



Converse Consultants

Geotechnical Engineering, Environmental & Groundwater Science, Inspection & Testing Services

October 20, 2017

Ms. Lisa Waldez
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. Waldez:

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
- 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
- Brown paint on wood door landings
- Brown paint on wood rafter (rafter molding)
- Beige paint on wood wall post (South Veranda)
- 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/cm ²)	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



Converse Consultants

Geotechnical Engineering, Environmental & Groundwater Science, Inspection & Testing Services

Application for Authorization to Use

TO: Converse Consultants
717 Myrtle Avenue
Monrovia, California 91016

Project Title & Date: _____

Project Address: _____

FROM: (Please identify name & address of person/entity applying for permission to use the referenced report.)

Applicant _____ hereby applies for permission to use the referenced report in order to:

Applicant wishes or needs to use the referenced report because:

Applicant also understands and agrees that the referenced document is a copyrighted document and shall remain the sole property of Converse Consultants. Unauthorized use or copying of the report is strictly prohibited without the express written permission of Converse Consultants. *Applicant* understands and agrees that Converse Consultants may withhold such permission at its sole discretion, or grant such permission upon agreement to Terms and Conditions, such as the payment of a re-use 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



307281136C

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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 before 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/mailling information within 15 days of the change.

Sincerely,

Jeff Ferrell
Senior Safety Engineer

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

Attachment: Certification Card

cc: File



George John Paler
Name

Certification No. **93-1136**

Expires on **11/19/18**

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7100 and 7100.1 of the Business and Professions Code.

State of California Department of Public Health

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date



Inspector/Assessor	06/26/2018
Project Designer	06/26/2018
Project Monitor	06/26/2018

George J. Paler

ID # 1487

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

Name

Certification No. **96-2093**

Expires on **03/07/18**

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7100-7105 of the Business and Professions Code.





STATE WATER RESOURCES CONTROL BOARD
REGIONAL WATER QUALITY CONTROL BOARDS

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

A handwritten signature in black ink, appearing to read "Christine Sotelo".

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 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 Drinking Water

103.301	001	Asbestos	EPA 100.2
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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 Hazardous Waste

114.130	001	Lead	EPA 7420
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Field of Testing: 121 - Bulk Asbestos Analysis of Hazardous Waste

121.010	001	Bulk Asbestos	EPA 600/M4-82-020
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Field of Testing: 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

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:

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

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

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

Initial report from: 10/17/2017 12:43:53



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: 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	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
06-Coating 2 321724431-0006A	Upper Flat Roof - Hutch Pad, N Center	Beige Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
06-Mastic 321724431-0006B	Upper Flat Roof - Hutch Pad, N Center	Black Non-Fibrous Homogeneous		90% Non-fibrous (Other)	10% Chrysotile
07-Coating 321724431-0007	Upper Flat Roof - W Center	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
07-Roofing 1 321724431-0007A	Upper Flat Roof - W Center	Black Fibrous Homogeneous	10% Synthetic	90% Non-fibrous (Other)	None Detected
07-Roofing 2 321724431-0007B	Upper Flat Roof - W Center	Black Fibrous Homogeneous	10% Glass	90% Non-fibrous (Other)	None Detected
08-Coating 321724431-0008	Upper Flat Roof - NW Side	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
08-Roofing 321724431-0008A	Upper Flat Roof - NW Side	Black Fibrous Heterogeneous	10% Synthetic	90% Non-fibrous (Other)	None Detected
09-Coating 321724431-0009	Upper Flat Roof - E Center	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
09-Roofing 321724431-0009A	Upper Flat Roof - E Center	Black Non-Fibrous Homogeneous	10% Synthetic	90% Non-fibrous (Other)	None Detected
10-Silver Paint 321724431-0010	South Verande - W Side	Silver Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
10-Roofing 1 321724431-0010A	South Verande - W Side	Gray/Black Fibrous Heterogeneous	10% Glass	90% Non-fibrous (Other)	None Detected
10-Roofing 2 321724431-0010B	South Verande - W Side	Black Fibrous Homogeneous	10% Glass	90% Non-fibrous (Other)	None Detected
10-Roofing 3 321724431-0010C	South Verande - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
10-Roofing 4 321724431-0010D	South Verande - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
11-Coating/Silver Paint 321724431-0011	South Verande - Center	Red/Silver Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
11-Roofing 1 321724431-0011A	South Verande - Center	Gray/Black Fibrous Heterogeneous	10% Glass	90% Non-fibrous (Other)	None Detected
11-Roofing 2 321724431-0011B	South Verande - Center	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
11-Roofing 3 321724431-0011C	South Verande - Center	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
11-Wood 321724431-0011D	South Verande - Center	Brown Fibrous Homogeneous	95% Cellulose	5% Non-fibrous (Other)	None Detected

Initial report from: 10/17/2017 12:43:53



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: 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	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
12-Coating/Paint 321724431-0012	South Verande - E Side	Red/Silver Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
12-Roofing 1 321724431-0012A	South Verande - E Side	Black Fibrous Homogeneous	15% Glass	85% Non-fibrous (Other)	None Detected
12-Roofing 2 321724431-0012B	South Verande - E Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
12-Roofing 3 321724431-0012C	South Verande - E Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
12-Roofing 4 321724431-0012D	South Verande - E Side	Black Fibrous Homogeneous	10% Glass	90% Non-fibrous (Other)	None Detected
13-Coating Like 321724431-0013	South Verande	Gray/Red Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
13-Mastic 321724431-0013A	South Verande	Various/Black/Silver Non-Fibrous Homogeneous	10% Cellulose	84% Non-fibrous (Other)	6% Chrysotile
14-Coating Like 321724431-0014	South Verande	Gray/Red Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
14-Mastic 321724431-0014A	South Verande	Various/Black/Silver Non-Fibrous Homogeneous		93% Non-fibrous (Other)	7% Chrysotile
15-Coating Like 321724431-0015	South Verande	Red Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
15-Mastic 321724431-0015A	South Verande	Black/Silver Non-Fibrous Homogeneous		90% Non-fibrous (Other)	10% Chrysotile
16-Shingle 321724431-0016	Lower Roof - W Side	Red/Black Fibrous Heterogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
16-Mastic 321724431-0016A	Lower Roof - W Side	Black Non-Fibrous Homogeneous		94% Non-fibrous (Other)	6% Chrysotile
16-Felt 1 321724431-0016B	Lower Roof - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
16-Felt 2 321724431-0016C	Lower Roof - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
16-Felt 3 321724431-0016D	Lower Roof - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
17 321724431-0017	Lower Roof - E Side	Red/Black Fibrous Heterogeneous	10% Cellulose	90% Non-fibrous (Other)	None Detected
18-Shingle 1 321724431-0018	Lower Roof - E Side	Red/Black Fibrous Heterogeneous	10% Cellulose	90% Non-fibrous (Other)	None Detected
18-Shingle 2 321724431-0018A	Lower Roof - E Side	Red/Black Fibrous Heterogeneous	10% Glass	90% Non-fibrous (Other)	None Detected

Initial report from: 10/17/2017 12:43:53



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

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 2263

Initial report from: 10/17/2017 12:43:53



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: <input checked="" type="checkbox"/> Same <input type="checkbox"/> Different <small>If Bill to is Different note instructions in Comments**</small>	
Street: 717 S Myrtle Avenue		<i>Third Party Billing requires written authorization from third party</i>	
City: Monrovia	State/Province: CA	Zip/Postal Code: 91061	Country: USA
Report To (Name): George Paler		Fax #:	
Telephone #: (626) 807-3416		Email Address: gpaler@converseconsultants.com	
Project Name/Number: 17-41-118-17 LA/RAP/Various Roofs ASB/LBP Svy/ Wattles Mansion			
Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Purchase Order:		U.S. State Samples Taken: CA	

Turnaround Time (TAT) Options* – Please Check

3 Hour
 6 Hour
 24 Hour
 48 Hour
 72 Hour
 96 Hour
 1 Week
 2 Week

*For TEM Air 3 hours through 6 hours, please call ahead to schedule. *There is a premium charge for 3 Hour TEM AHERA or EPA Level II TAT. You will be asked to sign an authorization form for this service. Analysis completed in accordance with LA Testing's Terms and Conditions located in the Analytical Price Guide.

PCM - Air <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> w/ OSHA 8hr. TWA PLM - Bulk (reporting limit) <input checked="" type="checkbox"/> PLM EPA 600/R-93/116 (<1%) <input type="checkbox"/> PLM EPA NOB (<1%) Point Count <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%) Point Count w/Gravimetric <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%) <input type="checkbox"/> NYS 198.1 (friable in NY) <input type="checkbox"/> NYS 198.6 NOB (non-friable-NY) <input type="checkbox"/> NIOSH 9002 (<1%)	TEM - Air <input type="checkbox"/> 4-4.5hr TAT (AHERA only) <input type="checkbox"/> AHERA 40 CFR, Part 763 <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> EPA Level II <input type="checkbox"/> ISO 10312 TEM - Bulk <input type="checkbox"/> TEM EPA NOB <input type="checkbox"/> NYS NOB 198.4 (non-friable-NY) <input type="checkbox"/> Chatfield SOP <input type="checkbox"/> TEM Mass Analysis-EPA 600 sec. 2.5 TEM - Water: EPA 100.2 Fibers >10µm <input type="checkbox"/> Waste <input type="checkbox"/> Drinking All Fiber Sizes <input type="checkbox"/> Waste <input type="checkbox"/> Drinking	TEM- Dust <input type="checkbox"/> Microvac - ASTM D 5755 <input type="checkbox"/> Wipe - ASTM D6480 <input type="checkbox"/> Carpet Sonication (EPA 600/J-93/167) Soil/Rock/Vermiculite <input type="checkbox"/> PLM CARB 435 - A (0.25% sensitivity) <input type="checkbox"/> PLM CARB 435 - B (0.1% sensitivity) <input type="checkbox"/> TEM CARB 435 - B (0.1% sensitivity) <input type="checkbox"/> TEM CARB 435 - C (0.01% sensitivity) <input type="checkbox"/> EPA Protocol (Semi-Quantitative) <input type="checkbox"/> EPA Protocol (Quantitative) Other: <input type="checkbox"/>
---	--	--

Check For Positive Stop – Clearly Identify Homogenous Group

Samplers Name:	Samplers Signature:
-----------------------	----------------------------

Sample #	Sample Description	Volume/Area (Air) HA # (Bulk)	Date/Time Sampled
	See Attached		

Client Sample # (s): -	Total # of Samples:
Relinquished (Client): <i>[Signature]</i>	Date: 12/16/17 Time: 4:42pm
Received (Lab): <i>Amokissok (wa)</i>	Date: 10/11/17 Time: 1042
Comments/Special Instructions:	

#321724431



Converse Consultants

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Root core - silicone over black roof felt

Sample Number	Location	Area Sq. Ft.	Condition
D1	UPPER Flat Roof - SW corner	~4,000	Good
D2	- SE side		
D3	- NW side		

Friability: Friable Non-Friable
Potential for Contact with Material: High Moderate Low
Influence of Vibration: High Moderate Low
Potential for Air Erosion: High Moderate Low
Damage Assessment: Good Damaged Significantly Damaged

COMMENTS: Wattles Mansion Park
Flat Roof at center and W. side (lower roof)
White silicone over black felt roofing
on wood substrate. 3,100 sq upper flat
roof, ~1,000 lower flat roof. Both flat
roofs are homogeneous

CHAIN OF CUSTODY

Relinquished By: George Time: 4:42 Date: 10/16/17
 Received By: AMCKISSOCK (WJ) Paper Time: 11042 Date: 10/16/17
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____

#321724431



Converse Consultants

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Roof Mastix

Sample Number	Location	Area Sq. Ft.	Condition
D4	UPPER Flat Roof - Large square vent, NW corner	~50	Good
D5	- vent pipe, NW side		
D6	- Hatch pad, N. center		

Friability: Friable Non-Friable
 Potential for Contact with Material: High Moderate Low
 Influence of Vibration: High Moderate Low
 Potential for Air Erosion: High Moderate Low
 Damage Assessment: Good Damaged Significantly Damaged

COMMENTS: Wattles Mans. on Park
Underneath white silicone at vent pipes,
roof corner seams, square vent pad corners,
and roof hatch pad corners - on Flat Roofs.

CHAIN OF CUSTODY

Relinquished By: [Signature] GJP Date: 10/16/17
 Received By: Amokissok (W) Puffer Date: 10/16/17
 Relinquished By: _____ Date: _____
 Received By: _____ Date: _____



Converse Consultants

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Roof Parapet Core - Sil. zone over black felt

Sample Number	Location	Area Sq. Ft.	Condition
07	Upper Flat Roof - W. Center	~500	Good
08	↓ - NW side	↓	↓
09	↓ - E. Center	↓	↓

Friability:
 Potential for Contact with Material:
Influence of Vibration:
 Potential for Air Erosion:
 Damage Assessment:

Friable
 High
 High
 High
 Good

Non-Friable
 Moderate
 Moderate
 Moderate
 Damaged

Low
 Low
 Low
 Significantly Damaged

COMMENTS: Wattles Mansoon Park
Silicone over felt roofing, wood substrate
Upper & Lower flat roofs

CHAIN OF CUSTODY

Relinquished By: [Signature] Time: 4:42 Date: 10/16/17
 Received By: AMCKISSACK (WF) Pyle Time: 1:04 Date: 10/16/17
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____

#321724431

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



Converse Consultants

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Roof core - grey rolled roofing, painted red

Sample Number	Location	Area Sq. Ft.	Condition
10	South Veranda - w. side	~150	Good
11	↓ - center	↓	↓
12	↓ - E. side	↓	↓

Friability:
Potential for Contact with Material:
Influence of Vibration:
Potential for Air Erosion:
Damage Assessment:

Friable
 High
 High
 High
 Good

Non-Friable
 Moderate
 Moderate
 Moderate
 Damaged

Low
 Low
 Low
 Significantly Damaged

COMMENTS: Wattles Masonry Park

N. Veranda has metal (copper) sheeting on floor
S. Veranda has ^{grey} rolled roofing over wood sub.

CHAIN OF CUSTODY

Relinquished By: [Signature]
 Received By: Amorissal (w) Peter
 Relinquished By: _____
 Received By: _____

Time: 4:47
 Time: 1042
 Time: _____
 Time: _____

Date: 10/16/17
 Date: 10/16/17
 Date: _____
 Date: _____



Converse Consultants #321724431

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Roof Mastec

Sample Number	Location	Area Sq. Ft.	Condition
13	South Verande	~20	Good
14	↓	↓	↓
15	↓	↓	↓

Friability: Friable Non-Friable
Potential for Contact with Material: High Moderate Low
Influence of Vibration: High Moderate Low
Potential for Air Erosion: High Moderate Low
Damage Assessment: Good Damaged Significantly Damaged

COMMENTS: Wattles Mansion Park
Roof mastec at s. verande around perimeter
of rolled roofing and against s. side flashings

CHAIN OF CUSTODY

Relinquished By: [Signature] Time: 4:42 Date: 10/16/17
 Received By: AMORISSON (WC) Porter Time: 1042 Date: 10/16/17
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____



Converse Consultants

#321724431

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Roof core - felt roof under Spanish tile

Sample Number	Location	Area Sq. Ft.	Condition
16	Lower Roof - W. side	~3,940	Good
17	Lower Roof - E. side	↓	↓
18	↓	↓	↓

<i>Friability:</i>	Friable	Non-Friable	
<i>Potential for Contact with Material:</i>	High	Moderate	Low
<i>Influence of Vibration:</i>	High	Moderate	Low
<i>Potential for Air Erosion:</i>	High	Moderate	Low
<i>Damage Assessment:</i>	Good	Damaged	Significantly Damaged

COMMENTS: Wattles Mansion Park
Felt under Spanish tile. Tiles are sealed w/
cement at both ends
wood substrate paper roof aprons, current
lower roofs

CHAIN OF CUSTODY

Relinquished By: <u>[Signature]</u>	Time: <u>4:47</u>	Date: <u>10/16/17</u>
Received By: <u>Amorisco (W)</u>	Time: <u>11:42</u>	Date: <u>10/16/17</u>
Relinquished By: _____	Time: _____	Date: _____
Received By: _____	Time: _____	Date: _____



Converse Consultants #321724431

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: UPPER Root capsheet - Flat Roof.

Sample Number	Location	Area Sq. Ft.	Condition
19	UPPER Flat Roof - Hatch	~100	Good
20			
21			

Friability: Non-Friable
 Potential for Contact with Material: Moderate
 Influence of Vibration: Moderate
 Potential for Air Erosion: Moderate
 Damage Assessment: Good

COMMENTS: Wattles Masonian Probe
underneath copper jacket at upper flat
roof hatch and large square vent.

CHAIN OF CUSTODY

Relinquished By: [Signature] George Time: 4:42 Date: 10/16/17
 Received By: [Signature] Peter Time: 1042 Date: 10/16/17
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____



Converse Consultants #321724431

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Ext. Stucco - chimney

Sample Number	Location	Area Sq. Ft.	Condition
22	Upper Flat Roof - W. chimney	~100	Good
23	- W. chimney		
24	- E. chimney		

<i>Friability:</i>	Friable	Non-Friable	
<i>Potential for Contact with Material:</i>	High	Moderate	Low
<i>Influence of Vibration:</i>	High	Moderate	Low
<i>Potential for Air Erosion:</i>	High	Moderate	Low
<i>Damage Assessment:</i>	Good	Damaged	Significantly Damaged

COMMENTS: Wattles Mansion Park

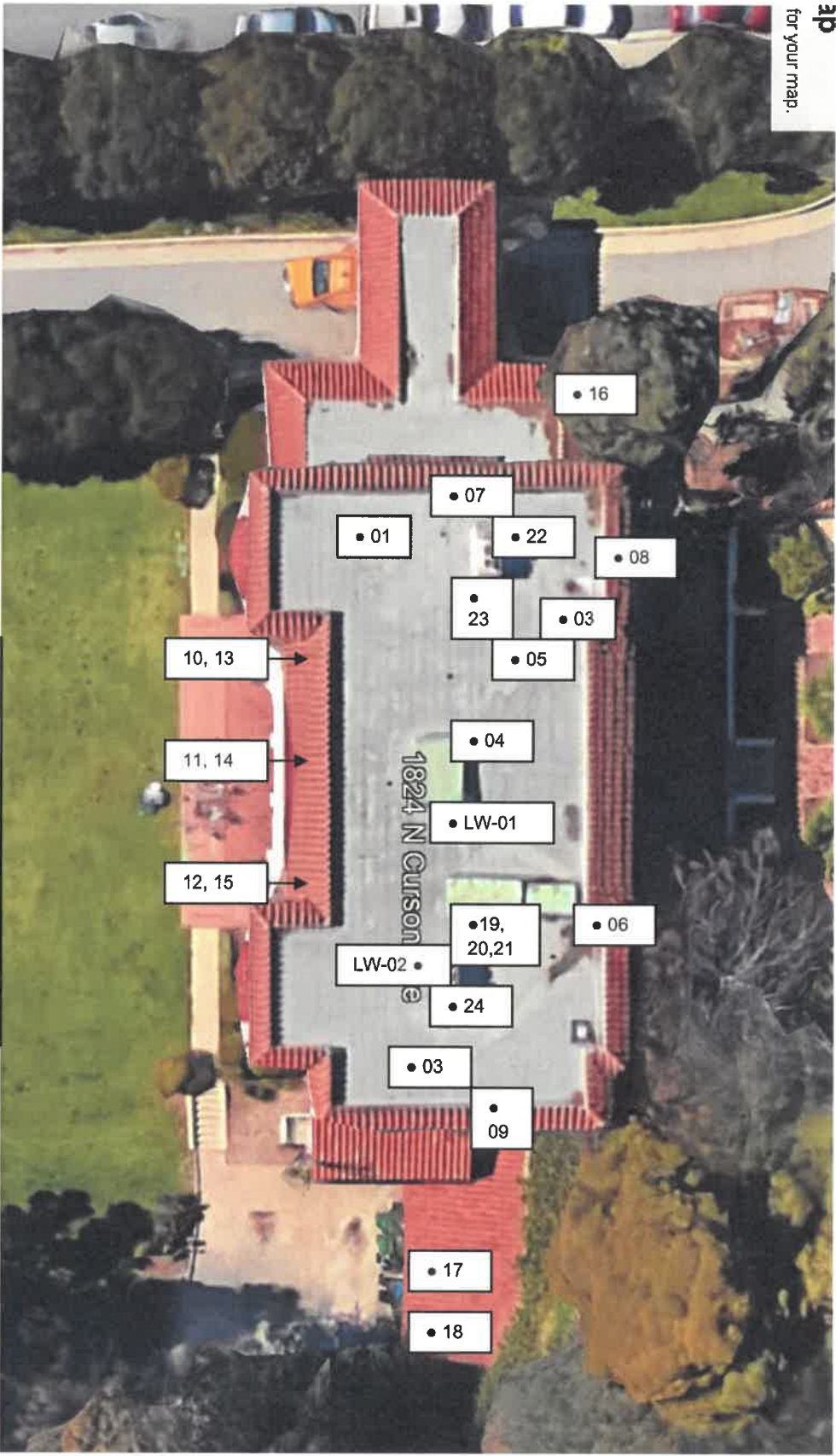
CHAIN OF CUSTODY

Relinquished By: <u>[Signature]</u>	Time: <u>4:42</u>	Date: <u>10/16/17</u>
Received By: <u>AMOKIESOCK (W)</u>	Time: <u>1042</u>	Date: <u>10/16/17</u>
Relinquished By: _____	Time: _____	Date: _____
Received By: _____	Time: _____	Date: _____

ap
for your map.

