date	Document	Date
JTD Revised	September 2013	Negative Declaration (Soil Recycling) and Resolution #94-67. City of Azusa	October 12, 1994
Preliminary Closure/Postclosure Maintenance Plans Partial Final Closure/Postclosure Maintenance Plans (Material Recovery Facility/Transfer Station)	September 2013 May 2013	Negative Declaration – LACDOHS NOD - LACDOHS Addendum to LACDOHS Negative Declaration	November 9, 1987 March 8, 1988 May 2014
Approval from the CIWMB, Closure Financial Responsibility Document	December 17, 2013	OSHA #485 (Asbestos)	December 7, 1994
Certificate of Operating Liability Insurance	December 17, 2013	SWPPP – NOI ID #4B19S004450 – (Issued by SWRCB)	October 22, 1992
Financial Assurance Demonstration for Non-Water Release Corrective Action Costs	December 17, 2013	L.A. County Fire Dept. (Tire)	August 20, 2012
South Coast Air Quality Management Rule #1150.1 (Compliance Plan) Rule # 1403 (Asbestos Management Plan) Rule # 403 (Dust Plan) Permit to Construct/Operate # D78514 (LFG Collection)	August 4, 1994 May 2, 2012 March 15, 1993 November 19, 1993	Waste Discharge Requirements R4-2004-0056 R4-2009-0098	April 1, 2004 September 3, 2009
Negative Declaration (Reclamation Plan for Transit Mixed Concrete Co.) Resolution # 90-14	January 10, 1990		

19-AA-0013

16. Self-Monitoring:

The owner /operator shall submit the results of all self-monitoring programs to the LEA within 15 days of the end of the reporting period (for example, 1st quarter = January-March, the report is due by April 15, etc. Information required on an annual basis shall be submitted with the 4th quarter monitoring report, unless otherwise stated).

	Program	Reporting Frequency	
a.	The types and quantities of asbestos, contaminated soils, inert debris and tires received each day. The operator shall maintain these records on the facility's premises for a minimum of three years. These records shall be made available to any LEA personnel on request.		
ь.	The types and quantities of materials used as alternative daily cover or beneficially reused each day (must include how the material was beneficially reused) and the quantity of treated soils used as cover material (not considered an alternative daily cover). The operator shall maintain these records on the facility's premises for a minimum of three years. These records shall be made available to any LEA personnel on request.		
	All incidents of unlawful disposal of prohibited materials and the operator's actions taken. Indicate those incidents which occurred as a result of the random load checking program. Incidents, as used here, means that the hauler or producer of the prohibited materials is known.	Monthly (Due 15 days following the end of each reporting period)	
i.	Reports of all special/unusual occurrences and the operator's actions taken to correct these occurrences.		
	The number of vehicles using the facility per day and per week.		
	Copies of all written complaints and records of complaints received by telephone regarding this facility and the operator's actions taken to resolve these complaints. (Notification to the LEA within 24 hours is required)		
3.	Record of receipt of a Notice of Violation from any regulatory agency. In addition, the operator shall notify the LEA within 24 hours following receipt of a Notice of Violation or upon receipt of notification of complaints regarding the facility, which have been received by other agencies.		
i.	An estimate of the remaining capacity (in cubic yards and tons), and the remaining life of the existing permitted site in years and months.	Quarterly (Due the 15 th of January, April, July, and October)	
9	The results of the landfill gas migration control program.	(See the 13 of sandary, reprin, vary, and october)	
(The results of subsurface monitoring indicators as described in Appendix B3, Section 2 of the JTD	Semi-Annual (Due the 15 th of January and July)	
	Inert Debris Engineered Fill Operation Reporting Requirements per 14 CCR 17388(I) and 17388.3	Annually (Due March 1)	
	Topographical map* showing all current fill locations and elevations.	Annually	
١.	Topographical map* which indicates all cuts into native material from the previous year to the present date.	Annually (Due January 15th)	
	he above two maps shall be drawn to a scale no smaller than one inch = 0 feet unless otherwise approved by the LEA.	(Due January 15th)	

19-AA-0013

17. LEA Conditions:

A. Standard Requirements:

- This facility shall comply with all applicable State Minimum Standards for Solid Waste Handling and Disposal as specified in Titles 14 and 27, California Code of Regulations (14 and 27 CCR).
- Additional information concerning the design and operation of this facility shall be furnished upon request by the LEA personnel.
- A copy of this permit and current JTD, as amended, shall be maintained at the facility so as to be available at all times to facility personnel and the LEA.
- 4. This permit is subject to review by the LEA and may be temporarily suspended or revoked at any time for sufficient cause, in accordance with Division 30 Public Resources Code, Part 4, Chapter 4, Article 2, Section 44305 et seq. and associated regulations.
- The LEA reserves the right to suspend or modify receiving operations of <u>waste and beneficial reuse material</u> when deemed necessary due to an emergency, a potential health hazard, or the creation of a public nuisance.
- Notification to the LEA within <u>24 hours</u> is required for any written <u>complaints received</u> or <u>any complaints called into the facility</u>, and any <u>record of receipt of a violation</u> from any regulatory agency.
- 7. The operator shall notify the LEA, in writing, of any proposed changes in the routine facility operation or changes in facility design during the planning stages. In no case shall the operator undertake any changes unless the operator first submits to the LEA a notice of said changes at least 180 days before said changes are undertaken. Any significant change as determined by the LEA would require a revision of this permit.
- 8. The operator and/or owner shall notify the LEA of any plans to encumber, sell, transfer, or convey the operation or ownership to a new operator or owner, at least 45 days prior to the anticipated transfer, by written certification, including information deemed sufficient by the CalRecycle and the LEA. If the facility will not be operated in compliance with the terms and conditions of this permit, the new operator or owner shall be required to file an application for a revision of this permit.
- The operator shall maintain a log of special/unusual occurrences. The log shall include, but not be limited to, fires, landslides, earthquake damage, unusual and sudden settlement, injury and property damage accidents, explosions, receipt or rejection of non-permitted wastes, flooding, operational shutdowns and other unusual occurrences. Include a summary of the actions taken to mitigate the occurrence. The operator shall maintain this log at the facility so as to be available at all times to site personnel and LEA personnel. Any entries of special/unusual occurrences made in this log must be reported to the LEA at once. Call the duty officer, County of Los Angeles, Department of Public Health, Solid Waste Management Program at (626) 430-5540.
- The operator shall immediately report any incidental receipt of untreated medical waste to the California Department of Public Health (CDPH) Medical Waste Management Program at (213) 977-6877 or (213) 977-7379.
- 11. The operator shall provide training to their personnel to educate them in the identification of medical waste as well as the proper action to take in the event this type of waste is identified at the site.

B. Particular Requirements:

- Operational controls shall be established to preclude the receipt and disposal of volatile organic chemicals or other types of prohibited wastes:
 - a. The operator shall install and maintain an operational, calibrated radiation detector at the scales to detect radioactive materials, at all times, during the hours of receipt of solid waste and other materials as approved by this permit.

19-AA-0013

B. Particular Requirements (continued):

- b. Incidents of receipt of suspected radioactive materials, or warnings from the radiation detector, shall be reported immediately to the County of Los Angeles, Department of Public Health, Radiation Management Program at (213) 351-2718 and the LEA.
- c. The operator shall comply with the approved Hazardous Waste Screening Program as described in the current JTD. Any changes in this program must be approved by the LEA prior to implementation. The following Solid Waste Facility Permit conditions supplement the JTD program:
 - At minimum, three random load checks shall be conducted at the facility per operating day. The operator shall inspect waste vehicle loads if there is any reason to believe the loads may contain prohibited wastes.
 - (2) The LEA may increase the required number of incoming waste load inspections if it has reason to believe that the number currently required is inadequate to ensure compliance with the regulations and protection of the public health and safety and the environment.
 - (3) At all times when facility operations are underway, an attendant or attendants shall be present to supervise the loading and unloading of solid waste and other materials. All working disposal areas shall be under continual visual inspection by facility personnel, such as spotters, equipment operators, and supervisors.
 - (4) Facility personnel and new employees performing duties required by the Hazardous Waste Screening Program shall be trained prior to assignment. The training must include, but is not limited to, how to recognize hazardous waste and other prohibited waste, the proper method of containment, and the reporting requirements of this program. Facility personnel are to be retrained on an annual basis and updated as needed.
 - (5) Incidents of unlawful disposal of prohibited materials shall be reported to the LEA monthly as described in the self-monitoring section of this permit. In addition, the following agencies shall be notified at once of any incidents of illegal hazardous materials disposal:
 - (a) Duty officer, Los Angeles County Fire Department, Health Hazardous Materials Division at (323) 890-4317.
 - (b) Environmental Crimes Division, Los Angeles County District Attorney at (213) 580-8777.
 - (c) California Highway Patrol at (800) 835-5247 or (818) 240-8200.
 - (6) Any hazardous materials thus found shall be set aside in a secured area to await proper disposition following notification of the producer (if known) and the appropriate governmental agencies.
- The LEA reserves the right to require the operator to provide more stringent dust and odor control measures, if the proposed dust and odor control measures identified in the current JTD prove to be inadequate or ineffective.
- 3. .Traffic into and out of the facility shall be controlled to prevent interference with traffic on adjacent public streets.

C. Specifications:

- The facility shall not receive more than the maximum permitted daily tonnage of 8,000 TPD of solid waste, not to exceed 39,000 tons per week, without a revision of this permit. These limits include solid waste for beneficial reuse consistent with 27 CCR Section 20686.
- The Estimated Closure date [specified on Page 1, Section 4 (e) of this permit] is based on information given in the September 2013 JTD.

Facility Permit Number:

SOLID WASTE FACILITY PERMIT

19-AA-0013

C. Specifications (continued):

- The maximum cell size for altered waste tires co-disposed with inert debris shall not exceed 12,500 square feet by 20 feet deep and shall be covered with at least two feet of earthen material or approved alternative daily cover when the cell size is reached.
- Asbestos containing waste, altered tires, and asphalt shall not be placed below 355 mean sea level. Only inert debris shall be placed below 355 feet mean sea level.
- Zone V, as described in the JTD, will be operated as an Inert Debris Engineered Fill Operation and the operation shall comply with the applicable requirements contained in 14 CCR, Chapter 3, Article 5.95.
- 6. The storage of waste tires shall be conducted in accordance with 14 CCR, Chapter 3, Article 5.5
- 7. Asbestos containing waste shall only be disposed in Zone II, as described in the JTD.

<END OF DOCUMENT>

PRESSURE VESSEL UNIT

1515 Clay Street, Suite 1622A Oakland, CA 94612-1591 Phone (510) 622-3052 / Fax (510) 622-3063

Permit to Operate Air Pressure Tank

STATE SERIAL NO. A008581-99

N.B.#/SER.# 137889

BILL TO:

MARK GRADY
WASTE MANAGEMENT
1211 W GLADSTONE ST
AZUSA CA 91702-5142



OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: COMPRESSOR SHED

This Permit to Operate shall be kept conspicuously posted under glass on or near the tank or at a convenient location near the tank and shall be made available to any authorized person(s). Labor Code Section 7680

Date of Inspection: 08/29/2017 This Permit Expires: 08/29/2022

This is to certify that the above described tank has been inspected, or caused to be inspected, by the Division of Occupational Safety & Health and may be operated at a pressure not to exceed 150 pounds per square inch.

Inspected By: XUDONG SUN Employed By: F.M. Global, Southern California

PRESSURE VESSEL UNIT

1515 Clay Street, Suite 1622A Oakland, CA 94612-1591 Phone (510) 622-3052 / Fax |510| 622-3053

Permit to Operate Air Pressure Tank

STATE SERIAL NO. A008580-99

N.B.#/SER.# 125118

BILL TO:

MARK GRADY WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5142



OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: COMPRESSOR SHED

This Permit to Operate shall be kept conspicuously posted under glass on or near the tank or at a convenient location near the tank and shall be made available to any authorized person(s). Labor Code Section 7680

Date of Inspection: 08/29/2017

This Permit Expires: 08/29/2022

This is to certify that the above described tank has been inspected, or caused to be inspected, by the Division of Occupational Safety & Health and may be operated at a pressure not to exceed 150 pounds per square inch.

Inspected By: XUDONG SUN

Employed By: F.M. Global, Southern California

PRESSURE VESSEL UNIT

1515 Clay Street, Suite 1622A Oakland, CA 94612-1591 Phone (510) 622-3052 / Fax (510) 622-3063

Permit to Operate Air Pressure Tank

STATE SERIAL NO. A043947-07

N.B.#/SER.# 688443

BILL TO:

MARK GRADY
WASTE MANAGEMENT
1211 W GLADSTONE ST
AZUSA CA 91702-5142



OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: SHOP COMPRESSOR

This Permit to Operate shall be kept conspicuously posted under glass on or near the tank or at a convenient location near the tank and shall be made available to any authorized person(s). Labor Code Section 7680

Date of Inspection: 08/29/2017 This Permit Expires: 08/29/2022

This is to certify that the above described tank has been inspected, or caused to be inspected, by the Division of Occupational Safety & Health and may be operated at a pressure not to exceed 200 pounds per square inch.

Inspected By: XUDONG SUN Employed By: F.M. Global, Southern California

PRESSURE VESSEL UNIT

1515 Clay Street, Suite 1622A Oakland, CA 94612-1591 Phone (510) 622-3052 / Fax (510) 622-3061

Permit to Operate Air Pressure Tank

STATE SERIAL NO. A021252-17

N.B.#/SER.# 150285

BILL TO:

MARK GRADY
WASTE MANAGEMENT
1211 W GLADSTONE ST
AZUSA CA 91702-5142



OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: TRUCK LUBE

This Permit to Operate shall be kept conspicuously posted under glass on or near the tank or at a convenient location near the tank and shall be made available to any authorized person(s). Labor Code Section 7680

Date of Inspection: 08/29/2017 This Permit Expires: 08/29/2022

This is to certify that the above described tank has been inspected, or caused to be inspected, by the Division of Occupational Safety & Health and may be operated at a pressure not to exceed 200 pounds per square inch.

Inspected By: XUDONG SUN Employed By: F.M. Global, Southern California

STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY & HEALTH

PRESSURE VESSEL UNIT

1515 Clay Street, Suite 1622A Oakland, CA 94612-1591 Phone (510) 622 3052 / Fax (510) 622 3063

Permit to Operate Air Pressure Tank

STATE SERIAL NO. A006778-92

N.B.#/SER.# 110700

BILL TO:

MARK GRADY
WASTE MANAGEMENT
1211 W GLADSTONE ST
AZUSA CA 91702-5142



OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: COMPRESSOR SHED

This Permit to Operate shall be kept conspicuously posted under glass on or near the tank or at a convenient location near the tank and shall be made available to any authorized person(s). Labor Code Section 7680

Date of Inspection: 08/29/2017 This Permit Expires: 08/29/2022

This is to certify that the above described tank has been inspected, or caused to be inspected, by the Division of Occupational Safety & Health and may be operated at a pressure not to exceed 200 pounds per square inch.



DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH PRESSURE VESSEL UNIT Phone (510) 622-3052 / Fax (510) 622-3063

OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: TRK 673613 BDC STEVE-JERRY

IAMES

BILL TO:

STEVE AMROMIN WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5142

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY & HEALTH
PRESSURE VESSEL UNIT
1515 Clay Street, Suite 1622A
Oakland, CA 94612-1591
Phone (510) 622-3052 / Fax (510) 622-3063

Permit to Operate Air Pressure Tank

STATE SERIAL NO. A043948-07

BILL TO:

STEVE AMROMIN WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5142



N.B.#/SER.# 136572

OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: TRK 673613 BDC STEVE-JERRY JAMES

This Permit to Operate shall be kept conspicuously posted under glass on or near the tank or at a convenient location near the tank and shall be made available to any authorized person(s). Labor Code Section 7680

Date of Inspection: 07/09/2018 This Permit Expires: 07/09/2023

This is to certify that the above described tank has been inspected, or caused to be inspected, by the Division of Occupational Safety & Health and may be operated at a pressure not to exceed 200 pounds per square inch.



DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH PRESSURE VESSEL UNIT Phone (510) 622-3052 / Fax (510) 622-3063

OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: LUBE TRK#674660 R SIDE TOP

BILL TO:

STEVE AMROMIN WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5142

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY & HEALTH
PRESSURE VESSEL UNIT
1515 Clay Street, Suite 1622A
Oakland, CA 94612-1591
Phone (510) 622-3052 / Fax (510) 622-3063

Permit to Operate Air Pressure Tank

STATE SERIAL NO. A18-020538

STATE SERIAL INO. ATO-0

BILL TO:

STEVE AMROMIN WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5142



N.B.#/SER.# 150510

OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: LUBE TRK#674660 R SIDE

TOP

This Permit to Operate shall be kept conspicuously posted under glass on or near the tank or at a convenient location near the tank and shall be made available to any authorized person(s). Labor Code Section 7680

Date of Inspection: 07/09/2018 This Permit Expires: 07/09/2023

This is to certify that the above described tank has been inspected, or caused to be inspected, by the Division of Occupational Safety & Health and may be operated at a pressure not to exceed 200 pounds per square inch.



DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
PRESSURE VESSEL UNIT
Phone (510) 622-3052 / Fax (510) 622-3063

OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: TRUCK 673056 BOTTOM KEVIN

BILL TO:

STEVE AMROMIN WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5142

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY & HEALTH
PRESSURE VESSEL UNIT
1515 Clay Street, Suite 1622A
Oakland, CA 94612-1591
Phone (510) 622-3052 / Fax (510) 622-3063

Permit to Operate Air Pressure Tank

STATE SERIAL NO. A18-020539

N.B.#/SER.# 80405

BILL TO:

STEVE AMROMIN WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5142



OWNER/USER:

WASTE MANAGEMENT 1211 W GLADSTONE ST AZUSA CA 91702-5123

LOCATION: TRUCK 673056 BOTTOM

This Permit to Operate shall be kept conspicuously posted under glass on or near the tank or at a convenient location near the tank and shall be made available to any authorized person(s). Labor Code Section 7680

Date of Inspection: 07/09/2018 This Permit Expires: 07/09/2023

This is to certify that the above described tank has been inspected, or caused to be inspected, by the Division of Occupational Safety & Health and may be operated at a pressure not to exceed 200 pounds per square inch.

LOS ANGELES COUNTY CERTIFIED UNIFIED PROGRAM AGENCY ADMINISTERED BY LOS ANGELES COUNTY FIRE DEPARTMENT

ANNUAL UNIFIED PROGRAM FACILITY PERMIT

Fiscal Year 2018-2019

July 1, 2018 - June 30, 2019

ISSUED TO: AZUSA LAMD RECLAMATION INC / ATTN: JOSEPH WALSTROM

AZUSA LAND RECLAMATION 1211W GLADSTONE STREET

AZUSA, CA 91702

LA Co. CUPA NO. AR: AR0012556

FACILITY OWNER: USA WASTE OF CALIFORNIA INC/AZUSA LAND RECLAMATION CO.

FACILITY SITE ADDRESS: 1211W GLADSTONE ST, AZUSA, CA 91702

THIS PERMIT IS ISSUED FOR THE FOLLOWING PROGRAMS:

Administering Agency:

LA COUNTY FIRE DEPARTMENT LA COUNTY FIRE DEPARTMENT LA COUNTY FIRE DEPARTMENT

Program Description:

ABOVEGROUND PETROLEUM STORAGE TANK PROGRAM HAZARDOUS MATERIALS DISCLOSURE PROGRAM HAZARDOUS WASTE GENERATOR PROGRAM



CALIFORNIA

ISSUED BY: Daryl L. Osby

County of Los Angeles Fire Chief

ISSUED ON: Sep 25, 2018

EXPIRES ON: October 31, 2019

This permit is valid only for the above location and is subject to ALL REQUIREMENTS of State and local laws and regulations.

This permit is non-transferrable and is void upon change in ownership or location.

If you are in operation on or after July 1, 2019, your business will be responsible for payment of permit fees for the next annual billing cycle. You must contact this Department prior to this date and arrange for an inspection to verify non-operational status to cancel permit fees for the next annual billing cycle. You may continue to operate under this permit until the payment for the next billing cycle is made to this Department by the established invoice due date. Invoice due date for permit fees may vary from year to year.



CYNTHIA A. HARDING, M.P.H. Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H. Interim Health Officer

ANGELO J. BELLOMO, REHS Director of Environmental Health

TERRI S. WILLIAMS, REHS Assistant Director of Environmental Health

JACQUELINE TAYLOR, MPA, REHS Director, Bureau of Environmental Protection

Solid Waste Program
Gerardo Villalobos, REHS
Chief Environmental Health Specialist
5050 Commerce Drive
Baldwin Park, California 91706
TEL (626) 430-5540 * FAX (626) 813-4239

www.publichealth.lacounty.gov

November 17, 2014

Mr. Brent Anderson District Manager Azusa Land Reclamation, Inc. 1211 W. Gladstone Street Azusa, CA 91702

SUBJECT: TRANSMITTAL OF THE SOLID WASTE FACILITY PERMIT FOR THE AZUSA LAND RECLAMTION COMPANY LANDFILL SWIS No. 19-AA-0013

Dear Mr. Anderson:

Please find enclosed a copy of the issued Solid Waste Facility Permit for the Department of Resources Recycling and Recovery (CalRecycle) received the proposed SWFP on October 14, 2014 and concurred in the issuance of the SWFP on November 12, 2014. This agency issued the SWFP on November 12, 2014.

Should you have any questions, please do not hesitate to contact me at 626-430-5540

Singerely,

Gerry Villalobos, REHS

Chief Environmental Health Specialist

Enclosure

Jeff Hackett, CalRecycle (w/out enclosure)
 Nelly Castellanos, SWMP (electronic copy only)



BOARD OF SUPERVISORS

Gloria Mollna
First District
Mark Riddey-Thomas
Second District
Zav Yaroslavsky
Third District
Don Knaba
Fourth District
Michael D. Antonovich
Fifth District

No: 2016-904764

ANNUAL PERMIT

		THE RESERVE		-
Perm	i b	CCIL	nn	
L CILLI	IŁ.	เออน	cu	ıv

(Insert Contractor/Project Administrator's Name, Address and Telephone No.)

Waste Management

Attn: Safety Mgr or Nicole Stetson

PO Box 4040

Palmdale CA 93590-4040

No.		-
Date	5/10/2016	
Region	4	
District	3	
Tel.	(818) 901-5403	

(661) 223-3418

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number	N/A	Permit Valid through May 10, 2017				
Description of Project	Location Address	City and County	Anticipate Starting	d Dates Completion		
Various Conditions of Issuance:	Statewide		May 10, 2016	May 10, 2017		
	中国企业					

This Permit is issued upon the following conditions:

- 1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, ir writing, of dates and location of job site prior to commencement.
- 2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
- 3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
- 4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
- 5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From Nicole Stetson	Received Perm	By it Unit	Investigated by	Robert & Low	Date
☐ Cash	Amount	Date	Approved by		
X Check 12548543	\$100.00	5/10/16		District Manager/Permit Unit	Date



Federal Communications Commission

Wireless Telecommunications Bureau

RADIO STATION AUTHORIZATION

LICENSEE: AZUSA LAND RECLIMATION

ATTN: BRAD ANDERSON AZUSA LAND RECLIMATION 1211 WEST GLADSTONE STREET **AZUSA, CA 91702**

Call Sign File Number 0006041854 **WOU518** Radio Service IG - Industrial/Business Pool. Conventional **Regulatory Status PMRS Frequency Coordination Number**

20131112145037

FCC Registration Number (FRN): 0017421959

Grant Date	Effective Date	Expiration Date	Print Date
02-27-2008	02-21-2014	02-27-2018	02-22-2014

STATION TECHNICAL SPECIFICATIONS

ASR No.:

Fixed Location Address or Mobile Area of Operation

Address: 1211 W. Gladstone Street

City: Azusa

County: LOS ANGELES

State: CA

Lat (NAD83): 34-06-52.0 N

Long (NAD83): 117-55-29.1 W

Ground Elev: 152.0

Area of Operation Loc. 2

Operating within a 32.0 km radius around fixed location 1

Area of Operation Loc. 3

Operating within a 32.0 km radius around 34-06-52.0 N, 117-55-29.1 W,

Azusa, LOS ANGELES county, CA

Antennas

	Ant. No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watis)	ERP (watts)	Ant. Ht/Tp meters	Ant. AAT meters	Construct Deadline Date
1	I	000452.21250000	FB2	1		11K2F3E	4.000	4.000	6.1	-178.3	02-27-2009
1	1	000462.01250000	FB2	1		IIK2F3E	4.000	4.000	6.1	-178.3	02-21-2015
2	1	000452.21250000	МО	12		11K2F3E	4.000	4.000			02-27-2009
2	i	000457.21250000	МО	12		11K2F3E	4.000	4.000			02-27-2009
2	1	000467.01250000	МО	12		11K2F3E	4.000	4.000			02-21-2015

Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

Licensee Name: AZUSA LAND RECLIMATION

Call Sign: WQU518 File Number: 0006041854 Print Date: 02-22-2014

Loc. No.	Ant. No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. HL/Tp meters	Ant. AAT meters	Construct Deadline Date
2	1	000462.01250000	MO	12		11K2F3E	4.000	4.000			02-21-2015
3	1	000451.66250000	MO	12		11K2F3E	4.000	4.000			02-21-2015
3	1	000456.66250000	MO	12		11K2F3E	4.000	4.000			02-21-2015
3	1	000452.31250000	MO	12		11K2F3E	4.000	4.000			02-21-2015
3	1	000457.31250000	MO	12		11K2F3E	4.000	4.000			02-21-2015
3	1	000457.68750000	МО	12		11K2F3E	4.000	4.000			02-21-2015

Control Points

Control Pt. No. 1

Address: 1211 W Gladstone St

City: Azusa County: LOS ANGELES State: CA Telephone Number: (626)969-1384

Waivers/Conditions:

NONE

STATE OF CALIFORNIA BUSINESS, TRANSPORTATION AND HOUSING AGENCY

DEPARTMENT OF MOTOR VEHICLES MOTOR CARRIER SERVICES BRANCH MS 9875 P.O. BOX 982870 Sagramento, CA. 94282-9700 (916) 657-8153





ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC PO BX 7318 SAN BERNARDINO, CA 92411

Description of the Control of the Co	МО	TOR C	-EXPIRING ARRIER PEI ined Carrier		
DEPARTMENT OF MOTO Motor Carrier Services Branch	R VEHICLES	Valid From:	11/27/2007	Valid Through:	Non-Expiring
P.O. BOX 932370 Sacramento	, CA. 94232-3700	CA#:	0172336		
ENVIRONMENTAL CO TRANSPORTAT PO BX 7318 SAN BERNARDINO, CA	ON INC	the Un	rrier named on the first control of the first contr	istration A	zt (UCRA)
Fmt Date: N/A	Office #: 154	Not V	alid for Intrast	ate Only	Operations
Account #: 977233	Tech ID: BT	1		مرابع المرابع br>المرابع المرابع المراب	i
Sequence #: 0009	Amt Paid: No Res			-	

- This non-expiring Motor Carrier Permit (MCP) will remain valid as long as you continue to conduct interstate operations. The Unified Carrier Registration Act (UCRA) of 2005 exempts combined carriers (carriers who operate both intra and interstate) from MCP requirements.
- Federal Motor Carrier Safety Administration insurance requirements must be maintained.
- If you commence intrustate only operations, you must renew your MCP.

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

DMV 2200 MCP (NEW 10/2007)

A Public Service Agency

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS CERTIFICATE OF REGISTRATION FOR REGISTRATION YEAR(S) 2015-2018

Registrant:

ENVIRONMENTAL CONTRACTORS TRANSPORTATION, INC.

Attn: JOHN MINUTOLI 953 W REECE ST

SAN BERNARDINO, CA 92411

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: 052115 551 076XZ

Issued: 05/21/2015

Expires: 06/30/2018

HM Company ID: 038119

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-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.