Key

- 01
Bulk Asbestos Sample Location
- LW-01
Bulk Paint Sample Location



→ N
Not to Scale

Sample Location Map – Wattles Mansion

Lead

XRF Summary Table Analytical Report Chain of Custody

Lead



Reading No	Component	Substrate	Side	Condition	Color	Room	Results	PbC
1			SHUTTER_CAL					0.85
2			CALIBRATE				Positive	1
3			CALIBRATE				Positive	1
4			CALIBRATE				Positive	1
5	STAIRS	WOOD	NORTH	INTACT	VARNISH	ROOF	Negative	0.07
6	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
9	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	Null	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	3
24	DOOR LANDING	WOOD	SOUTH	PEELING	BROWN	S. VERANDA ROOF	Positive	3.1
25	FASCIA	WOOD	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	Null	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	0.9

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

XRF Summary Table
Wattles Mansion

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

Reading No	Component	Substrate	Side	Condition	Color	Room	Results	PbC
34			CALIBRATE				Positive	1
35			CALIBRATE				Positive	0.9
36			CALIBRATE				Positive	1



LA Testing

520 Mission Street, South Pasadena, CA 91030

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

<http://www.LATesting.com>

pasadenalab@lateesting.com

LA Testing Order: 321724412

CustomerID: 32CONV56

CustomerPO:

ProjectID:

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

Phone: (626) 930-1200
Fax: (626) 930-1212
Received: 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)*

<i>Client Sample Description</i>	<i>Lab ID</i>	<i>Collected</i>	<i>Analyzed</i>	<i>Lead Concentration</i>
LW-01	321724412-0001		10/17/2017	340 ppm
Site: White Wood - Upper Flat Roof - Large Savone Vent				
LW-02	321724412-0002		10/17/2017	<100 ppm
Site: Beige Stucco - Upper 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 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 10/17/2017 12:17:06



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

LA TESTING
 520 MISSION STREET
 SOUTH PASADENA, CA 91030
 PHONE: 800-303-0047
 FAX: 323-254-9982

#321724412

Company : Converse Consultants			LA Testing-Bill to: <input checked="" type="checkbox"/> Same <input type="checkbox"/> 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 #:		
Telephone #: (626) 807-3416			Email Address: gpaler@converseconsultants.com		
Project Name/Number: 17-41-118-17 LA RAP/Varous Roofs ASB/LBP Svy/ <i>W. H. H. Mansson</i>					
Please Provide Results: <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email		Purchase Order:	U.S. State Samples Taken: <i>CA</i>		
Turnaround Time (TAT) Options* - Please Check					
<input type="checkbox"/> 3 Hours	<input type="checkbox"/> 6 Hours	<input checked="" type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 4 Days
<input type="checkbox"/> 1 Week	<input type="checkbox"/> 2 Week				
<small>*Analysis completed in accordance with LA Testing's Terms and Conditions located in the Price Guide</small>					
Matrix	Method	Instrument	Reporting Limit	Check	
Chips <input type="checkbox"/> mg/cm ² <input type="checkbox"/> % by wt. <i>PPM</i> Air	SW846-7000B/7420 or AOAC 974.02	Flame Atomic Absorption	0.01%	<input checked="" type="checkbox"/>	
	NIOSH 7082	Flame Atomic Absorption	4 µg/filter	<input type="checkbox"/>	
	NIOSH 7105	Graphite Furnace AA	0.03 µg/filter	<input type="checkbox"/>	
	NIOSH 7300 modified	ICP-AES	0.5 µg/filter	<input type="checkbox"/>	
Wipe* <input type="checkbox"/> ASTM <input type="checkbox"/> non ASTM <small>*if no box is checked, non-ASTM Wipe is assumed</small>	SW846-7000B/7420	Flame Atomic Absorption	10 µg/wipe	<input type="checkbox"/>	
	SW846-6010B or C	ICP-AES	0.5 µg/wipe	<input type="checkbox"/>	
TCLP	SW846-1311/7420/SM 3111B	Flame Atomic Absorption	0.4 mg/L (ppm)	<input type="checkbox"/>	
	SW846-6010B or C	ICP-AES	0.1 mg/L (ppm)	<input type="checkbox"/>	
Soil	SW846-7000B/7420	Flame Atomic Absorption	40 mg/kg (ppm)	<input type="checkbox"/>	
	SW846-7421	Graphite Furnace AA	0.3 mg/kg (ppm)	<input type="checkbox"/>	
	SW846-6010B or C	ICP-AES	1 mg/kg (ppm)	<input type="checkbox"/>	
Wastewater	SM3111B or SW846-7000B/7420	Flame Atomic Absorption	0.4 mg/L (ppm)	<input type="checkbox"/>	
	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm)	<input type="checkbox"/>	
	SW846-6010B or C	ICP-AES	1 mg/kg (ppm)	<input type="checkbox"/>	
Drinking Water	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm)	<input type="checkbox"/>	
Other:			Preservation Method (Water):		
Name of Sampler:			Signature of Sampler:		
Sample #	Location	Volume/Area	Date/Time Sampled		
	<i>See Attached</i>				
Client Sample #'s		-	Total # of Samples:		
Relinquished (Client):	<i>[Signature]</i>	Date:	<i>10/16/17</i>	Time:	<i>4:45 PM</i>
Received (Lab):	<i>Amelissoc</i>	Date:	<i>10/16/17</i>	Time:	<i>1045</i>
Comments: <i>(WL)</i>					



Converse Consultants

#321724412

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

BULK SAMPLE LOG – LEAD PAINT

Project Name: LA RAP/Various Roof ASB/LBP Survey

Collected By: GJP

Project No.: 17-41-118-17

Date: 10/16/17

Wattles Mansion

Sample Number	Interior	Exterior	Paint Color & Substrate	Sample Location & Comments	Area Sq. Ft.	Cond.
LW-01		✓	White, wood	Upper Flat Roof - Large square vent	~50	Peel.
LW-02		✓	Beige, stucco	Upper Flat Roof E. chimney	~100	Intact

COMMENTS: Wattles Mansion

CHAIN OF CUSTODY

Relinquished By: George P. [Signature] Time: 4:45pm Date: 10/16/17
 Received By: Amel S. [Signature] Time: 1045 Date: 10/16/17
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____



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

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 # 4135
PROJECT SUPERVISOR: Josias Valdez CONTROL #: _____

- 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
- N/A COPY OF PRE-JOB SUBMITTALS
- COPY OF LICENSE
- SCOPE OF WORK
- RECORD OF WORK PERFORMED

DISPATCHER INITIALS _____



AIR, Inc., dba
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 #: 4135

PROJECT SUPERVISOR: Josias Valdez

- 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 MONITORING (when
- 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 UNUSUAL CIRCUMSTANCES, 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: Josias Valdez

DATE: 5/29/14.

AIR Demolition & Environmental Solutions

CONTRACTOR- DAILY PERSONNEL REPORT

DATE: 5/29/14.

CONTRACTOR: AIR inc.

PROJECT: City of LA DGS - Wattles Mansion

JOB DESCRIPTION: Abatement.

CONTRACT NO.: 4135.

	WORKER'S NAME	SSN	HRS	JOB CLASSIFICATION
1	Josias Valdez	4232	8	Supervisor.
2	ALBERTO GAMERO	8744	8	Labor.
3	Francisco J De Anda	0023	8	Labor.
4				
5				
6				
7				
8				
9				
10				

SIGNED: Josias Valdez
 START TIME: 7:00am.

DATE: 5/29/14.
 SHOP TIME: 3:30pm.

OBSERVATION NOTES: Arrive at the job site at 7:00am held a safety meeting about emergency plan, housekeeping and ladders with Air inc. crew, Set up criticals on the doors, windows, dryer, washer, ice chest, set up 2 stage decon, a negative air machine and clean up.
 8:00am Wattles Mansion - laundry room continued with the set up, begin with manual scrape loose & flaky paint, bag all the paint chips.
 9:00am Wattles Mansion - Laundry room continued with the manual scrape loose & flaky paint, bag all the debris.
 10:00am Wattles Mansion - Laundry room continued with the manual scrape loose & flaky paint, bag all the paint chips, bag out.
 11:00 am thru 11:30 am Lunch.
 11:31 am Wattles Mansion - Laundry room continued with the manual scrape loose & flaky paint, bag all the paint chips, hepa vacuum, wet wipe, primer where we scrape the paint with LBC lead barrier compound and Clean up. →

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 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 3:30 pm, 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.



Record of Work Performed

Date: 5/29/14.	
Project Name: City of LA DGS-Wattles Mansion	G.C.: City of LA DGS.
	Type of Project: Abatement.

Building	Area	Material	Sq. Ft.	% Completed
Wattles. Mansion.	Laundry Room!	Manual scrape loose & flaky paint, primer where we scrape the paint and clean up.		100%

Start Time: 7:00 am	End Time: 3:30 pm.
Supervisor Signature: <i>Jerry Valdes</i>	G.C./Owner Signature: Not on site
	Consultant Signature:



AIR, Inc., dba
AIR Demolition & Environmental Solutions

Filter Change Log

Date: 5/29/14

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

Job #4135

Negative Air Machine						
AQMD ID #	Unit ID #	# Hours Used	# Pre-filter Change	# Secondary Filter Change	Comments	Initials of Supv.
467176	100887	6	12	12		J.V.

Shower Water Filter				
Unit ID #	1 Micron	3 Microns	5 Microns	Initials of Supv.
	N/A			

Respirator Filter Change				
Name:	Last 4 of SSN	Respiratory Type	Date	Comments
Josias Valdez	4232	1/2 Face	5/29/14	
ALBERTO BARRIA	8744	↓	↓	
FRANCISCO BARRIA	0023			

Vacuum Bag Filter				
AQMD ID #	Unit ID #	Bag	HEPA	Initials of Supv.
		N/A		

Vacuum				
AQMD ID #	Unit ID #	Bag	HEPA	Initials of Supv.
436677	100240	yes	yes	J.V.



AIR, Inc., dba
AIR Demolition & Environmental Solutions

ACCIDENT/INCIDENT REPORT FORM

Date of incident: _____ Time: _____ AM/PM

4135 City of LA DGS-Wattles Mansion

Location of incident: 1824 North Curson Ave. West Hollywood, CA 90046

Supervisor on site: Josias Valdez

Name of injured person: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male _____ Female _____

Type of injury: _____

Details of incident: _____

Describe injury and part of body affected: _____

Work restrictions: _____

Injury requires physician/hospital visit? Yes ___ No ___

Name of physician/hospital: _____

Address: _____

Physician/hospital phone number: _____

I certify that the statements are true and correct

Signature of supervisor _____ Date _____

Signature of injured party _____ Date _____

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



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

Notifications



Annual Notification for Steel Structures

(Note: items marked * are required)

*Name of employer doing 'Lead Work'		*Address	*Zipcode	*Phone
Air Inc 795278		3517 W. Washington Blvd.	90018	323/733-0508
Calif. Cont. Lic. No. (if applicable)		Pager/cellular phone No.		
Supervisor:		*Number of lead-job workers: (check one below)		
* Supervisor name: Josias Valdez		<input checked="" type="checkbox"/> 1 - 5	<input type="checkbox"/> 31 - 40	
California Department of Health Services Lead Cert. No. 7385		<input type="checkbox"/> 6 - 10	<input type="checkbox"/> 41 - 50	
(if applicable)		<input type="checkbox"/> 11 - 20	<input type="checkbox"/> > 50	
		<input type="checkbox"/> 21 - 30		

*Job start date/time	*Job completion date/time	Shift	*Approximate duration of 'Lead Work' in days
5/29/2014 7:00	5/29/2013 15:30	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Other	One Day

*Street address or location of job	City	Nearest cross street
1824 North Curson Avenue	Los Angeles	Hollywood Blvd.
	County	Zipcode
	Los Angeles	90046

*Precise Location of work (building no., room no., etc.)			
Entity contracting the lead-work	Address	Zipcode	Contact Person:
<input checked="" type="checkbox"/> Premises Owner <input type="checkbox"/> Lessee (check one)	22 North Figueroa Street # 100 Los Angeles CA.	90012	Lisa Waldez
Department of Parks and Recreations			Pager/cellular phone No.
			213 202 2664

Type of structure and use:

<input type="checkbox"/> Office Building	<input checked="" type="checkbox"/> Residence	<input type="checkbox"/> Steel Structure/Type _____
<input type="checkbox"/> Public Access/Commercial	<input type="checkbox"/> School	<input type="checkbox"/> Other _____

Scope of work and work practices:

*Describe lead-related work to be done (check all that apply)

<input type="checkbox"/> Surface Preparation	<input type="checkbox"/> Wall Repair	<input type="checkbox"/> Other _____
<input type="checkbox"/> Water/Moisture Damage Repair	<input checked="" type="checkbox"/> Paint Removal	
<input type="checkbox"/> Window/Door Repair/Replacement	<input type="checkbox"/> Demolition	

*Describe paint removal methods (check all that apply):

<input checked="" type="checkbox"/> Manual Scraping/Sanding	<input type="checkbox"/> Demolition	<input type="checkbox"/> Hydroblasting	<input type="checkbox"/> Other work practices disturbing lead: _____
<input type="checkbox"/> Power Sanding/Grinding	<input type="checkbox"/> Heat Guns	<input type="checkbox"/> Torch Cutting	
<input type="checkbox"/> Chemical Stripping	<input type="checkbox"/> Abrasive Blasting	<input type="checkbox"/> Welding	

*Amount of area to be disturbed: (check one per column)

<input type="checkbox"/> < 10 square feet	<input type="checkbox"/> < 10 linear feet
<input type="checkbox"/> 10 - 100 square feet	<input type="checkbox"/> 10 - 100 linear feet
<input checked="" type="checkbox"/> 101 - 1000 square feet	<input type="checkbox"/> 100 - 1000 linear feet
<input type="checkbox"/> > 1000 square feet	<input type="checkbox"/> > 1000 linear feet

Torch Cutting/Welding
Duration of work: _____

Concentration of lead in disturbed materials:
_____ parts per million (ppm) _____ % percent by weight
2.53 and >5.0 mg/cm² Assumed to be lead-containing: YES

*Name of notifier 	*Date signed: 5-23-14
-----------------------	-----------------------

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0116
 DESTINATION ADDRESS 12135767461
 SUBADDRESS
 DESTINATION ID
 ST. TIME 05/23 13:04
 TX/RX TIME 00' 38
 PGS. 1
 RESULT OK

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
Air Inc 795278	3517 W. Washington Blvd.	90018	323/733-0508
Calif. Cont. Lic. No. (if applicable)			Pager/cellular phone No.
Supervisor:	*Number of lead-job workers: (check one below)		
* Supervisor name: Josias Valdez	<input checked="" type="checkbox"/> 1 - 5	<input type="checkbox"/> 31 - 40	
California Department of Health Services Lead Cert. No. 7385	<input type="checkbox"/> 6 - 10	<input type="checkbox"/> 41 - 50	
(if applicable)	<input type="checkbox"/> 11 - 20	<input type="checkbox"/> > 50	
	<input type="checkbox"/> 21 - 30		

*Job start date/time	*Job completion date/time	Shift	*Approximate duration of 'Lead Work' in days
5/29/2014 7:00	5/29/2013 15:30	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Other	One Day
*Street address or location of job		City	Nearest cross street
1824 North Curson Avenue		Los Angeles	Hollywood Blvd
		County	Zipcode
		Los Angeles	90046
*Precise Location of work (Building no., room no., etc.):			
Entity contracting the lead-work	Address	Zipcode	Contact Person:
<input checked="" type="checkbox"/> Premises Owner <input type="checkbox"/> Lessee (check one)	22 North Figueroa Street # 100 Los Angeles CA.	90012	Lisa Valdez
Department of Parks and Recreations			Pager/cellular phone No.
Type of structure and use:			
<input type="checkbox"/> Office Building	<input checked="" type="checkbox"/> Residence	<input type="checkbox"/> Steel Structure/Type	
<input type="checkbox"/> Public Access/Commercial	<input type="checkbox"/> School	<input type="checkbox"/> Other	

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
 Window/Door Repair/Replacement Demolition

*Describe paint removal methods (check all that apply):

Manual Scraping/Sanding Demolition Hydroblasting Other work practices disturbing lead: _____
 Power Sanding/Grinding Heat Guns Torch Cutting
 Chemical Stripping Abrasive Blasting Welding

*Amount of area to be disturbed: (check one per column)

< 10 square feet < 10 linear feet
 10 - 100 square feet 10 - 100 linear feet
 101 - 1000 square feet 100 - 1000 linear feet
 > 1000 square feet > 1000 linear feet

Torch Cutting/Welding

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0115
 DESTINATION ADDRESS 15106205656
 SUBADDRESS
 DESTINATION ID-
 ST. TIME 05/23 13:01
 TX/RX TIME 00' 26
 PGS. 1
 RESULT OK

State of California--Health and Human Services Agency

California Department of Public Health

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 Hazards is Scheduled

Address [number, street, apartment (if applicable)]	City	County	Zip Code
1824 North Curson Avenue	Los Angeles	CA	90048

Type of structure (check one box only)

- Single family dwelling
 Multi-family building
 School, daycare, or other child-occupied facility
 Other (specify) _____

Section 2 — Summary of Specific Work and Location(s) Where Lead-Based Paint or Lead Hazards Will Be Abated

Scrape the loose and flaking paint from the laundry room, ceiling, window, floor and stairs

- Description of work to be performed:
 Interior
 Exterior
 Both interior and exterior
 Type of Abatement (check all that apply):
 Permanent (> 20 years)
 Temporary (< 20 years)
 Do any children reside on the premises?
 Yes
 No
 Don't know

Section 3

Projected starting date	Projected ending date
5-29-14	5-29-14

Section 4 — Restrictions on Entering Work Area

List specific times and/or dates residents are not allowed to enter work areas, if applicable

N/A

If you would like more information, please contact the following:

Section 5 — Property Owner or Manager

Name	Telephone number		
Department of Recreation and Parks	23 202 2664		
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 (Supervisor or Company and Supervisor)

Name and company (if applicable)	Telephone number	CDPH certification number (if applicable)	
Josias Valdez	213 618 1576	7385	
Address [number, street, apartment (if applicable)]	City	State	Zip Code
3517 W Washington Blvd	Los Angeles	CA	90018

Section 7 — Local Environmental Health Agency

Telephone number



AIR, INC. dba

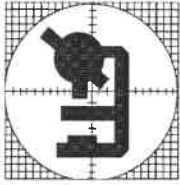
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License No. 795278

Air Samples



3565 Lexington Avenue
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
1824 North Curson Ave., West Hollywood

Analyst: Glenn Gutierrez


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

µg-micrograms

MDL for Micron Labs=0.4702 µg/filter



Analyst Signature



AIR, INC., dba
AIR DEMOLITION & ENVIRONMENTAL SOLUTIONS

12814109

Date Collected:

5/29/14

Personal Air Samples

Job Number:

4135

Personal Protection

Address: 1824 North Curson Ave, West Hollywood.