Department of Toxic Substances Control



Edmund G. Brown Jr. Governor

Barbara A. Lee, Director 1001 "I" Street P.O. Box 806 Sacramento, California 95812-0806-

HAZARDOUS WASTE TRANSPORTER REGISTRATION

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

E C T I PO BOX 7318 SAN BERNARDINO, CA 92411

TRANSPORTER REGISTRATION NO.: 3731

EXPIRATION DATE: APRIL 13, 2017

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) 440-7145.

lusey bream	
(AUTHÓRIZED SIGNATURE)	
APRIL 13, 2016	
(DATE)	· ·

	STATE OF CALIFORNIA	CONTROL NU	ABER	LICENSE NUMBER	136UE	DATE	EFFECTIVE DATE	EXPIRATION DATE
CALLET RNA	DEPARTMENT OF CALIFORNIA HIGHWAY PATROL	219003		141373	3/24	2016	5/1/2016	4/30/2017
	HAZARDOUS MATERIALS	CHP CARRIER	NUMBER	LOCATION		Duplicat	• 🗀	Replacement
	TRANSPORTATION LICENSE	CA 17233	6	860		Initial	₹	Renewal
	CHP 360H (REV. 1/00) OPI 062	The origina	valid license	F THE CALIFO must be kept at the li e carried in any vehic	cense	e's place of t	ousiness as Indic transporting haz	ated on the license arrious materials and
LICENSEE NA	ME AND PHYSICAL STATION ADDRESS (if different than below)	be surrend	ered to the CH	e carned in any volta CHP officer upon re- P upon demand or a wity shall require a n	s requ	nee This is	ense may be ret	newed by submitting
953 WEST R	ENTAL CONTRACTORS TRANSPORTATION INC LEECE STREET ARDINO CA, US 92411	an applicat	on and approp	riate fee to the CHP ediately cease the ac formation contact CH	, Perso stvity r	ns wnose ii: ecuirina a lic	enses nave exp ense. THERE IS	NO GRACE
		This ca	nter is on the s	special routing/sage	stoppis	ng place mai	ling lists as Indic	ated below:
	LICENSEE NAME AND MAILING ADDRESS	lo	(HMX) Explos	sives subject to Div	Islon	14, Californ	ia Vehicl e Code	(CVC).
	Attention: JOHN MINUTOLI	🗆	(HMPH) Pols 14.3, CVC.	on Inhalation Hazar	rd mat	erials in bui	ik packages sub	ject to Division
	ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC			ghway Route Contr i, CVC.	olled (Quantity rad	lloactive materi	nis subject to
	P O BOX 7318 SAN BERNARDINO CA, US 92411			spils, or causes the mmediately notify the ure to make the app				azardous wasts tion for that highway. VC Section 23112.5)
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Alliance for Uniform Hazmat Transportation Procedures Uniform Program Credentials



ENVIRONMENTAL CONTRACTORS TRANSPORTATION, INC. DBA: E.C.T.I
P.O. BOX 7318
SAN BERNARDINO, CA 92411

USDOT Census #: 801209

MC #: N/A

EPA Transporter ID #: CAR000049064

PHMSA #: 051614551047W

Telephone number to call in case of accident or emergency: 800-535-5053

Uniform Program #: UPM-801209-NV

Certified by: Sarena Nichols

Registration Issued: April 01, 2016 Registration Expiration: March 31st, 2017

Issuing Agency: Nevada Highway Patrol

Agency Telephone Number: 775-684-4622







STATE BOARD OF EQUALIZATION

MOTOR CARRIER OFFICE

1030 RIVERSIDE PARKWAY STE 125, WEST SACRAMENTO, CALIFORNIA
PO BOX 942879, SACRAMENTO, CALIFORNIA 94279-0065

1-800-400-7115 (TTY:711) • FAX 1-916-373-3070

www.boe.ca.gov

SEN. GEORGE RUNNER (Ret.)
First District, Lancaster

FIONA MA, CPA Second District, San Francisco

JEROME E. HORTON Third District, Los Angeles County

> DIANE L. HARKEY Fourth District, Orange County

> > BETTY T. YEE State Controller

CYNTHIA BRIDGES Executive Director

ECTI
ENVIRONMENTAL CNTRCTRS TRNSPN INC
953 REECE ST
SAN BERNARDINO CA 92411-2356

Account: IF STF 59024635 Valid: January 01, 2016 Expires: December 31, 2016

Decal Number(s): 6031485 - 6031495

Express Login Code: r416286t

Dear IFTA Licensee:

Enclosed are your International Fuel Tax Agreement (IFTA) credentials which include an IFTA license and IFTA decals. Your credentials are valid until the expiration date shown above, unless canceled or revoked prior to the expiration date.

IFTA License

Please verify the information printed on your license is accurate. If you find a mistake, contact our office immediately so that we may send you a corrected license. You must photocopy the license and carry a copy in each qualified motor vehicle that you operate in IFTA jurisdictions.

IFTA Decais

One set of decals is enclosed for each qualified motor vehicle that you operate in IFTA jurisdictions. The decals are not vehicle-specific. You may use any set of decals on any qualified motor vehicle identified on your application. Please refer to the back of the decal for information on how to apply them to your vehicle(s).

IFTA Quarterly Returns

You must file and pay IFTA returns online. To file your returns, go to www.boe.ca.gov and log in. You will need your account number (0590*****) and express login code (which are referenced above) or your user ID. Your IFTA reporting periods and due dates are:

- Reporting quarter January 1 through March 31 is due on April 30
- Reporting quarter April 1 through June 30 is due on July 31
- Reporting quarter July 1 through September 30 is due on October 31
- Reporting quarter October 1 through December 31 is due on January 31

We no longer mail paper returns. If you wish to receive email reminders when it is time to file your return(s) and notices when new information is available online, please log in to our online services and update your email address. Once you log in with your user ID, you will find other online services available to make it easier to do business with us.

IFTA Resources

We have numerous resources available on our website at www.boe.ca.gov. You will find newsletters, special notices, and the Guide to the International Fuel Tax Agreement which explains your rights and responsibilities as an IFTA carrier. These resources are only available electronically.

For more information, please call our Customer Service Center at 1-800-400-7115 (TTY:711); follow the prompts for "Special Taxes and Fees." Our representatives are available weekdays from 8:00 a.m. to 5:00 p.m. (Pacific time), except state holidays.

STATE BOARD OF EQUALIZATION

Motor Carrier Office

Enclosures

BOE-399-IFT REV. 12 (8-13)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

	he terms and conditions of the policy ertificate holder in lieu of such endor				ndorse	ment. A sta	tement on th	is certificate does not d	onfer	rights to the
	DDUCER	30111	oningo,	·	CONTACT Liz Ibarra					
мі	llennium Corporate Solutio	ns			PHONE [AC. No. Ext): (949) 857-4500 FAX (A/C, No): (949) 857-4800					
1	cense # 0C13480		E-MAIL	ss: Libarra	emcsins.					
	30 Trabuco Road				AUURE	***************************************		IDING COVERAGE		NAIC #
Ir	vine CA 92	620			INGLIDE			ince Company		17376
	URED							surance Company		25224
En.	vironmental Contractors Tr	angı	oort	ation. Inc.	INSUR		DTATOO +:	ideration company		
ŀ	A: ECTI		,		INSURE					
95	3 W. Reace Street				INSURE		-	 		
1 " "	n Bernardino CA 92	411			INSURE					
			CATE	NUMBER:15-16 All				REVISION NUMBER:		27.4
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RISERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POL	INSUI REME TAIN, ICIES	RANCE LISTED BELOW HA INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANDED BY	N ISSUED TO Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		(WWIDDAYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR	1	1					PREMISES (Ea occurrence)	\$	300,000
1	X Mold Abatement			ECPO1526043-15		12/31/2015	12/31/2016	MED EXP (Any one person)	\$	10,000
		ļ						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1	İ					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMPIOP AGG	\$	2,000,000
	OTHER:							Employee Benefits	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X ANY AUTO							BODILY INJURY (Per person)	\$	4:
_	ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED		l	BAP1526047~15		12/31/2015	12/31/2016	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED				Ì			PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	5,000,000
A	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5,000,000
	DED X RETENTION\$ 0			FFX1526046-15		12/31/2015	12/31/2016		\$	u N≢si ² °
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	1,000,000
В	(Mandatory in NH)	"'^		WCA1526056-15		1/1/2016	1/1/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yas, describe under DESCRIPTION OF CPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
	rtificate Holder is named A				spect	s General	Liabili	y per form ECP10	04 04	10
att	tached where required by wi	est	en (contract.						
										14,00
CE	RTIFICATE HOLDER				CANC	ELLATION				
	**PROOF OF INSURANCE*	*			THE	EXPIRATION	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.	BE DEI	LIVERED IN
					AUTHO	RIZED REPRESE	NTATIVE			ř
					Liz I	barra/JA	NI	Lis Ob	a\s	ra o

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A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection or information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation Federal Motor Carrier Safety Administration

Endorsement for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

Issued to Environmental Contractors Transportation, Inc.	of California	ન્ ર ાં હ
(Motor Carrier name)	(Motor Carrier state or province)	f
Dated at 2:30 pm on this 29th day of December		
-	e Date: December 31, 2015	No. pt.
Name of Insurance Company: Great Divide Insurance Company		
Countersigned by: (autho	24 Leung Tologrish Company representative)	
The policy to which this endorsement is attached provides primary or e	xcess insurance, as indicated for the limits shown (check only one):
This insurance is primary and the company shall not be liable for amounts in e	excess of \$ 1,000,000.00 for each accident.	` .
This insurance is excess and the company shall not be liable for amounts in exc underlying limit of \$	ess of \$for each accident in exc	ss of the
Whenever required by the Federal Motor Carrier Safety Administration (said policy and all its endorsements. The company also agrees, upon tel to verify that the policy is in force as of a particular date. The telephone	ephone request by an authorized representative o	
Cancellation of this endorsement may be effected by the company of the the other party (said 35 days notice to commence from the date the not and (2) if the insured is subject to the FMCSA's registration requirements	dce is mailed, proof of mailing shall be sufficient p	roof of notice),

the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or 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.

Property Damage means damage to or loss of use of tangible property.

Environmental Restaration means restitution 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.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

(continued on next page)

icol.

Transportation Unit 8800 Cal Center Drive Sacramento, CA 95826-3200 Phone (916) 440-7145 Fax (916) 255-6436

47. . . .

CERTIFICATE OF INSURANCE FOR PUBLIC LIABILITY COVERAGE

- 		
NAME OF INSURED:	ADDRESS:	PHONE NUMBER:
Environmental Contractors Transportation, Inc.	957 W. Reece St., San Bernardino, CA 92411	
The state of the s	L	•

CERTIFICATION

The authorized signature below certifies that: (a) each policy of insurance listed below has been issued to the insured named above and is in force at this time and (b) each policy so listed PROVIDES VEHICLE LIABILITY COVERAGE FOR "PUBLIC LIABILITY" WHICH INCLUDES LIABILITY FOR "BODILY INJURY," "PROPERTY DAMAGE" AND "ENVIRONMENTAL RESTORATION" PURSUANT TO SECTION 25169 OF THE CALIFORNIA HEALTH AND SAFETY CODE with respect to the operation, maintenance or use by the named insured of any vehicle for which registration or authorization to transport hazardous waste is required by the Department of Toxic Substances Control of the State of California regardless of whether such vehicles are specifically described in the policy.

PRIMARY INSURANCE COMBINED SINGLE LIMI INSURANCE POLICY NUMBER: BAP1526047-18	EFFECTIVE DATE OF COVERAGE: 12/31/2015		
INSURANCE COMPANY NAME: Great Divide Insurance Company	ADDRESS: 7233 E. Butherus Drive Scottsdale, AZ 85260	TELEPHONE NUMBER: (480) 951-0905	
This policy provides coverage for public liability incluamount of \$ 1,000,000 In accordance	uding bodily injury, property damage and endence with language consistent with a MCS-9	nvironmental restoration for the 0 endorsement.	
EXCESS LIABILITY INSURANCE INSURANCE POLICY NUMBER: FFX1526046-15	EFFECTIVE DATE OF COVERAGE: 12/31/2015		
INSURANCE COMPANY NAME: Nautilus Insurance Company	ADDRESS: 7233 E. Butherus Drive Scottsdale, AZ 85260	TELEPHONE NUMBER: (480) 951-0905	
This policy provides coverage for amounts in excess o damage and environmental restoration for the amou with a MCS-90 endorsement.	f the primary insurance for public liability inc unt of \$_4,000,000in acco	duding bodily injury, property rdance with language consistent	

CANCELLATION ENDORSEMENT

The authorized signature below warrants and guarantees that each insurance policy for which this <u>Certificate of Insurance</u> is issued is effective until canceled or expired; and, such policy coverage shall remain in full force and effect until the thirtieth (30th) day after a <u>Notice of Cancellation</u> in writing is given on behalf of the insurance Company to the Department of Toxic Substances Control. The thirty (30) day period is to commence from the date the <u>Notice of Cancellation</u> is provided to the Department of Toxic Substances Control, Transportation Unit.

This <u>Certificate of Insurance</u> and any <u>Notice of Cancellation</u> are properly filed by mailing, postage paid, to the Department of Toxic Substances Control, Transportation Unit, 8800 Cal Center Drive, Sacramento, California 95826-3200.

AUTHORIZED SIGNATURE

I HEREBY CERTIFY under penalty of law that: (a) all information provided is true and correct, and (b) either the insurance Company is admitted by the Department of insurance in the State of California to write the listed insurance policies OR, if not admitted, I am licensed by the California Department of Insurance as a "Surplus Lines Broker" authorized to represent the named insurance Company in making this certification.

AUTHORIZED SIGNATURE (Signature in contrasting color ink)		DATE SIGNED: 12/29/2015		
NAME AND TITLE: (Please print or type) Tobias J. Leung	SURPLUS LINES BROKER NO. (If applicable): CA 0H05115			
COMPANY NAME: Berkley Managers Ins Services LLC	SIGNER'S COMPANY ADDRESS: 1277 Treat Blvd Ste 300 Walnut Creek, CA 94597	TELEPHONE NUMBER: (925) 472-8201		

(DEFINITIONS USED IN THIS <u>CERTIFICATE OF INSURANCE</u> ARE SHOWN ON THE REVERSE SIDE OF THIS FORM.)

DTSC 8038 [front] (7/09)

NOT TRANSFERABLE

CITY OF SAN BERNARDINO BUSINESS REGISTRATION CERTIFICATE

ACCOUNT NUMBER

This Business Registration Certificate does not indicate the legal operation of this business at this location. Other approvals by other City departments, such as Development services may be required. This Certificate is issued without verification that the certificate is subject to or exempt from licensing by the State of California.

RENEWAL. The Business Owner is responsible for timely renewal. Not receiving a renewal notice for any reason does not relieve responsibility for timely payment. If not paid within 30 days of the expiration date shown, a 50% penalty will be imposed.

948257

BUSINESS CLASS:

PROFESSIONAL ADMINISTRATIV

EXPIRATION DATE 12/31/2016

DATE PAID

NOTES:

03/14/2016

BUSINESS LOCATION: 953 REECE ST

OWNER, FIRM OR CORPORATION

ENVIRONMENTAL CONTRACTORS TRASNPORTAT

BUSINESS NAME

ENVIRONMENTAL CONTRACTORS TRASNPORTATION

ATTENTION MAILING ADDRESS

PO BOX 7318

SAN BERNARDINO, CA, 92411-0318

Georgeann "Gigi" Hanna

CITY CLERK

POST IN A CONSPICUOUS PLACE • PHOTOCOPIES ARE NOT VALID

KEEP FOR YOUR RECORDS

CITY OF SAN BERNARDINO



U.S. SMALL BUSINESS ADMINISTRÁTION WASHINGTON, DC 20416

JUN 15 2000

Environmental Contractors Transportation, Inc. 953 W. Reece Street San Bernardino, CA 92411

Welcome to the HUBZone Empowerment Contracting Program. I am pleased to advise you that your application for certification as a "qualified HUBZone small business concern" has been approved. This certification is effective the date of this letter. It shall remain in effect for a year from the date of this letter provided that your firm remains in compliance with continuing program eligibility requirements. You are required to certify on an annual basis within 30 days after your certification date that your firm is in compliance with current HUBZone rules and regulations (13 CFR 126.100-500). Failure to do so will result in SBA proposing the decertification of your firm. Furthermore, SBA may contact you to arrange a program examination to validate program eligibility and compliance (13 CFR § 126.402).

Your firm is now eligible to receive HUBZone contracting opportunities, and will be included in the listing of qualified HUBZone small business concerns found on the Internet at http://www.sba.gov/hubzone.

Your firm was not listed in the U.S. Small Business Administration's (SBA's) PRO-Net database; therefore, a new record has been created in that system. PRO-Net is a premier marketing tool for small businesses seeking to do business with the Federal government. It is also a source that Pederal agencies will check to determine if your firm has been certified by SBA and eligible to receive contracts under the HUBZone program. You may update certain information contained in the HUBZone Program and PRO-Net databases by using the identification number and temporary password listed below. To ensure data security, you should change your temporary password at the earliest opportunity.

Identification Number: P0214182
Password: P0214182

Although your firm was approved under Primary Standard Industrial Classification (SIC) Code 4212, this does not prevent your firm being awarded contracts under other SIC Codes, as long as the firm is qualified to perform. In this regard, please note that you are responsible for researching and identifying potential contracts that may be available through the HUBZone Empowerment Contracting Program. However, the SBA can assist you in this effort through our Government Contracting web-site at www.sba.gov/GC. This site provides a wide array of valuable Federal contract marketing material, including identification of specific contracting opportunities and points of contact at SBA and Federal acquisition agencies. I encourage you to make full use of the very valuable information on this web-site. Also, although your status as a certified HUBZone greatly improves your access to Federal contracts, this cartification does not guarantee contract awards. Your ability to research opportunities and bid competitively will be the key to your success in this program.

. Good luck in your business endeavors!

Sincerely

Michael McHale

Associate Administrator

HUBZone Empowerment Contracting Program.

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

P. O. Box 942898 Sacramento, California 94298-0001 (916) 375-2810 (800) 735-2929 (TT/TDD) (800) 735-2922 (Voice)



February 17, 1999

ASSIGNMENT OF CARRIER IDENTIFICATION NUMBER CA 172336

File No.: 42.A4048.LTR1

ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC P O BOX 7318 SAN BERNARDINO, CA 92411

Your company has been assigned Carrier Number CA 172336 in the California Highway Patrol's Management Information System of Terminal Evaluation Records (MISTER). This is an automated file pertaining to motor carriers operating in the State of California. MISTER gives the CHP immediate access to emergency information about your company. It also allows the CHP to make better use of its inspection personnel by monitoring the overall safety operations of carriers. This is done by collecting information regarding citations, traffic accidents, hazardous material spills, and terminal evaluation ratings.

Your assigned Carrier Number must be displayed according to Vehicle Code Section 34507.5 (e.g., on both sides of at least one vehicle in a combination as described in Section 34500, any motortruck of two or more axles that is more than 10,000 pounds gross vehicle weight rating, or any other motortruck or motor vehicle used to transport property for compensation). Carriers displaying any one of the following valid numbers on their vehicles(s) are not required to display a CA number: a CAL-T number issued by the California Public Utilities Commission to household goods carriers; a TCP or PSC number issued by the California Public Utilities Commission to passenger carriers; or a DOT, MC or MX number issued by the former Interstate Commerce Commission (ICC) or the Federal Highway Administration (FHWA), Office of Motor Carriers to truck and passenger carriers. The number must be legible from 50 feet during normal daylight hours (approximately two Inches high) and in a contrasting color to the background.

Example of proper display: CA 172336

If you have any questions regarding your assigned Carrier Number or the requirement to display the number, please contact the CHP INLANDS DIVISION at (909) 383-4811.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

OFFICE OF PREVENTION, PESTICIDES AND TOXIC SUBSTANCES

BERRY, JOHN E C T I PO BOX 7318 SAN BERNADINO, CA 92411

> (7404) April 26, 1999 6325

Subject: Notification of PCB Activity

Thank you for filing the Notification of PCB Activity form dated February 24, 1999 for the facility location listed below:

E C T I 953 W. REECE STREET SAN BERNADINO, CA 92411

Please be advised that the EPA Identification Number for the above facility is correctly stated on your form as CAR000049064. This is the number you will use for reporting PCB activity.

If you have any questions regarding the accuracy of the EPA ID number, please call (301) 294-2840. All other questions should be directed to the Fibers & Organics Branch at (202) 260-3933.

Sincerely,

Tony Baney, Chief Fibers & Organics Branch





U.S. Department ο£ Transportation **Federal Motor Carrier Safety** Administration

1200 New Jersey Ave., S.R. Washington, DC 20590

June 10, 2009

NORM BRUSTER CONTROLLER ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC BCTI PO BOX 7318 BAN BERNARDINO, CA 92411

Dear NORM BRUSTER:

This is in response to your request for the USDOT number assigned to your company. In addition to your USDOT number, we are providing you with a personal identification number (PIN) to update your motor carrier record electronically on the Federal Motor Carrier Safety Administration (FMCSA) website, at http://safer.fmcsa.dot.gov. Your PIN is your personal identifier and should not be shared with anyone. Your USDOT number and PIN are:

USDOT 801209

Your USDOT number should be marked on your commercial motor vehicles as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSR's). All commercial motor vehicles operating in interstate or foreign commerce must be marked with a USDOT number.

If you need further assistance, please contact PMCSA's technical support at 1-800-832-5660.

Sincerely,

David C. Answalt Director, Office of Information Technology

& anewalt

United States Environmental Protection Agency-Region 9 75 Hawthorne Street, (WST-6) San Francisco, CA, 94105.

February 18, 1999

Mr John Berry, Pres B C T I 953 W Raece St San Bernardino, CA 92411

The US Environmental Protection Agency (EPA) has assigned an HPA Identification (ID) number to your location. HPA has assigned this ID number in response to the Notification of Regulated Waste Activity Form (Form 8700-12) received from your installation on February 17, 1999.

By submitting the Form 8700-12, your installation has notified the 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.

RCRA ID number:

- CAR000049064

assigned to:

ECTI

953 W Reece St

San Bernardino, CA 92411

EPA has listed your status as:
Hazardous Waste Transporter

For assistance with questions regarding RCRA regulations, call the National RCRA Hotline at (800) 424-9346. For assistance with any other questions, or if you need a current version of the RPA Notification of Regulated Waste Activity Form (Form 8700-12) please contact:

U.S. EPA Region 9 RCRA Notifications 75 Hawthorne Street (WST-6/Tetra Tech) San Francisco, CA 94105 Phone: (415) 495-8895

Certificate Of Compliance

U.S. Department of Transportation, Federal Highway Administration Federal Motor Carrier Controlled Substances and Alcohol Use and Testing

This certifies that

ECTI

has enrolled in an anti-drug and alcohol misuse prevention program as required by 49 CFR Part 382.



Advanced Workplace Strategies, Inc. 17542 E. 17th Street, Suite 330 Tustin, California 92780 (714) 731-3084

Enrollment Date: May 18, 1999 Expiration Date: May 17, 2017

Scott Relph

Director of Operations

CALIFORNIA HIGHWAY PATROL

hereby awards this

Certificate of Achievement

ECTL

953 WEST REECE STREET SAN BERNARDINO, CA 92411

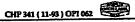
6 Consecutive Satisfactory Ratings and 1 Administrative Review Since APRIL 30, 2001

There is established in the California Vehicle Gode a biennial motor carrier safety compliance inspection program to be conducted by the California Highway Patrol. That program, known as the Biennial Inspection of Terminals (BIT) Program, requires all motor carriers operating trucks from terminals located in California to undergo an inspection of each operational terminal to rate their compliance with applicable laws and regulations relating to motor carrier safety.

This is to certify that this terminal has achieved consecutive satisfactory safety compliance ratings as indicated above. The California Highway Patrol congratulates this terminal on this meritorious achievement and recognizes the commitment to highway safety demonstrated by the personnel responsible for the operation of this terminal.

12-16-14







Janice K. Brewer Governor

ARIZONA DEPARTMENT ENVIRONMENTAL QUALITY

1110 West Washington Street • Phoenix, Arizona 85007 (602) 771-2300 • www.azdeq.gov



Director

April 16, 2015 **REF: SWICU15-160**

Mr. John Minutoli President Environmental Contractors Transportation, Inc. P.O. Box 7318 San Bernardino, CA 92411

RE: Special Waste Transporter Identification Number #302162, Environmental Contractors Transportation, Inc., 953 W. Reece Street, San Bernardino, CA 92411

Dear Mr. Minutoli:

Your application for an Arizona Special Waste Transporter Identification Number has been received and reviewed by the Arizona Department of Environmental Quality. The number assigned to the specific facility or site referenced above is #302162. This number must be used on all forms associated with the handling of wastes designated as "special wastes" by the State. In addition, the number shall be used for the specific facility listed on the application.

Please notify this Department if the specific facility or site discontinues the handling of special wastes and/or your handling procedures are expanded so that the special waste transporter account can be closed.

Thank you for your prompt attention to this matter. If you have any questions concerning the handling of special waste please feel free to contact me at (602) 771-4711 or toll free at (800) 234-5677 Ext. 771-4711.

Sincerely,

Lori Plato, Compliance Officer

Solid Waste Inspections and Compliance Unit

Waste Programs Division

Southern Regional Office 400 West Congress Street • Suite 433 • Tucson, AZ 85701 (520) 628-6733



State of California—Health and Human Services Agency California Department of Public Health



MEDICAL WASTE TRANSPORTER APPROVAL AND CONDITIONS

March 12, 2015

The Department of Public Health, Medical Waste Management Program, has registered your company as a medical waste transporter. You are required to maintain your registration as a hazardous waste transporter, per HSC §§118000 - 118040 and to abide by all of the conditions on the enclosed page.

Hazardous Waste Transporter Registration Number:

3731

Company name/address/phone:

Environmental Contractors Transportation, Inc. (ETCI) PO Box 7318

San Bernardino, CA 92411

Contact Person:

John Minutoli

You are subject to all applicable provisions of the Medical Waste Management Act, Division 104, Part 14, Chapter 6, of the Health and Safety Code and the conditions set forth on the following page. If you have any questions, please contact us at (916) 449-5671.

Alison F. Dabney, Chief

Medical Waste Management Program

DEPARTMENT OF PUBLIC HEALTH MEDICAL WASTE MANAGEMENT PROGRAM

1816 CAPITOL AVENUE, 2nd FLOOR - MS 7405 P.O. BOX 997377

SACRAMENTO, CA 95899-7377 Phone: 916-449-5671

April 11, 2016 ID Number **TSW 555**

Mr. Edward Vasquez
Environmental Contractors Transportation, Inc. (ECTI)
P O Box 7318
San Bernardino, CA 92411

Dear Mr. Vasquez:

Your Trauma Scene Waste Management Practitioner certificate is shown below. Please retain this for your records.

If you have questions regarding this certificate, please call (916) 449-5671.



STATE OF CALIFORNIA
Department of Public Health
Medical Waste Management Program



Environmental Contractors Transportation,

Registration No.

555

is registered as a

TRAUMA SCENE WASTE MANAGEMENT PRACTITIONER

Expiration Date May 17, 2017

The facility named herein is registered pursuant to the provisions of the Medical Waste Management Act,
Division 104, Part 14, Chapter 5 of the California Health and Safety Code,
and shall be subject to all applicable provisions of this law. This registration is not transferable and is
valid only in California.

Date Issued: 4/11/2016

alethology

Alison Dabney, Chief Medical Waste Management Program

State of California

Department of Resources Recycling and Recovery

Tire Program Identification Number

1546673-01

Environmental Contractors Transportation, Inc. 953 Reece St San Bernardino, CA 92411-2356 SITE ADDRESS: . 953 Reece St . San Bernardino, CA 92411-2356

Do not copy or reproduce

Post this certificate in a conspicuous place



STATE OF CALIFORNIA BUSINESS, TRANSPORTATION AND HOUSING AGENCY

DEPARTMENT OF MOTOR VEHICLES MOTOR CARRIER SERVICES BRANCH MS 9875 P.O. BOX 982870 Sagramento, CA. 94282-9700 (916) 657-8153





ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC PO BX 7318 SAN BERNARDINO, CA 92411

Description of the Control of the Co	МО	TOR C	-EXPIRING ARRIER PEI ined Carrier	RMIT ·			
DEPARTMENT OF MOTO Motor Carrier Services Branch	R VEHICLES	Valid From:	11/27/2007	Valid Through:	Non-Expiring		
P.O. BOX 932370 Sacramento	, CA. 94232-3700	CA#:	0172336				
ENVIRONMENTAL CO TRANSPORTAT PO BX 7318 SAN BERNARDINO, CA	the Un	The carrier named on this permit is subject to the Unified Carrier Registration Act (UCRA) of 2005, and is granted a non-expiring permit of the following classification: For Hira Gerporation					
Fmt Date: N/A	Office #: 154	Not V	alid for Intrast	ate Only	Operations		
Account #: 977233	Tech ID: BT	_		or in the second	i		
Sequence #: 0009	Amt Paid: No Res			-			

- This non-expiring Motor Carrier Permit (MCP) will remain valid as long as you continue to conduct interstate operations. The Unified Carrier Registration Act (UCRA) of 2005 exempts combined carriers (carriers who operate both intra and interstate) from MCP requirements.
- Federal Motor Carrier Safety Administration insurance requirements must be maintained.
- If you commence intrustate only operations, you must renew your MCP.

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

DMV 2200 MCP (NEW 10/2007)

A Public Service Agency

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS CERTIFICATE OF REGISTRATION FOR REGISTRATION YEAR(S) 2015-2018

Registrant:

ENVIRONMENTAL CONTRACTORS TRANSPORTATION, INC.

Attn: JOHN MINUTOLI 953 W REECE ST

SAN BERNARDINO, CA 92411

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: 052115 551 076XZ

Issued: 05/21/2015

Expires: 06/30/2018

HM Company ID: 038119

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-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.





Department of Toxic Substances Control



Barbara A. Lee, Director 1001 "I" Street P.O. Box 806 Sacramento, California 95812-0806-

Edmund G. Brown Jr. Governor

HAZARDOUS WASTE TRANSPORTER REGISTRATION

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

E C T I PO BOX 7318 SAN BERNARDINO, CA 92411

TRANSPORTER REGISTRATION NO.: 3731

EXPIRATION DATE: APRIL 13, 2017

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) 440-7145.

lusey bresa	
(AUTHÓRIZED SIGNATURE)	
APRIL 13, 2016	
(DATE)	

	STATE OF CALIFORNIA	CONTROL NUM	BER	LICENSE NUMBER	136UE	DATE	EFFECTIVE DATE	EXPIRATION DATE
CALLET RIVA	DEPARTMENT OF CALIFORNIA HIGHWAY PATROL	219003		141373	3/24	2016	5/1/2016	4/30/2017
HAZARDOUS MATERIALS TRANSPORTATION LICENSE CHP 360H (REV. 1/00) OPI 062	CHP CARRIER NUMBER		LOCATION	Duplicate		• 🗀	Replacement	
	CA 17233	6	860		Initial	₹	Renewal	
	PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP) The original valid license must be kept at the licensee's place of business as indicated on the ficense and a legible copy must be carried in any vehicle or combination transporting hazardous materials and must be presented to any CHP officer upon request. This license is NON-TRANSFERABLE and must be presented to any CHP officer upon request.							
LICENSEE NA	ME AND PHYSICAL STATION ADDRESS (if different than below)	be surrende	red to the CH	P upon demand or a hith chall marife a n	s requ	nee This is	ense may be ret	newed by submitting
953 WEST R	NTAL CONTRACTORS TRANSPORTATION INC EECE STREET RDINO CA, US 92411	control of the licensed activity shall require a new license. This license may be renewed by submon an application and appropriate fee to the CHP. Persons whose licenses have expired or are other no longer valid must immediately case the activity requiring a license. THERE IS NO GRACE PERIOD. For licensing information contact CHP, Commercial Vehicle Section at (816) 843-3400.				NO GRACE		
		This ca	tier is on the s	special routing/sage :	stoppia	ng place mai	ling lists as Indic	ated below:
	LICENSEE NAME AND MAILING ADDRESS			lives subject to Div				
Attention: JOHN MINUTOLI		1 🗆	(HMPH) Polse 14.3, CVC.	on Inhalation Hazar	d mai	erials in bui	ik packages sub	ject to Division
ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC P O BOX 7318 SAN BERNARDINO CA, US 92411	(HMRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.6, CVC.							
				spilis, or causes the mmediately notify the ure to make the appr				azardous wasts tion for that highway. VC Section 23112.5)
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Alliance for Uniform Hazmat Transportation Procedures Uniform Program Credentials



ENVIRONMENTAL CONTRACTORS TRANSPORTATION, INC. DBA: E.C.T.I
P.O. BOX 7318
SAN BERNARDINO, CA 92411

USDOT Census #: 801209

MC #: N/A

EPA Transporter ID #: CAR000049064

PHMSA #: 051614551047W

Telephone number to call in case of accident or emergency: 800-535-5053

Uniform Program #: UPM-801209-NV

Certified by: Sarena Nichols

Registration Issued: April 01, 2016 Registration Expiration: March 31st, 2017

Issuing Agency: Nevada Highway Patrol

Agency Telephone Number: 775-684-4622





ECTI



STATE BOARD OF EQUALIZATION

MOTOR CARRIER OFFICE

1030 RIVERSIDE PARKWAY STE 125, WEST SACRAMENTO, CALIFORNIA
PO BOX 942879, SACRAMENTO, CALIFORNIA 94279-0065

1-800-400-7115 (TTY:711) • FAX 1-916-373-3070

www.boe.ca.gov

ENVIRONMENTAL CNTRCTRS TRNSPN INC

CA 92411-2356

SEN. GEORGE RUNNER (Ret.)
First District, Lancaster

FIONA MA, CPA Second District, San Francisco

JEROME E. HORTON Third District, Los Angeles County

> DIANE L. HARKEY Fourth District, Orange County

> > BETTY T. YEE State Controller

CYNTHIA BRIDGES
Executive Director

Account: IF STF 59024635

Valid: January 01, 2016
Expires: December 31, 2016

Decal Number(s): 6031485 - 6031495

Express Login Code: r416286t

Dear IFTA Licensee:

953 REECE ST SAN BERNARDINO

Enclosed are your International Fuel Tax Agreement (IFTA) credentials which include an IFTA license and IFTA decals. Your credentials are valid until the expiration date shown above, unless canceled or revoked prior to the expiration date.

IFTA License

Please verify the information printed on your license is accurate. If you find a mistake, contact our office immediately so that we may send you a corrected license. You must photocopy the license and carry a copy in each qualified motor vehicle that you operate in IFTA jurisdictions.

IFTA Decais

One set of decals is enclosed for each qualified motor vehicle that you operate in IFTA jurisdictions. The decals are not vehicle-specific. You may use any set of decals on any qualified motor vehicle identified on your application. Please refer to the back of the decal for information on how to apply them to your vehicle(s).

IFTA Quarterly Returns

You must file and pay IFTA returns online. To file your returns, go to www.boe.ca.gov and log in. You will need your account number (0590*****) and express login code (which are referenced above) or your user ID. Your IFTA reporting periods and due dates are:

- Reporting quarter January 1 through March 31 is due on April 30
- Reporting quarter April 1 through June 30 is due on July 31
- Reporting quarter July 1 through September 30 is due on October 31
- Reporting quarter October 1 through December 31 is due on January 31

We no longer mail paper returns. If you wish to receive email reminders when it is time to file your return(s) and notices when new information is available online, please log in to our online services and update your email address. Once you log in with your user ID, you will find other online services available to make it easier to do business with us.

IFTA Resources

We have numerous resources available on our website at www.boe.ca.gov. You will find newsletters, special notices, and the Guide to the International Fuel Tax Agreement which explains your rights and responsibilities as an IFTA carrier. These resources are only available electronically.

For more information, please call our Customer Service Center at 1-800-400-7115 (TTY:711); follow the prompts for "Special Taxes and Fees." Our representatives are available weekdays from 8:00 a.m. to 5:00 p.m. (Pacific time), except state holidays.

STATE BOARD OF EQUALIZATION

Motor Carrier Office

Enclosures

BOE-399-IFT REV. 12 (8-13)



DATE (MM/DD/YYYY) 12/29/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

	he terms and conditions of the policy ertificate holder in lieu of such endor				ndorse	ment. A sta	tement on th	is certificate does not d	onfer	rights to the
	DDUCER	30111	oningo,	·	CONTACT Liz Ibarra					
мі	llennium Corporate Solutio	ns			NAME: PHONE PHONE					
1	cense # 0C13480				E-MAIL ADDRESS: LIbarra@mcsins.com					
	30 Trabuco Road				AUURE	***************************************		IDING COVERAGE		NAIC #
Ir	vine CA 92	620			INGLIDE			ince Company		17376
	NSURED							surance Company		25224
En.	Environmental Contractors Transportation, Inc.					RC:	DTATOO +:	ideration company		
ŀ	A: ECTI		,		INSURE					
95	3 W. Reace Street				INSURE		-	 		
1 " "	n Bernardino CA 92	411			INSURE					
			CATE	NUMBER:15-16 All				REVISION NUMBER:		27.4
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RISERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POL	INSUI REME TAIN, ICIES	RANCE LISTED BELOW HA INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANDED BY	N ISSUED TO Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		(WWIDDAYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR	1	1					PREMISES (Ea occurrence)	\$	300,000
1	X Mold Abatement			ECPO1526043-15		12/31/2015	12/31/2016	MED EXP (Any one person)	\$	10,000
		ļ						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1	İ					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMPIOP AGG	\$	2,000,000
	OTHER:							Employee Benefits	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X ANY AUTO							BODILY INJURY (Per person)	\$	4:
_	I I ALL OWNED I SCHEDULED		BAP1526047~15		12/31/2015	12/31/2016	BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X AUTOS							PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	5,000,000
A	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5,000,000
	DED X RETENTION\$ 0			FFX1526046-15		12/31/2015	12/31/2016		\$	u N≢si ² °
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	1,000,000
В	(Mandatory in NH)	"'^		WCA1526056-15		1/1/2016	1/1/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yas, describe under DESCRIPTION OF CPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
	rtificate Holder is named A				spect	s General	Liabili	y per form ECP10	04 04	10
att	tached where required by wi	est	en (contract.						
										14,00
CE	RTIFICATE HOLDER				CANC	ELLATION				
PROOF OF INSURANCE					THE	EXPIRATION	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.	BE DEI	LIVERED IN
					AUTHO	RIZED REPRESE	NTATIVE			ř
					Liz I	barra/JA	NI	Lis Ob	a\s	ra o

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection or information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation Federal Motor Carrier Safety Administration

Endorsement for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

Issued to Environmental Contractors Transportation, Inc.	of California
(Motor Carrier name)	(Motor Carrier state or province)
Dated at 2:30 pm on this 29th day of December ,	2015
	December 31, 2015
Name of Insurance Company: Great Divide Insurance Company	
Countersigned by: (authorized	Leung Tollompany representative)
The policy to which this endorsement is attached provides primary or excess	s insurance, as indicated for the limits shown (check only one):
This insurance is primary and the company shall not be Hable for amounts in excess	of \$ 1,000,000.00 for each accident.
This insurance is excess and the company shall not be liable for amounts in excess of underlying limit of \$	for each accident in excess of the
Whenever required by the Federal Motor Carrier Safety Administration (FMC) said policy and all its endorsements. The company also agrees, upon telephoto verify that the policy is in force as of a particular date. The telephone number of the safety of the	one request by an authorized representative of the FMCSA,
Cancellation of this endorsement may be effected by the company of the ins the other party (said 35 days notice to commence from the date the notice is and (2) if the insured is subject to the FMCSA's registration requirements und the FMCSA (said 30 days notice to commence from the date the notice is recommended).	s mailed, proof of mailing shall be sufficient proof of notice), der 49 U.S.C. 13901, by providing thirty (30) days notice to

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or 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.

Property Damage means damage to or loss of use of tangible property.

Environmental Restaration means restitution 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.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

(continued on next page)

icol.

Transportation Unit 8800 Cal Center Drive Sacramento, CA 95826-3200 Phone (916) 440-7145 Fax (916) 255-6436

47. . . .

CERTIFICATE OF INSURANCE FOR PUBLIC LIABILITY COVERAGE

- 		
NAME OF INSURED:	ADDRESS:	PHONE NUMBER:
Environmental Contractors Transportation, Inc.	957 W. Reece St., San Bernardino, CA 92411	
The state of the s	L	•

CERTIFICATION

The authorized signature below certifies that: (a) each policy of insurance listed below has been issued to the insured named above and is in force at this time and (b) each policy so listed PROVIDES VEHICLE LIABILITY COVERAGE FOR "PUBLIC LIABILITY" WHICH INCLUDES LIABILITY FOR "BODILY INJURY," "PROPERTY DAMAGE" AND "ENVIRONMENTAL RESTORATION" PURSUANT TO SECTION 25169 OF THE CALIFORNIA HEALTH AND SAFETY CODE with respect to the operation, maintenance or use by the named insured of any vehicle for which registration or authorization to transport hazardous waste is required by the Department of Toxic Substances Control of the State of California regardless of whether such vehicles are specifically described in the policy.

PRIMARY INSURANCE COMBINED SINGLE LIMI INSURANCE POLICY NUMBER: BAP1526047-18	EFFECTIVE DATE OF COVERAGE: 12/31/2015	
INSURANCE COMPANY NAME: Great Divide Insurance Company	ADDRESS: 7233 E. Butherus Drive Scottsdale, AZ 85260	TELEPHONE NUMBER: (480) 951-0905
This policy provides coverage for public liability incluamount of \$ 1,000,000 In accordance	ding bodily injury, property damage and educe with language consistent with a MCS-9	nvironmental restoration for the 0 endorsement.
EXCESS LIABILITY INSURANCE INSURANCE POLICY NUMBER: FFX1526046-15	5	EFFECTIVE DATE OF COVERAGE: 12/31/2015
INSURANCE COMPANY NAME: Nautilus Insurance Company	ADDRESS: 7233 E. Butherus Drive Scottsdale, AZ 85260	TELEPHONE NUMBER: (480) 951-0905
This policy provides coverage for amounts in excess o damage and environmental restoration for the amou with a MCS-90 endorsement.	f the primary insurance for public liability industrial in account of \$_4,000,000 in account of \$_4,000,000	duding bodily injury, property rdance with language consistent

CANCELLATION ENDORSEMENT

The authorized signature below warrants and guarantees that each insurance policy for which this <u>Certificate of Insurance</u> is issued is effective until canceled or expired; and, such policy coverage shall remain in full force and effect until the thirtieth (30th) day after a <u>Notice of Cancellation</u> in writing is given on behalf of the insurance Company to the Department of Toxic Substances Control. The thirty (30) day period is to commence from the date the <u>Notice of Cancellation</u> is provided to the Department of Toxic Substances Control, Transportation Unit.

This <u>Certificate of Insurance</u> and any <u>Notice of Cancellation</u> are properly filed by mailing, postage paid, to the Department of Toxic Substances Control, Transportation Unit, 8800 Cal Center Drive, Sacramento, California 95826-3200.

AUTHORIZED SIGNATURE

I HEREBY CERTIFY under penalty of law that: (a) all information provided is true and correct, and (b) either the insurance Company is admitted by the Department of insurance in the State of California to write the listed insurance policies OR, if not admitted, I am licensed by the California Department of Insurance as a "Surplus Lines Broker" authorized to represent the named insurance Company in making this certification.

AUTHORIZED SIGNATURE (Signature in contra	DATE SIGNED: 12/29/2015	
NAME AND TITLE: (Please print or type) Tobias J. Leung	SURPLUS LINES BROKER NO. (if applical CA 0H05115	ble):
COMPANY NAME: Berkley Managers Ins Services LLC	SIGNER'S COMPANY ADDRESS: 1277 Treat Blvd Ste 300 Walnut Creek, CA 94597	TELEPHONE NUMBER: (925) 472-8201

(DEFINITIONS USED IN THIS <u>CERTIFICATE OF INSURANCE</u> ARE SHOWN ON THE REVERSE SIDE OF THIS FORM.)

DTSC 8038 [front] (7/09)

NOT TRANSFERABLE

CITY OF SAN BERNARDINO BUSINESS REGISTRATION CERTIFICATE

ACCOUNT NUMBER

This Business Registration Certificate does not indicate the legal operation of this business at this location. Other approvals by other City departments, such as Development services may be required. This Certificate is issued without verification that the certificate is subject to or exempt from licensing by the State of California.

RENEWAL. The Business Owner is responsible for timely renewal. Not receiving a renewal notice for any reason does not relieve responsibility for timely payment. If not paid within 30 days of the expiration date shown, a 50% penalty will be imposed.

948257

BUSINESS CLASS:

PROFESSIONAL ADMINISTRATIV

EXPIRATION DATE 12/31/2016

DATE PAID

NOTES:

03/14/2016

BUSINESS LOCATION: 953 REECE ST

OWNER, FIRM OR CORPORATION

ENVIRONMENTAL CONTRACTORS TRASNPORTAT

BUSINESS NAME

ENVIRONMENTAL CONTRACTORS TRASNPORTATION

ATTENTION MAILING ADDRESS

PO BOX 7318

SAN BERNARDINO, CA, 92411-0318

Georgeann "Gigi" Hanna

CITY CLERK

POST IN A CONSPICUOUS PLACE • PHOTOCOPIES ARE NOT VALID

KEEP FOR YOUR RECORDS

CITY OF SAN BERNARDINO



U.S. SMALL BUSINESS ADMINISTRATION WASHINGTON, DC 20416

JUN 15 2000

Environmental Contractors Transportation, Inc. 953 W. Reece Street San Bernardino, CA 92411

Welcome to the HUBZone Empowerment Contracting Program. I am pleased to advise you that your application for certification as a "qualified HUBZone small business concern" has been approved. This certification is effective the date of this letter. It shall remain in effect for a year from the date of this letter provided that your firm remains in compliance with continuing program eligibility requirements. You are required to certify on an annual basis within 30 days after your certification date that your firm is in compliance with current HUBZone rules and regulations (13 CFR 126.100-500). Failure to do so will result in SBA proposing the decertification of your firm. Furthermore, SBA may contact you to arrange a program examination to validate program eligibility and compliance (13 CFR § 126.402).

Your firm is now eligible to receive HUBZone contracting opportunities, and will be included in the listing of qualified HUBZone small business concerns found on the Internet at http://www.sba.gov/hubzone.

Your firm was not listed in the U.S. Small Business Administration's (SBA's) PRO-Net database; therefore, a new record has been created in that system. PRO-Net is a premier marketing tool for small businesses seeking to do business with the Federal government. It is also a source that Pederal agencies will check to determine if your firm has been certified by SBA and eligible to receive contracts under the HUBZone program. You may update certain information contained in the HUBZone Program and PRO-Net databases by using the identification number and temporary password listed below. To ensure data security, you should change your temporary password at the earliest opportunity.

Identification Number: P0214182
Password: P0214182

Although your firm was approved under Primary Standard Industrial Classification (SIC) Code 4212, this does not prevent your firm being awarded contracts under other SIC Codes, as long as the firm is qualified to perform. In this regard, please note that you are responsible for researching and identifying potential contracts that may be available through the HUBZone Empowerment Contracting Program. However, the SBA can assist you in this effort through our Government Contracting web-site at www.sba.gov/GC. This site provides a wide array of valuable Federal contract marketing material, including identification of specific contracting opportunities and points of contact at SBA and Federal acquisition agencies. I encourage you to make full use of the very valuable information on this web-site. Also, although your status as a certified HUBZone greatly improves your access to Federal contracts, this cartification does not guarantee contract awards. Your ability to research opportunities and bid competitively will be the key to your success in this program.

. Good luck in your business endeavors!

Sincerely

Michael McHale

Associate Administrator

HUBZone Empowerment Contracting Program.

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

P. O. Box 942898 Sacramento, California 94298-0001 (916) 375-2810 (800) 735-2929 (TT/TDD) (800) 735-2922 (Voice)



February 17, 1999

ASSIGNMENT OF CARRIER IDENTIFICATION NUMBER CA 172336

File No.: 42.A4048.LTR1

ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC P O BOX 7318 SAN BERNARDINO, CA 92411

Your company has been assigned Carrier Number CA 172336 in the California Highway Patrol's Management Information System of Terminal Evaluation Records (MISTER). This is an automated file pertaining to motor carriers operating in the State of California. MISTER gives the CHP immediate access to emergency information about your company. It also allows the CHP to make better use of its inspection personnel by monitoring the overall safety operations of carriers. This is done by collecting information regarding citations, traffic accidents, hazardous material spills, and terminal evaluation ratings.

Your assigned Carrier Number must be displayed according to Vehicle Code Section 34507.5 (e.g., on both sides of at least one vehicle in a combination as described in Section 34500, any motortruck of two or more axles that is more than 10,000 pounds gross vehicle weight rating, or any other motortruck or motor vehicle used to transport property for compensation). Carriers displaying any one of the following valid numbers on their vehicles(s) are not required to display a CA number: a CAL-T number issued by the California Public Utilities Commission to household goods carriers; a TCP or PSC number issued by the California Public Utilities Commission to passenger carriers; or a DOT, MC or MX number issued by the former Interstate Commerce Commission (ICC) or the Federal Highway Administration (FHWA), Office of Motor Carriers to truck and passenger carriers. The number must be legible from 50 feet during normal daylight hours (approximately two Inches high) and in a contrasting color to the background.

Example of proper display: CA 172336

If you have any questions regarding your assigned Carrier Number or the requirement to display the number, please contact the CHP INLANDS DIVISION at (909) 383-4811.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

OFFICE OF PREVENTION, PESTICIDES AND TOXIC SUBSTANCES

BERRY, JOHN
E C T I
PO BOX 7318
SAN BERNADINO, CA 92411

(7404) April 26, 1999 6325

Subject: Notification of PCB Activity

Thank you for filing the Notification of PCB Activity form dated February 24, 1999 for the facility location listed below:

E C T I 953 W. REECE STREET SAN BERNADINO, CA 92411

Please be advised that the EPA Identification Number for the above facility is correctly stated on your form as CAR000049064. This is the number you will use for reporting PCB activity.

If you have any questions regarding the accuracy of the EPA ID number, please call (301) 294-2840. All other questions should be directed to the Fibers & Organics Branch at (202) 260-3933.

Sincerely,

Tony Baney, Chief Fibers & Organics Branch





U.S. Department ο£ Transportation **Federal Motor Carrier Safety** Administration

1200 New Jersey Ave., S.R. Washington, DC 20590

June 10, 2009

NORM BRUSTER CONTROLLER ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC BCTI PO BOX 7318 BAN BERNARDINO, CA 92411

Dear NORM BRUSTER:

This is in response to your request for the USDOT number assigned to your company. In addition to your USDOT number, we are providing you with a personal identification number (PIN) to update your motor carrier record electronically on the Federal Motor Carrier Safety Administration (FMCSA) website, at http://safer.fmcsa.dot.gov. Your PIN is your personal identifier and should not be shared with anyone. Your USDOT number and PIN are:

USDOT 801209

Your USDOT number should be marked on your commercial motor vehicles as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSR's). All commercial motor vehicles operating in interstate or foreign commerce must be marked with a USDOT number.

If you need further assistance, please contact PMCSA's technical support at 1-800-832-5660.

Sincerely,

David C. Answalt Director, Office of Information Technology

& anewalt

United States Environmental Protection Agency-Region 9 75 Hawthorne Street, (WST-6) San Francisco, CA, 94105.

February 18, 1999

Mr John Berry, Pres B C T I 953 W Raece St San Bernardino, CA 92411

The US Environmental Protection Agency (EPA) has assigned an HPA Identification (ID) number to your location. HPA has assigned this ID number in response to the Notification of Regulated Waste Activity Form (Form 8700-12) received from your installation on February 17, 1999.

By submitting the Form 8700-12, your installation has notified the 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.

RCRA ID number:

- CAR000049064

assigned to:

ECTI

953 W Reece St

San Bernardino, CA 92411

EPA has listed your status as:
Hazardous Waste Transporter

For assistance with questions regarding RCRA regulations, call the National RCRA Hotline at (800) 424-9346. For assistance with any other questions, or if you need a current version of the RPA Notification of Regulated Waste Activity Form (Form 8700-12) please contact:

U.S. EPA Region 9 RCRA Notifications 75 Hawthorne Street (WST-6/Tetra Tech) San Francisco, CA 94105 Phone: (415) 495-8895

Certificate Of Compliance

U.S. Department of Transportation, Federal Highway Administration Federal Motor Carrier Controlled Substances and Alcohol Use and Testing

This certifies that

ECTI

has enrolled in an anti-drug and alcohol misuse prevention program as required by 49 CFR Part 382.



Advanced Workplace Strategies, Inc. 17542 E. 17th Street, Suite 330 Tustin, California 92780 (714) 731-3084

Enrollment Date: May 18, 1999 Expiration Date: May 17, 2017

Scott Relph

Director of Operations

CALIFORNIA HIGHWAY PATROL

hereby awards this

Certificate of Achievement

ECTL

953 WEST REECE STREET SAN BERNARDINO, CA 92411

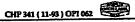
6 Consecutive Satisfactory Ratings and 1 Administrative Review Since APRIL 30, 2001

There is established in the California Vehicle Gode a biennial motor carrier safety compliance inspection program to be conducted by the California Highway Patrol. That program, known as the Biennial Inspection of Terminals (BIT) Program, requires all motor carriers operating trucks from terminals located in California to undergo an inspection of each operational terminal to rate their compliance with applicable laws and regulations relating to motor carrier safety.

This is to certify that this terminal has achieved consecutive satisfactory safety compliance ratings as indicated above. The California Highway Patrol congratulates this terminal on this meritorious achievement and recognizes the commitment to highway safety demonstrated by the personnel responsible for the operation of this terminal.

12-16-14







Janice K. Brewer Governor

ARIZONA DEPARTMENT ENVIRONMENTAL QUALITY

1110 West Washington Street • Phoenix, Arizona 85007 (602) 771-2300 • www.azdeq.gov



Director

April 16, 2015 **REF: SWICU15-160**

Mr. John Minutoli President Environmental Contractors Transportation, Inc. P.O. Box 7318 San Bernardino, CA 92411

RE: Special Waste Transporter Identification Number #302162, Environmental Contractors Transportation, Inc., 953 W. Reece Street, San Bernardino, CA 92411

Dear Mr. Minutoli:

Your application for an Arizona Special Waste Transporter Identification Number has been received and reviewed by the Arizona Department of Environmental Quality. The number assigned to the specific facility or site referenced above is #302162. This number must be used on all forms associated with the handling of wastes designated as "special wastes" by the State. In addition, the number shall be used for the specific facility listed on the application.

Please notify this Department if the specific facility or site discontinues the handling of special wastes and/or your handling procedures are expanded so that the special waste transporter account can be closed.

Thank you for your prompt attention to this matter. If you have any questions concerning the handling of special waste please feel free to contact me at (602) 771-4711 or toll free at (800) 234-5677 Ext. 771-4711.

Sincerely,

Lori Plato, Compliance Officer

Solid Waste Inspections and Compliance Unit

Waste Programs Division

Southern Regional Office 400 West Congress Street • Suite 433 • Tucson, AZ 85701 (520) 628-6733



State of California—Health and Human Services Agency California Department of Public Health



MEDICAL WASTE TRANSPORTER APPROVAL AND CONDITIONS

March 12, 2015

The Department of Public Health, Medical Waste Management Program, has registered your company as a medical waste transporter. You are required to maintain your registration as a hazardous waste transporter, per HSC §§118000 - 118040 and to abide by all of the conditions on the enclosed page.

Hazardous Waste Transporter Registration Number:

3731

Company name/address/phone:

Environmental Contractors Transportation, Inc. (ETCI) PO Box 7318

San Bernardino, CA 92411

Contact Person:

John Minutoli

You are subject to all applicable provisions of the Medical Waste Management Act, Division 104, Part 14, Chapter 6, of the Health and Safety Code and the conditions set forth on the following page. If you have any questions, please contact us at (916) 449-5671.

Alison F. Dabney, Chief

Medical Waste Management Program

DEPARTMENT OF PUBLIC HEALTH MEDICAL WASTE MANAGEMENT PROGRAM

1816 CAPITOL AVENUE, 2nd FLOOR - MS 7405 P.O. BOX 997377

SACRAMENTO, CA 95899-7377 Phone: 916-449-5671

April 11, 2016 ID Number **TSW 555**

Mr. Edward Vasquez
Environmental Contractors Transportation, Inc. (ECTI)
P O Box 7318
San Bernardino, CA 92411

Dear Mr. Vasquez:

Your Trauma Scene Waste Management Practitioner certificate is shown below. Please retain this for your records.

If you have questions regarding this certificate, please call (916) 449-5671.



STATE OF CALIFORNIA
Department of Public Health
Medical Waste Management Program



Environmental Contractors Transportation,

Registration No.

555

is registered as a

TRAUMA SCENE WASTE MANAGEMENT PRACTITIONER

Expiration Date May 17, 2017

The facility named herein is registered pursuant to the provisions of the Medical Waste Management Act,
Division 104, Part 14, Chapter 5 of the California Health and Safety Code,
and shall be subject to all applicable provisions of this law. This registration is not transferable and is
valid only in California.

Date Issued: 4/11/2016

alethology

Alison Dabney, Chief Medical Waste Management Program

State of California

Department of Resources Recycling and Recovery

Tire Program Identification Number

1546673-01

Environmental Contractors Transportation, Inc. 953 Reece St San Bernardino, CA 92411-2356 SITE ADDRESS: . 953 Reece St . San Bernardino, CA 92411-2356

Do not copy or reproduce

Post this certificate in a conspicuous place



19-AA-0013

1. Name and Street Address of Facility:

Azusa Land Reclamation Co. Landfill 1211 West Gladstone Street Azusa, CA 91702

2. Name and Mailing Address of Operator:

Azusa Land Reclamation, Inc. 1211 West Gladstone Street Azusa, CA 91702

3. Name and Mailing Address of Owner:

Azusa Land Reclamation, Inc. 1211 West Gladstone Street Azusa, CA 91702

4. Specifications:

Solid Waste Disposal Site

Inert Debris Engineered Fill Operation

a. Permitted Operations:

Nonhazardous Petroleum Contaminated Soil Processing

Operation

b. Permitted Hours of Operation: Receipt of Materials 6:00 a.m. to 8:00 p.m., Monday through Saturday

Contaminated Soil Processing and Ancillary Operations 24 hours per day/7 days per week

c. Permitted Maximum Tonnage: 8,000 tons per day (TPD)/39,000 tons per week (TPW) - See LEA Condition 17(C)(1)

d. Permitted Traffic Volume:

Not Specified

e. Key Design Parameters (Detailed parameters are shown on site plans bearing EA and CalRecycle validations):

	Total	Disposal	Transfer	Composting	Transformation
Permitted Area (acres)	302	266			
Total Permitted Capacity (cu.yds)		80,571,760			
Max. Elevation (ft.MSL)		580			
Max. Depth (ft.MSL)		355*			
Estimated Closure Date		2045*	*see page 6 part C, S	Specifications	

Upon a significant change in design or operation from that described herein, this permit is subject to revocation or suspension. The attached findings and conditions are integral parts of this permit and supersede the conditions of any previously issued solid waste facility permit.