Full Suit Up

Half Face Respirator

Full Face Respirator

Paper

Type C Description

Other:

Foreman:

Josias Valdez

Samples Taken By:

Alberto Gamero

Location:

Wattles Mansion - Laundry Room

TYPE OF SAMPLE ASBESTOS

LEAD

Sample Number	Pump Number	CALB Date	Sample Description	Activity	Employee Name	LBP or ACM	Last 4 of SS	Start Time	Stop Time	Pre-Flow (LPM)	Post-Flow (LPM)
001	004	5/29/14	Lead	Manual scrape loose & Flaky paint.	Alberto Gamero LBP		8744	8:30	1:30	2.5	2.3

COMMENTS:

LAB SUBMITTED TO:

CHAIN OF CUSTODY	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME
			5/29/14



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License No. 795278

Manifests

4135

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved: OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAPO00246269	2. Page 1 of 1	3. Emergency Response Phone 714-620-4688	4. Manifest Tracking Number 000182246 MWI		
5. Generator's Name and Mailing Address City of Los Angeles Dept. of Rec. and Fire 221 N. Figueroa St Suite 100 Los Angeles, CA 90012 213-254-2444			Generator's Site Address (if different than mailing address) Wattles Mansion 1524 N. Curson Ave Los Angeles CA 90046				
6. Transporter 1 Company Name EARTHWISE SERMCES LLC			U.S. EPA ID Number CAR000152058				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Crosby & Overton 1630 W. 17th Street Long Beach, CA 91746			U.S. EPA ID Number CAD028400019				
Facility's Phone: 562-432-5445							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
	1. R.Q. NA3077, Hazardous waste solid N.O.S. (lead), 9, PGII (D008)	1	DM	30	P	181	D008
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 24Hr Emergency contact Earthwise Services, LLC (714)620-4688. Profilr # 50750 3							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Lisa Walder		Signature Lisa Walder		Month Day Year 16/4/14			
16. International Shipments: <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: AIR Transporter signature (for exports only): Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Felipe Gonzalez Signature: Felipe Gonzalez Month Day Year: 16/7/14 Transporter 2 Printed/Typed Name: Signature: Month Day Year:							
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number:							
18b. Alternate Facility (or Generator) U.S. EPA ID Number: Facility's Phone:							
18c. Signature of Alternate Facility (or Generator) Month Day Year:							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name: Signature: Month Day Year:							



AIR, INC. dba

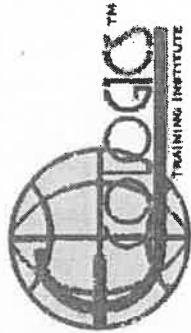
AIR DEMOLITION & ENVIRONMENTAL SOLUTIONS

3517 W. Washington Boulevard . Los Angeles . California . 90018

T 323.733.0508 F 323.732.3414

License No. 795278

Employee Certifications



CERTIFICATE NUMBER
51623

Certificate of Attendance

This is to Certify that

JOSIAS VALDEZ

Has Completed the Course of

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

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

ARMANDO DUCOING

DIRECTOR

August 17, 2013 081713 August 17, 2014

E081713CSR 081713

COMPLETION DATE CLASS NUMBER / STARTING DATE CERTIFICATE EXPIRES

Ecologics Training Institute

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

123970

**CDPH COURSE COMPLETION FORM
AND TRAINING CERTIFICATE**

Form Number

Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the accredited training provider. The accredited training provider must submit the top (white) copy of this form to CLPPB and the last two (pink and yellow) copies to the student within **30 calendar days** of the student's successful completion of the final examination. / **Instrucciones:** La parte 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 print or type. Press firmly. / **Deberá completarse por el estudiante.** Favor de escribir firmemente y con letra de molde.

Name / Nombre (last / apellido paterno) Valdez (first / primer nombre) Josias (middle initial / segundo nombre) Telephone number / Número de teléfono 562 325-9178

Home address (number, street, apartment number, PO box number) / Dirección (número, calle, número de apartamento, apartado postal)

14701 Los Angeles St.

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

7 / 24 / 1976

Photo identification / Tarjeta de identificación con foto Number / Número B6946021

City / Ciudad Baldwin Park State / Estado CA ZIP code / Código postal 91706

Type / Tipo
 Driver's license / Licencia de conducir
 Resident alien card / Tarjeta de residencia
 Other ID / Otro tipo de ID (specify / especifique):
CA ID.

Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si es diferente (nombre de patron or unión, número, calle, número de apartamento, apartado postal)

Gender / Sexo
 Male / Masculino Female / Femenino

City / Ciudad _____ State / Estado _____ ZIP code / Código postal _____

If currently CDPH certified, provide CDPH certificate ID number / Si está certificado por CDPH, favor de dar su número de CDPH
7385

Race/Ethnicity / Raza/Etnia
 Asian / Asiático Black/African American / Negro/Africano Americano Latino/Hispanic / Latino Americano Native American / Americano Nativo
 White / Blanco Pacific Islander / Pacífico/Isleño Other / Otro

Prior to signing, read the Privacy Statement and other information on the back of the form. / Antes de firmar, lea la Declaración Sobre la Privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma del estudiante Josias Valdez Date (month/day/year) / Fecha (mes/día/año) 6 / 1 / 14

Training Information - To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address OCCUPATIONAL TRAINING INSTITUTE
660 BAKER ST. SUITE 315
COSTA MESA, CA 92626 Training Provider Phone Number (714) 556-7844

Course title:
 Work Continuing Education for Workers
 Inspection/Assessment General Continuing Education
 Certified Industrial Hygienist Supervision and Project Monitoring
 Sampling Technician Supplemental Supervision and Project Monitoring
Instructor Name(s): ADALBERTO ESCOBAR
 English Spanish

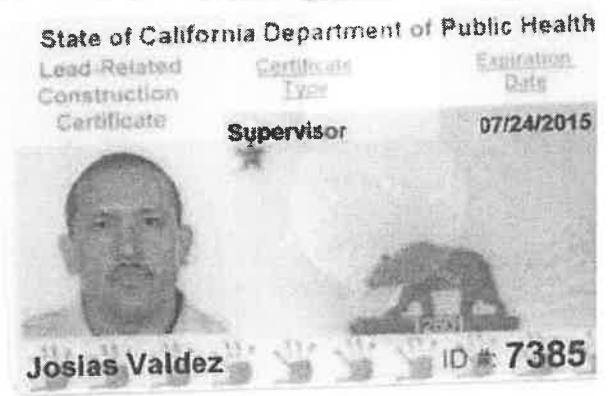
Course dates (mm/dd/yy) 06 / 01 / 14 to 06 / 01 / 14 Number of contact hours of instruction completed 7 Date student passed course or continuing education final examination (mm/dd/yy) 06 / 01 / 14 Core Instruction (if different) Core Instruction CCF number _____

Location of course 660 BAKER ST. SUITE 315, COSTA MESA, CA 92626 Core CCF date (mm/dd/yy) _____

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

Name of Training Director - please print or type NUBIA AYALA Signature of Training Director [Signature] Date (mm/dd/yy) 06 02 14

White copy - CLPPB BLUE copy - Training Provider Pink copy - Student (for Certification Application) Yellow copy - Student



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: 10/29/2013

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

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 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:


- | | |
|------------------------|---------------------------------------|
| () 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 overseas ravel.
- () Results of audiometric exam indicates significant threshold shift since baseline audiogram. Advised to wear hearing protection. Audiogram () to be () not to be repeated
- () Results of audiometric exam indicated moderate hearing loss. Advised to wear hearing protection
- () Does not meet criteria for employment at this time.

CERTIFICATION:

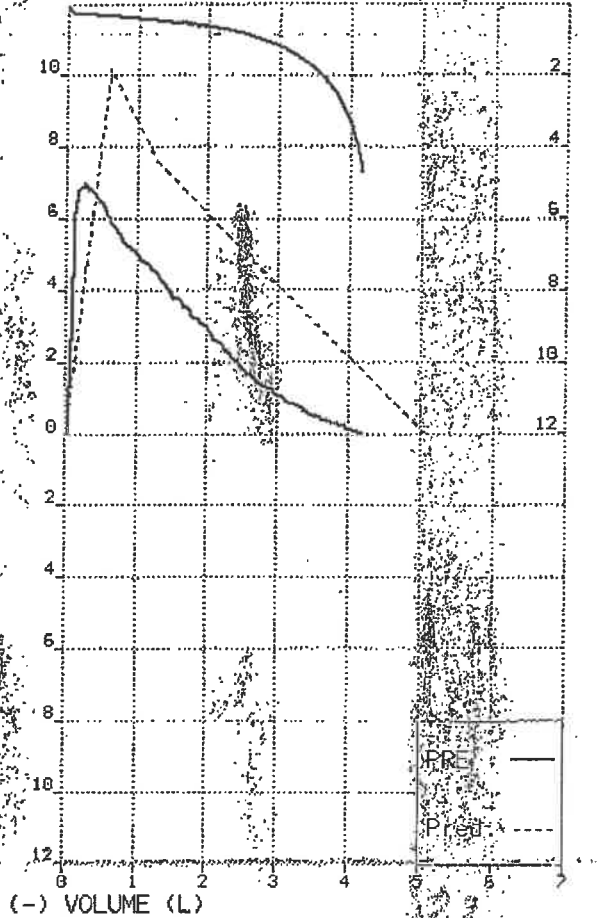
- (X)Approved for work with hazardous material
- (X) Approved for use of respirators
- (X) Approved for use of personal protective equipment
- (X) Medical qualified test completed.
- () Audlometric test completed.
- () Mechanical visual screening completed.
- (X) No pathological condition has been detected in the above named individual that place him at risk material impairment form exposure to: _____
- (X) The patient has been informed of this physical examination

EXPIRES: 10/29/2014

BELLA MEDICAL GROUP
9916 SAN JUAN AVE.
SOUTH GATE, CA 90280
TEL (323) 564-1100 • FAX (323) 564-1133
10 OCT 29 2013 

TEST DATE 10/29/13 12:50 BTPS 1115 NANHES III
 NAME VALDEZ JOSIAS
 BIRTH DATE 07/24/1976 #ID 4232
 AGE 37 HEIGHT in. 69 WEIGHT lb 200 SEX ♂
 PRE-File N° 462 PREDICTED NANHES III

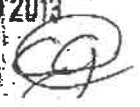
FLOW-VOLUME & VOLUME-TIME curves
 (+) FLOW (L/s) TIME (s)



	BEST VALUES		
	Pred:	MEASURED	%Pred
FEV6	4.98	24.65	727
FEV1	4.17	3.05	73
FEV1/FEV6	83.7	72.6	87
PEF	10.14	6.94	68

PARAMETER		Predicted	PRE	%Pred.
FEV1	L	4.17		73
PEF	L/s	10.14		68
FVC	L	5.12		81
FEV1/FVC	%	81.9		89

BELLA MEDICAL GROUP
 9916 SAN JUAN AVE.
 SOUTH GATE, CA 90280
 TEL (323) 564-1100 FAX (323) 564-1133
 Spirometry Interpretation
 Normal Spirometry
 FEV1/FVC = 54% of Pred.
 QUALITY CONTROL GRADE: C
 REPEATABILITY: FVC PEF





BIOCORP CLINICAL LABORATORY

9825 Painter Avenue • Whittier, CA 90605

Tel.: (562) 946-6666
Fax: (562) 946-5025

LABORATORY REPORT

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

DOCTOR / INSTITUTION SAN JUAN MEDICAL CLINIC #2169 9916 SAN JUAN AVE SOUTH GATE, CA 90280 (323) 564-1100 Physician: De Leon, Maria L.		PATIENT 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	DATE/REPORTED 5/07/2014

REPORT STATUS: FINAL ACCESSION #: 140505474 REQUISITION #: 000226670

REMARKS:

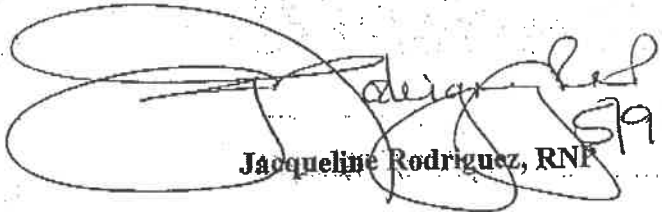
OTHER I.D.#

TESTS	RESULTS		UNITS	REFERENCE RANGE
	WITHIN RANGE	OUT OF RANGE		
LEAD, BLOOD		<3 ✓	mcg/dL	<10
LEAD, BLOOD				
LEAD (B)		VENOUS		
COLLECTION				
SAMPLE				

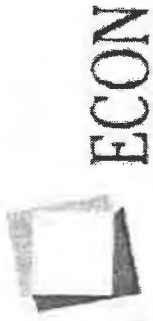
Test Performed at:
QUEST DIAGNOSTICS-WEST HILLS
8401 FALLBROOK AVENUE
WEST HILLS, CA 91304-3226

GORDON L. LOVE, MD

FILE


Jacqueline Rodriguez, RNP

End of Report



NATIONAL ECON

C O R P O R A T I O N

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, Whittier, CA 90604

Certificate Number R-R-18942-10-00172

Course Date: May 4, 2010

Examination Date: May 4, 2010

Expiration Date: May 4, 2015

Andrew Cooper

5/4/10

Training Manager/Principle Instructor

Date

ISEI1030-6942389

International Safety Education Institute (ISEI)

 **UC San Diego | Extension**
INTERNATIONAL SAFETY EDUCATION INSTITUTE (ISEI)

**American
Safety Council**

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**

Certificate Of Completion

Josias Valdez

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

.....*Josias Valdez*.....

has attended an Occupational
First Aid & CPR Training
Course

10/5/2015

Expiration Date

Issuer's Signature

Quality Safety Consulting and Training Since 1990

Some of the services that we offer...

HAZMAT Certification
Confined Space
DOT/IATA/MDG
Safety Audits

— "Core Training" CPR & First Aid) — BPP per CCR1885193
— Child & Infant — AED

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

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

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



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: Josias Valdez

Date fitted: 8-2-13

Type of Respirator being fitted:

 X 3M PAPR
 X 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

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. Since conditions vary greatly situation to situation, I will become informed about the contaminants that may be encountered which will require the use of my respirator.

 Josias Valdez
 Signature of Person Fit Tested

 8-2-13
 Date

 [Signature]
 Signature of Supervisor

 8-2-13
 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

ARMANDO DUCOING
DIRECTOR

December 06, 2013
COMPLETION DATE

E120613CSR 120613
CLASS NUMBER / STARTING DATE

December 06, 2014
CERTIFICATE EXPIRES

Ecologics Training Institute

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

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 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 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
 De Anck Francisco Javier (323) 343 5383

Home address (number, street, apartment number, PO box number / Dirección (número, calle, número de apartamento, apartado postal) Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año)
 7245 Garden Dr 7 / 18 / 1969

City / Ciudad State / Estado ZIP code / Código postal Photo identification / Tarjeta de identificación con foto Number / Número 1135029

San Bernardino CA 92410-4
 Type / Tipo
 Driver's license / Licencia de conducir
 Resident alien card / Tarjeta de residencia
 Other ID / Otro tipo de ID (specify / especifique):
 Matrícula Consular

Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si es diferente (nombre de patron or unión, número, calle, número de apartamento, apartado postal)
 Gender / Sexo
 Male / Masculino Female / Femenino

City / Ciudad State / Estado ZIP code / Código postal If currently CDPH certified, provide CDPH certificate ID number / Si está certificado por CDPH, favor de dar su número de CDPH
 11900

Race/Ethnicity / Raza/Etnia
 Asian / Asiático Black/African American / Negro/Africano Americano Latino/Hispanic / Latino Americano Native American / Americano Nativo
 White / Blanco Pacific Islander / Pacífico Islaño Other / Otro

Prior to signing, read the Privacy Statement and other information on the back of the form.

Antes de firmar, lea la Declaración Sobre la Privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma del estudiante Date (month/day/year) / Fecha (mes/día/año)
 Francisco De Anck 9 / 28 / 2013

Training Information - To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address Training Provider Phone Number
 OCCUPATIONAL TRAINING INSTITUTE (714) 556-7844
 660 BAKER ST. SUITE 315
 COSTA MESA, CA 92626 Course Number
 OCC-048-CEW(SP)

Course title: Instructor Name(s):
 Work Continuing Education for Workers ALFREDO AMARO
 Inspection/Assessment General Continuing Education
 Certified Industrial Hygienist Supervision and Project Monitoring
 Sampling Technician Supplemental Supervision and Project Monitoring
 English
 Spanish

Course dates (mm/dd/yy) Number of contact hours of instruction completed Date student passed course or continuing education final examination (mm/dd/yy) Core Instruction (if different) / Core instruction CCF number
 09 / 28 / 13 to - / - / - 7 09 / 28 / 13

Location of course Core CCF date (mm/dd/yy)
 621 ATLANTIC AVE., LONG BEACH CA 90802

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

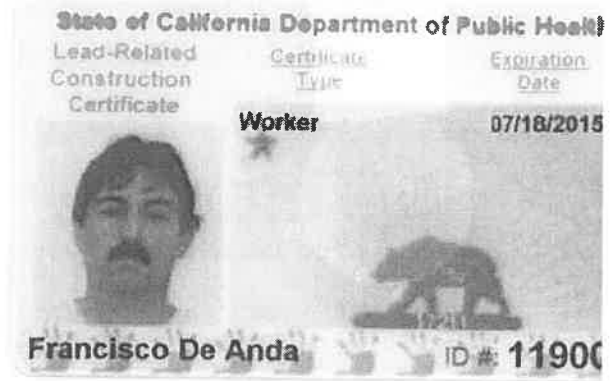
Name of Training Director - please print or type Signature of Training Director Date (mm/dd/yy)
 NUBIA AYALA [Signature] 10 / 30 / 13

White copy - CLPPB

Blue copy - Training Provider

Pink copy - Student (for Certification Application)

Yellow copy - Student



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



**BIOCORP
CLINICAL LABORATORY**

9825 Painter Avenue • Whittier, CA 90805

Tel.: (562) 946-6666
Fax: (562) 946-5025

LABORATORY REPORT

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

DOCTOR / INSTITUTION		PATIENT		
SAN JUAN MEDICAL CLINIC #2169 9916 SAN JUAN AVE SOUTH GATE, CA 90280 (323) 564-1100 Physician: De Leon, Maria L.		DE ANDA, FRANCISCO Sex:M Age:44 DOB: 7/18/1969 Print Date: 5/06/2014 Print Time:18:44		
		DATE/TIME COLLECTED	DATE/RECEIVED	DATE/REPORTED
		5/03/2014	5/03/2014	5/06/2014

REPORT STATUS: FINAL ACCESSION #: 140503183 REQUISITION #: 000255095

REMARKS: OTHER I.D.#

TESTS	RESULTS		UNITS	REFERENCE RANGE
	WITHIN RANGE	OUT OF RANGE		
LEAD, BLOOD		<3 ✓	mcg/dL	<10
LEAD, BLOOD				
LEAD (B)		VENOUS		
COLLECTION				
SAMPLE				

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

FILE

Jacqueline Rodriguez
 Jacqueline Rodriguez, RNP 5/8/14

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: 07/19/1969 AGE:44 YEARS OLD SSN:XXX-XX-0023

TYPE OF EXAMINATION:

- Pre-employment Periodic DOT overseas Return to work Pulmonary function
- 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.

- 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:

- | | |
|--|--|
| <input type="checkbox"/> Lifting over _____ | <input type="checkbox"/> Use of hearing protection devices |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Use of correction lenses |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Work above ground |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Shift/Overtime work |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Operating machinery |
| <input type="checkbox"/> Temp Limits | <input type="checkbox"/> Operating machinery |
| <input type="checkbox"/> others _____ | |

- Eligible for expatriate assignment or overseas travel.
- Results of audiometric exam indicates significant threshold shift since baseline audiogram. Advised to wear hearing protection. Audiogram to be not to be repeated
- Results of audiometric exam indicated moderate hearing loss. Advised to wear hearing protection
- Does not meet criteria for employment at this time

CERTIFICATION:

- Approved for work with hazardous material
- Approved for use of respirators
- Approved for use of personal protective equipment
- Medical qualified test completed.
- Audiometric test completed.
- Mechanical visual screening completed.
- No pathological condition has been detected in the above named individual that place him at risk of material impairment from exposure to: _____
- The patient has been informed of this physical Examination

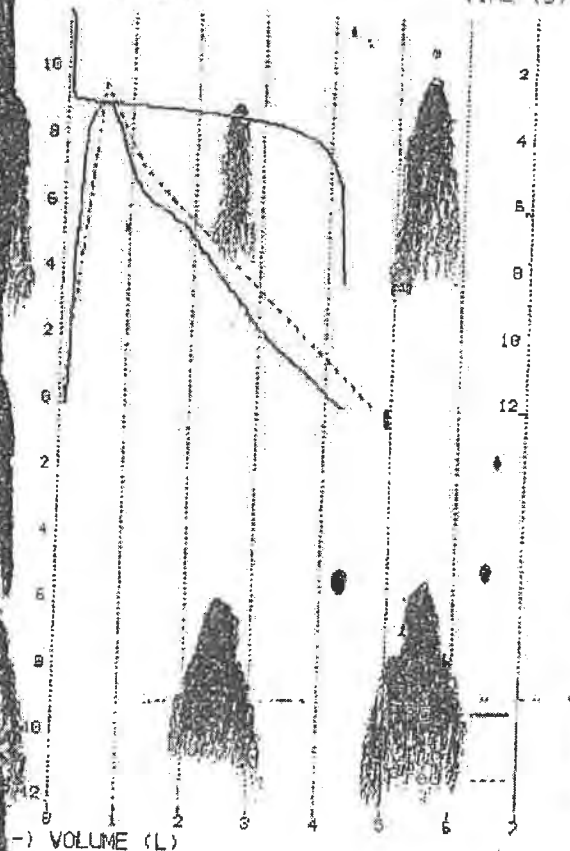

Jacquelin Rodriguez, RNP

BELLA MEDICAL GROUP
 9914 SAN JUAN AVE.
 SOUTH GATE, CA 90280
 TEL (323) 564-1100 - FAX (323) 564-1133
 MAY 08 2014

BELLA MEDICAL GROUP

DATE: 05/09/2014 TIME: 11:30 AM
PATIENT: [REDACTED] FROM: [REDACTED]
TEST: Spirometry

FLOW-VOLUME & VOLUME-TIME CURVES
(+) FLOW (L/s) TIME (s)



PARAMETER	UNIT	Observed	PRE H1	% Pred
FEV6	L	4.65	4.28	92
FEV1	L	3.87	3.68	95
FEV1/FEV6	%	82.6	86.0	104
PEF	L/s	9.71	9.18	94
FIF2575	L/s	3.88	4.12	106
FVC	L	4.82	4.23	88
FEV1/FVC	%	79.4	87.0	107

BELLA MEDICAL GROUP
9916 SAN JUAN AVE.
SOUTH GATE, CA 90280

QUALITY CONTROL: [REDACTED] TEL: (323) 564-1100 FAX: (323) 564-1133

REPEATABILITY: None

MAY 08 2014

Interpreted by: [REDACTED]

Jacqueline Rodriguez, R.N.