5. Approval

Approving Officer Signature

Gerardo Villalobos, Chief Environmental Health Specialist Solid Waste Management Program

6. Local Enforcement Agency:

County of Los Angeles Department of Public Health Solid Waste Management Program 5050 Commerce Drive Baldwin Park, California 91706 (626) 430-5540

7. Date Received by CalRecycle: 8. CalRecycle Concurrence Date: 9. Permit Issued Date: October 14, 2014 November 12, 2014 November 12, 2014 10. Permit Review Date: 10 a. Permit Review Due Date: Owner/Operator Transfer Date: March 10, 2011 March 10, 2016

19-AA-0013

12. Legal Description of Facility: [Refer to Appendix E of Joint Technical Document (JTD), Volume 1]

The legal description of this facility is all of lots 25,28,29 and those portions of lots 30,46,47,48 of Subdivision No. 2, Azusa Land and Water Company, partly in the City of Azusa and partly in the City of Irwindale, in the County of Los Angeles, State of California.

13. Findings:

- a. A Countywide Integrated Waste Management Plan was approved by the former California Integrated Waste Management Board (CIWMB) now the Department of Resources Recycling and Recovery (CalRecycle) on June 23, 1999. Pursuant to Public Resources Code (PRC), section 50001 (a)(1), this facility is identified in the Countywide Siting Element which has been approved pursuant to PRC Section 41721.
- b. This permit is consistent with the standards adopted by CalRecycle, pursuant to PRC 44010.
- c. The design and operation of the facility is consistent with the State Minimum Standards for Solid Waste Handling and Disposal as determined by the Local Enforcement Agency (LEA), pursuant to PRC 44009.
- d. A permit review was conducted on March 10, 2011 which directed the landfill operator to submit an application to revise the Solid Waste Facility Permit.
- e. The local fire protection agency, Los Angeles County Fire Department, Fire Prevention Division has determined that the facility is in conformance with applicable fire standards, pursuant to PRC 44151.
- f. A Negative Declaration, dated November 9, 1987, was adopted by the Los Angeles County Department of Health Services, as the Lead Agency and a Notice of Determination was filed on March 8, 1988. The Lead Agency prepared an Addendum to the Negative Declaration, dated May 2014, in accordance with the California Environmental Quality Act Guidelines, Section 15164 for the continued operations of the facility. The City of Azusa adopted a Negative Declaration for the Nonhazardous Petroleum Contaminated Soil Processing Operation on October 12, 1994.
- g. Azusa Land Reclamation currently conducts a Nonhazardous Petroleum Contaminated Soil Treatment Operation within the solid waste facility permit boundary. This operation is described in Appendix C (Soil Recycling Facility Plan) of the Joint Technical Document (JTD). If this soil treatment operation were operated outside the confines of the facility it would be placed within the "Enforcement Agency Notification Tier" and be subject to all the provisions of that tier. The fact that it is located within the boundary of an existing permitted solid waste facility does not exclude the operator from complying with all the minimum standards that are applicable to this type of operation. Nonhazardous petroleum contaminated soil that is treated on-site and meets applicable regulatory standards is considered earthen material and may be used as cover, but it is not considered as alternative daily cover.
- h. Azusa Land Reclamation plans to conduct an Inert Debris Engineered Fill Operation (IDEFO) within the solid waste facility permit boundary, specifically Zone V as described in the JTD. This operation is described in Appendix Z (Zone V Operation Plan) of the JTD. If this IDEFO were operated outside the confines of the facility it would be placed within the "Enforcement Agency Notification Tier" and be subject to all the provisions of that tier. The fact that it is located within the boundary of an existing permitted solid waste facility does not exclude the operator from complying with all the minimum standards that are applicable to this type of operation. At no time on any given day shall the amount of material placed in Zone V exceed the maximum permitted daily tonnage allowed by this permit. A Material Recovery Facility/Transfer Station is located within the solid waste facility permit boundary and is separately permitted as a large volume transfer/processing facility and conducts operations under Solid Waste Facility Permit No. 19-AA-1127.
- i. This permit does not supplant or modify local land use entitlements or local agencies' authority to enforce local entitlements. It is recognized by the LEA that the operator must comply with the provisions of the Integrated Waste Management Act (IWMA), state regulations and the terms and conditions of this permit as well as other regulatory requirements and applicable local land use measures which govern the operator's activities at the site. If the requirements inadvertently overlap, it is expected that the operator will comply with the more stringent requirement in order to maintain compliance. Non-compliance with another agency requirement may not constitute a violation of this permit, the IWMA, or state regulations.

19-AA-0013

14. Prohibitions

- a. The permittee is prohibited from accepting the following wastes: Hazardous, radioactive, untreated medical (as defined in Chapter 6.1, Division 20 of the Health and Safety Code), municipal solid waste, large animals, liquid, designated, or other wastes requiring special treatment or handling, except as identified in the JTD and approved amendments thereto, and as approved by the LEA and other federal, state, and local agencies.
- b. Scavenging is not permitted by customers or employees at the site.

15. The following documents also describe the operation of this facility:

Document	Date	Document	Date
JTD Revised	September 2013	Negative Declaration (Soil Recycling) and Resolution #94-67. City of Azusa	October 12, 1994
Preliminary Closure/Postclosure Maintenance Plans Partial Final Closure/Postclosure	September 2013	Negative Declaration – LACDOHS NOD - LACDOHS	November 9, 1987 March 8, 1988
Maintenance Plans (Material Recovery Facility/Transfer Station)	May 2013	Addendum to LACDOHS Negative Declaration	May 2014
Approval from the CIWMB, Closure Financial Responsibility Document	December 17, 2013	OSHA #485 (Asbestos)	December 7, 1994
Certificate of Operating Liability Insurance	December 17, 2013	SWPPP - NOI ID #4B19S004450 - (Issued by SWRCB)	October 22, 1992
Financial Assurance Demonstration for Non-Water Release Corrective Action Costs	December 17, 2013	L.A. County Fire Dept. (Tire)	August 20, 2012
South Coast Air Quality Management Rule #1150.1 (Compliance Plan) Rule # 1403 (Asbestos Management Plan) Rule # 403 (Dust Plan) Permit to Construct/Operate # D78514 (LFG Collection)	August 4, 1994 May 2, 2012 March 15, 1993 November 19, 1993	Waste Discharge Requirements R4-2004-0056 R4-2009-0098	April 1, 2004 September 3, 2009
Negative Declaration (Reclamation Plan for Transit Mixed Concrete Co.) Resolution # 90-14	January 10, 1990		

19-AA-0013

16. Self-Monitoring:

The owner /operator shall submit the results of all self-monitoring programs to the LEA within 15 days of the end of the reporting period (for example, 1st quarter = January-March, the report is due by April 15, etc. Information required on an annual basis shall be submitted with the 4th quarter monitoring report, unless otherwise stated).

	Program	Reporting Frequency
a.	The types and quantities of asbestos, contaminated soils, inert debris and tires received each day. The operator shall maintain these records on the facility's premises for a minimum of three years. These records shall be made available to any LEA personnel on request.	
b.	The types and quantities of materials used as alternative daily cover or beneficially reused each day (must include how the material was beneficially reused) and the quantity of treated soils used as cover material (not considered an alternative daily cover). The operator shall maintain these records on the facility's premises for a minimum of three years. These records shall be made available to any LEA personnel on request.	
C.	All incidents of unlawful disposal of prohibited materials and the operator's actions taken. Indicate those incidents which occurred as a result of the random load checking program. Incidents, as used here, means that the hauler or producer of the prohibited materials is known.	Monthly (Due 15 days following the end of each reporting period)
d.	Reports of all special/unusual occurrences and the operator's actions taken to correct these occurrences.	
e.	The number of vehicles using the facility per day and per week.	
f.	Copies of all written complaints and records of complaints received by telephone regarding this facility and the operator's actions taken to resolve these complaints. (Notification to the LEA within 24 hours is required)	
g.	Record of receipt of a Notice of Violation from any regulatory agency. In addition, the operator shall notify the LEA within 24 hours following receipt of a Notice of Violation or upon receipt of notification of complaints regarding the facility, which have been received by other agencies.	
h.	An estimate of the remaining capacity (in cubic yards and tons), and the remaining life of the existing permitted site in years and months.	Quarterly (Due the 15 th of January, April, July, and October)
i.	The results of the landfill gas migration control program.	(======================================
j.	The results of subsurface monitoring indicators as described in Appendix B3, Section 2 of the JTD	Semi-Annual (Due the 15 th of January and July)
k.	Inert Debris Engineered Fill Operation Reporting Requirements per 14 CCR 17388(I) and 17388.3	Annually (Due March 1)
1.	Topographical map* showing all current fill locations and elevations.	Annually
m.	the previous year to the present date.	(Due January 15th)
	e above two maps shall be drawn to a scale no smaller than one inch = feet unless otherwise approved by the LEA.	(220 22

19-AA-0013

17. LEA Conditions:

A. Standard Requirements:

- 1. This facility shall comply with all applicable State Minimum Standards for Solid Waste Handling and Disposal as specified in Titles 14 and 27, California Code of Regulations (14 and 27 CCR).
- 2. Additional information concerning the design and operation of this facility shall be furnished upon request by the LEA personnel.
- 3. A copy of this permit and current JTD, as amended, shall be maintained at the facility so as to be available at all times to facility personnel and the LEA.
- 4. This permit is subject to review by the LEA and may be temporarily suspended or revoked at any time for sufficient cause, in accordance with Division 30 Public Resources Code, Part 4, Chapter 4, Article 2, Section 44305 et seq. and associated regulations.
- 5. The LEA reserves the right to suspend or modify receiving operations of <u>waste and beneficial reuse material</u> when deemed necessary due to an emergency, a potential health hazard, or the creation of a public nuisance.
- 6. Notification to the LEA within <u>24 hours</u> is required for any written <u>complaints received</u> or <u>any complaints called into the facility</u>, and any <u>record of receipt of a violation</u> from any regulatory agency.
- 7. The operator shall notify the LEA, in writing, of any proposed changes in the routine facility operation or changes in facility design during the planning stages. In no case shall the operator undertake any changes unless the operator first submits to the LEA a notice of said changes at least 180 days before said changes are undertaken. Any significant change as determined by the LEA would require a revision of this permit.
- 8. The operator and/or owner shall notify the LEA of any plans to encumber, sell, transfer, or convey the operation or ownership to a new operator or owner, at least 45 days prior to the anticipated transfer, by written certification, including information deemed sufficient by the CalRecycle and the LEA. If the facility will not be operated in compliance with the terms and conditions of this permit, the new operator or owner shall be required to file an application for a revision of this permit.
- 9. The operator shall maintain a log of special/unusual occurrences. The log shall include, but not be limited to, fires, landslides, earthquake damage, unusual and sudden settlement, injury and property damage accidents, explosions, receipt or rejection of non-permitted wastes, flooding, operational shutdowns and other unusual occurrences. Include a summary of the actions taken to mitigate the occurrence. The operator shall maintain this log at the facility so as to be available at all times to site personnel and LEA personnel. Any entries of special/unusual occurrences made in this log must be reported to the LEA at once. Call the duty officer, County of Los Angeles, Department of Public Health, Solid Waste Management Program at (626) 430-5540.
- 10. The operator shall immediately report any incidental receipt of untreated medical waste to the California Department of Public Health (CDPH) Medical Waste Management Program at (213) 977-6877 or (213) 977-7379.
- 11. The operator shall provide training to their personnel to educate them in the identification of medical waste as well as the proper action to take in the event this type of waste is identified at the site.

B. Particular Requirements:

- Operational controls shall be established to preclude the receipt and disposal of volatile organic chemicals or other types
 of prohibited wastes:
 - a. The operator shall install and maintain an operational, calibrated radiation detector at the scales to detect radioactive materials, at all times, during the hours of receipt of solid waste and other materials as approved by this permit.

19-AA-0013

B. Particular Requirements (continued):

- b. Incidents of receipt of suspected radioactive materials, or warnings from the radiation detector, shall be reported immediately to the County of Los Angeles, Department of Public Health, Radiation Management Program at (213) 351-2718 and the LEA.
- c. The operator shall comply with the approved Hazardous Waste Screening Program as described in the current JTD. Any changes in this program must be approved by the LEA prior to implementation. The following Solid Waste Facility Permit conditions supplement the JTD program:
 - (1) At minimum, three random load checks shall be conducted at the facility per operating day. The operator shall inspect waste vehicle loads if there is any reason to believe the loads may contain prohibited wastes.
 - (2) The LEA may increase the required number of incoming waste load inspections if it has reason to believe that the number currently required is inadequate to ensure compliance with the regulations and protection of the public health and safety and the environment.
 - (3) At all times when facility operations are underway, an attendant or attendants shall be present to supervise the loading and unloading of solid waste and other materials. All working disposal areas shall be under continual visual inspection by facility personnel, such as spotters, equipment operators, and supervisors.
 - (4) Facility personnel and new employees performing duties required by the Hazardous Waste Screening Program shall be trained prior to assignment. The training must include, but is not limited to, how to recognize hazardous waste and other prohibited waste, the proper method of containment, and the reporting requirements of this program. Facility personnel are to be retrained on an annual basis and updated as needed.
 - (5) Incidents of unlawful disposal of prohibited materials shall be reported to the LEA monthly as described in the self-monitoring section of this permit. In addition, the following agencies shall be notified <u>at once</u> of any incidents of illegal hazardous materials disposal:
 - (a) Duty officer, Los Angeles County Fire Department, Health Hazardous Materials Division at (323) 890-4317.
 - (b) Environmental Crimes Division, Los Angeles County District Attorney at (213) 580-8777.
 - (c) California Highway Patrol at (800) 835-5247 or (818) 240-8200.
 - (6) Any hazardous materials thus found shall be set aside in a secured area to await proper disposition following notification of the producer (if known) and the appropriate governmental agencies.
- 2. The LEA reserves the right to require the operator to provide more stringent dust and odor control measures, if the proposed dust and odor control measures identified in the current JTD prove to be inadequate or ineffective.
- 3. ... Traffic into and out of the facility shall be controlled to prevent interference with traffic on adjacent public streets.

C. Specifications:

- 1. The facility shall not receive more than the maximum permitted daily tonnage of 8,000 TPD of solid waste, not to exceed 39,000 tons per week, without a revision of this permit. These limits include solid waste for beneficial reuse consistent with 27 CCR Section 20686.
- 2. The Estimated Closure date [specified on Page 1, Section 4 (e) of this permit] is based on information given in the September 2013 JTD.

Facility Permit Number:

SOLID WASTE FACILITY PERMIT

19-AA-0013

C. Specifications (continued):

- 3. The maximum cell size for altered waste tires co-disposed with inert debris shall not exceed 12,500 square feet by 20 feet deep and shall be covered with at least two feet of earthen material or approved alternative daily cover when the cell size is reached.
- 4. Asbestos containing waste, altered tires, and asphalt shall not be placed below 355 mean sea level. Only inert debris shall be placed below 355 feet mean sea level.
- 5. Zone V, as described in the JTD, will be operated as an Inert Debris Engineered Fill Operation and the operation shall comply with the applicable requirements contained in 14 CCR, Chapter 3, Article 5.95.
- 6. The storage of waste tires shall be conducted in accordance with 14 CCR, Chapter 3, Article 5.5
- 7. Asbestos containing waste shall only be disposed in Zone II, as described in the JTD.

<END OF DOCUMENT>

State of California California Integrated Waste Management Board

Tire Program Identification Number

1103429=01

Azusa Land Reclamation Co Landfill 1211 W Gladstone St Azusa, CA 91702-5142

Do not copy or reproduce Post this certificate in a conspicuous place Introduction Waste Manaciment Facilities

Zero Waste—You Make It Happen



DATE(MM/DD/YYYY) 07/01/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

RODUCER On Risk Services Southwest. Inc.			CONTAC NAME:	7				
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1/1/2017

DATE (MW/DD/YYYY) 12/7/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

Certifica	ta notat in had of such endorsement(s).				
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		INSURER A: ACE American Insurance Company	22667		
INSURED	WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED,	INSURER B: Indemnity Insurance Co of North America	43575		
1300299	RELATED & SUBSIDIARY COMPANIES INCLUDING:	INSURER C: ACE Property & Casualty Insurance Co	20699		
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	AZUSA CA 91702	INSURER E :			
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OVERAGES CERTIFICATE NUMBER: 3449506 REVISION NUMBER: XXXXXXX
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD COVERAGES 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.

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	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 15,000,000
	DED RETENTION \$				j .		\$ XXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	WLR C48596769 (AOS) WLR C48596800 (CA & MA)	1/1/2016	1/1/2017	X PER OTH-
A	1710	N/A		WLR C48596800 (CA & MA) SCF C48596848 (WI)	1/1/2016 1/1/2016	1/1/2017 1/1/2017	E.L. EACH ACCIDENT \$ 3,000,000
-	(Mandatory in NH)			001 04000040 (41)			E.L. DISEASE - EA EMPLOYEE \$ 3,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	EXCESS AUTO LIABILITY	Y	Y	XSA H08866314	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)
-	l	L		<u></u>			<u> </u>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT
REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED
(EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
3449506	AUTHORIZED REPRESENTATIVE
"FOR BID PURPOSES ONLY"	
	O-7Kelly
ACORD 25 (2014)04)	SARRO 2044 ACODO CODODATION All debte recorded

(If additional space is needed, add attachment)	1	
Name of Insurer	Address	CA Insurer License Number
Great American E&S Insurance Company	301 E. 4 th street, Cincinnati, Ohio 45202	Or
		NAIC Number: 37532
Name of Insured	Address	
Waste Management, Inc.	1001 Fannin Street, Suite 4000 Houston, Texas 77002	
	Phone Number - 713 512 6200	

Name	acilities Covered; (enter informa Address	Facility information Number	Limits of Liab	Annual Aggregates
Anderson Landfill	18703 Cambridge Rd., Anderson, CA 96007	45-AA-0020	\$1,000,000	\$5,000,000
Azusa Land Reclamation Co. Landfiii	1311 W. Gladstone Street, Azusa, CA 91720	19-AA-0013	\$1,000,000	\$5,000,000
California Asbestos Monofili, Inc	5 miles SE of Copperopolis between State Route 4 and State Route 108, Copperopolis, CA 95222	05-AA-00124	\$1,000,000	\$5,000,000
El Sobrante Landfill	10910 Dawson Canyon Rd., Corona, CA 91719	33-AA-0217	\$1,000,000	\$5,000,000
Tri Cities Recycling and Disposal Facility	7010 Auto Mail Parkway, Fremont, CA 94538	01-AA-0008	\$1,000,000	\$5,000,000
Kettleman Hills Landfill	35251 Old Skyline Rd., Kettleman City, CA 93239	16-AA-0023	\$1,000,000	\$5,000,000
Lancaster Landfill and Recycling Center	600 E. Avenue F. Lancaster, CA 93535	19-AA-0050	\$1,000,000	\$5,000,000
Altamont Landfill and Recycling Center	10840 Attamont Pass Rd., Livermore, CA 94550	01-AA-0009	\$1,000,000	\$5,000,000
McKitrick Waste Treatment Site	56533 Highway 58, McKittrick, CA 93251	15-AA-0105	\$1,000,000	\$5,000,000
Kirby Canyon Recycling and Disposal Facility	910 Coyote Creek Golf Drive, Coyote, CA 95037	43-AN-0008	\$1,000,000	\$5,000,000
Redwood Sanitary Landfill	8950 Redwood Hwy, Novato, CA 94945	21-AA-0001	\$1,000,000	\$5,000,000
Guadalupe Sanitary Landfill	15999 Guadalupe Mines Rd., San Jose, CA 95120	43-AN-0015	\$1,000,000	\$5,000,000
Davis St. Sanitary Landfill	2615 Davis St., San Leandro, CA 94577	01-AA-0006	\$1,000,000	\$5,000,000
Simi Valley Landfill and Recycling	2801 Madera Rd., Simi Valley, CA 93065	56-AA-0007	\$1,000,000	\$5,000,000
Antelope Valley Public andfill	1200 W. City Ranch Road, Palmdale, CA 93239	19-AA-5624	\$1,000,000	\$5,000,000
			TOTAL \$1,000,000	TOTAL \$5,000,000
Policy Number PEL 9994 Excluding legal defense	176 00	Effective Date 7/1/16 -	7/1/17	1 44,000,000

INSURER CERTIFICATION

- 1. The Insurer hereby certifies that it has Issued liability Insurance covering bodily Injury and property damage to the Insured listed above In connection with the Insured's obligation to demonstrate financial responsibility under title 27, California Code of Regulations, Division 2, Subdivision 1, Chapter 6. The coverage applies to the above-listed facility(ies) for accidental occurrences arising from the operation of the facility(ies).
- 2. Indicate whether this coverage is $\underline{\mathsf{X}}$ primary or $\underline{\phantom{\mathsf{X}}}$ excess coverage.

The limits or liability are the amounts stated above for	"per occurrence" and "annual aggregate", exclusive of legal defense costs
If an excess coverage insurance policy is being provided,	complete the fellowing continue aggregate, exclusive of legal defense costs
(\$per occurrence and \$, combiser rus tohowing settleuce:
bei occurence and 5	annual aggregate in excess of the underlying limits of

CIWMB 107 (12/01) Page 1 of 2

_		
3	per occurrence and \$	annual aggregate.)
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- 4. The insurance coverage is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with sections (a) through (e) of this paragraph shall be amended to conform with sections (a) through (e):
 - (a) Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under the policy to which this certification applies.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement from the insured for any such payment made by the insurer. If another mechanism, as specified in Title 27, California Code of Regulations, Division 2, Subdivision 1. Chapter 6, is used to demonstrate coverage of the deductible, then this section does not apply.
 - (c) Upon request by the California Integrated Waste Management Board (CIWMB), the insurer agrees to furnish to the CIWMB the criginal policy and all endorsements.
 - (d) Cancellation or any other termination of this certificate, whether by the insurer, the insured, a parent corporation providing insurance coverage for its subsidiary, or by a firm having an insurable interest in and obtaining liability insurance on behalf of the operator of the solid waste disposal facility(les), will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is sent by certified meil, and received by the CIWMB, as evidenced by the return receipt.

 (See exception, section (e))
 - (e) Cancellation due to non-payment of premiums is effective only upon written notice and only after the expiration of 10 days after the date on which the operator and the CfWMB have received the notice of termination, as evidenced by the return receipts.

The party below certifies and signs under penalty of perjury that the Information in this document is true and correct to the best of his or her knowledge, and satisfies the requirements of Title 27, California Code of Regulations, Division 2, Subdivision 1. Chapter 6, and that the insurer is licensed by the California Department of Insurance to transact the business of insurance in the State of California as an ___ admitted carrier or X eligible excess or surplus lines insurer.

Signature of Individual Authorized to Sign on Bertalf of Insurer	Title of Authorized Person Divisional Senior Vice President	
Typed or Printed Name of Person Signing Mark Vuono	Date: July 1, 2016	
Address of Person Signing Address: 401 Plymouth Road, Suite 100 Plymouth Meeting, PA 19460 Phone Number of Person Signing 601-567-5061		

PRIVACY STATEMENT

The Information Practices Act (California Civil Code Section 1798.17) and the Federal Privacy Act (5 U.S.C. 552a(e)(3)) require that this notice be provided when collecting personal information from individuels.

AGENCY REQUESTING INFORMATION: California Integrated Waste Management Board.

UNIT RESPONSIBLE FOR MAINTENANCE OF FORM: Financial Assurances Section, California Integrated Waste Management Board, 10011 Street, P.O. Box 4025, Sacramento, California 95812-4025. Contact the Manager, Financial Assurances Section, at (916) 341-6000.

AUTHORITY: Public Resources Code section 43600 et seq.

PURPOSE: The information provided will be used to verify adequate financial assurance of solid waste disposal facilities listed. REQUIREMENT: Completion of this form is mandatory. The consequence of not completing this form is denial or revocation of a permit to operate a solid waste disposal facility.

OTHER INFORMATION: After review of this document, you may be requested to provide additional information regarding the acceptability of this mechanism.

ACCESS: Information provided in this form may be provided to the U.S. Environmental Protection Agency, State Attorney General, Air Resources Board, California Department of Toxic Substances Control, Energy Resources Conservation and Development Commission, Water Resources Control Board, and California Regional Water Quality Control Boards. For more information or access to your records, contact the California Integrated Waste Management Board. 1001 | Street, P.O. Box 4025, Sacramento, California 958124025, (916) 341-6000.

CIWMB 107 (12/01) Page 2 of 2



LOS ANGELES COUNTY FIRE DEPARTMENT FIRE PREVENTION DIVISION PETROLEUM CHEMICAL UNIT 5823 RICKENBACKER ROAD COMMERCE, CALIFORNIA 90040-3027

CITY OF: Azusa

STATION: 48 BN: 16

DATE: May 1, 2000 PERMIT# 2000-178-146

PERMIT MOTOR VEHICLE DISPENSING-COMBUSTIBLE LIQUIDS 8,000 ABOVEGROUND TANK

COMPANY NAME: Azusa Land Reclamation

ADDRESS: 1211 W. Gladstone TELEPHONE: 626.962.0215

IN ACCORDANCE WITH ARTICLE 1, SECTION 105.8 (PERMITS), OF TITLE 32 (FIRE CODE) OF THE LOS ANGELES COUNTY CODE AND/OR IN ACCORDANCE WITH TITLE 19, CALIFORNIA ADMINISTRATIVE CODE, FOR THE FOLLOWING:

THIS PERMIT SHALL CONSTITUTE PERMISSION TO MAINTAIN, STORE USE OR HANDLE MATERIALS OR TO CONDUCT PROCESSES LISTED AS PER THE CURRENT HAZARDOUS MATERIALS INVENTORY DISCLOSURE REPORT. SUCH PERMISSION SHALL NOT BE CONSTRUED AS AUTHORITY TO VIOLATE, CANCEL OR SET ASIDE ANY OF THE PROVISIONS OF THIS CODE. SUCH PERMIT SHALL NOT TAKE THE PLACE OF ANY LICENSE REQUIRED BY LAW.

This permit is granted until revoked and is subject to revocation for proper cause, for violation of TITLE 32 (Fire Code) of the LOS ANGELES COUNTY CODE AND/OR TITLE 19, C.A.C., or when necessary for public safety. Noncompliance with any provision stipulated herein constitutes a violation.

Thank you for your cooperation. If you need additional information, please contact me at (323) 890-4228.

[4]	OCCUPANT COPY	Land MElune
[]	FIRE STATION COPY	ØWNER/OCCUPANCY REPRESENTATIVE
[]	FIRE PREVENTION COPY	INSPECTOR STEVEN D. BIERBAUM

BUSINESS TAX CERTIFICATE

CITY OF AZUSA

The person, firm or corporation named below is granted this certificate pursuant to the provisions of the City Business Tax Ordinance. Issuance of certificate is not an endorsement, nor certification of compliance with other ordinances or laws, nor an assurance that the proposed use is in conformance with the city zoning regulations. This certificate is issued without venification that the taxpayer is subject to or exempt from licensing by the State of California.

Business Name:

Azusa Land Reclamation

Business Location:

1201 W Gladstone St Azusa, CA 91702

1st Owner Name:

Azusa Land Reclamation

2nd Owner Name:

AZUSA LAND RECLAMATION ATTN: STEVE AMROMIN

1211 W GLADSTONE AVE

AZUSA, CA 91702

TO BE POSTED IN A CONSPICUOUS PLACE OR CARRIED IN VEHICLE

Account #: 009445

Description: Rental Of 1201 & 1313 W

Gladstone St

Effective Date: April 25, 2016

Expiration Date: April 30, 2017

NOT TRANSFERABLE



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

AZUSA LAND RECLAMATION CO INC

PO BOX 949 AZUSA

CA 91702

L

INSTALLATION ADDRESS

1201 W GLADSTONE AVENUE

A ZUSA

CA 91702

EPA Form 8700-12A (4-80)



CYNTHIA A. HARDING, M.P.H. Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H. Interim Health Officer

ANGELO J. BELLOMO, REHS Director of Environmental Health

TERRI S. WILLIAMS, REHS Assistant Director of Environmental Health

JACQUELINE TAYLOR, MPA, REHS Director, Bureau of Environmental Protection

Solid Waste Program
Gerardo Villalobos, REHS
Chief Environmental Health Specialist
5050 Commerce Drive
Baldwin Park, California 91706
TEL (626) 430-5540 * FAX (626) 813-4239

www.publichealth.lacounty.gov

November 17, 2014

Mr. Brent Anderson District Manager Azusa Land Reclamation, Inc. 1211 W. Gladstone Street Azusa, CA 91702

SUBJECT: TRANSMITTAL OF THE SOLID WASTE FACILITY PERMIT FOR THE AZUSA LAND RECLAMTION COMPANY LANDFILL SWIS No. 19-AA-0013

Dear Mr. Anderson:

Please find enclosed a copy of the issued Solid Waste Facility Permit for the Department of Resources Recycling and Recovery (CalRecycle) received the proposed SWFP on October 14, 2014 and concurred in the issuance of the SWFP on November 12, 2014. This agency issued the SWFP on November 12, 2014.