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

Issuer's Signature

Instructor ID # I0151

"Core Training" CPR & First Aid) _____ BBP per CCRT885193
_____ Child & Infant _____ AED

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

Quality Safety Consulting and Training Since 1990

Some of the services that we offer...

HAZMAT Certification CPR/First Aid
Confined Space Forklift Training
DOT/IATA/MDG 10hr OSHA Construction
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**

UC San Diego | Extension

INTERNATIONAL SAFETY EDUCATION INSTITUTE (ISEI)

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**



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

Date fitted: 07/19/13

Type of Respirator being fitted:

- 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

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. Since conditions vary greatly situation to situation, I will become informed about the contaminants that may be encountered which will require the use of my respirator.

Francisco De Anda
Signature of Person Fit Tested

7/19/2013
Date

[Signature]
Signature of Supervisor

7/19/13
Date

EPA ACCREDITED



Nº 31987
AHERA APPROVED

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Alberto Gamero

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

ON
January 11, 2014

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

COURSE DATES: January 11, 2014

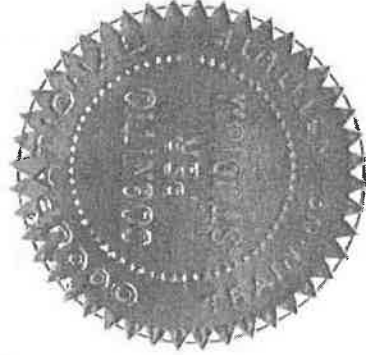
EXAM DATE: January 11, 2014

AA WT-R- 6990-14

ACCREDITATION NO.

January 11, 2015

EXPIRATION DATE



Nubia Ayala
Nubia Ayala-Director
AUTHORIZED SIGNATURE

Nubia Ayala
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)- 660 Baker St. Suite 315, Costa Mesa, CA 92626 TEL: # 714-556-7844

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.

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
EAMERO ALBERTO (213) 2-3E-55-35

Home address (number, street, apartment number, PO box number / Dirección (número, calle, número de apartamento, apartado postal) Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año)
1911 W 2nd St. #28 11/21/62

City / Ciudad State / Estado ZIP code / Código postal Photo identification / Tarjeta de identificación con foto
Los Angeles CA 90057 7543

Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si es diferente (nombre de patron or unión, número, calle, número de apartamento, apartado postal) Type / Tipo
 Driver's license / Licencia de conducir
 Resident alien card / Tarjeta de residencia
 Other ID / Otro tipo de ID (specify / especifique):

Gender / Sexo
 Male / Masculino Female / Femenino

City / Ciudad State / Estado ZIP code / Código postal If currently CDPH certified, provide CDPH certificate ID number / Si está certificado por CDPH, favor de dar su número de CDPH
7543

Race/Ethnicity / Raza/Etnia
 Asian / Asiático Black/African American / Negro/Africano Americano Latino/Hispanic / Latino Americano Native American / Americano Nativo
 White / Blanco Pacific Islander / Pacífico Isleño Other / Otro:

Prior to signing, read the Privacy Statement and other information on the back of the form. / Antes de firmar, lea la Declaración Sobre la Privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma del estudiante Date (month/day/year) / Fecha (mes/día/año)
[Signature] 6/8/13

Training Information - To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address Training Provider Phone Number
OCCUPATIONAL TRAINING INSTITUTE (714) 556-7844
660 BAKER ST. SUITE 315
COSTA MESA, CA 92626

Course title: Instructor Name(s):
 Work Continuing Education for Workers **PAUL EUBANKS**
 Inspection/Assessment General Continuing Education
 Certified Industrial Hygienist Supervision and Project Monitoring
 Sampling Technician Supplemental Supervision and Project Monitoring
 English
 Spanish

Course dates (mm/dd/yy) Number of contact hours of instruction completed Date student passed course or continuing education final examination (mm/dd/yy) Core Instruction (if different) Core instruction CCF number
06/08/13 to -/-/- 7 06/08/13

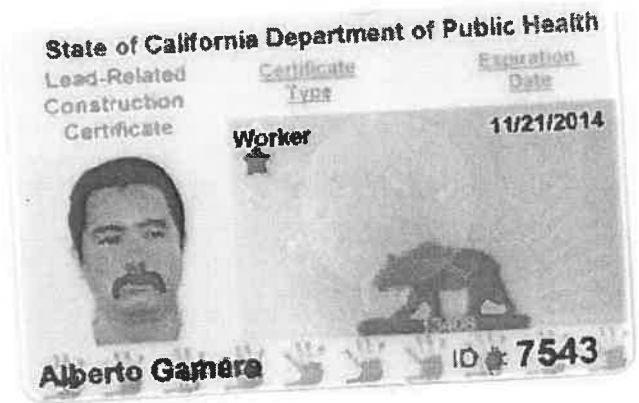
Location of course Core CCF date (mm/dd/yy)
660 BAKER ST. SUITE 315, COSTA MESA, CA 92626

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

Name of Training Director - please print or type Signature of Training Director Date (mm/dd/yy)
NOBIA AYALA [Signature] 06/10/13

White copy - CLPPB Blue copy - Training Provider PINK copy - Student (for Certification Application) Yellow copy - Student

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





**DIOCORP
CLINICAL LABORATORY**

9825 Painter Avenue • Whittier, CA 90605

TEL: (562) 946-5025
Fax: (562) 946-5025



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

DOCTOR / INSTITUTION		PATIENT		
SAN JUAN MEDICAL CLINIC #2169 9916 SAN JUAN AVE SOUTH GATE, CA 90280 (323) 564-1100 Physician: De Leon, Maria L.		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	5/08/2014	5/13/2014

REPORT STATUS: **FINAL** ACCESSION #: **140508339** REQUISITION #: **000386889**
 REMARKS:
 OTHER I.D.#

TESTS	RESULTS		UNITS	REFERENCE RANGE
	WITHIN RANGE	OUT OF RANGE		

LEAD, BLOOD		<3	mcg/dL	<10
LEAD (B)		VENOUS		
COLLECTION SAMPLE				

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

FILE

Handwritten signature
 Jacqueline Rodriguez, RNP 5/15/14

End of Report



ASBESTOS EXPOSURE EXAMINATION Written Medical Opinion

Employee: GAMERO, Alberto Date of Birth: 11 21 62
 Date of Exam: 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 29 CFR parts 1910.1001, 1915.1001 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529, 5208 and 8358 (California Asbestos Standards). The results of the physical examination, pulmonary function test, and radiologic chest studies are attached for your files.

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

1. The results of the medical examination performed
2. The health hazards and medical conditions associated with the exposure to asbestos
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risk associated with smoking and working exposed to asbestos.

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

- Medically qualified for the unrestricted use of respirators.
 Medically qualified for the use of respirators with the following restrictions:
- Medically unqualified for the use of respirators.

Comments:

U.S. HealthWorks Medical Group
 1313 W. 8th St., Suite 100
 Los Angeles, CA 90017
 Ph: (213) 401-1970

Examiner Name: Russell Rhodeman, PA-C
 Signature: [Handwritten Signature]
 Date: 1-14-14

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.

Certificate Of Completion

Alberto Gamero

has attended a CPR 2000™ Millennium Plus
Training Course

Presented By



Occupational Safety Training Systems
Chino, California

I0141

Instructor ID #

May 14, 2011

Class Date

S. Gamero
Issuer's Signature

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

Occupational Safety Training Systems
877.404.6787

CPR 2000™ Millennium Plus

Alberto Gamero
has completed a CPR 2000™ Millennium Plus
Training Course

5/14/2013

Expiration Date

S. Gamero
Issuer's Signature

Quality Safety Consulting and Training Since 1990
Some of the services that we offer...

HAZMAT Certification
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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

"Core Training" CPR & First Aid BBP per CCRTS§5193
 Child & Infant AED

The level of certification is only valid if the initials of the CPR
2000 Instructor, an authorized O.S.T.S., Inc. Employee or
the O.S.T.S. logo is contained within the appropriate space
above.

The "Source Authority" for treatment guidelines in this
program include American Emergency Cardiac Care,
NRP/ATOS, and other sources of National Consensus
Guidelines.



AIR, INC. dba

AIR DEMOLITION & ENVIRONMENTAL SOLUTIONS

REMOVAL OF ASBESTOS, LEAD & MOLD MECHANICAL INSULATION, DEMOLITION, REMEDIATION

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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: Alberto Gamero

Date fitted: 4-22-14

Type of Respirator being fitted:

- 3M PAPR
- North Half Face Small Medium Large
- North Full Face Small Medium Large

Other: _____

Conditions that could affect respirator fit:

- Clean-shaven
- 1-2 day beard growth
- 2+ day beard growth
- Facial scar
- Dentures absent
- Moustache

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. Since conditions vary greatly situation to situation, I will become informed about the contaminants that may be encountered which will require the use of my respirator.

[Signature]
Signature of Person Fit Tested

4-22-14
Date

[Signature]
Signature of Supervisor

Date



**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.

Jesus 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

w: integrityenvironmental.com

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- A. Project Monitor Records
- B. Contractor Submittals
- C. Correspondence
- D. Previous Report



EXECUTIVE SUMMARY

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.

DEPT OF REC & PARKS
PLAN, CONST. & MAINTENANCE
2014 JUN -6 PM 2: 03

EXECUTIVE SUMMARY



IMG_0055



IMG_0056



IMG_0057



IMG_0058



IMG_0059



IMG_0060



IMG_0061



IMG_0062



IMG_0063



IMG_0064











APPENDICES

PROJECT MONITOR RECORDS

FIELD OBSERVATIONS LOG

DATE 5/29/14

TIME	OBSERVATIONS
0700	F. Jesus Osuna DHS 1540 In the City Env. Rep. Arrived at the job site to meet with Josias Valdez Air Inc. Supervisor to go over the scope of work for today. <ul style="list-style-type: none"> • Setup to start the scrape the loose flaking paint Laundry Room ceiling, window, floor, stairs
0800	Air continued with the Laundry Room set up, all workers following good work practice.
0900	Air Supervisor asked for visual inspection on the containment setup, after a few set up details Air was ok to start with the loose flaking paint removal.
1000	Air continued with the loose flaking paint removal in the Laundry Room, all workers following good work practice, all workers wearing proper P.P.E. <ul style="list-style-type: none"> • Protective clothing • 1/2 Face Respirator • Boots, gloves
1100	Lunch Break
1200	Air completed the loose flaking paint removal, and supervisor asked for a final visual inspection, and after a few cleaning details, Air was ok to start with the stabilization putting lead barrier compound on all surfaces, all workers following good work practice.
1300	Air continued with stabilization in the Laundry Room, all workers following good work practice, all loose debris was HERRA vacuum and put in a clear bag into a 50 gallon drum, the drum was labeled and stored in a designated area.
1400	Supervisor and In the City Env. walked the entire area, making sure the scope of work is completed, no issues.
1500	Shift over, no accidents reported.
FIELD MONITOR	CERTIFICATION NUMBER DHS 1540
Jesus Osuna	PAGE 1 OF 1

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 Hazards is Scheduled

Address [number, street, apartment (if applicable)] 1824 North Curson Avenue	City Los Angeles	County CA	Zip Code 90046
---	---------------------	--------------	-------------------

Type of structure (check one box only)

- Single family dwelling
 Multi-family building
 School, daycare, or other child-occupied facility
 Other (specify) _____

Section 2 — Summary of Specific Work and Location(s) Where Lead-Based Paint or Lead Hazards Will Be Abated

Scrape the loose and flaking paint from the laundry room, ceiling, window, floor and stairs

- Description of work to be performed:
 Interior
 Exterior
 Both interior and exterior
 Type of Abatement (check all that apply):
 Permanent (> 20 years)
 Temporary (< 20 years)
 Do any children reside on the premises?
 Yes
 No
 Don't know

Section 3

Projected starting date 5-29-14	Projected ending date 5-29-14
------------------------------------	----------------------------------

Section 4 — Restrictions on Entering Work Area

List specific times and/or dates residents are not allowed to enter work areas, if applicable.

N/A

If you would like more information, please contact the following:

Section 5 — Property Owner or Manager

Name Department of Recreation and Parks		Telephone number 23 202 2664	
Address [number, street, apartment (if applicable)] 221 North Figueroa Street Suite 100	City Los Angeles	State CA	Zip Code 90012

Section 6 — Individual Conducting Abatement (Supervisor or Company and Supervisor)

Name and company (if applicable) Josias Valdez	Telephone number 213 618 1576	CDPH certification number (if applicable) 7385	
Address [number, street, apartment (if applicable)] 3517 W.Washington Blvd.	City Los Angeles	State CA	Zip Code 90018

Section 7 — Local Environmental Health Agency

Telephone number
(213) 202 2664

This form shall be mailed or faxed to:

California Department of Public Health
 Childhood Lead Poisoning Prevention Branch Reports
 850 Marina Bay Parkway, Building P, 3rd Floor
 Richmond, CA 94804-6403
 Fax: (510) 620-5656

Is this form a revision of a previously submitted abatement notification form?

- Yes (Date of other form: _____)
 No
 Canceled project



Annual Notification for Steel Structures

(Note: items marked * are required)

*Name of employer doing 'Lead Work'		*Address	*Zipcode	*Phone
Air Inc 795278		3517 W. Washington Blvd.	90018	323/733-0508
Calif. Cont. Lic. No. (if applicable)		Pager/cellular phone No.		
Supervisor:		*Number of lead-job workers: (check one below)		
* Supervisor name: <u>Josias Valdez</u> California Department of Health Services Lead Cert. No. 7385 (if applicable)		<input checked="" type="checkbox"/> 1 - 5	<input type="checkbox"/> 31 - 40	
		<input type="checkbox"/> 6 - 10	<input type="checkbox"/> 41 - 50	
		<input type="checkbox"/> 11 - 20	<input type="checkbox"/> > 50	
		<input type="checkbox"/> 21 - 30		

*Job start date/time	*Job completion date/time	Shift	*Approximate duration of 'Lead Work' in days
5/29/2014 7:00	5/29/2013 15:30	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Other	One Day
*Street address or location of job		City	Nearest cross street
1824 North Curson Avenue		Los Angeles	Hollywood Blvd.
		County	Zipcode
		Los Angeles	90046
*Precise Location of work (building no., room no., etc.)			
Entity contracting the lead-work		Address	Zipcode
<input checked="" type="checkbox"/> Premises Owner <input type="checkbox"/> Lessee (check one)		22 North Figueroa Street # 100 Los Angeles CA.	90012
Department of Parks and Recreations		Contact Person:	
		Lisa Waldez	
		Pager/cellular phone No.	
		213 202 2664	
Type of structure and use:			
<input type="checkbox"/> Office Building	<input checked="" type="checkbox"/> Residence	<input type="checkbox"/> Steel Structure/Type _____	
<input type="checkbox"/> Public Access/Commercial	<input type="checkbox"/> School	<input type="checkbox"/> Other _____	

Scope of work and work practices:			
*Describe lead-related work to be done (check all that apply)			
<input type="checkbox"/> Surface Preparation	<input type="checkbox"/> Wall Repair	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Water/Moisture Damage Repair	<input checked="" type="checkbox"/> Paint Removal		
<input type="checkbox"/> Window/Door Repair/Replacement	<input type="checkbox"/> Demolition		
*Describe paint removal methods (check all that apply):			
<input checked="" type="checkbox"/> Manual Scraping/Sanding	<input type="checkbox"/> Demolition	<input type="checkbox"/> Hydroblasting	<input type="checkbox"/> Other work practices disturbing lead: _____
<input type="checkbox"/> Power Sanding/Grinding	<input type="checkbox"/> Heat Guns	<input type="checkbox"/> Torch Cutting	
<input type="checkbox"/> Chemical Stripping	<input type="checkbox"/> Abrasive Blasting	<input type="checkbox"/> Welding	
*Amount of area to be disturbed: (check one per column)			
<input type="checkbox"/> < 10 square feet	<input type="checkbox"/> < 10 linear feet		
<input type="checkbox"/> 10 - 100 square feet	<input type="checkbox"/> 10 - 100 linear feet		
<input checked="" type="checkbox"/> 101 - 1000 square feet	<input type="checkbox"/> 100 - 1000 linear feet		
<input type="checkbox"/> > 1000 square feet	<input type="checkbox"/> > 1000 linear feet		
Torch Cutting/Welding Duration of work: _____			
Concentration of lead in disturbed materials: _____ parts per million (ppm) _____ % percent by weight			
2.53 and >5.0 mg/cm ²		Assumed to be lead-containing: <input checked="" type="checkbox"/> YES	

*Name of notifier	Alma Pineda	*Date signed:	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

AMAP in accordance with 59 PR 5236 effective April 1991

ARMANDO DUCOING

Director

August 17, 2013

E081713CSR

081713

August 17, 2014

COMPLETION DATE

CLASS NUMBER / STARTING DATE

CERTIFICATE EXPIRES

Ecologics Training Institute

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

State of California - Health and Human Services Agency

117184

**CDPH COURSE COMPLETION FORM
AND TRAINING CERTIFICATE**

Department of Public Health
On-Site Lead Passports/Permitting Branch (COPB)

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 CDPH 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. **Instructions:** 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 CDPH 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 print or type. Press firmly. Do not compress or fold the certificate. Favor la sección inferior por el estudiante. Favor a escribir firmemente, con firmeza, con una tarjeta plana. No comprimir ni doblar el certificado. Favor a escribir firmemente, con firmeza, con una tarjeta plana. No comprimir ni doblar el certificado.

Home address (first box, street, apartment number, P.O. box number, direction) (number, street, city, number of apartment, apartment number)
Home address (first box, street, apartment number, P.O. box number, direction) (number, street, city, number of apartment, apartment number)

City / Ciudad
State / Estado
ZIP code / Código postal

Phone number / Número de teléfono
Cellular / Celular
Home / Hogar
Work / Trabajo

Emergency contact / Contacto de emergencia
Name / Nombre
Relationship / Relación

Accredited Training Provider name and address
Training Information - To be completed by accredited training provider. Please print or type. Press firmly.

Course title
Course number
Instructor name(s)

Course dates (month/day)
Number of contact hours
Date when final course or continuing education final examination (month/day)

As Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.
Name of Training Director - Please print or type
Signature of Training Director
Date (month/day)

White copy - CDPH
Blue copy - Training Provider
Pink copy - Student (for Certification Application)
Yellow copy - Student

REPORT STATUS: FINAL
 ACCESSION #: 140505474
 REQUISITION #: 000226670

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

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

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

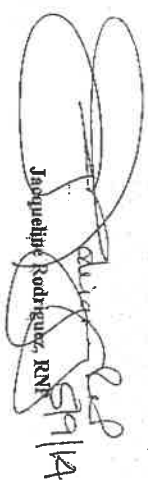
DATE/TIME COLLECTED: 5/05/2014
 DATE/RECEIVED: 5/05/2014
 DATE/REPORTED: 5/07/2014

REPORT STATUS: FINAL
 OTHER I.D.#:
 TESTS: TESTS OUT OF RANGE RESULTS OUT OF RANGE UNITS REFERENCE RANGE

LEAD, BLOOD <3 mcg/dL <10
 LEAD, BLOOD
 LEAD (B)
 COLLECTION
 SAMPLE

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

FILE


 Jacquelinne Rodriguez, RN
 5911A

End of Report

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

RECEIVED
 JUN 24 2014





ASBESTOS INSTANT RESPONSE, INC.
 REMOVAL OF ASBESTOS, LEAD & MOLD MECHANICAL INSULATION, DEMOLITION, REMEDIATION
 3517 W. Washington Boulevard, Los Angeles, California, 90018
 T 323.733.0500 F 323.732.3414
 Licenses No. 799278

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:

- 3M PAPER
 ^{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

Comments: _____

Person performing fit test: Leonardo Cristoforo

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. Since conditions vary greatly situation to situation, I will become informed about the contaminants that may be encountered which will require the use of my respirator.