Should you have any questions, please do not hesitate to contact me at 626-430-5540

Singerely,

Gerry Villalobos, REHS

Chief Environmental Health Specialist

Enclosure

Jeff Hackett, CalRecycle (w/out enclosure)
 Nelly Castellanos, SWMP (electronic copy only)



BOARD OF SUPERVISORS

Gloria Mollna
First District
Mark Riddey-Thomas
Second District
Zav Yaroslavsky
Third District
Don Knaba
Fourth District
Michael D. Antonovich
Fifth District

No: 2016-904764

ANNUAL PERMIT

		THE RESERVE		-
Perm	i b	CCIL	nn	
L CILLI	IŁ.	เออน	cu	ıv

(Insert Contractor/Project Administrator's Name, Address and Telephone No.)

Waste Management

Attn: Safety Mgr or Nicole Stetson

PO Box 4040

Palmdale CA 93590-4040

No.		-
Date	5/10/2016	
Region	4	
District	3	
Tel.	(818) 901-5403	

(661) 223-3418

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number	N/A	Permit Valid through	May 10	, 2017
Description of Project	Location Address	City and County	Anticipate Starting	d Dates Completion
Various Conditions of Issuance:	Statewide		May 10, 2016	May 10, 2017
	中国企业			

This Permit is issued upon the following conditions:

- 1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, ir writing, of dates and location of job site prior to commencement.
- 2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
- 3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
- 4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
- 5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From Nicole Stetson	Received Perm	By it Unit	Investigated by	/ Safety Enginees	Date	
☐ Cash	Amount	Date	Approved by	Robert Low		
☑ Check 12548543 \$100.00 5/10/16			District Manager/Permit Unit	Date		

LOS ANGELES COUNTY CERTIFIED UNIFIED PROGRAM AGENCY ADMINISTERED BY LOS ANGELES COUNTY FIRE DEPARTMENT

ANNUAL UNIFIED PROGRAM FACILITY PERMIT

Fiscal Year 2015-2016

Expires June 30, 2016

ISSUED TO: AZUSA LAND RECLAMATION COMPANY

AZUSA LAND RECLAMATION

1211W GLADSTONE AZUSA, CA 91702

LA Co. CUPA NO. AR: AR0012556

FACILITY OWNER: USA WASTE OF CALIFORNIA INC/AZUSA LAND RECLAMATION CO.

FACILITY SITE ADDRESS: 1211W GLADSTONE ST, AZUSA, CA 91702

THIS PERMIT IS ISSUED FOR THE FOLLOWING PROGRAMS:

Administering Agency:

LA COUNTY FIRE DEPARTMENT
LA COUNTY FIRE DEPARTMENT
LA COUNTY FIRE DEPARTMENT

Program Description:

ABOVEGROUND PETROLEUM STORAGE TANK PROGRAM HAZARDOUS MATERIALS DISCLOSURE PROGRAM HAZARDOUS WASTE GENERATOR PROGRAM

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED AT THE FACILITY AT ALL TIMES.

ISSUED BY: Daryl L. Osby

County of Los Angeles Fire Chief

ISSUED ON: Feb 12, 2016

This permit is valid only for the above location and is subject to ALL REQUIREMENTS of State and local laws and regulations.

This permit is non-transferrable and is void upon change in ownership or location.

If you are in operation on or after July 1, 2016, your business will be responsible for payment of permit fees for the fiscal year starting July 1, 2016. You may continue to operate after June 30, 2016 under this permit until the payment for Fiscal Year 2016 - 2017 is made to this Department by the established involce due date.



Federal Communications Commission

Wireless Telecommunications Bureau

RADIO STATION AUTHORIZATION

LICENSEE: AZUSA LAND RECLIMATION

ATTN: BRAD ANDERSON AZUSA LAND RECLIMATION 1211 WEST GLADSTONE STREET **AZUSA, CA 91702**

Call Sign File Number 0006041854 **WOU518** Radio Service IG - Industrial/Business Pool. Conventional **Regulatory Status PMRS Frequency Coordination Number**

20131112145037

FCC Registration Number (FRN): 0017421959

Grant Date	Effective Date	Expiration Date	Print Date
02-27-2008	02-21-2014	02-27-2018	02-22-2014

STATION TECHNICAL SPECIFICATIONS

ASR No.:

Fixed Location Address or Mobile Area of Operation

Address: 1211 W. Gladstone Street

City: Azusa

County: LOS ANGELES

State: CA

Lat (NAD83): 34-06-52.0 N

Long (NAD83): 117-55-29.1 W

Ground Elev: 152.0

Area of Operation Loc. 2

Operating within a 32.0 km radius around fixed location 1

Area of Operation Loc. 3

Operating within a 32.0 km radius around 34-06-52.0 N, 117-55-29.1 W,

Azusa, LOS ANGELES county, CA

Antennas

	Ant. No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watis)	ERP (watts)	Ant. Ht/Tp meters	Ant. AAT meters	Construct Deadline Date
1	I	000452.21250000	FB2	1		11K2F3E	4.000	4.000	6.1	-178.3	02-27-2009
1	1	000462.01250000	FB2	1		IIK2F3E	4.000	4.000	6.1	-178.3	02-21-2015
2	1	000452.21250000	МО	12		11K2F3E	4.000	4.000			02-27-2009
2	i	000457.21250000	МО	12		11K2F3E	4.000	4.000			02-27-2009
2	1	000467.01250000	МО	12		11K2F3E	4.000	4.000			02-21-2015

Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

Licensee Name: AZUSA LAND RECLIMATION

Call Sign: WQU518 File Number: 0006041854 Print Date: 02-22-2014

Loc. No.	Ant. No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. HL/Tp meters	Ant. AAT meters	Construct Deadline Date
2	1	000462.01250000	MO	12		11K2F3E	4.000	4.000			02-21-2015
3	1	000451.66250000	MO	12		11K2F3E	4.000	4.000			02-21-2015
3	1	000456.66250000	MO	12		11K2F3E	4.000	4.000			02-21-2015
3	1	000452.31250000	MO	12		11K2F3E	4.000	4.000			02-21-2015
3	1	000457.31250000	MO	12		11K2F3E	4.000	4.000			02-21-2015
3	1	000457.68750000	МО	12		11K2F3E	4.000	4.000			02-21-2015

Control Points

Control Pt. No. 1

Address: 1211 W Gladstone St

City: Azusa County: LOS ANGELES State: CA Telephone Number: (626)969-1384

Waivers/Conditions:

NONE



UNITED STATES DEPARTMENT OF COMMERCE National Institute of Standards and Technology Gaithersburg, Maryland 20899

October 1, 2018

Ian Reyes
Patriot Environmental Lab Services, Inc.
1041 S. Placentia Avenue
Fullerton, CA 92831

NVLAP Lab Code: 200358-0

Dear Mr. Reyes,

Thank you for continuing your accreditation for Asbestos Fiber Analysis under the National Voluntary Laboratory Accreditation Program (NVLAP). This accreditation is effective until September 30, 2019, provided that your laboratory continues to comply with the accreditation requirements contained in the NVLAP Procedures.

Your updated accreditation documents are enclosed. You may reproduce these documents in their entirety and use the NVLAP symbol and/or term to reference your accredited status in accordance with the requirements published in NIST Handbook 150, 1.8. Accreditation does not relieve your laboratory from observing and complying with any applicable existing laws and/or regulations.

We are pleased to have you participate in NVLAP and look forward to your continued association with this program. If you have any questions concerning your NVLAP accreditation, please direct them to Hazel Richmond, Program Manager, Laboratory Accreditation Program, National Institute of Standards and Technology, 100 Bureau Dr. Stop 2140, Gaithersburg, MD 20899-2140; (301) 975-3024.

Sincerely,

Dana S. Leaman, Chief

National Voluntary Laboratory Accreditation Program







SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

Patriot Environmental Laboratory Services, Inc.

1041 S. Placentia Avenue Fullerton, CA 92831 Mr. Ian Reyes

Phone: 714-899-8900 Fax: 714-899-7098

Email: ireyes@patriotlab.com http://www.patriotlab.com

ASBESTOS FIBER ANALYSIS

NVLÀP LAB CODE 200358-0

Bulk Asbestos Analysis

<u>Code</u> <u>Description</u>

18/A01 EPA -- 40 CFR Appendix E to Subpart E of Part 763, Interim Method of the Determination of

Asbestos in Bulk Insulation Samples

18/A03 EPA 600/R-93/116: Method for the Determination of Asbestos in Bulk Building Materials

For the National Voluntary Laboratory Accreditation Program

Effective 2018-10-01 through 2019-09-30

Page 1 of 1

United States Department of Commerce National Institute of Standards and Technology



Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 201022-0

Patriot Environmental Laboratory Services, Inc.

San Jose, CA

is accredited by the National Voluntary Laboratory Accreditation Program for specific services, listed on the Scope of Accreditation, for:

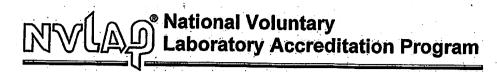
Asbestos Fiber Analysis

This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005. This accreditation demonstrates technical competence for a defined scope and the operation of a laboratory quality management system (refer to joint ISO-ILAC-IAF Communique dated January 2009).

2019-01-01 through 2019-12-31

Effective Dates







SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

Patriot Environmental Laboratory Services, Inc.

2186 Paragon Drive San Jose, CA 95131 Mr. Ian Reyes

Phone: 714-899-8900 Fax: 714-899-7098

Email: ireyes@patriotlab.com http://www.patriotlab.com

ASBESTOS FIBER ANALYSIS

NVLAP LAB CODE 201022-0

Bulk Asbestos Analysis

<u>Code</u>

Description

18/A01

EPA - 40 CFR Appendix E to Subpart E of Part 763, Interim Method of the Determination of

Asbestos in Bulk Insulation Samples

18/A03

EPA 600/R-93/116; Method for the Determination of Asbestos in Bulk Building Materials

For the National Voluntary Laboratory Accreditation Program

Effective 2019-01-01 through 2019-12-31

Page I of I



UNITED STATES DEPARTMENT OF COMMERCE National Institute of Standards and Technology Galthersburg, Maryland 20899

NVLAP Lab Code: 201022-0

December 14, 2018

Ian Reyes
Patriot Environmental Laboratory Srvs.
2186 Paragon Drive
San Jose, CA 95131

Dear Mr. Reyes,

Thank you for continuing your accreditation for Asbestos Fiber Analysis under the National Voluntary Laboratory Accreditation Program (NVLAP). This accreditation is effective until December 31, 2019, provided that your laboratory continues to comply with the accreditation requirements contained in the NVLAP Procedures.

Your updated accreditation documents are enclosed. You may reproduce these documents in their entirety and use the NVLAP symbol and/or term to reference your accredited status in accordance with the requirements published in NIST Handbook 150, 1.8. Accreditation does not relieve your laboratory from observing and complying with any applicable existing laws and/or regulations.

We are pleased to have you participate in NVLAP and look forward to your continued association with this program. If you have any questions concerning your NVLAP accreditation, please direct them to Hazel Richmond, Program Manager, Laboratory Accreditation Program, National Institute of Standards and Technology, 100 Bureau Dr. Stop 2140, Gaithersburg, MD 20899-2140; (301) 975-3024.

Sincerely.

Dana S. Leaman, Chief







3141 Fairview Park Drive, Suite 777, Falls Church, VA 22042 USA main 1+ 703-846-0757 fax 1+ 703-207-8558 email info.patllc@aiha.org web http://www.aihapat.org

IHPAT Round 216 Proficiency Testing Performance for Participant ID: PAT-102858 Patriot Environmental Laboratory Services, Inc. 1041 S Placentia Ave Fullerton, CA 92831-5105

Page 1 of 2

Report Issue Date: 02/15/2019

This report contains your organization's IHPAT Proficiency Analytical Testing results for IHPAT Round 216. It is the participant's responsibility to thoroughly review the information in this final report and to immediately contact the AIHA Proficiency Analytical Testing Programs, in writing, if any errors are found.

IHPAT Results

The final report is comprised of two sections relating to IHPAT Round 216. The first section contains your organization's results listed per analyte, per sample. The second section contains your current performance and performance from the two previous rounds, respectively (where applicable). Summary results for all participants for IHPAT Round 216 are located in a separate report.

Testing Results for IHPAT Round 216

This part of the report contains your organization's results listed per analyte, per sample.

Time part or the repetit contains			orea ber arrary re,					
Contaminant	Unit.	# 28	Result	Ref. Value 🕏	Lower Limit	Upper Limit	z-Score	Rating
Asharas (ASD)	f/mm²	1	278	214	105	362	1.5	Α
	f/mm²	2	355	327	160	553	0.4	A
Asbestos (ASB)	f/mm²	3	175	120	59	203	2.3	A
	f/mm²	4	96	144	70	243	-1.7	Α

Statistical Analysis Interpretation Note:

Reference value is the mean of the reference group.

Lower limit = reference value - 3 standard deviations; Upper limit = reference value + 3 standard deviations

z-Score = (reported result - reference value)/standard deviation. Note: z-Scores indicate how far a particular score is away from the mean.A - Acceptable* Analysis; U - Unacceptable Analysis

Fiber data are positively skewed therefore transformations are used to obtain approximately normal distributions. Both the assigned values and acceptance limits are based on consensus of the reference group.

*The acceptability of reported results is based on upper and lower acceptance limits. A reported result may appear acceptable/unacceptable according to z-Score, but be identified as an outlier based upon the acceptance limits. Any non-participation or non-reporting of PAT data will result in unacceptable results (see PAT Programs Participation Policies, Section 2.1.6.2.).

Measurement uncertainty of any assigned value is also available on the respective certificate of analysis for the round.

Technical Comment: None.

Page 2 of 2 Proficiency Testing Performance for Participant ID: PAT-102858 Report Issue Date: 02/15/2019

Overall Performance Summary Concluding with IHPAT Round 216

The following table contains your organization's current and two previous test rounds performance respectively (where applicable). For more information in

regard to the determination of proficiency, please visit: www.aihapat.org.

Analyte Class	Round	Round Score	Round Performance	Proficiency Status - Three Round Score
	214	0/4	FAIL	
Asbestos	215	4/4	PASS	·
	216	4/4	PASS	PROFICIENT

Interpretation Notes:

The denominators represent the total number of samples analyzed. The numerators represent the number of acceptable results.

Pass: Round Score greater than or equal to 75%

Fail: Round Score less than 75%

P - Proficient; NP - Non-proficient; I - Indeterminate (not enough rounds to determine proficiency)

A participant is rated proficient for the applicable IHPAT analyte group if the participant has a passing score for the applicable IHPAT analyte group in two (2) of the last three (3) consecutive PT rounds. A participant is rated non-proficient for the applicable PT analyte group if the participant has failing scores for the associated PT analyte group in two (2) of the last three (3) consecutive PT rounds.

Additional information on the following items are available in the IHPAT Scheme Plan:

Procedures used to statistically analyze the data, establish the assigned value and standard deviation for proficiency assessment, or other criteria for evaluation; details of the metrological traceability and measurement uncertainty of the assigned value; information about design and implementation of PT scheme. The Industrial Hygiene Scheme Plan is available in the PAT Portal. Measurement uncertainty of any assigned value is also available on the respective certificate of analysis for the round.

Participants shall not describe their proficiency status in a manner that implies accreditation, certification or variations thereof. PAT results pertain only to the participant organization at the location listed on this results report, AIHA PAT Programs makes every effort to ensure that individual participant results are kept confidential and are not made public. Round results are only released to the participant and those entities requiring this information for accreditation, regulatory and contract purposes. New participants are made aware of the arrangement in advance of participation and consent is sought prior to the release of records for participants. PAT reports may not be reproduced or distributed unless copied in its entirety.

IHPAT samples are generated, verified, packaged, and shipped by RTI International under contract with AIHA Proficiency Analytical Testing Programs. Unless otherwise noted, sample homogeneity and stability criteria were satisfied for all samples.

Authorized by: **David Clawson** Technical and Quality Manager **AIHA PAT Programs** dclawson@aiha.org

United States Department of Commerce National Institute of Standards and Technology



Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 201014-0

Patriot Environmental Laboratory Services, Inc.

Culver City, CA

is accredited by the National Voluntary Laboratory Accreditation Program for specific services, listed on the Scope of Accreditation, for:

Asbestos Fiber Analysis

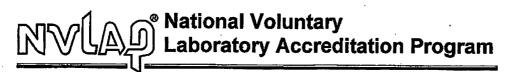
This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005.

This accreditation demonstrates technical competence for a defined scope and the operation of a laboratory quality management system (refer to joint ISO-ILAC-IAF Communique dated January 2009).

2018-10-01 through 2019-09-30

Effective Dates







SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

Patriot Environmental Laboratory Services, Inc.

5830-B Hannum Avenue Culver City, CA 90230 Mr. Ian Reyes

Phone: 714-351-3305 Fax: 714-899-7098

Email: ireyes@patriotlab.com http://www.patriotlab.com

ASBESTOS FIBER ANALYSIS

NVLAP LAB CODE 201014-0

Bulk Asbestos Analysis

Code	

Description

18/A01

EPA - 40 CFR Appendix E to Subpart E of Part 763, Interim Method of the Determination of

Asbestos in Bulk Insulation Samples

18/A03

EPA 600/R-93/116: Method for the Determination of Asbestos in Bulk Building Materials



UNITED STATES DEPARTMENT OF COMMERCE National Institute of Standards and Technology Gaithersburg, Maryland 20899

October 1, 2018

Ian Reyes
Patriot Environmental Laboratory Service
5830-B Hannum Avenue
Culver City, CA 90230

NVLAP Lab Code: 201014-0

Dear Mr. Reyes,

Thank you for continuing your accreditation for Asbestos Fiber Analysis under the National Voluntary Laboratory Accreditation Program (NVLAP). This accreditation is effective until September 30, 2019, provided that your laboratory continues to comply with the accreditation requirements contained in the NVLAP Procedures.

Your updated accreditation documents are enclosed. You may reproduce these documents in their entirety and use the NVLAP symbol and/or term to reference your accredited status in accordance with the requirements published in NIST Handbook 150, 1.8. Accreditation does not relieve your laboratory from observing and complying with any applicable existing laws and/or regulations.

We are pleased to have you participate in NVLAP and look forward to your continued association with this program. If you have any questions concerning your NVLAP accreditation, please direct them to Hazel Richmond, Program Manager, Laboratory Accreditation Program, National Institute of Standards and Technology, 100 Bureau Dr. Stop 2140, Gaithersburg, MD 20899-2140; (301) 975-3024.

Sincerely,

Dana S. Leaman, Chief





United States Department of Commerce National Institute of Standards and Technology



Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 200982-0

Patriot Environmental Laboratory Services, Inc. San Diego, CA

is accredited by the National Voluntary Laboratory Accreditation Program for specific services, listed on the Scope of Accreditation, for:

Asbestos Fiber Analysis

This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005.

This accreditation demonstrates technical competence for a defined scope and the operation of a laboratory quality management system (refer to joint ISO-ILAC-IAF Communique dated January 2009).

2018-07-01 through 2019-06-30

Effective Dates





National Voluntary Laboratory Accreditation Program



SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

Patriot Environmental Laboratory Services, Inc. 6640 Lusk Blvd., Suite A100 San Diego, CA 92121 Mr. Ian Reves

Phone: 714-351-3305 Fax: 714-899-7098 Email: ireyes@patriotlab.com http://www.patriotlab.com

ASBESTOS FIBER ANALYSIS

NVLAP LAB CODE 200982-0

United States Department of Commerce National Institute of Standards and Technology



Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 200358-0

Patriot Environmental Laboratory Services, Inc.

Fullerton, CA

is accredited by the National Voluntary Laboratory Accreditation Program for specific services, listed on the Scope of Accreditation, for:

Asbestos Fiber Analysis

This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005. This accreditation demonstrates technical competence for a defined scope and the operation of a laboratory quality management system (refer to joint ISO-ILAC-IAF Communique dated January 2009).

2018-10-01 through 2019-09-30

Effective Dates



Client#: 72796

EMGCOMPA

DATE (MIM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE ACORD. 2/08/2019 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s). SANGACT Christi Nistler PRODUCER Frenkei & Company FAX (AC, No): 646-514-9597 PHONE (AC, No, Ext): 212-488-0230 350 Hudson Street E-MAIL ADDRESS: Cnistler@frenkel.com 4th Floor INSURER(S) AFFORDING COVERAGE New York, NY 10014 INSURER A: Beazley Syndicates INSURED INSURER B: John's Environmental Inc. INSURER C: dba EMG Company Consultants, Inc. INSURER D: 7500 Suzi Lane INSURER E : Westminster, CA 92683 (NSURER F: **REVISION NUMBER:** COVERAGES **CERTIFICATE NUMBER:** 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. POLICY ETT POLICY EXP TYPE OF INSURANCE DOLSUBR SR IWVD **POLICY NUMBER** X COMMERCIAL GENERAL LIABILITY A X ENC000299001 01/05/2019|01/05/202**0** s1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREVISES (EA OCCUME \$100,000 CLAIMS-MADE | X OCCUR Contractors Poll. s25,000 MED EXP (Any one person) Occurrence Form \$1,000,000 PERSONAL & ADVINUIRY GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 GENERAL AGGREGATE PRO-POLICY PRODUCTS - COMP/CP AGG \$2,000,000 OTHER: COMBINED SINGLE LIMIT (En eccident) AUTOMOBILE LIABILITY **BODILY INJURY (Per person)** ANY ALITO OWNED AUTOS ONLY SCHEDULED **BODILY INJURY (Per accident)** AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY 2 **UMBRELLA LIAB** EACH OCCURRENCE **OCCUR** EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE PROPRIETOR/PARTNER/EXECUTIVE ELL EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below EL DISEASE - POLICY LIMIT | \$ ENC000299001 Professional 01/05/2019 01/05/2020 Each Claim: \$1,000,000 Liability Aggregate: \$2,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schodule, may be attached if more space is required) Cirks Construction, Inc., dba KDC Construction and dba KDC Service and Maintenance are included as

additional insured on General Liability policy per the attached endorsement. General Liability policy is Primary and Non-Contributory per the attached endorsement, Walver of subrogation applies to General Liability policy per the attached endorsement.

CE	RTIFICATE HOLDER	CANCELLATION
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE
	1	pre 1 p. m eromi

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HOME OFFICE

SAN FRANCISCO

ANNUAL RATING ENDORSEMENT

IT IS AGREED THAT THE CLASSIFICATIONS AND RATES PER \$100 OF REMUNERATION APPEARING IN THE CONTINUOUS POLICY ISSUED TO THIS EMPLOYER ARE AMENDED AS SHOWN BELOW.

HERE ARE YOUR NEW RATES FOR THE PERIOD INDICATED. IF YOUR NAME OR ADDRESS SHOULD BE CORRECTED OR IF INSURANCE IS NOT NEEDED FOR NEXT YEAR, PLEASE TELL US.

IMPORTANT

THIS IS NOT A BILL

CONTINUOUS POLICY

1466990-18

SEND NO MONEY UNLESS STATEMENT IS ENCLOSED

THE RATING PERIOD BEGINS AND ENDS AT 12:01AM PACIFIC STANDARD TIME

RATING PERIOD 3-01-18 TO 3-01-19

* INTERIM BILLING RATES WILL BE USED ON PAYROLL REPORTS. THEY TAKE INTO ACCOUNT RATING PLAN CREDITS (OR DEBITS) WHICH WILL APPLY AT FINAL BILLING AND AN ESTIMATE OF YOUR PREMIUM DISCOUNT AS DETAILED BELOW.

RATING PLAN CREDITS (DEBITS) EFFECTIVE FROM 03-01-18 TO 03-01-19

RATING PLAN MODIFIER

1.60050

ESTIMATED PREMIUM DISCOUNT MODIFIER

1.00000

COMPOSITE FACTOR APPLIED TO BASE RATES TO DERIVE INTERIM BILLING RATES

1.60050

THE ESTIMATED PREMIUM DISCOUNT IS BASED ON AN ESTIMATE OF YOUR PAYROLL. ACTUAL PREMIUM DISCOUNT APPLIED AT FINAL BILLING WILL BE BASED ON THE ACTUAL PAYROLL REPORTED ON YOUR POLICY AND SUBJECT TO AUDIT.



HOME OFFICE

SAN FRANCISCO

ANNUAL RATING ENDORSEMENT

IT IS AGREED THAT THE CLASSIFICATIONS AND RATES PER \$100 OF REMUNERATION APPEARING IN THE CONTINUOUS POLICY ISSUED TO THIS EMPLOYER ARE AMENDED AS SHOWN BELOW.

HERE ARE YOUR NEW RATES FOR THE PERIOD INDICATED. IF YOUR NAME OR ADDRESS SHOULD BE CORRECTED OR IF INSURANCE IS NOT NEEDED FOR NEXT YEAR, PLEASE TELL US.

IMPORTANT

THIS IS NOT A BILL

CONTINUOUS POLICY

1466990-18

EMG COMPANY

SEND NO MONEY UNLESS STATEMENT IS ENCLOSED

THE RATING PERIOD BEGINS AND ENDS AT 12:01AM PACIFIC STANDARD TIME

RATING PERIOD 3-01-18 TO

DEPOSIT PREMIUM

6050

7500 SUZI LN WESTMINSTER, CALIF 92683

MINIMUM PREMIUM PREMIUM ADJUSTMENT PERIOD

ANNUALLY

2.37

3-01-19

R SP

NAME OF EMPLOYER-

EMG, COMPANY

CODE NO.

PRINCIPAL WORK AND RATES EFFECTIVE FROM 03-01-18 TO 03-01-19

INTERIM PREMIUM BASE BILLING RATE* BASIS RATE

1.48

4511-1

ANALYTICAL OR TESTING LABORATORIES -- INCLUDING OUTSIDE OPERATIONS AND

SAMPLE COLLECTION -- N.O.C.

*******BUREAU NOTE INFORMATION******

FEIN 330950895

City of Westminster

BUSINESS LICENSE

EXPINATION DATE: 07/31/2019

BUSINESS DEBORIPTION: Shrvoos - Business

BUSINESS ADDRESS: 76TD SLIZI LN

BUSINESS NAME: E M G Company

MAILING E M G COMPANY

ADDRESS 7800 SUZI IN

WESTMINSTER: CA 92683 4359

ويالهج التركيفات بالبورة والمهادة والمان الوازان الموالم المتابات الما

POST IN CONSPICUOUS PLACE

This price is is seed without yellipation that the licenses is subjected or examplifying the state of Cellipmia. This pushes the states the state of Cellipmia in the postession of the business license permits or allows doing any set which would not be otherwise allowed by crief code provisions or attue. The itsulance of a light set from not be deemed or construed to be a permit to conduct or continue on liegan and or untarriate. The testing of the light set from the state of the state of the light set from the state of the light set from the state of the light set from the state of the light set from the state of the st

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United States Environmental Protection Agency This is to certify that



EMG

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and paintingactivities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires June 04, 2020

NAT-39235-2

Certification #

April 09, 2015

Issued On



11 The

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch



Rational Registry of Environmental Professionals.

P.O. Box 2099, Glenview, IL 60025-6099 • tel 847.724.6631 • tax 847.724.4223 website www.nrep.org

CERTIFICATION RENEWAL

Mr. John Van Pham - REPA 825099 REPA 7500 Suzi Lane West Minister, California 92683

02/03/2015

Mr. John Van Pham

Thank you for your payment of \$95 for renewal of your professional certification REPA 825099 to 03/15/2020. Please find your new certification card below. Please retain this letter to serve as your receipt.

Please attach the enclosed sticker to your certificate to indicate that your certification is current. Remember, it is important that you use your REPA certification initials after your name on all your correspondence, so that people will know that you are a qualified environmental professional.

If you have not already done so, please remember too, that you must file annually the Summary of Activities-Continuing Education form. You may file the report electronically online at www.nrep.org, clicking on "Continuing Education" and following the instructions. If you would like the NREP Recertification Handbook sent to you, please call our office.

We hope that you will take advantage of the many benefits of being NREP certified. Check our website www.nrep.org for: serving on our committees, obtaining NREP apparel, checking employment opportunities, and locating other professionals.

Current Email Address:john@emg-co.com Date first Certified:03/15/2013

Sincerely,

Executive Director

PhD, REM, PE, CEA, CSS

Dr Richard A. Young



National Registry of Environmental Brofessionals. CERTIFIED

John Pham REPA 825099 Registered Environmental Property Assessor

The Person Named Above is Qualified as Defined by the NREP

First Certified: 03/15/2013 Expiration Date

03/15/2020

Ruland a young Executive Director

University of Southern California

INSTITUTE OF SAFETY AND SYSTEMS MANAGEMENT

This is to certify that

JOHN PHAM

has satisfactorily completed a course in

Polarized Light Microscopy: Asbestos Identification

on this day of

FEBRUARY 2, 1990

Executive Director/ Institute of Safety and Systems Management



Chair, Safety Science Department



NAT-39235-1

California Environmental Protection Agency

John Van Pham

has fulfilled the requirements for registration as a

REGISTERED ENVIRONMENTAL ASSESSOR (REA)

September 1995

Date:

REA Number: _

REA-06360

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



State of California California Environmental Protection Agency Office of Environmental Health Hazard Assessment

John Van Pham

has fulfilled the requirements for registration as a Registered Environmental Assessor I (REA I).

Date Registered: September 1995

Joan E. Denton, Ph.D.

Director

Office of Environmental Health Hazard Assessment

REA - Class | Number: 06360

Peter M. Rooney

Secretary for Environmental Protection

California Environmental Protection Agency

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety and Health
Asbestos Unit
2424 Arden Way, Suite 495
Sacramento, CA 95825-2417
(916) 574-2993 Office (916) 483-0572 Fax
http://www.dir.ca.gov/dirdatabases.html actu@dir.ca.gov



306033382C

255

EMG Company
Thi A Doan
7500 Suzi Lane
Westminster CA 92683

May 23, 2018

Dear Certified Asbestos Consultant or Technician:

Enclosed is your certification card. To maintain your certification, you must 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 <u>before</u> the expiration date shown on your card. [8 CCR 341.15(h)(1)].

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

Certificates must be kept current if you are actively working as a CAC or CSST. The grace period is only for those who are not actively working as an asbestos consultant or site surveillance technician.

Please contact our office at the above address, fax number or email; of any changes in your contact/mailing information within 15 days of the change.

Sifficerely,

Jeff Ferrell

Senior Safety Engineer

Attachment: Certification Card

cc: File

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

Thi A Doan

Certification No.: 03-3382 Expires on ___ 07/31/19

This confliction was issued by the Division of Occupational Selfity and Nethith as authorized by Sections 7125 of 661 of the Business and Photosophic Code.

Renewal - Card Attached (Revised 10/24/2012)



3141 Fairview Park Drive, Suite 777, Falls Church, VA 22042 USA main 1+ 703-846-0757 fax 1+ 703-207-8558 email info.patllc@aiha.org web http://www.aihapat.org

Environmental Lead Round 104
Proficiency Testing Performance for Participant ID: PAT-157126
EMG Company
7500 Suzi La
Westminster, CA 92683-4359

Page 1 of 2 Report Issue Date: 09/15/2018

This report contains your organization's Environmental Lead Proficiency Analytical Testing results for ELPAT Round 104. It is the participant's responsibility to thoroughly review the information in this final report and to immediately contact the AIHA Proficiency Analytical Testing Programs, in writing, if any errors are found.

Environmental Lead Proficiency Analytical Testing Results

The final report is comprised of two sections relating to ELPAT Round 104. The first section contains your organization's results listed per analyte, per sample. The second section contains your current performance and performance from the two previous rounds, respectively (where applicable). Summary results for all participants for ELPAT Round 104 are located in a separate report.

Testing Results for ELPAT Round 104

This part of the report contains your organization's results listed per analyte, per sample.

Contaminant	Unit	#	Result	Ref. Value	Lower Limit	Upper Limit	z-Score	Rating
Paint Chips (PAINT)	%	1	0.059	0.0596	0.0366	0.0825	-0.1	A
	%	2	3.8	3.9219	3.1912	4.6526	-0.5	A
rami Cmps (FAII11)	%	3	0.79	0.8761	0.7138	1.0385	-1.6	A
	%	4	1.6	1.9076	1.5868	2.2284	-2.9	A

Statistical Analysis Interpretation Note:

Reference value is the mean of the reference group.

Lower limit = reference value - 3 standard deviations; Upper limit = reference value + 3 standard deviations

z-Score = (reported result - reference value)/standard deviation. Note: z-Scores indicate how far a particular score is away from the mean.

A - Acceptable* Analysis; U - Unacceptable Analysis

Both the assigned values and acceptance limits are based on consensus of the reference group.

*The acceptability of reported results is based on upper and lower acceptance limits. This is why a reported result may appear unacceptable according to z-Score, but be identified as acceptable.

Any non-participation or non-reporting of PAT data will result in unacceptable results (see PAT Programs Participation Policies, Section 2.1.6.2.).

Technical Comment: No remarkable observations.

Report Issue Date: 09/15/2018

Overall Performance Summary Concluding with ELPAT Round 104

The following table contains your organization's current and two previous test rounds performance respectively (where applicable). For more information in regard to the determination of proficiency, please visit: www.aihapat.org.

Analyte Class	Round	Round Round Score Round I		Proficiency Status - Four Round Score
	101	3/4	PASS	
Po.tus	102	4/4	PASS	
Paint	103	2/4	FAIL	
	104	4/4	PASS	PROFICIENT

Interpretation Notes:

The denominators represent the total number of samples analyzed.

The numerators represent the number of acceptable results.

P - Proficient; NP - Non-proficient; I - Indeterminate (not enough rounds to determine proficiency)

A participant is rated proficient for the applicable ELPAT matrix if the participant's performance meets any of the following:(1) In the last two rounds, all samples are analyzed and the results are 100% acceptable; or (2) three fourths (75%) or more of the accumulated results over four (4) rounds are acceptable. A participant is rated non-proficient for the applicable matrix if the participant's performance does not meet either of the proficiency categories mentioned above.

Additional information on the following items are available in the Environmental Lead Scheme Plan:

Procedures used to statistically analyze the data, establish the assigned value and standard deviation for proficiency assessment, or other criteria for evaluation; details of the metrological traceability and measurement uncertainty of the assigned value; information about design and implementation of PT scheme. The Environmental Lead Scheme Plan is available in the PAT Portal. Measurement uncertainty of any assigned value is also available on the respective certificate of analysis for the round.

Participants shall not describe their proficiency status in a manner that implies accreditation, certification or variations thereof. PAT results pertain only to the participant organization at the location listed on this results report. AIHA PAT Programs makes every effort to ensure that individual participant results are kept confidential and are not made public. Round results are only released to the participant and those entities requiring this information for accreditation, regulatory and contract purposes. New participants are made aware of the arrangement in advance of participation and consent is sought prior to the release of records for participants. PAT reports may not be reproduced or distributed unless copied in its entirety.

ELPAT samples are generated, verified, packaged, and shipped by RTI International under contract with AIHA Proficiency Analytical Testing Programs. Unless otherwise noted, sample homogeneity and stability criteria were satisfied for all samples.

Authorized by:
David Clawson
Technical and Quality Program Manager
AIHA PAT Programs
dclawson@aiha.org



3141 Fairview Park Drive, Suite 777, Falls Church, VA 22042 USA
main 1+ 703-846-0757 fax 1+ 703-207-8558
email info.patllc@aiha.org web http://www.aihapat.org

Environmental Lead-in-Air Round 104
Proficiency Testing Performance for Participant ID: PAT-157126
EMG Company
7500 Suzi Ln
Westminster, CA 92683-4359

Testing Programs, in writing, if any errors are found.

Page 1 of 2

Report Issue Date: 08/15/2018

Environmental Lead-in-Air Proficiency Analytical Testing Results

The final report is comprised of two sections relating to ELPAT-Air Round 104. The first section contains your organization's results listed per analyte, per sample. The second section contains your current performance and performance from the two previous rounds, respectively (where applicable). Summary results for all participants for ELPAT-Air Round 104 are located in a separate report.

This report contains your organization's Environmental Lead-in-Air Proficiency Analytical Testing results for ELPAT-Air Round 104. It is the participant's responsibility to thoroughly review the information in this final report and to immediately contact the AIHA Proficiency Analytical

Testing Results for ELPAT-Air Round 104

This part of the report contains your organization's results listed per analyte, per sample.

Contaminant	Unit	#	Result	Ref. Value	Lower Limit	Upper Limit	z-Score	Rating
Lead in Air (AIR)	mg/m³	1	0.088	0.0988	0.0862	0.1114	-2.6	A
	mg/m³	2	0.28	0.3275	0.2779	0.3772	-2.9	A
Leau III Ali (Alik)	mg/m³	3	0.081	0.0892	0.0782	0.1001	-2.2	A
	mg/m³	4	0.13	0.1408	0.1192	0.1624	-1.5	A

Statistical Analysis Interpretation Note:

Reference value is the mean of the reference group.

Lower limit = reference value - 3 standard deviations; Upper limit = reference value + 3 standard deviations

z-Score = (reported result - reference value)/standard deviation. Note: z-Scores indicate how far a particular score is away from the mean.

A - Acceptable* Analysis; U - Unacceptable Analysis

Both the assigned values and acceptance limits are based on consensus of the reference group.

The acceptability of reported results is based on upper and lower acceptance limits. This is why a reported result may appear unacceptable according to z-Score, but be identified as acceptable.

Any non-participation or non-reporting of PAT data will result in unacceptable results (see PAT Programs Participation Policies, Section 2.1.6.2.).

Technical Comment: No remarkable observations.

Report Issue Date: 08/15/2018

Overall Performance Summary Concluding with ELPAT-Air Round 104

The following table contains your organization's current and two previous test rounds performance respectively (where applicable). For more information in regard to the determination of proficiency, please visit: www.aihapat.org.

Analyte Class	Round Round Score		Round Performance	Proficiency Status - Four Round Score
Air	101	4/4	PASS	
	102	3/4	PASS	
All .	103	4/4	PASS	
Ţ	104	4/4	PASS	PROFICIENT

Interpretation Notes:

The denominators represent the total number of samples analyzed.

The numerators represent the number of acceptable results.

P - Proficient; NP - Non-proficient; I - Indeterminate (not enough rounds to determine proficiency)

A participant is rated proficient for the applicable ELPAT matrix if the participant's performance meets any of the following:(1) In the last two rounds, all samples are analyzed and the results are 100% acceptable; or (2) three fourths (75%) or more of the accumulated results over four (4) rounds are acceptable. A participant is rated non-proficient for the applicable matrix if the participant's performance does not meet either of the proficiency categories mentioned above.

Additional information on the following items are available in the Environmental Lead Scheme Plan:

Procedures used to statistically analyze the data, establish the assigned value and standard deviation for proficiency assessment, or other criteria for evaluation; details of the metrological traceability and measurement uncertainty of the assigned value; information about design and implementation of PT scheme. The Environmental Lead Scheme Plan is available in the PAT Portal. Measurement uncertainty of any assigned value is also available on the respective certificate of analysis for the round.

Participants shall not describe their proficiency status in a manner that implies accreditation, certification or variations thereof. PAT results pertain only to the participant organization at the location listed on this results report. AIHA PAT Programs makes every effort to ensure that individual participant results are kept confidential and are not made public. Round results are only released to the participant and those entities requiring this information for accreditation, regulatory and contract purposes. New participants are made aware of the arrangement in advance of participation and consent is sought prior to the release of records for participants. PAT reports may not be reproduced or distributed unless copied in its entirety.

ELPAT Air samples are generated, verified, packaged, and shipped by RTI International under contract with AIHA Proficiency Analytical Testing Programs. Unless otherwise noted, sample homogeneity and stability criteria were satisfied for all samples.

Authorized by:
David Clawson
Technical and Quality Program Manager
AIHA PAT Programs
delawson@aiha.org

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

This A Doan AL OF Name

Certification No. 1 93-3382

Expires on 2731-9

This certification was issued by the Division of Occupational San are and Beauth-ps authorized by Sections 7180 at 260 and Business and Professions Code





3141 Fairview Park Drive, Suite 777, Falls Church, VA 22042 USA
main 1+ 703-846-0757 fax 1+ 703-207-8558
email info.patllc@aiha.org web http://www.aihapat.org

IHPAT Round 214
Proficiency Testing Performance for Participant ID: PAT-157126
EMG Company
7500 Suzi Ln
Westminster, CA 92683-4359

Page 1 of 2 Report Issue Date: 08/15/2018

This report contains your organization's IHPAT Proficiency Analytical Testing results for IHPAT Round 214. It is the participant's responsibility to thoroughly review the information in this final report and to immediately contact the AIHA Proficiency Analytical Testing Programs, in writing, if any errors are found.

IHPAT Results

The final report is comprised of two sections relating to IHPAT Round 214. The first section contains your organization's results listed per analyte, per sample. The second section contains your current performance and performance from the two previous rounds, respectively (where applicable). Summary results for all participants for IHPAT Round 214 are located in a separate report.

Testing Results for IHPAT Round 214

This part of the report contains your organization's results listed per analyte, per sample.

Contaminant	- Unit	: #	Result	Ref. Value	Lower Limit	Upper Limit	z-Score	Rating
Asbestos (ASB)	¶mm²	1	99.4	203	99	342	-2.6	A
	f/mm²	2	130	307	151	519	-2.9	U
Asocsios (ASB)	f/mm²	3	34	121	59	204	-3.6	Ü
	f/mm²	4	67	74	36	126	-0.5	A

Statistical Analysis Interpretation Note:

Reference value is the mean of the reference group.

Lower limit = reference value - 3 standard deviations; Upper limit = reference value + 3 standard deviations

z-Score = (reported result - reference value)/standard deviation. Note: z-Scores indicate how far a particular score is away from the mean.A - Acceptable*
Analysis; U - Unacceptable Analysis

Fiber data are positively skewed therefore transformations are used to obtain approximately normal distributions. Both the assigned values and acceptance limits are based on consensus of the reference group.

*The acceptability of reported results is based on upper and lower acceptance limits. A reported result may appear acceptable/unacceptable according to z-Score, but be identified as an outlier based upon the acceptance limits. Any non-participation or non-reporting of PAT data will result in unacceptable results (see PAT Programs Participation Policies, Section 2.1.6.2.).

Measurement uncertainty of any assigned value is also available on the respective certificate of analysis for the round.

Technical Comment: No remarkable observations.

IHPAT Round 214

Proficiency Testing Performance for Participant ID: PAT-157126

Page 2 of 2 Report Issue Date: 08/15/2018

Overall Performance Summary Concluding with IHPAT Round 214

The following table contains your organization's current and two previous test rounds performance respectively (where applicable). For more information in

regard to the determination of proficiency, please visit: www.aihapat.org.

Analyte Class	Round	Round Score	Round Performance	Proficiency Status - Three Round Score
	212	3/4	PASS	
Asbestos	213	4/4	PASS	
	214	2/4	FAIL	PROFICIENT

Interpretation Notes:

The denominators represent the total number of samples analyzed. The numerators represent the number of acceptable results.

Pass: Round Score greater than or equal to 75%

Fail: Round Score less than 75%

P - Proficient; NP - Non-proficient; 1 - Indeterminate (not enough rounds to determine proficiency)

A participant is rated proficient for the applicable IHPAT analyte group if the participant has a passing score for the applicable IHPAT analyte group in two (2) of the last three (3) consecutive PT rounds. A participant is rated non-proficient for the applicable PT analyte group if the participant has failing scores for the associated PT analyte group in two (2) of the last three (3) consecutive PT rounds.

Additional information on the following items are available in the IHPAT Scheme Plan:

Procedures used to statistically analyze the data, establish the assigned value and standard deviation for proficiency assessment, or other criteria for evaluation; details of the metrological traceability and measurement uncertainty of the assigned value; information about design and implementation of PT scheme. The Industrial Hygiene Scheme Plan is available in the PAT Portal. Measurement uncertainty of any assigned value is also available on the respective certificate of analysis for the round.

Participants shall not describe their proficiency status in a manner that implies accreditation, certification or variations thereof. PAT results pertain only to the participant organization at the location listed on this results report. AIHA PAT Programs makes every effort to ensure that individual participant results are kept confidential and are not made public. Round results are only released to the participant and those entities requiring this information for accreditation, regulatory and contract purposes. New participants are made aware of the arrangement in advance of participation and consent is sought prior to the release of records for participants. PAT reports may not be reproduced or distributed unless copied in its entirety.

IHPAT samples are generated, verified, packaged, and shipped by RTI International under contract with AIHA Proficiency Analytical Testing Programs. Unless otherwise noted, sample homogeneity and stability criteria were satisfied for all samples.

Authorized by:
David Clawson
Technical and Quality Program Manager
AIHA PAT Programs
dclawson@aiha.org

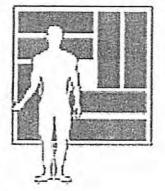


CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/28/2017

THIS :ERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELO V. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPR :SENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPOI TANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the te ms and conditions of the policy, certain policies may require an endorsoment. A statement on this certificate does not confer rights to the certifi ate holder in lieu of such endorsement(s). PRODUCE Mary Griffin Frenkel : Company PHONE (AC, Do., Ext): 212-488-0380 E-MAIL ADDRESS: mgriffin@frenkel.com FAX (A/C. No): 212-954-5399 350 Huc son St. New Yo < NY 10014 INSURER(S) AFFORDING COVERAGE INSURER A : Start Surplus Line Insurance Compan 13604 EMG C: mpany Consultants, Inc. INSURER C : 7500 Sı zi Lane INSURER D : Westmi: ister CA 92683 INSURER E : INSURER F : **CERTIFICATE NUMBER: 799168640** COVER (GES **REVISION NUMBER:** THIS I. TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDIC/ TED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTI ICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLL SIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER INSD VAD LIMITS COMMERCIAL GENERAL LIABILITY 1000066493171 1/5/2017 EACH OCCURRENCE \$1,000,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence \$50,000 Contr. Pollution MED EXP (Any one person) \$5,000 Occurrence Form PERSONAL & ADVINJURY \$1,000,000 GEF . AGGREGATE UMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 PRO-JECT POLICY LOC PRODUCTS - COMPADP AGG | \$2,000,000 OTHER: s COMBINED SINGLE LIMIT (Ea accident) MOBILE LIABILITY AU1 S UTUA YAF BODILY INJURY (Per person) is SCHEDULED AUTOS NON-OWNED ALL CYMED BODILY INJURY (Par accident) | \$ PROPERTY DAMAGE (Per accident) HIRED ALTOS 5 AUTOS S IMBRELLA LIAR OCCUR EACH OCCURRENCE s EXCESS LIAB CLAIMS-MADE AGGREGATE DED! RETENTIONS ERS COMPENSATION MPLOYERS' LIABILITY STATUTE ROPRIETOR/PARTNER/EXECUTIVE ERAMEMBER EXCLUDED? abry in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE'S If yet describe under CES RIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ Prof ssional Liability Each Claim General Aggregate 1000066493171 1/5/2017 1/5/2019 \$1,000,000 DESCRIPT W OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schodule, may be attached if more space is required) Evider :e of insurance. CERTIF CATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



CERTIFIED INDOOR ENVIRONMENTALIST COURSE

This certificate of completion documents that the following individual has attended the "IAQA Certified Indoor Environmentalist Course" January 30-31, 2007 in Orange County, CA.

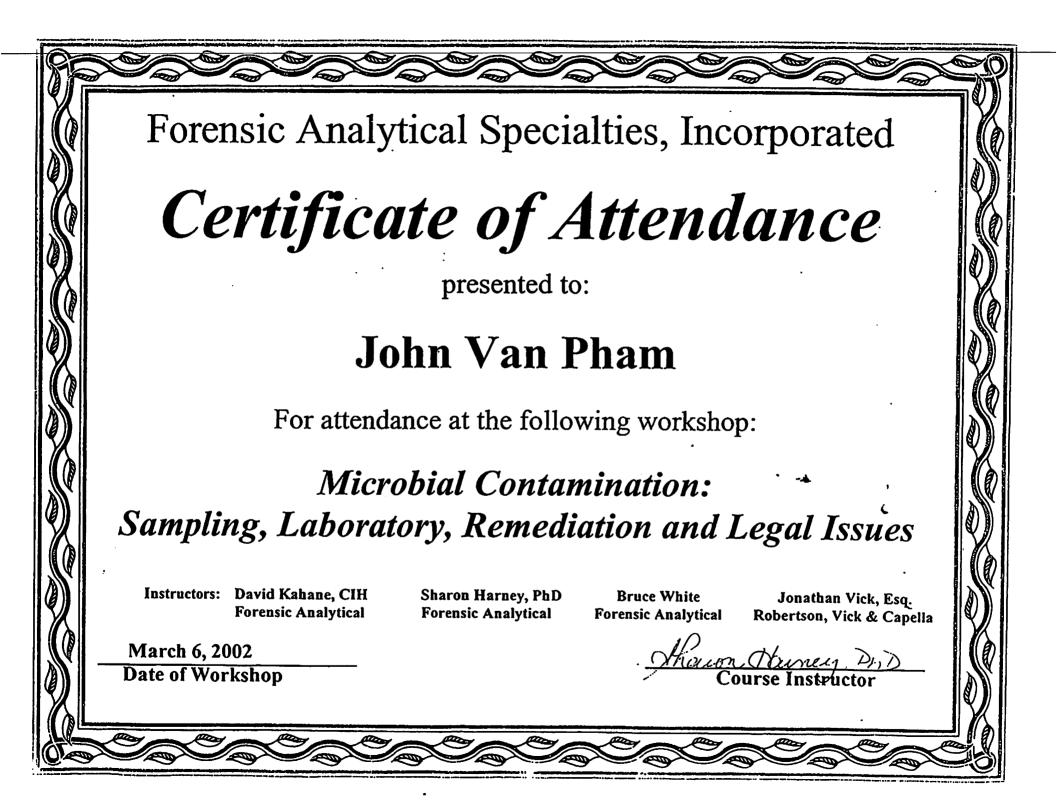
John Pham

This course is certified by IAQA and is designed to impart individuals with expertise in the fundamental principles of indoor environmental quality which may be utilized in the practice of data collection, application of specific building products, and observation of conditions which may affect occupant acceptability of the indoor environment. This document does not bestow professional credentials or certification to the individual named above.

Gil Ish

Glenn E. Fellman Executive Director, IAQA Document # 02643





November 4, 2016

Ms. Lisa Walldez
City of Los Angeles, Department of Recreation and Parks
Planning, Construction, and Maintenance Branch
221 North Figueroa Street, Suite 400
Los Angeles, California 90012

Subject:

SUPPLEMENTAL ASBESTOS AND LEAD-BASED PAINT SAMPLING

Wattles Mansion

1824 N. Curson Avenue Los Angeles, California

Converse Project No. 16-41-185-01

Ms. Walldez:

On October 27, 2016, Converse Consultants (Converse) performed a *Supplemental Asbestos and Lead-Based Paint Sampling* at the referenced site. Converse's work was completed in general accordance with Change Order No. 01 which was approved on November 2, 2016.

Asbestos

The bulk materials were submitted to a State-certified laboratory, LA Testing in South Pasadena, California for analysis. The bulk samples were analyzed by Polarized Light Microscopy (PLM) in accordance with EPA Test Method 600/R-93/116. Samples were collected of the following materials:

- Exterior Stucco
- Window Putty
- Roofing felts on south balcony floor
- Plaster (interior) smooth in Caretaker's Room
- Plaster (interior) rough in Caretaker's Room

No asbestos was detected in the sampled materials.

The chain of custody identifies sample numbers 07, 08 and 15. Samples 07 and 08 were missing when the laboratory analyzed the samples. Samples 09, 10 and 11, which were of the same material as samples 07 and 08, were negative for asbestos. Sample 15 was not collected (miss numbered).

Lead

Converse collected four (4) bulk paint chip samples from the interior of the Caretaker's Room.

The bulk samples were submitted to LA Testing and analyzed for lead content by flame atomic absorption (SW 846 3050B/7000B). See Table 1 below for a summary of the laboratory analyses:

Table 1	Table 1 - Bulk Paint Chip Results							
Sample No.	Bulk Sample Description and Location	Lead Conc. (mg/cm²)	Comments					
LBP-01	Cream paint on north plaster wall	0.30	Located on all interior walls.					
LBP-02	White paint on wood door	0.034	Three doors in room.					
LBP-03	White paint on wood window frame	0.046	Located at entry door.					
LBP-04	White paint on wood door frame	0.0083	Three white door frames in room.					

Laboratory analysis indicates that none of the samples exceeded the Los Angeles County Department of Public Health definition of lead-based paint of 0.7 mg/cm². The cream and white paints are not considered LBPs.

Closure

This letter report is for the sole benefit and exclusive use of the City of Los Angeles, Department of Recreation and Parks (RAP) as it pertains to the Wattles Mansion, 1824 N. Curson Avenue, Los Angeles, California. Our services have been performed in accordance with the terms and conditions under which these services have been provided. Its preparation has been in accordance with generally accepted environmental practices. No other warranty, either express or implied, is made. The Scope of Services associated with the report was designed solely in accordance with the objectives, schedule, budget, and risk-management preferences of RAP.

This report should not be regarded as a guarantee that further ACMs or lead beyond that which could be detected within the scope of this project, is present at the Property. It is not possible to absolutely confirm that no hazardous materials and/or substances exist at



the Property. If none are identified as part of a limited scope of work, such a conclusion should not be construed as a guaranteed absence of such materials, but merely the results of the evaluation of the property at the time of the survey. If previously un-sampled materials are encountered they should be assumed positive until tested. Also, events may occur after the Property visit, which may result in contamination of the Property. Additional information, which was not found or available to Converse at the time of report preparation, may result in a modification of the conclusions and recommendations presented.

Any reliance on this report by Third Parties shall be at the Third Party's sole risk. Should RAP wish to identify any additional relying parties not previously identified, a completed *Application of Authorization to Use* (see page 4 of this report) must be submitted to Converse Consultants.

We appreciate the opportunity to be of service. Should you have any questions or comments regarding this report, please contact either Laura Tanaka at (626) 930-1261, or Norman Eke at (626) 930-1260.

Norman Eke

Managing Officer

Certified Asbestos Consultant, #96-2093

Sincerely,

CONVERSE CONSULTANTS

Laura Tanaka

CDPH Lead Inspector/Assessor, #I-3086 Principal Environmental Scientist

Attch: Application for Authorization to Use

Certifications

Sample Location Map

Asbestos: Analytical Report, Chain of Custody Lead: Analytical Report, Chain of Custody

Certifications





Application for Authorization to Use

TO:	Converse Consultants 717 Myrtle Avenue Monrovia, California 91016	
	Project Title & Date:	
	Project Address:	
	M: (Please identify name & address or enced report.)	f person/entity applying for permission to use the
Λюи	aliaant	haraby applies for permission to
Abk	plicant	hereby applies for permission to use
Applic	cant wishes or needs to use the refere	enced report because:
docun copyir Consu permi	nent and shall remain the sole propering of the report is strictly prohibited wellants. <i>Applicant</i> understands and a	t the referenced document is a copyrighted ty of Converse Consultants. Unauthorized use or ithout the express written permission of Converse grees that Converse Consultants may withhold such uch permission upon agreement to Terms and e fee, amongst others.
	Applicant Signature:	
	Applicant Name (print):	
	Title:	
	Date:	



Certifications

Certifications

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

Laura A Tanaka ** 12

Certification No. 114708

This centration was issued by the Division of Occupations Say and Health as authorized by Sections 710 and the Business and Professions Code.

State of California Department of Public Health

Lead-Related Certificate Inspector/Assessor 04/27/2017 **Project Designer** 04/27/2017 **Project Monitor** 04/27/2017 Laura A. Tanaka 🍵

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

Norman S Eke AL OF

Certification 10 96-2093

EXPITEMENT OSSIGNATION
This certification was said the Division of Occupational Sense and Treath as authorized by Sections 7185 at CR 7 of the Business and Professions Code.

Sample Location Map

Sample Location Map

CHKD. BY NO DATE WH RAP SHEET NO. ____ OF ___! CLIENT __ PROJECT NO. 16-41-185-01 PROJECT 1110 Hier BACKYARD 12 05 03 13,14, 101 al cuesos are UPP-O POOR DRIVE. WM 08 LBP-04, 01 06 04 02 10 18 17 FRONT YARD Legend · UBP-04 Approx Location of Paint Sample Approx Location of Askestos cample .18 North NOT TO SLAVE SHEET NO. **Converse Consultants** SIGNED REG. NO.