Josias Valdez
 Signature of Person Fit Tested

8-2-13
 Date

8-2-13
 Date

Signature of Supervisor

Certificate of Attendance and Successful Completion

Renovator Refresher - English

Per 40 CFR 745.235

Josias Valdez

14430 NIMBURY DR #134, WILMINT, CA 90604

Certificate Number R-R-18942-10-00172

Course Date: May 4, 2010

Examination Date: May 4, 2010

Expiration Date: May 4, 2015

Training Manager/Instructor

Date

Leonardo Cristoforo

NATIONAL ECON
 1899 S Santa Cruz Drive, Anaheim, CA 92805
 Tel: (714) 978-6120 Fax: (714) 978-6123



NOV/04/2013 MON 04:26 PM

FAX No. 323-564-1133

P. 001

NOV/04/2013 MON 04:26 PM

FAX No. 323-564-1133

P. 002

TEST DATE: 10/29/13 12:50 BTPS, 1115 NANNES III

NAME: VALDEZ JOSIAS

BIRTH DATE: 07/24/1976 #ID: 4232

AGE: 37 HEIGHT: 168 WEIGHT: 160 SEX: M
PRE FILE # 462 PREDICTED NANNES III

BELLA MEDICAL GROUP INC
9916-16 SAN JUAN AVE.
SOUTH GATE, CA 90280
TEL (323) 564-1100 FAX (323) 564-1133
FITNESS FOR DUTY FORM

DATE OF EXAM: 10/29/2013

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

TYPE OF EXAMINATION:

- Pre-employment Periodic DOT overseas Return to work Pulmonary function
- 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 examinee.

- 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 physician. 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:

- Lifting over _____
- Walking
- Climbing
- Bending
- Driving
- Temp Limits
- others _____
- Use of hearing protection devices
- Use of correction lenses
- Work above ground
- Shift/Overtime work
- Operating machinery
- Operating machinery

- Eligible for expatriate assignment or overseas travel.
- Results of audiometric exam indicates significant threshold shift since baseline audiogram. Advised to wear hearing protection. Audiogram to be not to be repeated
- Results of audiometric exam indicated moderate hearing loss. Advised to wear hearing protection
- Does not meet criteria for employment at this time.

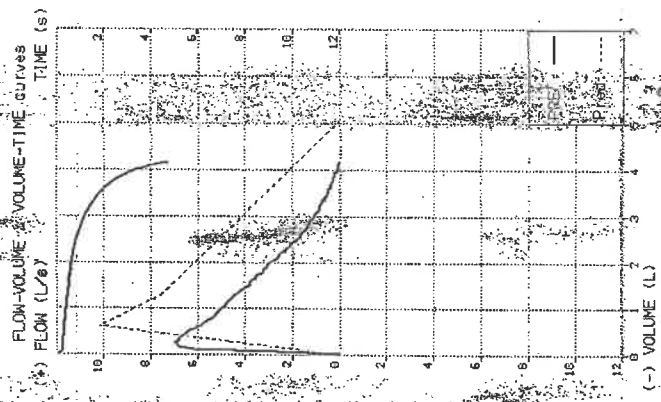
CERTIFICATION:

- Approved for work with hazardous material
- Approved for use of respirators
- Approved for use of personal protective equipment
- Medical qualified test completed.
- Audiometric test completed.
- Mechanical visual screening completed.
- No pathological condition has been detected in the above named individual that place him at risk material impairment from exposure to: _____
- The patient has been informed of this physical examination

EXPIRES: 10/29/2014

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

OCT 9 2013



PARAMETER	BEST VALUES		%Pred.
	Pred.	MERS	
FEV6	4.98	24.6	727
FEV1	4.17	3.0	73
FEV1/FEV6	83.7	73	87
PEF	10.14	6.9	88

PARAMETER	Predicted	P	%Pred.
FEV1	3.4	17	73
FEV1/FEV6	10.54	81	81
PEF/FVC	5.32	81.9	89

BELLA MEDICAL GROUP
9916 SAN JUAN AVE.
SOUTH GATE, CA 90280
TEL (323) 564-1100 FAX (323) 564-1133
QUALITY CONTROL GRADE: C
REP: TAB II ITY: FWC PFF

ISEI1030-6942389

International Safety Education Institute (ISEI)

 **UC San Diego | Extension**
INTERNATIONAL SAFETY EDUCATION INSTITUTE (ISEI)

**American
Safety Council**

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).

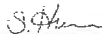
CEUs Awarded: 3.0


Director: **Scott MacKay**









EPA ACCREDITED



OCCUTRAIN

OCCUPATIONAL TRAINING INSTITUTE, INC.

Nº 31987

AHERA APPROVED

BE IT KNOWN TO ALL THAT

Alberto Gamero

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

ON

January 11, 2014

FOR

ASBESTOS ABATEMENT
WORKER TRAINING - ANNUAL REFRESHER
(SPANISH INSTRUCTION)

COURSE DATES: January 11, 2014

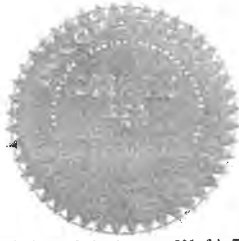
EXAM DATE: January 11, 2014

AAWT-R- 6990-14

ACCREDITATION NO.

January 11, 2015

EXPIRATION DATE



[Signature]
Nubia Ayala
AUTHORIZED SIGNATURE

[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 (OCCUTRA) 660 Baker St, Suite 315, Costa Mesa, CA 92626 TEL. # 714-556-7844

State of California - Health and Human Services Agency

118299

Form Number

CDPH COURSE COMPLETION FORM
AND TRAINING CERTIFICATE

Department of Public Health
California Lead Poisoning Prevention Branch (LPPB)

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 LPPB 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 / instructor's 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 deberá conservar la copia blanca e CLPBB 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 print or type. Firms firm / Deberá completarse por el estudiante. Favor de escribir firmado y con letra de imprenta. Nombre (last, first, middle) / Nombre (último, primero, segundo) / Fecha de nacimiento (month/year) / Fecha de nacimiento (mes/año) / Telephone number / Número de teléfono / Home address (number, street, apartment number, PO box number / Dirección (número, calle, número de apartamento, número de correo postal) / State / Estado / ZIP code / Código postal / City / Ciudad / State / Estado / ZIP code / Código postal

DOB / Ciudad / State / Estado / ZIP code / Código postal / City / Ciudad / State / Estado / ZIP code / Código postal

City / Ciudad / State / Estado / ZIP code / Código postal / City / Ciudad / State / Estado / ZIP code / Código postal

Accredited Training Provider name and address
OCCUPATIONAL TRAINING INSTITUTE
660 BAKER ST. SUITE 315
COSTA MESA, CA 92626

Course title
Work
Inspection/assessment
Certified Industrial Hygienist
Sampling Technician

Course dates (month/year)
06 / 00 / 13 to 06 / 11 / 13

As Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.
Name of Training Director - please print or type
Signature of Training Director
Date (month/year)

NOV 21/2013 THU 10:49 AM

PAN No. 323-584-1133

P. 011

LABORATORY REPORT

MDL Lab
 Medical Diagnostic Laboratory
 1330 Arrow Hwy.
 La Verne, California 91750
 626/803-8674 • Fax: 626/255-9098
 "Dedicated to Laboratory Services you can trust"
 Director: Mario A. Kahan, M.D.

ACCOUNT
 SAN JUAN MEDICAL CLINIC
 9914 SAN JUAN AVE.
 SOUTH GATE, CA 90280

COMMENTS

Patient Name: Alberto Gamero

Referring Physician:
 Maria De Leon MD
 9914 SAN JUAN AVE
 SOUTH GATE, CA 90280

COLLECTED	DATE RECEIVED	DATE REPORTED	SEX	DATE OF BIRTH	AGE	PATIENT ID. NUMBER	ACCESSION NUMBER
09/13	11/10/13	11/13/13	M	12/21/62	50	00077003	30372318

ORDERED: 2446

ST	RESULT	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
1	LEAD WHOLE BLOOD				

Reference range: 0.0-10.0 mcg/dl (PRX)

Result: <1.0

Unit: mcg/dl

For patients up to 14 years of age the primary management of lead poisoning is source identification and removal from exposure. Treatment decisions should be made in consultation with a physician knowledgeable in lead poisoning medical management.

Lead poisoning medical management:
 - Level 1: Background Guidance and well child care.
 - Level 2: Low For 10 or higher tiered management according to CDC guidelines.
 - Level 3: Mild CDC guidelines.
 - Level 4: Moderate Public health and medical attention and treatment (see CDC guidelines).
 - Level 5: High Chelation recommended.

FILE

Severe Medical emergency or greater Center for Disease Control and Prevention (CDC) recommends that in pediatric population blood lead of 15 mcg/dl or greater, if capillary, should be confirmed with venous test prior to referral for treatment. All pediatric laboratory reports all pediatric blood lead results the State of California, Department of Health Services.

[Signature]
 Jacqueline Rodriguez, R.N.P.
 11/13/13

Page 1: FINAL 11/13/13 10:28



ASBESTOS EXPOSURE EXAMINATION
Written Medical Opinion

Employee: GAMERO, Alberto Date of Birth: 11 21 62
Date of Exam: 1/13/11 SS#: *** ** 8744
Employer: Labours' 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 29 CFR parts 1910.1001, 1915, 1001 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Actinolite, and Anthophyllite), 49 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529, 6208 and 6308 (California Asbestos Standards). The results of the physical examination, pulmonary function test, and radiologic chest studies are attached for your files.

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

1. The results of the medical examination performed
2. The health hazards and medical conditions associated with the exposure to asbestos
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risk associated with smoking and working exposed to asbestos.

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

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

- Medically unqualified for the use of respirators.

Comments:

U.S. HealthWorks Medical Group
1313 W. 8th St., Suite 100
Los Angeles, CA 90017
Ph: (213) 401-1970

Examiner Name: Russell Rhodenian, P.A.-C
LIC #: PA 4075
Signature: [Signature]
Date: 1-13-11

Respirators restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.

CA 2048 (max 1/11)

Certificate Of Completion

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

Presented By



Occupational Safety Training Systems
Chino, California

10141

Instructor ID #

Issuer's Signature

[Signature]

Class Date
May 14, 2011

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

Occupational Safety Training Systems
877 404 6787

CPR 2000™ Millennium Plus

Alberto Gamero

has completed a CPR 2000™ Millennium Plus
Training Course

Expiration Date
5/14/2013

Issuer's Signature
[Signature]

Instructor ID #
10141

Core Training (CPR & First Aid) BPP per CCR7945199

Child & Infant AED

The level of certification is only valid if the initials of the CPR
2000 Instructor, an authorized O.S.T.S., Inc. Employee or
the O.S.T.S. logo is contained within the appropriate space

The Source Authority for treatment guidelines in this
program include American Heart Association, American Red Cross,
NCPA/TOS, and other sources of National Consensus
Guidelines.

Quality Safety Consulting and Training Since 1990
Some of the services that we offer...

HAZMAT Certification
Confined Space
DOT/ATA/IMDG
Forklift Training
CPR/First Aid

10hr OSHA Construction
Hygiene Services

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 & MILD MECHANICAL INSULATION, DEMOLITION, REMEDIATION
 1517 W. Washington Boulevard - Los Angeles, California - 90018
 T 323.733.0508 F 323.733.3414
 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: Alberto Garcia
 Date fitted: 11-22-14

Type of Respirator being fitted:

- 3M PAPER
- North Half Face Small Medium Large
- North 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

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. Since conditions vary greatly situation to situation, I will become informed about the contaminants that may be encountered which will require the use of my respirator.

Signature of Person Fitted: [Signature] Date: 11-22-14
 Signature of Fitter/Visitor: [Signature] 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

ARMANDO DUCOING

DIRECTOR

December 06, 2013
COMPLETION DATE

E120613CSR 120613
CLASS NUMBER / STARTING DATE

December 06, 2014
CERTIFICATE EXPIRES

Ecologics Training Institute

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

State of California - Health and Human Services Agency
120602
Form Number

CDPH COURSE COMPLETION FORM AND TRAINING CERTIFICATE

Department of Public Health
Oakwood Lane Rosemead Prevention Branch (LJRF-0)

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 CDPHS 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 transferir la copia blanca a CDPHS 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 print or type. Please print/transfer completed form to the state office. Name / Nombre (Last / apellido primero) Francisco De Anda Middle initial / Inicial (optional) X Telephone number / Numero de telefono 951-393-5383

Home address (number, street, apartment number, PO box number / Dirección (numero, calle, numero de apartamento, apartado postal) 7215 Garden St City / Ciudad Orange State / Estado CA ZIP code / Código postal 92640-1

City / Ciudad Orange State / Estado CA ZIP code / Código postal 92640-1

City / Ciudad Orange State / Estado CA ZIP code / Código postal 92640-1

Accredited Training Provider name and address
OCCUPATIONAL TRAINING INSTITUTE
650 BAKER ST., SUITE 315
OCEÑA MESA, CA 92626

Training Information - To be completed by accredited training provider. Please print or type. Print first.
Training Provider Phone Number 714-480-7044
Course Number 01C-014-014 (87)
Instructor Name(s) ALFREDO MORALES

Course title: Asbestos Refresher
 Work
 Inspection/Assessment
 Certified Industrial Hygienist
 Sampling Technician
 Continuing Education for Workers
 General Continuing Education
 Supervision and Project Monitoring
 Supplemental Supervision and Project Monitoring

Course dates (month/day) 12/06/13 to 12/06/13
Number of contact hours of instruction completed 8
Date student passed course or continuing education final examination (month/day) 12/06/13

Location of course 641 ALBERTA AVE., HOME CENTER CA 91802
Name of Training Director - Please print or type MARIA AYALA
Signature of Training Director [Signature]
Date (month/day) 12/06/13

White copy - CDPHS
Blue copy - Training Provider
Pink copy - Student (for Certification Application)
Yellow copy - Student

MAY 12/2014 MON 12:08 PM
BIOCORP
 CLINICAL LABORATORY
 9825 Palomar Avenue • Whitehall, CA 95065

FAX: NA 323-564-1193
 Tel: (925) 346-5000
 Fax: (925) 346-5028
LABORATORY REPORT
 Laboratory Director: Robert Parra M.D., Ph.D.,
 Pathologist

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

PATIENT: DE AMDA, 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



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

TESTS	RESULTS	UNITS	REFERENCE RANGE
LEAD, BLOOD	<3	mcg/dL	<10
LEAD(B) COLLECTION SAMPLE			

Test performed at:
 QUEST DIAGNOSTICS-WEST HILLS
 8401 PALMROCK AVENUE
 WEST HILLS, CA 91304-3226

GORDON L. LOVE, MD

FINAL

Signature
 Jacqueline Rodriguez, NP
 5/8/14

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:

- Pre-employment Periodic DOT overseas Return to work Pulmonary function
- 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 examinee.

- 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:

- 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 other _____
- Eligible for expatriate assignment or overseas travel.
- Results of audiometric exam indicates significant threshold shift since baseline audiogram. Advised to wear hearing protection. Audiogram () to be () not to be repeated
- Results of audiometric exam indicated moderate hearing loss.
- Does not meet criteria for employment at this time

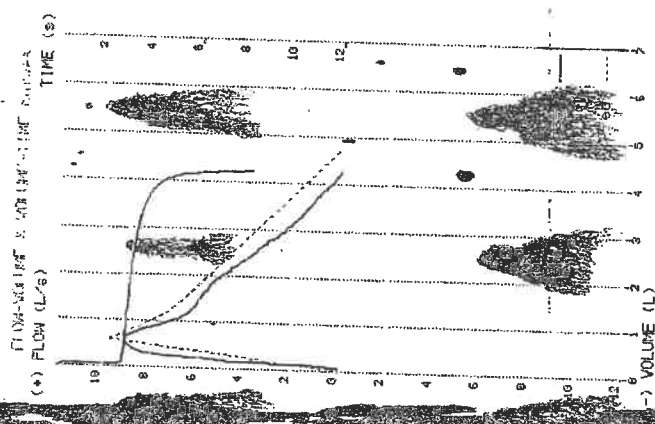
CERTIFICATION:

- Approved for work with hazardous material
- Approved for use of respirators
- Approved for use of personal protective equipment
- Medical qualified test completed.
- Audiometric test completed.
- Mechanical visual screening completed.
- No pathological condition has been detected in the above named individual that affect medical fitness for duty.
- The patient has been informed of this physical examination

Jacqueline Rodriguez, RNP

BELLA MEDICAL GROUP
9914-16 SAN JUAN AVE.
SOUTH GATE, CA 90280
TEL (323) 564-1100 FAX (323) 564-1133
MAY 08 2014

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



TEST	UNIT	RESULT	REF. RT
FEV6	L	4.65	4.28
FEV1	L	3.97	3.63
FEV1/FEV6 %	%	82.6	86
PEF	L/S	3.71	3.8
FF-75	L/S	1.88	4.17
FVC	L	4.82	4.83
FVC %	%	83.4	83
			107

BELLA MEDICAL GROUP
9914-16 SAN JUAN AVE.
SOUTH GATE, CA 90280
TEL (323) 564-1100 FAX (323) 564-1133
MAY 08 2014
Jacqueline Rodriguez, RNP



ASBESTOS INSTANT RESPONSE, INC.

REMOVAL OF ASBESTOS, LEAD & MOLD MECHANICAL INSULATION, DEVOLITION, REMEDIATION
3517 W. Washington Boulevard, Los Angeles, California, 90018
T 323.733.0508 F 323.732.3414
License No. 795276

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

Date fitted: 07/19/13

Type of Respirator being fitted:

- 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

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. Since conditions vary greatly situation to situation, I will be informed about the contaminants that may be encountered which will require the use of my respirator.

Francisco De Anda
Signature of Person Fit Tested

7/19/2013
Date

[Signature]
Signature of Supervisor

7/19/13
Date



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

Issuer's Signature

Instructor ID # I0151

"Core Training" CPR & First Aid — BBP per CCRT835193

Child & Infant AED

The level of certification is only valid if the initials of the Occupational
First Aid & CPR Instructor, an authorized

O.S.T.S., Inc. Employee or the O.S.T.S. logo is contained within the
appropriate space above. The "Source Authority" for treatment
guidelines in this program include: American Emergency Cardiac Care,
NFAFOS, and other sources of National Consensus Guidelines.
O.S.T.S., Inc. (877) 404-6787

Quality Safety Consulting and Training Since 1990

Some of the services that we offer...

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

Cal OSHA Compliance Assistance

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



ASBESTOS INSTANT RESPONSE, INC.

PROFESSIONAL SERVICES - REMOVAL OF ASBESTOS, LEAD & MOLD

DOSH Certification, & EPA Certification, & Company License

State of California



Department of Industrial Relations
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Certificate of Registration for Asbestos-related Work

Certificate No. 812

Expiration Date 15-Aug-14

ASBESTOS INSTANT RESPONSE INC.

is fully 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.

10-Jul-13
Date Of Issuance

Division of Occupational Safety and Health

Effective Date 14-Aug-13


Contractor's License No. 795278

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

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


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

557 W. Washington Boulevard Los Angeles, California 90059 T 323.754.0808 F 323.727.5634
License No. 795278 APPROVED BY: [Signature] DOSH No. 812


 State of California
CONTRACTORS STATE LICENSE BOARD
 CONTRACTORS STATE LICENSE BOARD
 ACTIVE LICENSE

795278
 License Number
ASBESTOS INSTANT RESPONSE
 Business Name
INC
 C-29 CORP

Class: C-21 HAZ
 Expiration Date: 05/31/2015
www.cslb.ca.gov



CALIFORNIA CONTRACTOR

ASBESTOS INSTANT RESPONSE I
 LICENSE NUMBER
795278
 EXPIRES 05/31/2015

License Number: **SC6042996**
 EXPIRES 12/31/2014

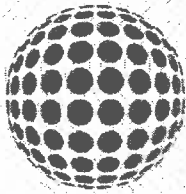
Issued by American Contractors Institute



IICRC
Institute of Inspection, Cleaning
and Restoration Certification

2716 E Mill Plain Blvd.
Wilmington, NC 28401
P 860.633.5272
F 860.644.4669
E info@iicrc.org

IICRC
Institute of Inspection, Cleaning
and Restoration Certification



CERTIFIED FIRM

2014

be it known that:

ASBESTOS INSTANT RESPONSE, INC.

is registered with IICRC, 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 has pledged his 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 professionalism possible.