L-5-10/81

City of Los Angeles, Department of Recreation and Parks Planning, Construction, and Maintenance Branch November 4, 2016

Asbestos

Analytical Report Chain of Custody

Asbestos



LA Testing

520 Mission Street South Pasadena, CA 91030

Tel/Fax: (323) 254-9960 / (323) 254-9982

http://www.LATesting.com / pasadenalab@latesting.com

LA Testing Order: 321624160 Customer ID: 32CONV56

> Customer PO: Project ID:

Attention: Laura Tanaka

Converse Consultants 717 S Myrtle Avenue Monrovia, CA 91016 Phone: (626) 930-1200

Fax: (626) 930-1212

Received Date: 10/27/2016 12:10 PM **Analysis Date:** 11/02/2016 - 11/03/2016

Collected Date: 10/27/2016

Project: 16-41-185-01 RAP/Wattles Mansion

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Appearance	Non-A % Fibrous	sbestos % Non-Fibrous	<u>Asbestos</u> % Type
01-Finish Coat	S Entry E Wall by door - Ext Stucco	Tan Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0001		Homogeneous			
01-Base Coat 321624160-0001A	S Entry E Wall by door - Ext Stucco	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
02-Finish Coat	S entry S wall - W end - Ext Stucco	Tan Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0002		Homogeneous			
02-Base Coat	S entry S wall - W end - Ext Stucco	Gray Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0002A		Homogeneous			
03-Finish Coat 321624160-0003	N entry N wall - E end - Ext Stucco	Tan/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
03-Base Coat	N entry N wall - E end - Ext Stucco	Gray Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0003A		Homogeneous			
04	S wall W window (SWC) Ext - Window	Brown/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0004	Putty	Homogeneous			
05 321624160-0005	N wall W window (NWC) Ext - Window	Brown/White Non-Fibrous		100% Non-fibrous (Other)	None Detected
06	Putty	Homogeneous		400W New Shares (Other)	None Detected
321624160-0006	1st FL - east room E window - Window Putty	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
09-Finish Coat	Caretaker house 2nd	Green		100% Non-fibrous (Other)	None Detected
321624160-0007	Entry - Plaster (interior) smooth	Non-Fibrous Homogeneous			
09-Base Coat	Caretaker house 2nd Entry - Plaster	Gray Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0007A	(interior) smooth	Homogeneous			
10-Finish Coat	Caretaker house Demise wall - Plaster	Beige Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0008	(interior) smooth	Homogeneous			
10-Base Coat	Caretaker house Demise wall - Plaster	Gray Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0008A	(interior) smooth	Homogeneous		4000/ New Shares (Other)	None Detected
11-Finish Coat	Caretaker house N wall - Plaster (interior) smooth	Beige Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
11-Base Coat	Caretaker house N	Gray		100% Non-fibrous (Other)	None Detected
321624160-0009A	wall - Plaster (interior)	Non-Fibrous Homogeneous		100 /0 NOTE PROTOTO (OUTST)	MONE Delected
12-Finish Coat	Caretaker house N wall - Plaster (interior)	Tan Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0010	rough	Homogeneous			

Initial report from: 11/03/2016 08:03:33



LA Testing

520 Mission Street South Pasadena, CA 91030

Tel/Fax: (323) 254-9960 / (323) 254-9982

http://www.LATesting.com / pasadenalab@latesting.com

LA Testing Order: 321624160 Customer ID: 32CONV56

> Customer PO: Project ID:

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

			Non-Asbes	stos	<u>Asbestos</u>
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Type
12-Base Coat	Caretaker house N wall - Plaster (interior)	Gray Non-Fibrous		100% Non-fibrous (Other)	None Detected
	rough	Homogeneous			
13-Finish Coat	Caretaker house N wall - Plaster (interior) rough	Tan Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
13-Base Coat	Caretaker house N	Grav		100% Non-fibrous (Other)	None Detected
321624160-0011A	wall - Plaster (interior) rough	Non-Fibrous Homogeneous		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14-Finish Coat	Caretaker house N wall - Plaster (interior)	Tan Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0012	rough	Homogeneous			
14-Base Coat 321624160-0012A	Caretaker house N wall - Plaster (interior) rough	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
				4000/ Non Sheetin (Other-)	None Detected
16-Coating 321624160-0013	2nd floor Balcony South side - Roofing Felts	Various Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
16-Shingle	2nd floor Balcony	Black	30% Glass	70% Non-fibrous (Other)	None Detected
321624160-0013A	South side - Roofing Felts	Non-Fibrous Homogeneous	30% Glass	7070 Noti-Indiada (Ottier)	None Detected
16-Felt	2nd floor Balcony South side - Roofing	Black Non-Fibrous	40% Cellulose	60% Non-fibrous (Other)	None Detected
321624160-0013B	Felts	Homogeneous			
17-Coating	2nd floor Balcony South side - Roofing	Various Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0014	Felts	Homogeneous			
17-Shingle 321624160-0014A	2nd floor Balcony South side - Roofing Felts	Black Non-Fibrous	30% Glass	70% Non-fibrous (Other)	None Detected
		Homogeneous	4004 O-11-1	CON Non-Share (Other)	Ness Detected
17-Felt	2nd floor Balcony South side - Roofing	Black Non-Fibrous	40% Cellulose	60% Non-fibrous (Other)	None Detected
321624160-0014B	Felts	Homogeneous			
18-Coating	2nd floor Balcony South side - Roofing	White/Red/Silver Non-Fibrous		100% Non-fibrous (Other)	None Detected
321624160-0015	Felts	Homogeneous			
18-Shingle	2nd floor Balcony South side - Roofing	White/Black Non-Fibrous	20% Glass	80% Non-fibrous (Other)	None Detected
321624160-0015A	Felts	Homogeneous			
18-Felt	2nd floor Balcony South side - Roofing	Black Non-Fibrous	60% Cellulose	40% Non-fibrous (Other)	None Detected
321624160-0015B	Felts	Homogeneous			

Analyst(s)

Guillermo Hernandez (20) Roger Casillas (10) Jerry Drapala Ph.D, Laboratory Manager or Other Approved Signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-friable organically bound materials present a problem matrix and therefore EMSL recommends gravimetric reduction prior to analysis. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request. Unless requested by the client, building materials manufactured with multiple layers (i.e. linoleum, wallboard, etc.) are reported as a single sample. Reporting limit is 1%

Samples analyzed by LA Testing South Pasadena, CA NVLAP Lab Code 200232-0, CA ELAP 2283

Initial report from: 11/03/2016 08:03:33

OrderID: 321624160



Asbestos Chain of Custody LA Testing Order Number (Lab Use Only): #3 2 1 6 2 4 1 6 0

LA TESTING 520 MISSION STREET S. PASADENA, CA 91030 PHONE: (323) 254-9960 FAX: (323) 254-9982

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Company: Conve	se consul	tanto	If Bill to is D	g-Bill to: Same 🔲 i	mments**
Street: 117 MWV				equires written authorizatio	
city: Monvova	100	Province: OA	Zip/Postal Code:	Coun	
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			Options* - Please Che		
3 Hour 6 F	lour 24 Hou	r 48 Hour	To Table 1 Tab	96 Hour 1 Week	
to sign an authorization for	om for this service. Analy	sis completed in accordar	nce with LA Testing's Terms a	nd Conditions located in the	Analytical Price Guide.
PCM - Air		<u>TEM – Air</u> ☐ 4-4.	5hr TAT (AHERA only)	TEM- Dust	
☐ NIOSH 7400	1	☐ AHERA 40 CF	R, Part 763	☐ Microvac - ASTM I	D 5755
w/ OSHA 8hr. TWA		☐ NIOSH 7402		☐ Wipe - ASTM D64	80
PLM - Bulk (reporting		☐ EPA Level II		☐ Carpet Sonication	111111111111111111111111111111111111111
PLM EPA 600/R-93/		☐ ISO 10312		Soil/Rock/Vermiculit	
PLM EPA NOB (<19	6)	TEM - Bulk		☐ PLM CARB 435 - /	
Point Count		TEM EPA NOE		PLM CARB 435 - B	•
☐ 400 (<0.25%) ☐ 10	1'		.4 (non-friable-NY)	TEM CARB 435 - B (0.1% sensitivity)	
Point Count w/Gravime	1	☐ Chatfield SOP		☐ TEM CARB 435 - C (0.01% sensitivity ☐ EPA Protocol (Semi-Quantitative)	
☐ 400 (<0.25%) ☐ 10	1 '	☐ TEM Mass Analysis-EPA 600 sec. 2.5			
NYS 198.1 (friable i	1 '	TEM - Water: EPA 100.2		EPA Protocol (Quantitative)	
☐ NYS 198.6 NOB (non-friable-NY)		Fibers >10µm		Other:	
☐ NIOSH 9002 (<1%)		All Fiber Sizes	Waste Drinking		
		All Fiber Sizes	Waste Drinking		
NIOSH 9002 (<1%)		All Fiber Sizes	early identify Homogo		
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NIOSH 9002 (<1%) Samplers Name: Sample #	Check For	All Fiber Sizes Positive Stop - Cl	Samplers Signature:	Volume/Area (Air) HA # (Bulk) Total # of Samples:	
Samplers Name: Sample # Client Sample # (s): Relinquished (Client):	Check For	All Fiber Sizes Positive Stop - Cl Sample Description Hacked	Samplers Signature:	Volume/Area (Air) HA # (Bulk) Total # of Samples:	Sampled 18 12:10
Samplers Name: Sample # Client Sample # (s): Received (Lab):	Check For	All Fiber Sizes Positive Stop – Cl Sample Description Hackle	Samplers Signature:	Volume/Area (Air) HA # (Bulk) Total # of Samples:	Sampled 18 12:10
Samplers Name: Sample # Client Sample # (s): Relinquished (Client):	Check For	All Fiber Sizes Positive Stop - Cl Sample Description Hacked	Samplers Signature:	Volume/Area (Air) HA # (Bulk) Total # of Samples:	Sampled

6



Converse Consultants

#321624160

3176 Pullman Street Suite 108

Costa Mesa, CA 92626-3500

Tel.; (714) 444-9660 Fax: (714)444-9640

Project No.: 16-41-	A STATE OF THE STA	Date:10	-27-16	
Sample Number	Location	A	rea Sq. Ft.	Condition
01 \$ 0	Sentry EN	rall by Door	- '	Dan
02	1 d v	vall - wend)	111
03 N	entry 100	vall - e and	d	1/
	1			
Friability: Potential for Contact with N Influence of Vibration; Potential for Air Erosion; Damaga Assessment:	flaterial: High Mo High Mo High Mo	n-Frieble derate Low derate Low derate Low derate Low neged Significan	lly Damaged	
appot dum	age			
IN OF CUSTODY juished By:	nine Rot	Time: 2.0	Date: 0 -2	7.10
uished By: ved By:		Time:	Date:	

#321624160



Converse Consultants

3176 Pullman Street Suite 108 Costa Mesa, CA 92626-3500 Tel.: (714) 444-9660 Fax: (714)444-9640

Project Nam	ne: RAP/Wa	attles Mansion	Collected By:	LAT	
Project N	 No.: <u>16-41-1</u>	85-01	Date:	10-27-16	
HOMOGENEO	OUS MATER	AL: Window Dut	ty		
Sample Number	1	Location	,	Area Sq. Ft	Condition
04	Swall	Indow (SWC)	ever	5	61000/Dam
05	NWA	undow (NWC	α	5	5
06	约和	- Cust vooms &	window	2	1
influence Potential i	for Conlact with Mate of Vibration: for Air Erosion: ISSESSMENT	erlat: High Mi	Dobleje Low Oderale Low Oderale Low Sign		
COMMENTS:	ft bands	w had new later	C C 84. 0 11 . 2	. d. d.	
301100	wind			vay. Si	XV-C
		(NOVIN L		-	
CHAIN OF CU	У Кота	Ω	10113	10.	7-11
Relinquished By: Received By: Relinquished By:	F-OK	Dot	Time: 12'(1)	Date: Date:	21.16
Received By:		-	Time:	Date: Date:	7 1
				Pa	age 2 of 2
	; [



Converse Consultants

#321624160

3176 Pullman Street Suite 108

Costa Mesa, CA 92626-3500 Tel.: (714) 444-9660

Tel.: (714) 444-9660 Fax: (714)444-9640

Sample Jumber		Location	Area Sq. Ft.	Condition
70	Careta	ker penuse wall	2000	6000 TO
08	Hou	2		Dan
09		2nd entry		
10		Demuse wall		1
11	1	2nd entry Demuse wall N wall		
Frisbflity:	Air Erosion:	Friable Non-Friable High Moderate High Moderate High Moderate Good Damaged	Low Low Significantly Damaged	
influence of	essment.		_	
influence of Potential for Damage Ass	ESSINAM:			

Converse Consultants

#321624160

3176 Pullman Street Suite 108

Costa Mesa, CA 92626-3500 Tel.: (714) 444-9660 Fax: (714)444-9640

Project Nan	ne: RAP/Wattles	Mansion	Collected By: _I	LAT	
Project N	lo.: 16-41-185-01		_ Date:	10-27-16	
MOGENE	OUS MATERIAL:	Plasfer Linken	er) vough		
Sample Number		Location		Area Sq. Ft.	Condition
12	Curetake	e A wal	1		4000
13	touse	1			
14	1	L	·		
		•			
Influence Potential Damage i	; for Contact with Material; of Vibration; for Air Erosion; Assessment;	Fnable High High • High Good	Non-Friable Moderate Low Moderate Low Damaged Signific	cantly Damaged	
MMENTS:	rneath	smooth pl	wster		
only	800 B	wible '	•		
AIN OF CU	STORY	-	Time: 12:10	Date:	27.14
eived By: nquished By: _ eived By:		2	Time: Time: Time:	Date: Date:	
					age 4 of5



Converse Consultants #321624160

3176 Pullman Street Suite 108

Costa Mesa, CA 92626-3500 Tel.: (714) 444-9660 Fax: (714)444-9640

Friability: Potential for Contact with Material: Intronoco of Vibration: High Moderate Low Millonoco of Vibration: High Moderate Low	
Sample Number Location Area Sq. Ft. Cond Cla 2nd Flow Sullh Side ADD add The Ballony 18 Friability: Potential for Contact with Meterial: High Moderate Low Low Moderate Low	
Sample Number Location Area Sq. Ft. Cond Cla 2nd Flow South Side ADD add The Ballony 18 Friability: Potential for Contact with Meterial: Influence of Vibration: High Moderate Low Moderate Low Moderate Low	
Friability: Potential for Contact with Meterial: High Moderate Low Influence of Vibration: High Moderate Low	dition
Friability: Potential for Contact with Material: Influence of Vibration: High Moderate Low Moderate Low	
Potential for Contact with Material: High Moderate Low Influence of Vibration: High Moderate Low	
Potential for Contact with Material: High Moderate Low Influence of Vibration: High Moderate Low	
Potential for Contact with Material: High Moderate Low Influence of Vibration: High Moderate Low	
Potential for Contact with Material: High Moderate Low Influence of Vibration: High Moderate Low	
Potential for Contact with Meterial: High Moderate Low Influence of Vibration: High Moderate Low	
Potential for Contact with Material: High Moderate Low Influence of Vibration: High Moderate Low	
Potential for Air Erosion: Damage Assessment: Good Damaged Significantly Damaged COMMENTS:	
CONTRIENTS.	
CHAIN OF CUSTORY	
Relinquished By: Received By: Retinquished By: Time: 12 10 Date: 10-27 10 Time: 1 Date: 10-27 10 Date: 1	
Received By: Time: Date: Page	of 5

Lead

Analytical Report Chain of Custody

Leac



LA Testing

520 Mission Street, South Pasadena, CA 91030

Phone/Fax: (323) 254-9960 / (323) 254-9982

TING http://www.LATesting.com

pasadenalab@latesting.com

LA Testing Order: 321623943 CustomerID: 32CONV56

CustomerPO: ProjectID:

Attn: Laura Tanaka
Converse Consultants
717 S Myrtle Avenue
Monrovia, CA 91016

Phone: Fax: (626) 930-1200

Received:

(626) 930-1212 10/27/16 12:15 PM

Collected:

10/27/2016

Project: 16-41-185-01

Test Report: Lead in Paint Chips by Flame AAS (SW 846 3050B/7000B)*

Client Sample Description	Lab ID	Collected	Analyzed	Area	Samp Wt	Lead Concentration
LBP-01	321623943-0001	10/27/2016	10/28/2016	6.4516 cm ²	1.5075 g	0.30 mg/cm ²
	Site: N wall Pla	ster - Cream				
LBP-02	321623943-0002	10/27/2016	10/28/2016	19.3548 cm²	0.2804 g	0.034 mg/cm ²
	Site: Door - Wo	od - White				
LBP-03	321623943-0003	10/27/2016	10/28/2016	3.2258 cm ²	0.55 g	0.046 mg/cm ²
	Site: Wind Fran	ne Wood Whi	te			
LBP-04	321623943-0004	10/27/2016	10/28/2016	6.4516 cm ²	0.2219 g	0.0083 mg/cm ²
	Site: Door Fram	e Wood Whi	te			

Jerry Drapala Ph.D, Laboratory Manager or other approved signatory

*Analysis following Lead in Paint by EMSL SOP/Determination of Environmental Lead by FLAA. Reporting limit is 0.010 % wt based on the minimum sample weight per our SOP. Unless noted, results in this report are not blank corrected. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities. Samples received in good condition unless otherwise noted. "\"" (less than) result signifies that the analyte was not detected at or above the reporting limit. Measurement of uncertainty is available upon request. The QC data associated with the sample results included in this report meet the recovery and precision requirements unless specifically indicated otherwise. Definitions of modifications are available upon request.

Samples analyzed by LA Testing South Pasadena, CA CA ELAP 2283, AIHA-LAP, LLC ELLAP 102814

Initial report from 10/28/2016 17:32:04

OrderID: 321623943



Lead (Pb) Chain of Custody LA Testing Order Number (Lab Use Only):

LA TESTING 520 MISSION STREET S. PASADENA, CA 91030

S. PASADENA, CA 91030 PHONE: (323) 254-9960 FAX: (323) 254-9982

€321623943

Company: Converse Consul	tanto	LA Testing-Bill to: A Same Different If Bill to is Different note instructions in Comments**			
Street: 717 Mumbe And		Third Party Billing requires	written authorization from t	hird narty	
City: Monyona	State/Province: ()	Zip/Postal Code:	Country:	mo party	
Report To (Name): Laura Tana	1	Fax #:			
	122	Email Address: LTANA	WAR COMMERCE	Pous M	
		Email Address:	CONVERZ		
	85-01	T., -		C. L	
Please Provide Results: Fax Em			ate Samples Taken:	CA	
	naround Time (TAT) Opt		Week) o Week	
3 Hours 6 Hours 24 Ho		3 Days		2 Week	
Matrix	Method	Instrument	Reporting Limit	Check	
Chips mg/cm²	SW846-7000B/7420	-		\ \ \	
□ % by wt.	or AOAC 974.02	Flame Atomic Absorption	0.01%	1	
Air	NIOSH 7082	Flame Atomic Absorption	4 μg/filter		
	NIOSH 7105	Graphite Furnace AA	0.03 µg/filter		
	NIOSH 7300 modified	ICP-AES	0.5 μg/filter		
Wipe* ☐ ASTM	SW846-7000B/7420	Flame Atomic Absorption	10 µg/wipe		
non ASTM	SW846-6010B or C	ICP-AES	0.5 μg/wipe		
*if no box is checked, non-ASTM Wipe is assumed TCLP	SW846-1311/7420/SM 3111	B Flame Atomic Absorption	0.4 mg/L (ppm)		
1021	SW846-6010B or C	ICP-AES	0.1 mg/L (ppm)		
Soil	SW846-7000B/7420	Flame Atomic Absorption	40 mg/kg (ppm)		
	SW846-7421	Graphite Furnace AA	0.3 mg/kg (ppm)		
L	SW846-6010B or C	ICP-AES	1 mg/kg (ppm)		
Wastewater	SM3111B or SW846-7000B/7420	Flame Atomic Absorption	0.4 mg/L (ppm)		
	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm)		
Charles and the second of	SW846-6010B or C	ICP-AES	1 mg/kg (ppm)		
Drinking Water	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm)		
Other:	Pr	eservation Method (Water			
Name of Sampler:	[60	gnature of Sampler:	Single		
	ation	Volume/Area	Date/Time S	Sampled	
Sample # LOCA	ILIOII	Volume/Area	Date/Time 3	ampieu	
	all aland)			
See	attacher	\			
	=======================================				
		T			
Client Sample #'s		Total # of Sa	imples: 4		
Relinquished (Client):	Date:	.27.16 Time:	12:13		
Received (Lab):	(wi) Date:	10.27.16 Time:	12:15	PM	
omments:	Date.	- Inne.	(-,0)		
	Page 1 of p	ages			

2

OrderID: 321623943

Asbestos Chain of Custody LA Testing Order Number (Lab Use Only):

€321623943

LA TESTING **520 MISSION STREET** S. PASADENA, CA 91030 PHONE: (323) 254-9960

FAX: (323) 254-9982

Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Sample #	Sample Description	Volume/Area (Air) HA # (Bulk)	Date/Time Sampled
UPP-01	Nwall Plaster - even "x1"		10.27.16
UNP 02	Door-wood 1"x3"		
UBP-03	wind Frame wood white 0.5	"x 1"	
UPP-0254		"x 2"	1
		Day - Day	
k =			
			- 144 - 18
*Comments/Special	Instructions:		

Page ____ of ___ pages



Limited Asbestos and Lead Survey
Wattles Mansion Restrooms
1824 Curson Avenue
Los Angeles, California 90042
IE Project Number 2021-00005

Prepared for

Department of Recreation and Parks
Planning, Maintenance, and Construction Branch
221 North Figueroa Street, Suite 400
Los Angeles, California 90012
LACITY Contract Number 3747

March 31, 2021

Prepared and Approved by

Integrity Environmental Consultants, Inc.

Massoud Rahdari, Principal

California DOSH-Certified Asbestos Consultant 92-0376 California CDPH-Certified Lead Inspector/Risk Assessor 6270

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V.	SAMPLING AND ANALYTICAL PROTOCOLS	1
VI.	INACCESSIBLE AREAS AND EXCLUSIONS	1
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VIII.	SURVEY FINDINGS	2
	CONCLUSIONS AND RECOMMENDATIONS	
X.	SURVEY LIMITATIONS	3

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- B. PROJECT DRAWING
- C. PROJECT PHOTOGRAPHS
- D. LABORATORY REPORT AND CHAIN-OF-CUSTODY FORMS
- E. INSPECTOR ACCREDITATIONS
- F. CDPH Lead Evaluation Report Form 8552

I. EXECUTIVE SUMMARY

Integrity Environmental Consultants, Inc. (Integrity Environmental) conducted a limited asbestos and lead building survey of Wattles Mansion Restrooms located at 1824 Curson Avenue in the City of Los Angeles, California 90042 (Subject Property). The survey was performed at the request of Ms. Lisa Walldez, Environmental Specialist for the City of Los Angeles – Department of Recreation and Parks (Client). Based on our survey, Integrity Environmental provides the following conclusions for the Subject Property:

- Asbestos-Containing Materials (ACM) are not present onsite.
- Lead-Containing Paint (LCP) and Lead-Based Paints (LBP) are present onsite.

II. PURPOSE AND SCOPE OF SERVICE

Due to a water leak, there is damage to one of the walls of the handicap-accessible restroom of the Wattles Mansion. The scope of services was to inspect accessible plaster of the restroom for the presence of friable and non-friable ACM. Limited destructive inspection and sampling was utilized in areas pre-approved by RAP staff. Estimates of quantities of asbestos-containing materials that may be present and their condition was to be provided. A total of eight (8) bulk asbestos samples of suspect material were collected and the samples were analyzed by polarized light microscopy (PLM) on a 24-hour turnaround time. Furthermore, accessible interior painted and glazed building components of the restroom were screened using a XRF analyzer. The location of lead-containing paint and their respective condition was provided.

III. INSPECTOR QUALIFICATION AND CERTIFICATIONS

The asbestos and lead survey was performed by qualified and experienced representatives from Integrity Environmental. The survey was conducted by Mr. Reza Khorram, a California DOSH-Certified Site Surveillance Technician candidate under the direct supervision of Mr. Massoud Rahdari, a California DOSH-Certified Asbestos Consultant (Certificate Number 92-0376) and a California Department of Public Health (CDPH) Certified Lead Inspector/Risk Assessor 6270.

IV. SITE VISIT SCHEDULE

On March 18, 2021 Integrity Environmental completed a thorough visual inspection of the restrooms and collected eight (8) bulk samples of suspect ACM for laboratory analyses. Integrity Environmental performed also lead paint screening of the structure. The screening included the use of an LPA-1 X-ray Fluorescent Lead Paint Analyzer (XRF). A total of 57 XRF readings (excluding 12 calibration readings) were taken from various painted and/or glazed surfaces. Furthermore, Integrity Environmental completed field documentations (i.e., drawings, photographs, etc.) and delivered the samples to an accredited laboratory for analysis.

V. SAMPLING AND ANALYTICAL PROTOCOLS

integrity Environmental collected eight (8) asbestos bulk samples at the Subject Property. The samples were transferred with a completed chain-of-custody to AmeriSci Laboratories, located at 24416 South Main Street in the City of Carson, California 90745. The samples were analyzed for the presence of asbestos by Polarized Light Microscopy (PLM) with optical dispersion staining in accordance with the United States Environmental Protection Agency (EPA) SW-846 Method (EPA 600/M4-82-020 per 40 Code of Federal Regulations 763, subpart F, Appendix A). The reliable limit of detection for PLM is approximately one percent (1%).

VI. INACCESSIBLE AREAS AND EXCLUSIONS

All areas of the restrooms were accessible during our site visit as the structure was vacant.

VII. LABORATORY QUALIFICATION AND CERTIFICATIONS

Integrity Environmental retained AmeriSci to analyze the asbestos bulk samples. AmeriSci is a laboratory accredited to analyze asbestos samples under the National Voluntary Laboratory Accreditation Program (Certificate Number 200346-0) and certified under the California Department of Health Services Environmental Laboratory Accreditation Program (Certificate Number 2322).



VIII. SURVEY FINDINGS

Due to a water leak, there is damage to one of the walls of the handicap-accessible restroom of the Wattles Mansion. The scope of services was to inspect accessible plaster of the restroom for the presence of friable and non-friable ACM. Furthermore, accessible interior painted and glazed building components of the restroom were to be screened using a XRF analyzer. Based on the results of our asbestos sampling scheme, all sampled materials were reported to non-asbestos containing. The lead content in the paints were found above the instrument's detection limits in some of the painted/glazed surfaces. The following is a summary of analytical sampling and screening data from building materials that were present at the Subject Property, and regulatory standards governing ACM, ACCM, LBP and LCP:

- ACM: any material reported to contain greater than one percent (>1%) asbestos by area or weight as determined by PLM, according to the EPA National Emission Standards for Hazardous Air Pollutants.
 - None
- ACCM: any material found to contain an amount greater than one-tenth of one percent (>0.1%) asbestos by area or weight as determined by PLM, according to the California Occupational Safety and Health Administration (Cal-OSHA) under Title 8 of the California Code of Regulations, Subchapter 4, §1529.
 - None
- Non-ACM or Non-ACCM: any material found to contain an amount less than one percent (<1%) or an amount less than one-tenth of one percent (<0.1%) asbestos by area or weight as determined by PLM.
 - Drywall wall and ceiling in the first and second floor restroom
 - Repair floor sealant in the second floor restroom
 - Skim coat floor covering in the second floor restroom
- Assumed ACM: any material that is inaccessible, concealed and/or requires disturbing the outer layer of the building material to access it for visual determination during the survey.
 - None
- LBP: greater than 5,000 parts per million (ppm), greater than 0.5% by weight or greater than or equal to 1.0 milligram per square centimeter (mg/cm²). LBP is defined by CDPH under Title 17 of the California Code of Regulations, Chapter 8, §35033, Lead-Based Paint.
 - Paint on wood wall trim, doors, cabinet, and windows in the first floor restroom
 - Paint on wood window, glazed sink, bath tub as well as metal vent cover in the 2nd floor restroom
- LCP: greater than the laboratory detection limit (greater than or equal to 100 ppm or greater than or equal to 0.01% by weight). LCP is defined by the California Occupational Safety and Health Administration (Cal/OSHA) under Title 8 of the California Code of Regulations, Chapter 4, §1531.1, Lead and mandates "all construction work where an employee may be occupationally exposed to lead."
 - Red paint on cable holder in Multi-Purpose Room (105)(XRF Reading #106LP-57)

IX. CONCLUSIONS AND RECOMMENDATIONS

Based on the analytical sampling data, applicable rules and regulation and industry accepted abatement work practices, integrity Environmental provides the following conclusions and recommendations for the Subject Property:

- Asbestos-Containing Materials (ACM) are not present onsite.
- Lead-Containing Paint (LCP) and Lead-Based Paints (LBP) are present onsite.
- If suspected ACM building materials, not identified in this report, are found during a renovation activity at the subject property, then work must immediately stop to avoid the disturbance of the suspect ACM. A California Division of Occupational Safety and Health (DOSH)-Certified Asbestos Consultant must be notified to collect bulk samples of the suspect ACM prior to the disturbance of the material.



- greater than 50 µg/m³ and up to 500 µg/m³ unless proven otherwise. The trigger task includes lead coatings or paints that are present during the manual demolition of structures, manual scraping, manual sanding, heat gun applications, and power tool cleaning with a dust collection system. The trigger task also includes spray painting with lead and any other task where the employer has reason to believe employee's exposure will exceed the Cal/OSHA PEL.
- Before the initiation of any restoration activity at the site, a visual inspection of the painted equipment shall be performed to identify the condition of existing paint. Based on the visual inspection, all loose and flaking paint must be stabilized by retaining a California state licensed contractor with CDPHtrained workers and a CDPH-certified supervisor.
- The amount of lead-containing waste material generated during the paint stabilization must be properly handled and disposed of. Collecting composite bulk samples of the waste will be required to determine how to handle the waste.

X. SURVEY LIMITATIONS

This building survey report only provides information as to the presence or absence of asbestos and lead at the Subject Property. Data contained in this report should be used in the design of hazardous material abatement and preparation of the specifications but cannot replace the necessity for a detailed abatement planning including development of site-specific abatement specifications, as needed. The inspection and sampling were planned, developed, and implemented based on Integrity Environmental previous experience in performing building surveys for hazardous materials and were conducted in conformance with EPA and accepted industry standards for identifying and evaluating hazardous materials. Integrity Environmental used qualified professionals to perform the survey, and an accredited laboratory to perform sample analyses; however, without invasive sampling, Integrity Environmental cannot warrant that building materials onsite do not contain hazardous materials in locations other than those noted in this report. The findings, recommendations, specifications, and professional opinions, as they relate to this project, have been presented within the limits agreed by the Client and after being prepared in accordance with the applicable agency rules and regulations and the generally accepted standard industry practice. There is no other warranty, either expressed or implied.

APPENDICES

air ~ soil ~ water™



A. PROJECT TABLE

air ~ soil ~ water™ ie

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			Material Description							
HSA Number	Color	Size	Туре	Substrate	Material Location	Sample	Sampling	Analytical Results (PLM)	Quantity (SF)	SCAOMD ACM CATEGORY
	Beige	Ų.	Drywall and Joint compound	7	1st Floor	05-AB01		Drywall: NAD J. Compound: NAD		
٢	Beige		Drywall and joint compound		1st Floor	05-AB02	3/18/2021	Drywall: NAD J. Compound: NAD	NE	NA
	Beige	ŀ	Drywall and joint compound		1st Floor	05-AB03		J. Compound: NAD		
	Lt. Beige	•	Drywall and Joint compound		2nd Floor	05-AB04		NAD		
2	Lt. Beige	i	Drywall and joint compound		2nd Floor	05-AB05	3/18/2021	NAD*	NE	NA
	Lt. Beige		Drywall and joint compound		2nd Floor	05-AB06		NAD*		
ю	Gray	5	Repair floor sealant	роом	2nd Floor	05-AB07	3/18/2021	NAD	NE	NA
4	Gray	9	Floor covering	poow	2nd Floor	05-AB08	3/18/2021	NAD	NE	NA
Legend: NA Not applicable NAD None asbestos detected NE Not estimated PLM Polarized Light Microscopy	Not applicable None asbestos detected Not estimated Polarized Light Microscopy	ected								

Not estimated Polarized Light Microscopy South Coast Air Quality Management District Square feet

Standard:
Environmental Protection Agency Definition of Asbestos-Containing Material: >1%
California Occupational Safety and Health Administration Definition of Asbestos-Containing Construction Material: >0.1%

	ING PAINT SAMPLE (PPM)																						·																			x		
	XRF READING (mg/cm²)	0.8	9.0	9.0	-0.3	-0.4	-0.4	0.5	0.7	9.0	-0.4	-0.3	-0.3	0.7	0.7	9.0	200	-0.3	0.7	9.0	9.0	-0.3	-0.3	-0.2	-0.1	-0.2	4.8	-0.1	-0.1	-0.1	-0.1	1.0-	200	>9.9	>9.9	>9.9	>9.9	-0.2	200	6.64	×9.9	>9.9	>9.9	0
	COLOR																								Brown	Beige	White	White	White	Beige	White	White	Beide	Belge	White	Dark Belge	Dark Beige	Belge	White	White	Belge	Belge	Belge	Colog
	SUBSTRATE																								Wood	Plaster	wood	Wood	Plaster	Drywall	Ceramic	Wood	Drywall	Ceramic	Wood	Wood	Wood	Drywall	Wood	Wood	Wood	Wood	Wood	Mood
	CONDITION																							2000	0000	poop	poop	Cood	poog	Cood	poop	0000	poop	poop	Cood	Cood	Good	Cood	poop	Cood	Good	Cood	0000	Done
Wattles Mansion Restrooms 1824 Curson Avenue Los Angeles, California 90049	LOCATION			12COCY 927 CO. GOHERAGIE O. Leitigi	initial Calibration (US/18/2021)					Final Calibration (03/18/2021)						Initial Calibration (03/18/2021)					Final Calibration (03/18/2021)			too montana and	1st floor restroom, east	1st floor restroom, south	1st floor restroom - south	1st floor restroom - south	1st floor restroom - south	1st floor restroom - center	1st floor restroom - west	1st floor restroom - west	1st floor restroom - west	1st floor restroom - center	1st floor restroom - north	1st floor restroom - north	1st floor restroom - north	1st floor restroom - north	1st floor restroom - north	1st floor restroom - north	1st floor restroom - north	1st floor restroom - north	mon restroom sel	description and description and description
	COMPONENT DESCRIPTION																							noon	Door frame	Wall	Door	Door frame	Wali trim	Tallot	Flactrical box	SINK	Wall	floor covering	Cabinet door	Cabinet door frame	Cabinet goor sill	Window	Window frame	Window sill	Cabinet wall	Cabinet door	Well feller	THE PARTY OF THE P
	XRF NUMBER	1	2	23	4	ro.	9	7	00 4	on (10	72	77	14	t fü	16	17	18	19	50	23	77	23	05LP-04	05LP-02	05LP-03	05LP-04	05LP-05	05LP-06	0510.00	02IP-09	05LP-10	05LP-11	05LP-12	05LP-13	05LP-14	05LP-15	05LP-17	05LP-18	05LP-19	05LP-20	05LP-21	051 D-22	The Law of the

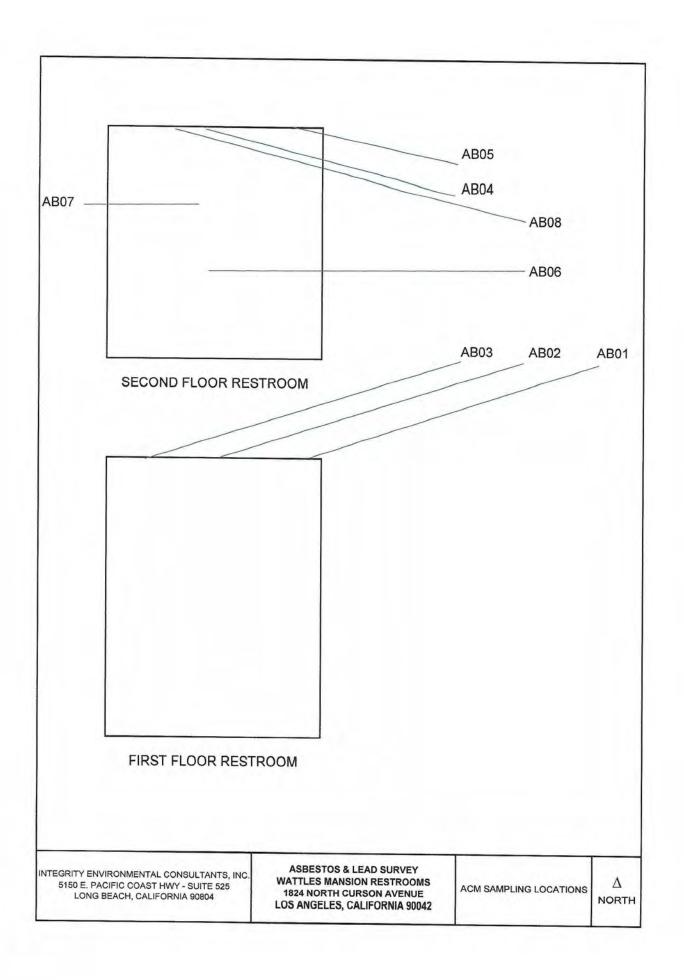
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XRF NUMBER	COMPONENT DESCRIPTION	LOCATION	CONDITION	SUBSTRATE	COLOR	XRF READING (mg/cm²)	PAINT SAMPLE (PPM)
05LP-25	Door frame	1st floor restroom - east	Good	Wood	Beige	>9.9	
05LP-26	Door	2nd floor restroom - north	Cood	poom	White	-0.2	
05LP-27	Door frame	2nd floor restroom - north	D000	poom	White	-0.1	
05LP-28	Wali	2nd floor restroom - north	D000	Drywall	Beige	-0.3	
05LP-29	Wall	2nd floor restroom - east	D000	Drywall	Beige	-0.3	
05LP-30	Ceiling	2nd floor restroom - center	D000	Drywall	Beige	-0.3	
05LP-31	Window	2nd floor restroom - north	Dood	Wood	White	-0.2	
05LP-32	Window frame	2nd floor restroom - north	Cood	Wood	White	-0.2	
05LP-33	Window sill	2nd floor restroom - north	Dood	Wood	White	9.7	
05LP-34	Cove base	2nd floor restroom - north	poop	Wood	White	-0.2	
05LP-35	Cove base	2bd floor restroom - south	D000	Wood	White	-0.1	
05LP-36	Sink	2nd floor restroom - north	Cood	Ceramic	White	6.4	
05LP-37	Tollet	2nd floor restroom · west	Cood	Ceramic	White	-0.6	
05LP-38	Bath tub	2nd floor restroom - east	Cood	Ceramic	White	8.84	
05LP-39	Door	2nd floor restroom - south	p009	Wood	White	-0.2	
05LP-40	Door frame	2nd floor restroom - south	D000	Wood	White	-0.2	
05LP-41	Door	2nd floor restroom - south	D000	Wood	White	-0.3	
05LP-42	Door frame	2nd floor restroom - south	DOOD	Wood	White	-0.2	
05LP-43	floor covering	2nd floor restroom - center	Cood	Wood	gray	-0.4	Y
05LP-44	Ventcover	2nd floor restroom - celling	Good	Metal	White	8.6	4
05LP-45	Paper tollet dispenser	2nd floor restroom - west	0000	Metal	White	-0.7	

mg/cm²; Miligrams per square centimeter PPM: Parts per million XRF: X-Ray Fluorescence

Standard: California Department of Public Health Definition of Lead-Based Paint: ≥1.0 mg/cm² or 5,000 ppm

B. PROJECT DRAWING

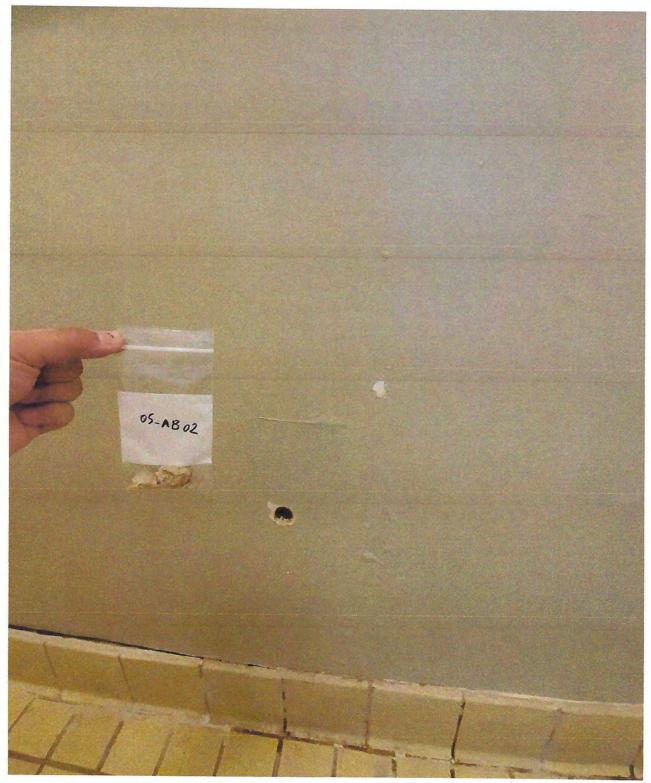


C. PROJECT PHOTOGRAPHS

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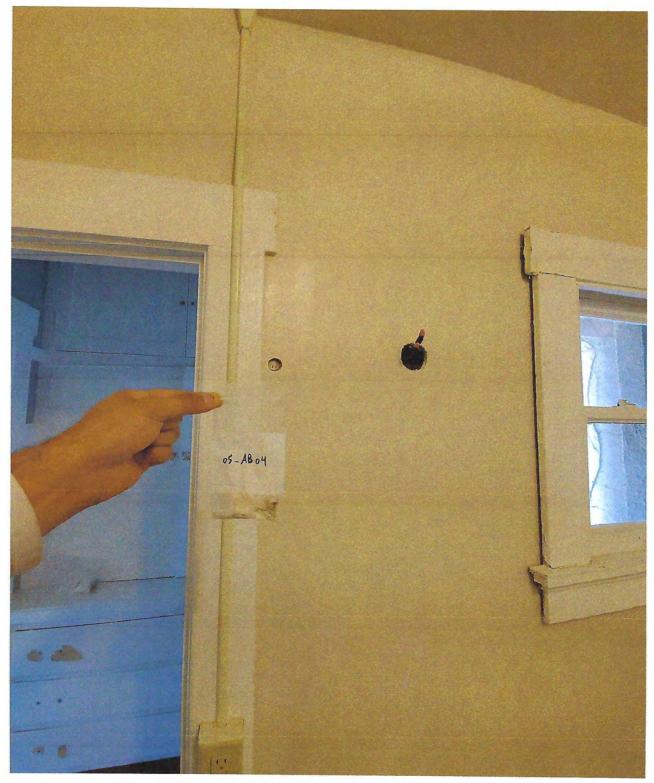
DRYWALL AND JOINT COMPOUND - 1ST FLOOR



DRYWALL AND JOINT COMPOUND - 1st FLOOR



DRYWALL AND JOINT COMPOUND - 1ST FLOOR



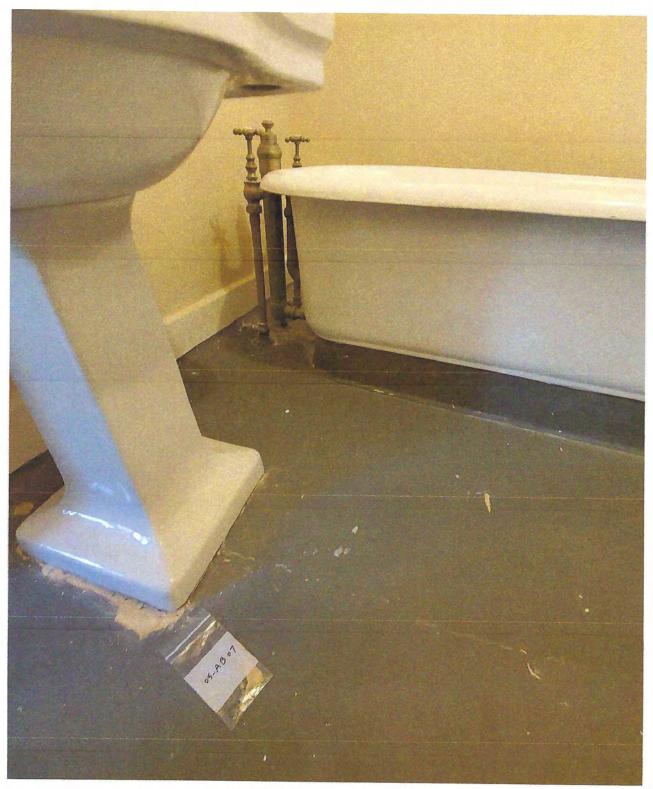
DRYWALL AND JOINT COMPOUND - 2ND FLOOR



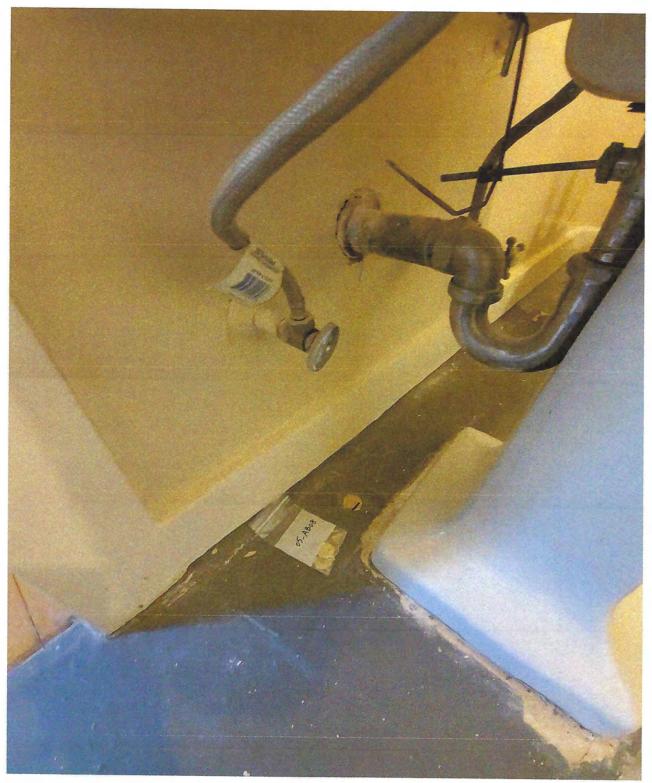
DRYWALL AND JOINT COMPOUND - 2ND FLOOR



DRYWALL AND JOINT COMPOUND - 2ND FLOOR



REPAIR SEALANT - 2ND FLOOR



FLOOR COVERING - 2ND FLOOR

D. LABORATORY REPORTS AND CHAIN-OF-CUSTODY FORMS



AmeriSci Los Angeles

24416 S. Main Street, Ste 308 Carson, California 90745 TEL: (310) 834-4868 • FAX: (310) 834-4772

PLM Bulk Asbestos Report

Integrity Environmental Consultants, In Date Received

AmeriSci Job #

921031567

Attn: Massoud Rahdari

Date Examined

P.O. # 2021-0005

16 Peppertree

03/19/21

03/18/21

Page 1 of

RE: 2021-00005; Wattle Mission Restrooms; Asbestos And Lead

Survey

Aliso Viejo, CA 92656

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
05-AB01 Analyst Descripti Asbestos Typ	921031567-01.1 Location: Beige Drywall And Joint Compound, on: White/Grey, Homogeneous, Non-Fibrous, Jones		NAD (by CVES) by Rosa E. Pena on 03/19/21
the state of the same of the s	ial: Non-fibrous 100 %		
05-AB01	921031567-01.2 Location: Beige Drywall And Joint Compound,	No 1st Floor Restroom North Ceiling, East	NAD (by CVES) by Rosa E. Pena on 03/19/21
Asbestos Typ	on: White/Brown, Heterogeneous, Fibrous, Dryv les: ial: Cellulose 10 %, Fibrous glass 2 %, Non-fib		011 03/19/21
Asbestos Typ	921031567-02.1 Location: Beige Drywall And Joint Compound, on: White, Homogeneous, Non-Fibrous, Joint Compound, les: ial: Non-fibrous 100 %		NAD (by CVES) by Rosa E. Pena on 03/19/21
05-AB02	921031567-02.2 Location: Beige Drywall And Joint Compound,		NAD (by CVES) by Rosa E. Pena on 03/19/21
Asbestos Typ	on: White/Brown, Heterogeneous, Fibrous, Dryv les: ial: Cellulose 10 %, Non-fibrous 90 %	vall	
05-AB03	921031567-03 Location: Beige Drywall And Joint Compound,		NAD (by CVES) by Rosa E. Pena on 03/19/21
Asbestos Typ Other Mater	ial: Non-fibrous 100 %	ementitious, Wall Material	
Confine	nt: No Joint Compound and Drywall detected.		

See Reporting notes on last page

Client Name: Integrity Environmental Consultants, Inc.

PLM Bulk Asbestos Report

2021-00005; Wattle Mission Restrooms; Asbestos And Lead

Survey

Client No. / HO	SA Lab No.	Asbestos Present	Total % Asbestos
Asbestos T	921031567-04.1 Location: Light Beige Drywall And Joint Comp West ption: White, Homogeneous, Non-Fibrous, Joint Comp (ypes: terial: Non-fibrous 100 %		NAD (by CVES) by Rosa E. Pena on 03/19/21
Asbestos T	921031567-04.2 Location: Light Beige Drywall And Joint Comp West ption: White/Brown, Heterogeneous, Fibrous, Dry ypes: terial: Cellulose 10 %, Non-fibrous 90 %		NAD (by CVES) by Rosa E. Pena on 03/19/21
Asbestos T Other Mat	921031567-05.1 Location: Light Beige Drywall And Joint Comp East ption: White, Homogeneous, Non-Fibrous, Skim C ypes: terial: Non-fibrous 100 % nent: No Joint Compound and Drywall detected.		NAD (by CVES) by Rosa E. Pena on 03/19/21
Asbestos T	921031567-05.2 Location: Light Beige Drywall And Joint Comp East ption: Off-White, Homogeneous, Non-Fibrous, Ce types: terial: Non-fibrous 100 %		NAD (by CVES) by Rosa E. Pena on 03/19/21
Asbestos T Other Mat	921031567-06 Location: Light Beige Drywall And Joint Composition: White, Homogeneous, Non-Fibrous, Cemeratypes: terial: Non-fibrous 100 % nent: No Joint Compound and Drywall detected.		NAD r (by CVES) by Rosa E. Pena on 03/19/21

Client Name: Integrity Environmental Consultants, Inc.

PLM Bulk Asbestos Report

2021-00005; Wattle Mission Restrooms; Asbestos And Lead

Survey

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
	921031567-07 Gray Mastic Sealant, 2nd Floor Restromogeneous, Non-Fibrous, Sealant		NAD (by CVES) by Rosa E. Pena on 03/19/21
05-AB08 Location: Analyst Description: Grey/W Asbestos Types:	NAD (by CVES) by Rosa E. Pena on 03/19/21		
Other Material: Non-fibr	ous 100 %		

Reporting Notes:

Analyzed By: Rosa E. Pena Jake Hona; Date Analyzed: 3/19/2021 3.19.2021

*NAD = 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; NVA = No Visible Asbestos; PLM (polarized light microscopy) Bulk Asbestos Analysis by EPA 600/R-93/116, including requirements for EPA 600/M4-82-020 per 40 CFR 763 (NVLAP Lab #200346-0); Note: PLM is not consistently reliable in detecting asbestos in floor coverings and similar NOB 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). NIST Accreditation requirements mandate that this report must not be eproduced except in full with the approval of the laboratory. This PLM report relates ONLY to the items tested.

Reviewed By:



Asbestos / Lead Analysis Chain of Custody

AMERISCI JOB #:

AMERISCI LOS ANGELES

24416 S Main St. Suite 308 Carson, CA 90745 Phone (310) 834-4868 Fax (310) 834-4772

COMPANY: Integrity Environmental Consultants, Inc.		ADDRESS:					1110	P.O.#:						
		16 Peppertree, Aliso		so V	iejo,	, California 92656			2021-00005					
PROJECT INFORMATION		ANALYSIS					AROUNI			AIR	FILTER			
		-	YPE	Rush	24 HR	48 HR	72 HR	5 DAY	OTHER	INFORMATIO				
JOB NAME: Wattle Mission Restrooms			TEM AHERA				12 -1			MCE				
		rooms	3		PLM Bulk	(Х					PC	
JOB NUM 2021-0000	32.13				PCM Air		100						25 mm	
JOB MAN					PLM 1000	P.C.							37 mm	
Arash Ra					Lead Air Lead Wipe		1						0.45 um	
	CRIPTION:		_		Lead Pair				-				0.80 um	
	os and		Surv	еу	OTHER:	11.7 5011						_	TEMP; OTHER:	
						VERBAL [MAIL	DNLY		RETUR	N SAM	PLES YES		
REPORTS	To: Arash	Rahd	ari and N	Massoud F	lahdari					PHON	: 818-4	70-2877		
NVOICE T	TO: Compa	ny									49-586-		-	-
COMMENT		_					_		-				202102-075	V.00.A
										EMAIL: arahdari@integrityer CELL: Same as phone			nvironmental.com	
- (5	74.375	1						10						
SAMI	PLE ID	0			MPLE LOCA				TART	STOP	TIME	X LITERS	TOTAL VOLUME	DATE
05-	-ABOI	Bei	אינ שף	Wall and	Told a	Round, ARK	L 4/1 0			THINE	Cepti	S C	VOLUME	COLLECT
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Asbestos. Environmental Chemistry and Microbiology Analysis

Boston Los Angeles

New York

Richmond

Page ____ of ___

E. INSPECTORS ACCREDITATION

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DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety and Health
Asbestos Certification & Training Unit
1750 Howe Avenue, Suite 460
Sacramento, CA 95825
(916) 574-2993 Office http://www.dir.ca.gov/dosh/asbestos.html acru@dir.ca.gov



207060376C

13 47

July 13, 2020

Massoud Rahdari 16 Peppertree Aliso Viejo CA 92656

Dear Certified Asbestos Consultant or Technician:

Enclosed is your certification card. To maintain your certification, you must 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 <u>before</u> the expiration date shown on your card. [8 CCR 341.15(h)(1)].

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

Certificates must be kept current if you are actively working as a CAC or CSST. The grace period is only for those who are not actively working as an asbestos consultant or site surveillance technician.

Please notify our office via U.S. Postal Service or other carrier of any changes in your mailing or work address within 15 days of the change.

Sincerely,

Jeff Ferrell

Senior Safety Engineer

Attachment: Certification Card

cc: File

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

Massoud Rahdari

Certification No. 92-0376

Expires on ______08/31/21

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7180 at set, of the Business and Professions Code



STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH



LEAD-RELATED CONSTRUCTION CERTIFICATE

INDIVIDUAL:

CERTIFICATE TYPE:

NUMBER:

EXPIRATION DATE:

Lead Inspector/Assessor

LRC-00001247

6/14/2021



Massoud Rahdari

Disclaimer: This document alone should not be relied upon to confirm certification status. Compare the individual's photo and name to another valid form of government issued photo identification. Verify the individual's certification status by searching for Lead-Related Construction Professionals at www.cdph.ca.gov/programs/clppb or calling (800) 597-LEAD.

Certificate Of Completion

Online Asbestos Building Inspector Refresher Course

DOSH #:CA-015-06

Reza Khorram

ABIR0601200001N25774

Mehal W. Horm

Michael W. Horner **Fraining Director**

Online Training

Principal Instructor

6/10/2020

6/10/2020

Course End Date

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

6/10/2021

6/10/2020



NATEC International, Inc.

National Association of Training and Environmental Consulting

1100 Technology Circle- Suite A, Anaheim, CA 92805 · www.natecintl.com · 800-969-3228

mportant Industry Contacts

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

CDPH/CLPPB:Ph# (510) 620-5600 Web: www.cdph.ca.gov/programs/CLPPB

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

Ph# (415) 749-4762 BAAQMD:

NATEC International, Inc.

National Association of Training and Environmental Consulting Anathelm, CA * Dakland, CA * Fresno, CA * Sacramento, CA

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(714) 678-2750, (800) 969-3228, Fax (714) 678-2757 P.O. Box 25205 Anaheim, CA 92825-5205 www.natecintl.com

NATEC International, Inc.

National Association of Training and Environmental Consulting two car a neutral be sometime for certificial and a net accepted by SCACAND as proof of certification. This Card Acknowledges That Reza Khorram

Molds Training Certification For Online Asbestos Building Inspector Refresher Course

Certificate No. ABIR0601200001N25774 6/10/2020 Training Date

Fraining Director Michael W. Horner

F. CDPH LEAD EVALUATION REPORT FORM 8552

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30 Years of Service

LEAD HAZARD EVALUATION REPORT

Section 1 — Date of Lead Hazard Evaluation MARCH	H 18, 2021					
Section 2 — Type of Lead Hazard Evaluation (Check	one box only)					
✓ Lead Inspection	earance Inspection	Other (specify)				
Section 3 — Structure Where Lead Hazard Evaluation	n Was Conducted					
Address [number, street, apartment (if applicable)]	City	County	Zip Code			
1824 N. CURSON AVENUE	Los Angeles	Los Angeles	90042			
Construction date (year) of structure Type of structure Multi-unit building Single family dwelling	School or daycare Other Park		Children living in structure? Yes No			
Section 4 — Owner of Structure (if business/agency,	list contact person)					
Name	not bonitable person)	Tolonhono number				
City of Los Angeles, Department of Recreation	ns & Parks	(310) 648-5000				
Address [number, street, apartment (if applicable)]						
221 N. Figueroa Street, Suite 400	City	State	Zip Code			
221 N. Figueroa Street, Suite 400	Los Angeles	California	90012			
1-6270	City Long Beach	Telephone number (949) 586-1414 State California	Zip Code 90804 Date 03/25/2021			
Name and CDPH certification number of any other individuals co	onducting sampling or testing	g (if applicable)				
Section 7 — Attachments						
A. A foundation diagram or sketch of the structure indicati lead-based paint; B. Each testing method, device, and sampling procedure C. All data collected, including quality control data, labora	used:					
First copy and attachments retained by inspector	Third copy only (no	attachments) mailed or faxed	I to:			
Second copy and attachments retained by owner	California Department of Public Health Childhood Lead Poisoning Prevention Branch Reports 850 Marina Bay Parkway, Building P, Third Floor Richmond, CA 94804-6403 Fax: (510) 620-5656					