Patrick Winters
Patrick Winters, IICRC President

Tony Wigelwright
Tony Wigelwright, 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 cleaning, restoration and inspection companies listed in the IICRC referral database, which potential customers can easily access at www.iicrc.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 Inspector, Cleaning and Restoration Council of Associations (IICRCA). If you haven't yet taken advantage of this free membership, you still can by contacting IICRC Headquarters 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 purchases, rentals, 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 industries.

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 RRP-certified may not 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 sub-contractors) to use the Logo.

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

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



has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 102, and has received certification to conduct lead-based paint renovation, in accordance with EPA's Renovation, Repair and Painting (RRP) Rule, 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 15, 2015

NAT-52885-1

Certification #

June 2, 2010

Issued On

Michelle Price

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch





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

JUN - 2 2010

Gabriel Cristofaro
Asbestos Instant Respond
3317 W. Washington Blvd.
Los Angeles, CA 90018

OFFICE OF
PREVENTION RESTORES 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 Part 745, Subpart E, your renovation, repair and painting firm is certified! Your certificate is enclosed.

This firm certification expires on June 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 diminished to exclude the affected area.

Your EPA firm certification is subject to the following restrictions:

- 1) Individual states and Indian tribes, whether authorized or not, are not required to accept EPA 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.
- 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.
- 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.
- 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 meeting the standards found at 40 CFR Part 745, Subpart E.

Evidence of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2013 09:43

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 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: Bannoy & Bannoy LLC
CA Insurance Lic. 0C039950
9171 Towne Centre Drive, Suite 500
San Diego, CA 92122
858-457-3414
INSURED: Ascobatos Instant Response, Inc.
3517 W. Washington Blvd
Los Angeles, CA 90018
Client # 37651

CERTIFICATE NUMBER: 723620
MIST NUMBER: 31097
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 WHICH MAY HAVE BEEN REVISED BY PAID CLAIMS.

TYPE OF INSURANCE	DATE	POLICY NUMBER	LIMITS
GENERAL LIABILITY	1/1/2014	ES2771195012014	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
			MED EXP (Any one person) \$ 5,000
			PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	1/1/2015	BAP554347601	GENERAL AGGREGATE \$ 2,000,000
			PRODUCTS - COMP/OP AGG \$ 2,000,000
AUTOMOBILE LIABILITY	1/1/2015	ES2771195012014	ANY AUTO \$ 1,000,000
			SCHEDULED AUTOS \$ 1,000,000
			UNOWNED AUTOS \$ 500,000
			HIRING AUTOS \$ 500,000
UMBRELLA LMB	1/1/2015	ES2771195012014	EXCESS LIAB \$ 3,000,000
			AGGREGATE \$ 3,000,000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	1/1/2015	WC554347701	WC STATS \$ 0/1A
			EL EACH ACCIDENT \$ 1,000,000
			EL DISEASE- EA EMPLOYEE \$ 1,000,000
A Professional Liability	1/1/2015	ES2771195012014	EL DISEASE - POLICY LIMIT \$ 1,000,000
			\$2,000,000 Limit - Per Claim

DESCRIPTION OF OPERATIONS / LOCATIONS (VEHICLES FROM ACORD 101, Additional Remarks Schedule A, If more space is required)
Evidence of Insurance

CERTIFICATE HOLDER
EVIDENCE OF INSURANCE

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

AUTHORIZED REPRESENTATIVE
Kylie Miller

ACORD 25 (2010/05) Subject The ACORD name and logo are registered marks of ACORD.
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2013

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 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: ACORD Insurance Services, Inc.
1001 Franklin
Houston TX 77002-6711 USA
INSURER A: AIG Specialty Insurance Company
INSURER B:
INSURER D:
INSURER E:
INSURER F:

CERTIFICATE NUMBER: 670052409466
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 WHICH MAY HAVE BEEN REVISED BY PAID CLAIMS.

TYPE OF INSURANCE	DATE	POLICY NUMBER	LIMITS
GENERAL LIABILITY	01/01/2013	670052409466	EACH OCCURRENCE \$ 5,000,000
			DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
			MED EXP (Any one person) \$ 5,000
			PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	01/01/2013	670052409466	GENERAL AGGREGATE \$ 10,000,000
			PRODUCTS - COMP/OP AGG \$ 10,000,000
AUTOMOBILE LIABILITY	01/01/2013	670052409466	ANY AUTO \$ 1,000,000
			SCHEDULED AUTOS \$ 1,000,000
			UNOWNED AUTOS \$ 500,000
			HIRING AUTOS \$ 500,000
UMBRELLA LMB	01/01/2013	670052409466	EXCESS LIAB \$ 10,000,000
			AGGREGATE \$ 10,000,000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	01/01/2013	670052409466	WC STATS \$ 0/1A
			EL EACH ACCIDENT \$ 1,000,000
			EL DISEASE- EA EMPLOYEE \$ 1,000,000
A Part Legal Lib	01/01/2013	670052409466	EL DISEASE - POLICY LIMIT \$ 1,000,000
			\$5,000 Retention Per Claim

DESCRIPTION OF OPERATIONS / LOCATIONS (VEHICLES FROM ACORD 101, Additional Remarks Schedule A, If more space is required)
Site Location: USA WASTE OF CALIFORNIA, A DIVISION OF WASTE MANAGEMENT, 4333 EAST HURFESSION AVENUE, PLEASNO, CA 93725.

CERTIFICATE HOLDER
EVIDENCE OF INSURANCE

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

AUTHORIZED REPRESENTATIVE
Anna Stask Services Subcontractor, Inc.

ACORD 25 (2010/05) Subject The ACORD name and logo are registered marks of ACORD.
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/11/2013

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 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 COMPANIES, LLC
 5847 SAN FELIPE, SUITE 320
 HOUSTON TX 77057
 866-260-3538

INSURED: WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED,
 RELATED & SUBSIDIARY COMPANIES INCLUDING:
 BDC SPECIAL WASTE SERVICES
 1211 GLADSTONE STREET
 AZUSA CA 91702

INSURER A: ACE American Insurance Company 27667
 INSURER B: Indemnity Insurance Co of North America 43575
 INSURER C: ACE Property & Casualty Insurance Co 20999
 INSURER D:
 INSURER E:

COVERAGES: CERTIFICATE NUMBER: 3526769 REVISION NUMBER: XXXXXXXX
 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.

LINE	TYPE OF INSURANCE	DESCRIPTION	POLICY NO.	START DATE	END DATE	LIMITS
A	GENERAL LIABILITY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCL INCL. EXCLUDED <input checked="" type="checkbox"/> ISO FORM CG 0001 1207 GEN. AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PER <input checked="" type="checkbox"/> PER <input checked="" type="checkbox"/>	HDO 02732924A	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 5,000,000 MED EXP. (Per person) \$ 5,000,000 PERSONAL AND ADV. INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP. AGG. \$ 6,000,000
A	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> AUTO OWNED <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> UMBRELLA/LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> CLAIMS-MADE	MNT H08816025	1/1/2014	1/1/2015	BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE \$ XXXXXXXX PRODUCTS - COMP. AGG. \$ XXXXXXXX EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
C	EXCESS AUTO LIABILITY	<input checked="" type="checkbox"/> UMBRELLA/LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> CLAIMS-MADE	XDO 027054961	1/1/2014	1/1/2015	BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE \$ XXXXXXXX PRODUCTS - COMP. AGG. \$ XXXXXXXX EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
B	WORKERS COMPENSATION LIABILITY	<input checked="" type="checkbox"/> ANY OCCASIONAL/IRREGULAR EMPLOYEES <input checked="" type="checkbox"/> FULL-TIME EMPLOYEES <input checked="" type="checkbox"/> SEPARATION OF OPERATIONS WAIVER	WLR C57876345 (AOS) WLR C57876357 (A,C,C&M/A) SCF C57876369 (WB)	1/1/2014 1/1/2014	1/1/2015 1/1/2015	B.L. EACH ACCIDENT \$ 3,000,000 B.L. DISEASE - EMPLOYEE \$ 3,000,000 B.L. DISEASE - POLICY LIMIT \$ 3,000,000 COMBINED SINGLE LIMIT (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach ACORD 104, Additional Remarks Schedule, 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' COMPENSATION) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER
 3526769
 FOR BID PURPOSES ONLY
 BDC SPECIAL WASTE SERVICES

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


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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/11/2013

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 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 COMPANIES, LLC
 5847 SAN FELIPE, SUITE 320
 HOUSTON TX 77057
 866-260-3538

INSURED: WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED,
 RELATED & SUBSIDIARY COMPANIES INCLUDING:
 AZUSA LAND RECLAMATION, INC.
 1211 GLADSTONE STREET
 AZUSA CA 91702

INSURER A: ACE American Insurance Company 27667
 INSURER B: Indemnity Insurance Co of North America 43575
 INSURER C: ACE Property & Casualty Insurance Co 20999
 INSURER D:
 INSURER E:

COVERAGES: CERTIFICATE NUMBER: 3469506 REVISION NUMBER: XXXXXXXX
 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.

LINE	TYPE OF INSURANCE	DESCRIPTION	POLICY NO.	START DATE	END DATE	LIMITS
A	GENERAL LIABILITY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCL INCL. EXCLUDED <input checked="" type="checkbox"/> ISO FORM CG 0001 1207 GEN. AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PER <input checked="" type="checkbox"/> PER <input checked="" type="checkbox"/>	HDO 02732924A	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 5,000,000 MED EXP. (Per person) \$ 5,000,000 PERSONAL AND ADV. INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP. AGG. \$ 6,000,000
A	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> AUTO OWNED <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> UMBRELLA/LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> CLAIMS-MADE	MNT H08816025	1/1/2014	1/1/2015	BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE \$ XXXXXXXX PRODUCTS - COMP. AGG. \$ XXXXXXXX EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
C	EXCESS AUTO LIABILITY	<input checked="" type="checkbox"/> UMBRELLA/LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> CLAIMS-MADE	XDO 027054961	1/1/2014	1/1/2015	BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE \$ XXXXXXXX PRODUCTS - COMP. AGG. \$ XXXXXXXX EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
B	WORKERS COMPENSATION LIABILITY	<input checked="" type="checkbox"/> ANY OCCASIONAL/IRREGULAR EMPLOYEES <input checked="" type="checkbox"/> FULL-TIME EMPLOYEES <input checked="" type="checkbox"/> SEPARATION OF OPERATIONS WAIVER	WLR C57876345 (AOS) WLR C57876357 (A,C,C&M/A) SCF C57876369 (WB)	1/1/2014 1/1/2014	1/1/2015 1/1/2015	B.L. EACH ACCIDENT \$ 3,000,000 B.L. DISEASE - EMPLOYEE \$ 3,000,000 B.L. DISEASE - POLICY LIMIT \$ 3,000,000 COMBINED SINGLE LIMIT (EACH ACCIDENT)

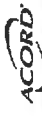
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach ACORD 104, Additional Remarks Schedule, if more space is required)
 BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT, WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMPENSATION) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER
 3449506
 FOR BID PURPOSES ONLY

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


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CERTIFICATE OF LIABILITY INSURANCE 1/1/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policyholder 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 certificate holder in lieu of such endorsement(s).

PRODUCER: LOCKTON COMPANIES, LLC
5847 SAN FELIPE, SUITE 320
HOUSTON TX 77057
866-260-3538

INSURED: WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING:
THERMAL REMEDIATION SOLUTIONS
121 WEST GLADSTONE
AZUSA CA 91702

INSURER A: ACE American Insurance Company
INSURER B: Indemnity Insurance Co of North America
INSURER C: ACE Property & Casualty Insurance Co

INSURER D:
INSURER E:
INSURER F:

CLASSIFICATION: 1300299

DATE (MM/DD/YYYY): 12/11/2013

TYPE OF INSURANCE	CLASSIFICATION	POLICY NUMBER	DATE	REVISION NUMBER	LIMITS
GENERAL LIABILITY	Y	HTO 0273292A	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
COMMERICAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				
CLAIMS MADE	<input checked="" type="checkbox"/>				
OCUR	<input checked="" type="checkbox"/>				
IS A FORM CG 00011207	<input checked="" type="checkbox"/>				
GENERAL AGGREGATE					\$ 5,000,000
PRODUCTS-COMP/AGG					\$ 5,000,000
COMBINED SINGLE LIMIT					\$ 5,000,000
BODILY INJURY (Per person)					\$ XXX,XXX,XXX
BODILY INJURY (Per accident)					\$ XXX,XXX,XXX
PROPERTY DAMAGE					\$ XXX,XXX,XXX
AGGREGATE					\$ 15,000,000
EXCESS AUTO LIABILITY					\$ XXX,XXX,XXX
UNRELEASABLE					\$ 15,000,000
EXCESS UMBRELLA					\$ 15,000,000
EXCESS EMPLOYERS' LIABILITY					\$ 3,000,000
EXCESS AUTO LIABILITY					\$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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' COMPENSATION) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

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

3487757
FOR BUSINESS PURPOSES ONLY
CO THERMAL REMEDIATION SOLUTIONS

ACORD 25 (2/16/05)

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A Public Services Agency

CERTIFICATE OF INSURANCE

Motor Carriers of Property

INSURER (INSURANCE COMPANY) NAME AND ADDRESS: ACE American Insurance Company
601 Chestnut Street
Philadelphia, PA 19101-3494
215-640-4555

INSURER (MOTOR CARRIER) NAME AND ADDRESS: USA Waste of California, Inc.
4333 East Jefferson Avenue
Fresno, CA 93725

CLASSIFICATION: 1300299

DATE (MM/DD/YYYY): 12/11/2013

INSURER LICENSE NUMBER: 0001243

STATUS: Licensed to write insurance in the State of California
 (Nonadmitted Insurer)
 California Insurance Code: SURPLUS LICENSED WAIVER

FILED WITH THE: California Department of Motor Vehicles
Motor Carrier Services Branch
5701 So. Box 602370 MS 6875
Fresno, CA 94323-3700
(816) 853-8153

POLICY NUMBER: HMT H08816025

START DATE: 1/1/2014

END DATE: 1/1/2014

COMBINED SINGLE LIMIT: \$ 5,000,000

BODILY INJURY OR DEATH (ONE PERSON): \$

BODILY INJURY OR DEATH (MORE THAN ONE PERSON): \$

PROPERTY DAMAGE: \$

COMBINED SINGLE LIMIT: \$ 5,000,000

BODILY INJURY (ONE PERSON): \$

BODILY INJURY OR DEATH (MORE THAN ONE PERSON): \$

PROPERTY DAMAGE: \$

EXCESS LIABILITY: \$

EXCESS AUTO LIABILITY: \$

EXCESS UMBRELLA: \$

EXCESS EMPLOYERS' LIABILITY: \$

EXCESS AUTO LIABILITY: \$

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 liability, property damage liability insurance, or workers' compensation insurance within the coverage limits identified above as required by California Vehicle Code (CVC) Sections 34630, 34631.5, and 34640, and by Part 387 of Title 49 of the Code of Federal 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 said vehicle is listed in the insurance policy.
- A fully excluded endorsement, on a form authorized by the Department of Motor Vehicles (DMV), is attached to the referenced policy to conform to the requirements of the Motor Carriers of Property Permit Act, CVC Section 34600 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 Retention Group coverage, this policy meets the requirements of the Risk Retention Act of 1991, California Insurance Code Section 125 and following, and is authorized to do business in California.

Insurer agrees to each of the following:

- This Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the insurer to the DMV and written on a Notice of Cancellation form authorized by the DMV, 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 Carrier Services Branch, in Sacramento, California.
- A duplicate original of the referenced policy, a DMV authorized endorsement, and all other related endorsements and documentation, shall be furnished to DMV upon request.

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

PRINTED NAME OF INSURER AUTHORIZED REPRESENTATIVE: Z. Kelly
TELEPHONE NUMBER: (713) 458-5367
SIGNATURE: [Signature]
DATE: 12/21/2013

ACORD 25 (2/16/05)

State of California
 Department of Resources Recycling and Recovery
REGISTERED
 Waste Tire Handler

TEMPORARY
 USA Waste of CA, INC.
 1211 W. Gladstone St. # B
 AZUSA, CA 91702

ISSUED BY: *Carol Martin*
 EXECUTIVE DIRECTOR

TEMPORARY DECAL NUMBER: 14-20202
 ISSUE DATE: November 25, 2013
 EXPIRATION DATE: December 31, 2014
 CALRECYCLE TPID NUMBER: 1002596

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

DO NOT COPY OR REPRODUCE
8859 08-16 11887

Alliance for Uniform HazMat Transportation
 Procedures
 Uniform Program Credentials



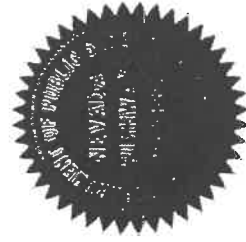
ALLIANCE
 For Uniform
 HAZMAT
 Transportation
 Procedures

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

USDOT Census #: 375375
 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 JB*
 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

COMPANY ID # S0585
PERMIT FEE \$798.00
VEHICLES PERMITTED 8
DATE OF ISSUE 12/17/2013
EXPIRATION DATE 12/31/2014

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

CHIEF, SOLID WASTE PROGRAM

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

March 13, 2007

STEVE AMROMIN

USA WASTE OF CA INC DBA BDC SPECIAL WAST
1211 W GLADSTONE
AZUSA, CA 91702

The US Environmental Protection Agency (EPA) has assigned an EPA Identification (ID) number to your location. EPA has assigned this ID number in response to the RCRA Subtitle C Site Identification Form (8700-12) received from your RCRA Subtitle 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 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: CAR000181891
is assigned to: USA WASTE OF CA INC DBA BDC SPECIAL WAST
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/rcraonline/>
or if you need a current version of the Subtitle C Identification Form (8700-12), access
<http://www.epa.gov/epaoswer/hazwaste/data/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
(WST-6/Terra Tech)
San Francisco, CA 94105

Notification Line (415) 495-8895

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



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

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

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

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 03/07/2014

PRODUCER Strong Tie Insurance Services Inc Phone: 800-985-2001
P.O. BOX 471
BELL GARDENS, CA 90201
License #: 0087939

INSURED EARTHWISE SERVICES, LLC
5949 DODD ST
MIRA LOMA, CA 91752

INSURERS AFFORDING COVERAGE
KINGSTON ARCH INSURANCE CO
NAIC # 11150

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODS INDICATED. NOTWITHSTANDING ANY EXCEPTIONS, ENDORSEMENTS, CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE IS ISSUED, THE COVERAGE PROVIDED BY THIS CERTIFICATE IS LIMITED TO THE POLICIES DESCRIBED HEREIN AND IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESCRIPTION	POLICY NUMBER	START DATE	END DATE	COVERAGE LIMITS
A GENERAL LIABILITY <input checked="" type="checkbox"/> BODILY INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> POLLUTION <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> AIRCRAFT LIABILITY <input type="checkbox"/> MARINE LIABILITY <input type="checkbox"/> OTHER	FBCAT0036208	02/28/2014	02/28/2015	AGGREGATE LIMIT \$ 1,000,000 BODILY INJURY PER OCCURRENCE \$ 100,000 PROPERTY DAMAGE PER OCCURRENCE \$ 5,000 AGGREGATE LIMIT \$ 7,000,000 POLICY EXCLUDED \$ INCLUDED
A PHYSICAL DAMAGE <input type="checkbox"/> COLLISION <input type="checkbox"/> COMPLETION AND DEFECTS LIABILITY <input type="checkbox"/> OTHER	FBCAT0036209	02/28/2014	02/28/2015	AGGREGATE LIMIT \$ 1,000,000 BODILY INJURY PER OCCURRENCE \$ PROPERTY DAMAGE PER OCCURRENCE \$ AGGREGATE LIMIT \$ INCLUDED

PHYSICAL DAMAGE: 2000 GMC VIN # 47061 - 1997 FRRH VIN # 75562
1977 UTILITY VIN # 88001 - 1 NON OWNED TRAILER (NO PD)

DRIVER: SCOTT WALLACE - FELIPE GONZALEZ

CANCELLATION

PROOF OF INSURANCE

ACORD 25 (2010)

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

Form Approved
OMB No. 2125-0074

issued to Earthwise Services, LLC of 5949 David St. Mira Loma, CA 91752
 Dated at Denver, CO this 28th day of February 13, 2013
 Amending Policy No. FCATD0036209 Effective Date 02/28/13

Name of Insurance Company Arch Insurance Company
 Telephone Number (303) 446-1240 Counterigned by [Signature]
 The policy to which this endorsement is attached provides primary or excess insurance, as indicated by EX for the limits shown.
 This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.
 This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident.
 Whenever the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a schedule of policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date.

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

ACCIDENT includes continuous or repeated exposure to loss, damage, or destruction of natural resources arising out of conditions which result 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.

PUBLIC LIABILITY RESTORATION means restitution for the damage, and environmental restoration.

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

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded for public liability does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other.

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

THE SCHEDULED LIMITS SHOWN ON THE NEXT PAGE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.
 (Over) UNIFORM INFORMATION SERVICES, INC. MC 1822k (10-99)

Form MCS-90

SCHEDULE OF LIMITS Public Liability

Type of Carriage	Commodity Transported	Minimum Insurance
(1) For-hire (to interstate or foreign commerce).	Property (nonhazardous)	\$ 750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk, Divisions 1.1, 1.2, and 1.3 materials; any quantity of Division 2.3 Hazard Zone A or Division 6.1 Packing Group 1 Hazard Zone A material, in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.463.	5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity) or (in intrastate commerce, in bulk only).	Oil listed in 49 CFR 172.101, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	1,000,000
(4) For-hire and Private (in interstate or foreign commerce).	Any quantity of Division 1.1, 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 CFR 173.403.	6,000,000

Note: The type of carriage 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 10,000 pounds.

Schedule of Limits Public Liability

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

Vehicle Seating Capacity

- (1) Any vehicle with a seating capacity of 16 passengers or more.
- (2) Any vehicle with a seating capacity of 15 passengers or less.

Minimum Insurance

\$ 5,000,000
1,500,000



Department of Toxic Substances Control

Linda S. Adams
Secretary for
Environmental Protection

Deborah O. Raphael, Director
3800 Cal Center Drive
Sacramento, California 95826-3300



Edmund G. Brown Jr.
Governor



Matthew Rodriguez
Secretary for
Environmental Protection

Department of Toxic Substances Control

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

Edmund G. Brown Jr.
Governor

HAZARDOUS WASTE TRANSPORTER REGISTRATION

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

EARTHWISE SERVICES LLC
5949 DODD STREET
MIRA LOMA, CA 91752

TRANSPORTER REGISTRATION NO.: 5084

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.

Stacy S. Callahan
(AUTHORIZED SIGNATURE)

JUN 24 2013
(DATE)

EPA ID PROFILE

ID Number: CAR000152058 Name: EARTHWISE SERVICES LLC
Status: ACTIVE Inactive Date: 07/19/2004 Record Entered: 07/19/2004 Last Updated: 06/04/2013
County: RIVERSIDE NAICS: 582112 SIC: 4212

Name	Address	City	State	Zip Code	Phone
EARTHWISE SERVICES LLC	5949 DODD ST	MIRA LOMA	CA	91752	
EARTHWISE SERVICES LLC	5949 DODD ST	MIRA LOMA	CA	917520000	
OWNER	5949 DODD ST	MIRA LOMA	CA	917520312	7149362435
Operator/Contact	5949 DODD ST	MIRA LOMA	CA	91752	7149362435

Based ONLY upon ID Number CAR000152058

Calif. Manifests ?	Non Calif. Manifests ?	Transporter Registration ?
YES	NO	ACTIVE

California and Non California Manifest Tonnage Total and Waste Code by Year (if available) are on the next page

The Department of Toxic Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or handled.

Report Generation Date: 06/16/2013

♻️ Printed on Recycled Paper



ASBESTOS INSTANT RESPONSE, INC.

ENVIRONMENTAL SOLUTIONS - REMEDIATION SERVICES - LEAD & MOLD



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: VARIOUS LOCATIONS IN SCAQMD
LOS ANGELES, CA 90018

LEGAL OWNER OR OPERATOR: 133586
ASBESTOS INSTANT RESPONSE INC
3517 W WASHINGTON BLVD
LOS ANGELES, CA 90018

RULE 222 FILING

FILING APPL NBR EQUIPMENT DESCRIPTION

FACILITY RENEWAL DATE

BILLING YEAR: 2013

FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
405116	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
405117	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
405119	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
405120	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
405121	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
405123	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
413881	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
413882	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
413883	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
413884	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
413885	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
432209	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
432210	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
432211	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
432212	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
432213	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
432214	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
432216	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
432230	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
433415	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
433433	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
433435	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
433436	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
433438	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
433439	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
433440	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
436670	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
436671	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
436672	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
436673	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
436674	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
436675	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015

SCAQMD Permits

3517 W WASHINGTON BLVD, LOS ANGELES, CALIFORNIA, 90018 T: 323.733.0000 F: 323.732.0414
License No. 785278 Inspection No. 10037 No. 812

Chemistry: Air, Soil, and Biosolids



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



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

DATE: 02/18/2014

DATE: 02/18/2014

EQUIPMENT LOCATED AT: VARIOUS LOCATIONS IN SCAQMD
LOS ANGELES, CA 90018

EQUIPMENT LOCATED AT: VARIOUS LOCATIONS IN SCAQMD
LOS ANGELES, CA 90018

LEGAL OWNER CO. ID: 133588
OR OPERATOR ASBESTOS INSTANT RESPONSE INC
3517 W WASHINGTON BLVD
LOS ANGELES, CA 90018

LEGAL OWNER CO. ID: 133586
OR OPERATOR ASBESTOS INSTANT RESPONSE INC
3517 W WASHINGTON BLVD
LOS ANGELES, CA 90018

RULE 222 FILING

RULE 222 FILING

FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE	FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
BILLING YEAR: 2013					
444560	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467171	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
449440	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467173	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
448673	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467175	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
448674	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467176	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
448675	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467177	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
448676	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467178	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
448677	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467179	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
461796	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467180	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
463046	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467181	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
464462	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467182	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
464463	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467202	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
464484	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467204	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
464485	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467206	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
465384	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467207	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
465395	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467211	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
465396	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467212	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
465397	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467655	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467160	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467656	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467151	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	467660	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467152	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471586	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467155	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471587	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467156	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471593	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467158	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471596	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467159	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471598	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467160	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471600	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467161	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471602	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467162	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471616	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467163	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471617	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467164	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471618	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467166	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471619	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467168	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471620	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467169	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015	471621	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015
467170	NEGATIVE AIR MACHINE/HEPA, ASBES <=15 GAL	02/01/2015			

Imaging the air that matters



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: VARIOUS LOCATIONS IN SCAQMD
LOS ANGELES, CA 90018

LEGAL OWNER CO. ID: 133566
OR OPERATOR ASBESTOS INSTANT RESPONSE INC
3517 W WASHINGTON BLVD
LOS ANGELES, CA, 90018

RULE 222 FILING

FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
BILLING YEAR: 2013		
471670	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
471671	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
472797	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
472798	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
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474074	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
474075	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
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474942	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
475679	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
475680	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
475681	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
475682	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
475683	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
475684	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476485	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476687	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015



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DATE: 02/18/2014

EQUIPMENT LOCATED AT: VARIOUS LOCATIONS IN SCAQMD
LOS ANGELES, CA 90018

LEGAL OWNER CO. ID: 133566
OR OPERATOR ASBESTOS INSTANT RESPONSE INC
3517 W WASHINGTON BLVD
LOS ANGELES, CA, 90018

RULE 222 FILING

FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
BILLING YEAR: 2013		
476679	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476681	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
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476683	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
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476688	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
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476694	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476695	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476697	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476698	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476700	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476702	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476704	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476705	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476707	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
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476714	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
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476827	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
477216	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015
476681	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	02/01/2015



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DATE: 02/18/2014

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EQUIPMENT LOCATED AT: VARIOUS LOCATIONS IN SCAQMD
LOS ANGELES, CA 90018

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LOS ANGELES, CA, 90018

RULE 222 FILING

RULE 222 FILING

FILING EQUIPMENT DESCRIPTION FACILITY RENEWAL

APPL NBR DATE

BILLING YEAR: 2013

BILLING YEAR: 2013

478682 NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL 02/01/2015
478683 NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL 02/01/2015
484304 NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL 02/01/2015
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436676 NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL 02/01/2015
436677 NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL 02/01/2015
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436700 NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL 02/01/2015
436701 NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL 02/01/2015
436702 NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL 02/01/2015
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444548 NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL 02/01/2015
444549 NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL 02/01/2015



South Coast Air Quality Management District

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(909) 396-2000 • www.aqmd.gov

DATE:02/18/2014

EQUIPMENT LOCATED AT: VARIOUS LOCATIONS IN SCAQMD
LOS ANGELES,CA 90018

LEGAL OWNER CO. ID: 133566
OR OPERATOR ASBESTOS INSTANT RESPONSE INC
3517 W WASHINGTON BLVD
LOS ANGELES,CA,90018

PERMIT/APPLICATION RENEWAL

PERMIT/ APPL NBR	EQUIPMENT DESCRIPTION	NEXT RENEWAL DATE
BILLING YEAR: 2013		
G17479	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	02/01/2015
G17480	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	02/01/2015
G17481	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	02/01/2015
G17482	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	02/01/2015
G17483	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	02/01/2015
G17484	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	02/01/2015

CORRESPONDENCE

PREVIOUS REPORTS



Converse Consultants

Geotechnical Engineering, Environmental & Groundwater Science, Inspection & Testing Services

October 20, 2017

Ms. Lisa Waldez
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. Waldez:

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
- White square vent on the Upper Flat 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/cm ²)	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 (TTL). 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

Atch: Application for Authorization to Use
Certifications
Asbestos: Analytical Report, Chain of Custody, Sample Location Map
Lead: XRF Summary Table, Analytical Report, Chain of Custody





Converse Consultants

Geotechnical Engineering, Environmental & Groundwater Science, Inspection & Testing Services

Application for Authorization to Use

TO: Converse Consultants
717 Myrtle Avenue
Monrovia, California 91016

Project Title & Date: _____

Project Address: _____

FROM: (Please identify name & address of person/entity applying for permission to use the referenced report.)

Applicant _____ hereby applies for permission to use the referenced report in order to:

Applicant wishes or needs to use the referenced report because:

Applicant also understands and agrees that the referenced document is a copyrighted document and shall remain the sole property of Converse Consultants. Unauthorized use or copying of the report is strictly prohibited without the express written permission of Converse Consultants. *Applicant* understands and agrees that Converse Consultants may withhold such permission at its sole discretion, or grant such permission upon agreement to Terms and Conditions, such as the payment of a re-use 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 before 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/mailling information within 15 days of the change.

Sincerely,

Jeff Ferrell
Senior Safety Engineer

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

Attachment: Certification Card

cc: File



George John Paler
Name

Certification No. **93-1136**

Expires on **11/19/18**

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7100 and 7101 of the Business and Professions Code.

State of California Department of Public Health

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date



Inspector/Assessor	06/26/2018
Project Designer	06/26/2018
Project Monitor	06/26/2018

George J. Paler

ID # 1487

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

Name

Certification No. **96-2093**

Expires on **03/07/18**

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7100-7109 of the Business and Professions Code.





STATE WATER RESOURCES CONTROL BOARD
REGIONAL WATER QUALITY CONTROL BOARDS

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

A handwritten signature in black ink, appearing to read "Christine Sotelo".

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 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 Drinking Water

103.301	001	Asbestos	EPA 100.2
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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 Hazardous Waste

114.130	001	Lead	EPA 7420
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Field of Testing: 121 - Bulk Asbestos Analysis of Hazardous Waste

121.010	001	Bulk Asbestos	EPA 600/M4-82-020
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Field of Testing: 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

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:

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

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

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

Initial report from: 10/17/2017 12:43:53



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: 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	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
06-Coating 2 321724431-0006A	Upper Flat Roof - Hutch Pad, N Center	Beige Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
06-Mastic 321724431-0006B	Upper Flat Roof - Hutch Pad, N Center	Black Non-Fibrous Homogeneous		90% Non-fibrous (Other)	10% Chrysotile
07-Coating 321724431-0007	Upper Flat Roof - W Center	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
07-Roofing 1 321724431-0007A	Upper Flat Roof - W Center	Black Fibrous Homogeneous	10% Synthetic	90% Non-fibrous (Other)	None Detected
07-Roofing 2 321724431-0007B	Upper Flat Roof - W Center	Black Fibrous Homogeneous	10% Glass	90% Non-fibrous (Other)	None Detected
08-Coating 321724431-0008	Upper Flat Roof - NW Side	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
08-Roofing 321724431-0008A	Upper Flat Roof - NW Side	Black Fibrous Heterogeneous	10% Synthetic	90% Non-fibrous (Other)	None Detected
09-Coating 321724431-0009	Upper Flat Roof - E Center	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
09-Roofing 321724431-0009A	Upper Flat Roof - E Center	Black Non-Fibrous Homogeneous	10% Synthetic	90% Non-fibrous (Other)	None Detected
10-Silver Paint 321724431-0010	South Verande - W Side	Silver Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
10-Roofing 1 321724431-0010A	South Verande - W Side	Gray/Black Fibrous Heterogeneous	10% Glass	90% Non-fibrous (Other)	None Detected
10-Roofing 2 321724431-0010B	South Verande - W Side	Black Fibrous Homogeneous	10% Glass	90% Non-fibrous (Other)	None Detected
10-Roofing 3 321724431-0010C	South Verande - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
10-Roofing 4 321724431-0010D	South Verande - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
11-Coating/Silver Paint 321724431-0011	South Verande - Center	Red/Silver Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
11-Roofing 1 321724431-0011A	South Verande - Center	Gray/Black Fibrous Heterogeneous	10% Glass	90% Non-fibrous (Other)	None Detected
11-Roofing 2 321724431-0011B	South Verande - Center	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
11-Roofing 3 321724431-0011C	South Verande - Center	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
11-Wood 321724431-0011D	South Verande - Center	Brown Fibrous Homogeneous	95% Cellulose	5% Non-fibrous (Other)	None Detected

Initial report from: 10/17/2017 12:43:53



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: 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	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
12-Coating/Paint 321724431-0012	South Verande - E Side	Red/Silver Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
12-Roofing 1 321724431-0012A	South Verande - E Side	Black Fibrous Homogeneous	15% Glass	85% Non-fibrous (Other)	None Detected
12-Roofing 2 321724431-0012B	South Verande - E Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
12-Roofing 3 321724431-0012C	South Verande - E Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
12-Roofing 4 321724431-0012D	South Verande - E Side	Black Fibrous Homogeneous	10% Glass	90% Non-fibrous (Other)	None Detected
13-Coating Like 321724431-0013	South Verande	Gray/Red Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
13-Mastic 321724431-0013A	South Verande	Various/Black/Silver Non-Fibrous Homogeneous	10% Cellulose	84% Non-fibrous (Other)	6% Chrysotile
14-Coating Like 321724431-0014	South Verande	Gray/Red Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
14-Mastic 321724431-0014A	South Verande	Various/Black/Silver Non-Fibrous Homogeneous		93% Non-fibrous (Other)	7% Chrysotile
15-Coating Like 321724431-0015	South Verande	Red Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
15-Mastic 321724431-0015A	South Verande	Black/Silver Non-Fibrous Homogeneous		90% Non-fibrous (Other)	10% Chrysotile
16-Shingle 321724431-0016	Lower Roof - W Side	Red/Black Fibrous Heterogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
16-Mastic 321724431-0016A	Lower Roof - W Side	Black Non-Fibrous Homogeneous		94% Non-fibrous (Other)	6% Chrysotile
16-Felt 1 321724431-0016B	Lower Roof - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
16-Felt 2 321724431-0016C	Lower Roof - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
16-Felt 3 321724431-0016D	Lower Roof - W Side	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
17 321724431-0017	Lower Roof - E Side	Red/Black Fibrous Heterogeneous	10% Cellulose	90% Non-fibrous (Other)	None Detected
18-Shingle 1 321724431-0018	Lower Roof - E Side	Red/Black Fibrous Heterogeneous	10% Cellulose	90% Non-fibrous (Other)	None Detected
18-Shingle 2 321724431-0018A	Lower Roof - E Side	Red/Black Fibrous Heterogeneous	10% Glass	90% Non-fibrous (Other)	None Detected

Initial report from: 10/17/2017 12:43:53



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

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 2263

Initial report from: 10/17/2017 12:43:53



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: <input checked="" type="checkbox"/> Same <input type="checkbox"/> Different <small>If Bill to is Different note instructions in Comments**</small>	
Street: 717 S Myrtle Avenue		<i>Third Party Billing requires written authorization from third party</i>	
City: Monrovia	State/Province: CA	Zip/Postal Code: 91061	Country: USA
Report To (Name): George Paler		Fax #:	
Telephone #: (626) 807-3416		Email Address: gpaler@converseconsultants.com	
Project Name/Number: 17-41-118-17 LA/RAP/Various Roofs ASB/LBP Svy/ Wattles Mansion			
Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Purchase Order:		U.S. State Samples Taken: CA	

Turnaround Time (TAT) Options* – Please Check

3 Hour
 6 Hour
 24 Hour
 48 Hour
 72 Hour
 96 Hour
 1 Week
 2 Week

*For TEM Air 3 hours through 6 hours, please call ahead to schedule. *There is a premium charge for 3 Hour TEM AHERA or EPA Level II TAT. You will be asked to sign an authorization form for this service. Analysis completed in accordance with LA Testing's Terms and Conditions located in the Analytical Price Guide.

PCM - Air <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> w/ OSHA 8hr. TWA PLM - Bulk (reporting limit) <input checked="" type="checkbox"/> PLM EPA 600/R-93/116 (<1%) <input type="checkbox"/> PLM EPA NOB (<1%) Point Count <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%) Point Count w/Gravimetric <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%) <input type="checkbox"/> NYS 198.1 (friable in NY) <input type="checkbox"/> NYS 198.6 NOB (non-friable-NY) <input type="checkbox"/> NIOSH 9002 (<1%)	TEM - Air <input type="checkbox"/> 4-4.5hr TAT (AHERA only) <input type="checkbox"/> AHERA 40 CFR, Part 763 <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> EPA Level II <input type="checkbox"/> ISO 10312 TEM - Bulk <input type="checkbox"/> TEM EPA NOB <input type="checkbox"/> NYS NOB 198.4 (non-friable-NY) <input type="checkbox"/> Chatfield SOP <input type="checkbox"/> TEM Mass Analysis-EPA 600 sec. 2.5 TEM - Water: EPA 100.2 Fibers >10µm <input type="checkbox"/> Waste <input type="checkbox"/> Drinking All Fiber Sizes <input type="checkbox"/> Waste <input type="checkbox"/> Drinking	TEM- Dust <input type="checkbox"/> Microvac - ASTM D 5755 <input type="checkbox"/> Wipe - ASTM D6480 <input type="checkbox"/> Carpet Sonication (EPA 600/J-93/167) Soil/Rock/Vermiculite <input type="checkbox"/> PLM CARB 435 - A (0.25% sensitivity) <input type="checkbox"/> PLM CARB 435 - B (0.1% sensitivity) <input type="checkbox"/> TEM CARB 435 - B (0.1% sensitivity) <input type="checkbox"/> TEM CARB 435 - C (0.01% sensitivity) <input type="checkbox"/> EPA Protocol (Semi-Quantitative) <input type="checkbox"/> EPA Protocol (Quantitative) Other: <input type="checkbox"/>
---	--	--

Check For Positive Stop – Clearly Identify Homogenous Group

Samplers Name:	Samplers Signature:
-----------------------	----------------------------

Sample #	Sample Description	Volume/Area (Air) HA # (Bulk)	Date/Time Sampled
	See Attached		

Client Sample # (s): -	Total # of Samples:
Relinquished (Client): <i>[Signature]</i>	Date: 12/16/17 Time: 4:42pm
Received (Lab): <i>Amokissok (wa)</i>	Date: 10/11/17 Time: 1042
Comments/Special Instructions:	

#321724431



Converse Consultants

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Root core - silicone over black roof felt

Sample Number	Location	Area Sq. Ft.	Condition
D1	UPPER Flat Roof - SW corner	~4,000	Good
D2	- SE side		
D3	- NW side		

Friability: Friable Non-Friable
Potential for Contact with Material: High Moderate Low
Influence of Vibration: High Moderate Low
Potential for Air Erosion: High Moderate Low
Damage Assessment: Good Damaged Significantly Damaged

COMMENTS: Wattles Mansion Park
Flat Roof at center and W. side (lower roof)
White silicone over black felt roofing
on wood substrate. 3,100 sq upper flat
roof, ~1,000 lower flat roof. Both flat
roofs are homogeneous

CHAIN OF CUSTODY

Relinquished By: George Time: 4:42 Date: 10/16/17
 Received By: AMCKISSOCK (WJ) Paper Time: 11042 Date: 10/16/17
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____

#321724431



Converse Consultants

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Roof Mastix

Sample Number	Location	Area Sq. Ft.	Condition
D4	UPPER Flat Roof - Large square vent, NW corner	~50	Good
D5	- vent pipe, NW side		
D6	- Hatch pad, N. center		

Friability: Friable Non-Friable
 Potential for Contact with Material: High Moderate Low
 Influence of Vibration: High Moderate Low
 Potential for Air Erosion: High Moderate Low
 Damage Assessment: Good Damaged Significantly Damaged

COMMENTS: Wattles Mans. on Park
Underneath white silicone at vent pipes,
roof corner seams, square vent pad corners,
and roof hatch pad corners - on Flat Roofs.

CHAIN OF CUSTODY

Relinquished By: [Signature] GJP Date: 10/16/17
 Received By: Amokissok (W) Puffer Date: 10/16/17
 Relinquished By: _____ Date: _____
 Received By: _____ Date: _____



Converse Consultants

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Roof Parapet Core - Sil. zone over black felt

Sample Number	Location	Area Sq. Ft.	Condition
07	Upper Flat Roof - W. Center	~500	Good
08	↓ - NW side	↓	↓
09	↓ - E. Center	↓	↓

Friability:
 Potential for Contact with Material:
Influence of Vibration:
 Potential for Air Erosion:
 Damage Assessment:

Friable
 High
 High
 High
 Good

Non-Friable
 Moderate
 Moderate
 Moderate
 Damaged

Low
 Low
 Low
 Significantly Damaged

COMMENTS: Wattles Mansoon Park
Silicone over felt roofing, wood substrate
Upper & Lower flat roofs

CHAIN OF CUSTODY

Relinquished By: [Signature] Time: 4:42 Date: 10/16/17
 Received By: AMCKISSACK (WF) Pyle Time: 1:04 Date: 10/16/17
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____

#321724431

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



Converse Consultants

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Roof core - grey rolled roofing, painted red

Sample Number	Location	Area Sq. Ft.	Condition
10	South Veranda - w. side	~150	Good
11	↓ - center	↓	↓
12	↓ - E. side	↓	↓

Friability:
 Potential for Contact with Material:
Influence of Vibration:
 Potential for Air Erosion:
 Damage Assessment:

Friable
 High
 High
 High
 Good

Non-Friable
 Moderate
 Moderate
 Moderate
 Damaged

Low
 Low
 Low
 Significantly Damaged

COMMENTS: Wattles Masonry Park

N. Veranda has metal (copper) sheeting on floor
S. Veranda has ^{grey} rolled roofing over wood sub.

CHAIN OF CUSTODY

Relinquished By: [Signature] George
 Received By: Alexis [Signature] Peter
 Relinquished By: _____
 Received By: _____

Time: 4:47
 Time: 1042
 Time: _____
 Time: _____

Date: 10/16/17
 Date: 10/16/17
 Date: _____
 Date: _____



Converse Consultants #321724431

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Roof Mastec

Sample Number	Location	Area Sq. Ft.	Condition
13	South Verande	~20	Good
14	↓	↓	↓
15	↓	↓	↓

Friability: Friable Non-Friable
Potential for Contact with Material: High Moderate Low
Influence of Vibration: High Moderate Low
Potential for Air Erosion: High Moderate Low
Damage Assessment: Good Damaged Significantly Damaged

COMMENTS: Wattles Mansion Park
Roof mastec at s. verande around perimeter
of rolled roofing and against s. side flashings

CHAIN OF CUSTODY

Relinquished By: [Signature] Time: 4:42 Date: 10/16/17
 Received By: AMORISSON (WC) Porter Time: 1042 Date: 10/16/17
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____



Converse Consultants

#321724431

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Roof core - felt roof under Spanish tile

Sample Number	Location	Area Sq. Ft.	Condition
16	Lower Roof - W. side	~3,940	Good
17	Lower Roof - E. side	↓	↓
18	↓	↓	↓

<i>Friability:</i>	Friable	Non-Friable	
<i>Potential for Contact with Material:</i>	High	Moderate	Low
<i>Influence of Vibration:</i>	High	Moderate	Low
<i>Potential for Air Erosion:</i>	High	Moderate	Low
<i>Damage Assessment:</i>	Good	Damaged	Significantly Damaged

COMMENTS: Wattles Mansion Park
Felt under Spanish tile. Tiles are sealed w/
cement at both ends
wood substrate paper roof aprons, current
lower roofs

CHAIN OF CUSTODY

Relinquished By: <u>[Signature]</u>	Time: <u>4:47</u>	Date: <u>10/16/17</u>
Received By: <u>Amorisco (W)</u>	Time: <u>11:42</u>	Date: <u>10/16/17</u>
Relinquished By: _____	Time: _____	Date: _____
Received By: _____	Time: _____	Date: _____



Converse Consultants #321724431

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: UPPER Root capsheet - Flat Roof.

Sample Number	Location	Area Sq. Ft.	Condition
19	UPPER Flat Roof - Hatch	~100	Good
20			
21			

Friability: Non-Friable
 Potential for Contact with Material: Moderate
 Influence of Vibration: Moderate
 Potential for Air Erosion: Moderate
 Damage Assessment: Good

COMMENTS: Wattles Masonian Probe
underneath copper jacket at upper flat
roof hatch and large square vent.

CHAIN OF CUSTODY

Relinquished By: [Signature] George Time: 4:42 Date: 10/16/17
 Received By: [Signature] Peter Time: 1042 Date: 10/16/17
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____



Converse Consultants #321724431

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

BULK SAMPLE LOG

Project Name: LA RAP/Various Roof ASB/LBP Survey Collected By: GJP

Project No.: 17-41-118-17 Date: 10/16/17

HOMOGENEOUS MATERIAL: Ext. Stucco - chimney

Sample Number	Location	Area Sq. Ft.	Condition
22	Upper Flat Roof - W. chimney	~100	Good
23	- W. chimney		
24	- E. chimney		

<i>Friability:</i>	Friable	Non-Friable	
<i>Potential for Contact with Material:</i>	High	Moderate	Low
<i>Influence of Vibration:</i>	High	Moderate	Low
<i>Potential for Air Erosion:</i>	High	Moderate	Low
<i>Damage Assessment:</i>	Good	Damaged	Significantly Damaged

COMMENTS: Wattles Mansion Park

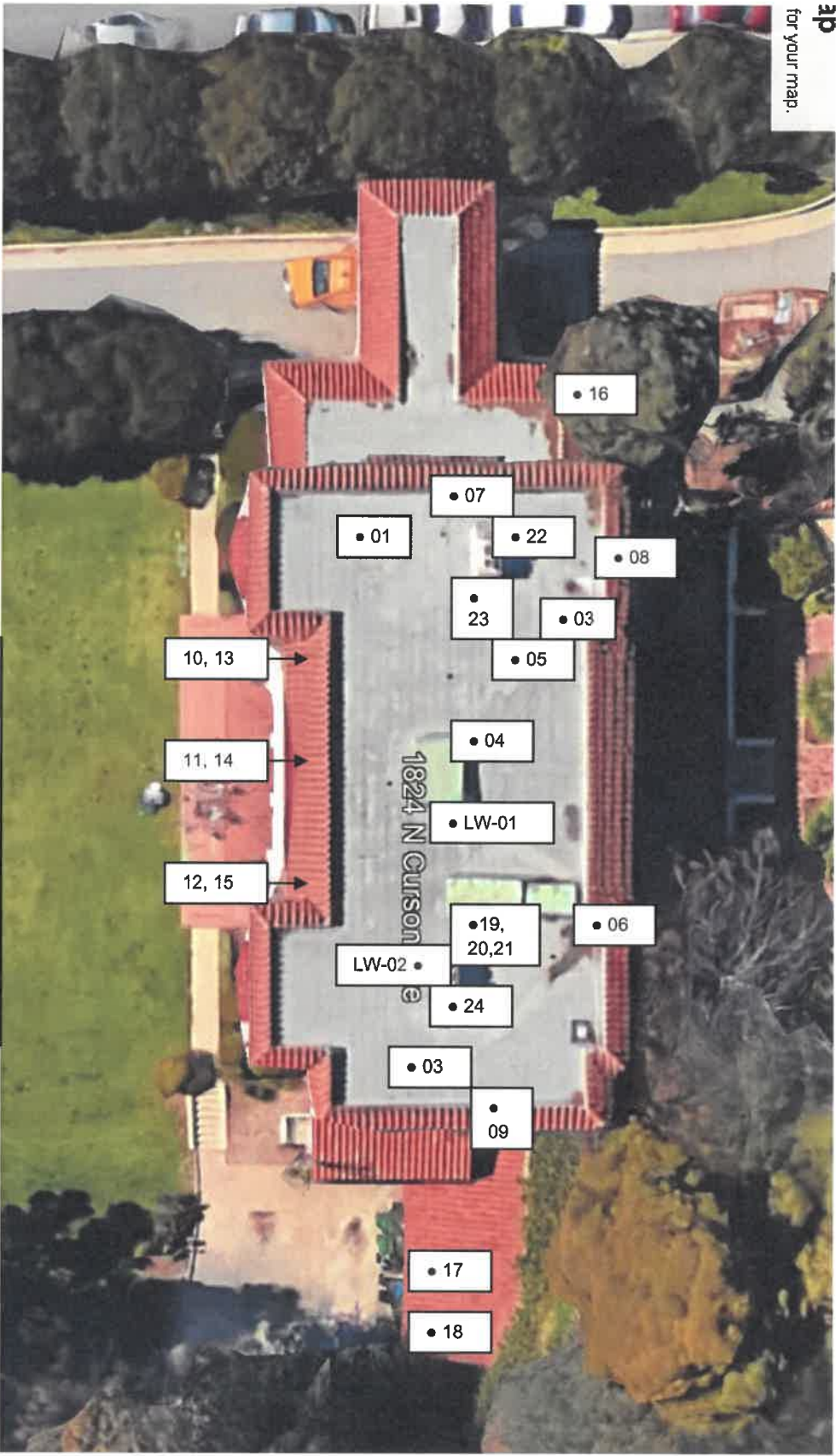
CHAIN OF CUSTODY

Relinquished By: <u>[Signature]</u>	Time: <u>4:42</u>	Date: <u>10/16/17</u>
Received By: <u>AMOKIESOCK (W)</u>	Time: <u>1042</u>	Date: <u>10/16/17</u>
Relinquished By: _____	Time: _____	Date: _____
Received By: _____	Time: _____	Date: _____

ap
for your map.

Key

- 01
Bulk Asbestos Sample Location
- LW-01
Bulk Paint Sample Location



→ N
Not to Scale

Sample Location Map – Wattles Mansion

Lead

XRF Summary Table
Analytical Report
Chain of Custody

Lead



Reading No	Component	Substrate	Side	Condition	Color	Room	Results	PbC
1			SHUTTER_CAL					0.85
2			CALIBRATE				Positive	1
3			CALIBRATE				Positive	1
4			CALIBRATE				Positive	1
5	STAIRS	WOOD	NORTH	INTACT	VARNISH	ROOF	Negative	0.07
6	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
9	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	Null	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	3
24	DOOR LANDING	WOOD	SOUTH	PEELING	BROWN	S. VERANDA ROOF	Positive	3.1
25	FASCIA	WOOD	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	Null	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	0.9

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

XRF Summary Table
Wattles Mansion

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

Reading No	Component	Substrate	Side	Condition	Color	Room	Results	PbC
34			CALIBRATE				Positive	1
35			CALIBRATE				Positive	0.9
36			CALIBRATE				Positive	1



LA Testing

520 Mission Street, South Pasadena, CA 91030

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

<http://www.LATesting.com>

pasadenalab@lateesting.com

LA Testing Order: 321724412
CustomerID: 32CONV56
CustomerPO:
ProjectID:

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

Phone: (626) 930-1200
Fax: (626) 930-1212
Received: 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)*

<i>Client Sample Description</i>	<i>Lab ID</i>	<i>Collected</i>	<i>Analyzed</i>	<i>Lead Concentration</i>
LW-01	321724412-0001		10/17/2017	340 ppm
Site: White Wood - Upper Flat Roof - Large Savone Vent				
LW-02	321724412-0002		10/17/2017	<100 ppm
Site: Beige Stucco - Upper 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 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 10/17/2017 12:17:06



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

LA TESTING
 520 MISSION STREET
 SOUTH PASADENA, CA 91030
 PHONE: 800-303-0047
 FAX: 323-254-9982

#321724412

Company : Converse Consultants		LA Testing-Bill to: <input checked="" type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions in Comments**	
Street: 717 S Myrtle Avenue		<i>Third Party Billing requires written authorization from third party</i>	
City: Monrovia	State/Province: CA	Zip/Postal Code: 91061	Country: USA
Report To (Name): George Paler		Fax #:	
Telephone #: (626) 807-3416		Email Address: gpaler@converseconsultants.com	
Project Name/Number: 17-41-118-17 LA RAP/Varous Roofs ASB/LBP Svy/ <i>Walter Mansson</i>			
Please Provide Results: <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email		Purchase Order:	U.S. State Samples Taken: CA
Turnaround Time (TAT) Options* - Please Check			
<input type="checkbox"/> 3 Hours	<input type="checkbox"/> 6 Hours	<input checked="" type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours
<input type="checkbox"/> 3 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 2 Week
<small>*Analysis completed in accordance with LA Testing's Terms and Conditions located in the Price Guide</small>			
Matrix	Method	Instrument	Reporting Limit
Chips <input type="checkbox"/> mg/cm ² <input type="checkbox"/> % by wt. <i>PPM</i>	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* <input type="checkbox"/> ASTM <input type="checkbox"/> non ASTM <small>*if no box is checked, non-ASTM Wipe is assumed</small>	SW846-7000B/7420	Flame Atomic Absorption	10 µg/wipe
	SW846-6010B or C	ICP-AES	0.5 µg/wipe
TCLP	SW846-1311/7420/SM 3111B	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	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)
	SW846-6010B or C	ICP-AES	1 mg/kg (ppm)
Drinking Water	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm)
Other:		Preservation Method (Water):	
Name of Sampler:		Signature of Sampler:	
Sample #	Location	Volume/Area	Date/Time Sampled
	<i>See Attached</i>		
Client Sample #'s	-	Total # of Samples:	
Relinquished (Client): <i>[Signature]</i>	Date: <i>10/16/17</i>	Time: <i>4:45 PM</i>	
Received (Lab): <i>Amelissoc</i>	Date: <i>10/16/17</i>	Time: <i>1045</i>	
Comments: <i>(WL)</i>			



Converse Consultants

#321724412

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

BULK SAMPLE LOG – LEAD PAINT

Project Name: LA RAP/Various Roof ASB/LBP Survey

Collected By: GJP

Project No.: 17-41-118-17

Date: 10/16/17

Wattles Mansion

Sample Number	Interior	Exterior	Paint Color & Substrate	Sample Location & Comments	Area Sq. Ft.	Cond.
LW-01		✓	White, wood	Upper Flat Roof - Large square vent	~50	Peel.
LW-02		✓	Beige, stucco	Upper Flat Roof E. chimney	~100	Intact

COMMENTS: Wattles Mansion

CHAIN OF CUSTODY

Relinquished By: George P. [Signature] Time: 4:45pm Date: 10/16/17
 Received By: Amel S. [Signature] Time: 1045 Date: 10/16/17
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____

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 Procedures
- 6.0 Analytical Results
- 7.0 Recommendations
- 8.0 Limitations

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Asbestos Bulk Sample Analysis

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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

Limited Asbestos Survey
1824 N. Curson Avenue,
Los Angeles, CA 90046

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 Waldez

Re: Wattles Mansion
1824 N. Curson Avenue,
Los Angeles, CA 90046

Dear Ms. Waldez,

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 Waldez (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-friable 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 Waldez 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 Waldez 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

Asbestos Bulk Analysis

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

A-Tech Project Number: Atch-14285

Area/Floor: Wattles Mansion, 1824 N. Curson Avenue

Sheet: 1 of 1

Sample Number	Material Description	Sample Location	Homo	Asbestos Type	Percentage	Classification	Friability	Cond.	Accessibility	Est. Qty
1824-A-01	Plaster Ceiling	1st Floor, Gallery	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	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
1824-A-03	Plaster Ceiling	1st Floor, Gallery	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
1824-A-04	Plaster Wall	1st Floor, Care Taker's House	Yes	None Detected	N/A	N/A	N/A	N/A	N/A	N/A
1824-A-05	Plaster Wall	1st Floor, Care Taker's House	Yes	None Detected	N/A	N/A	N/A	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	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
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
1824-A-09	Canvas	2nd Floor, East Balcony	Yes	None Detected	N/A	N/A	N/A	N/A	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
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.

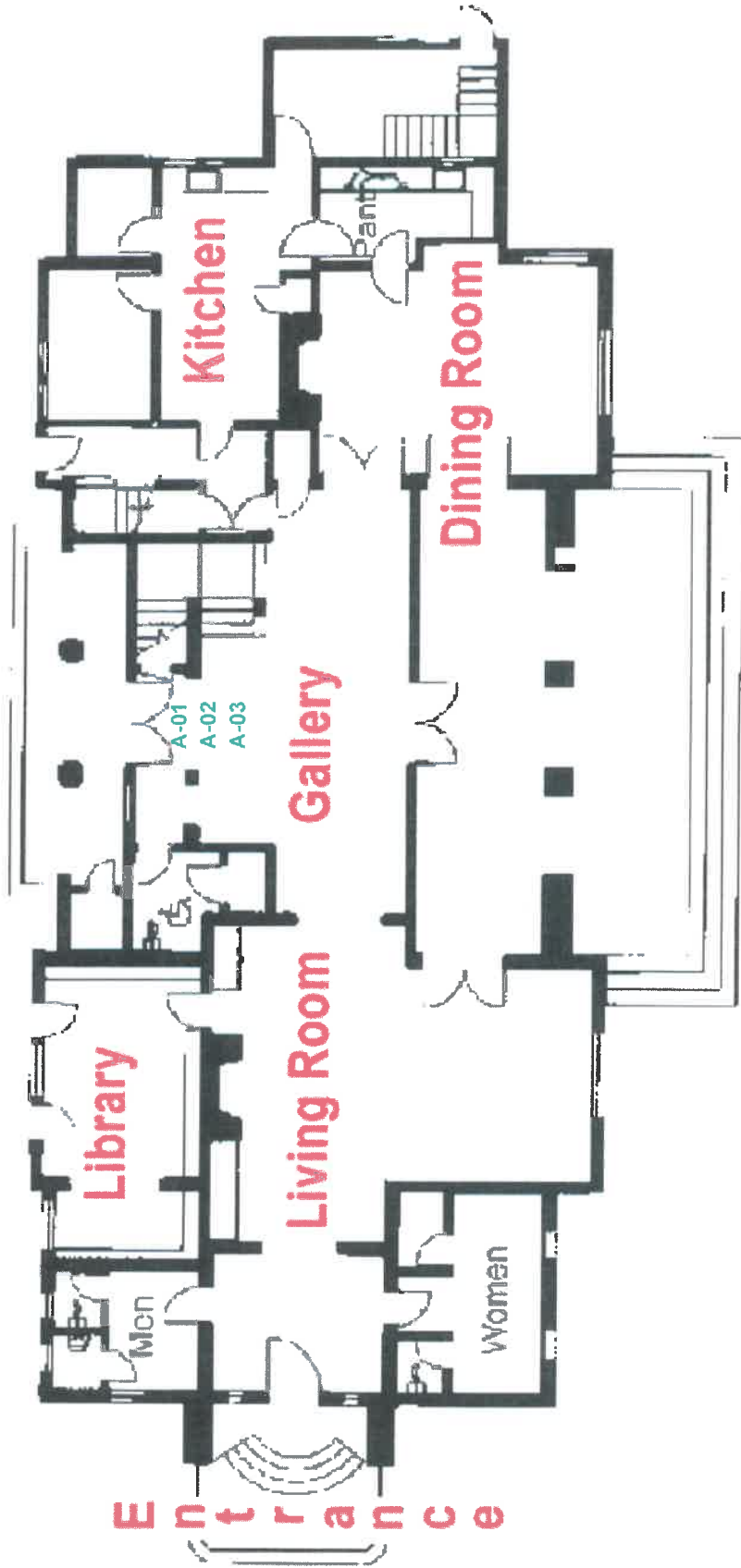
Homo: Homogenous Material

N/A: Not Applicable

Asbestos Table Page 1

Rose Garden

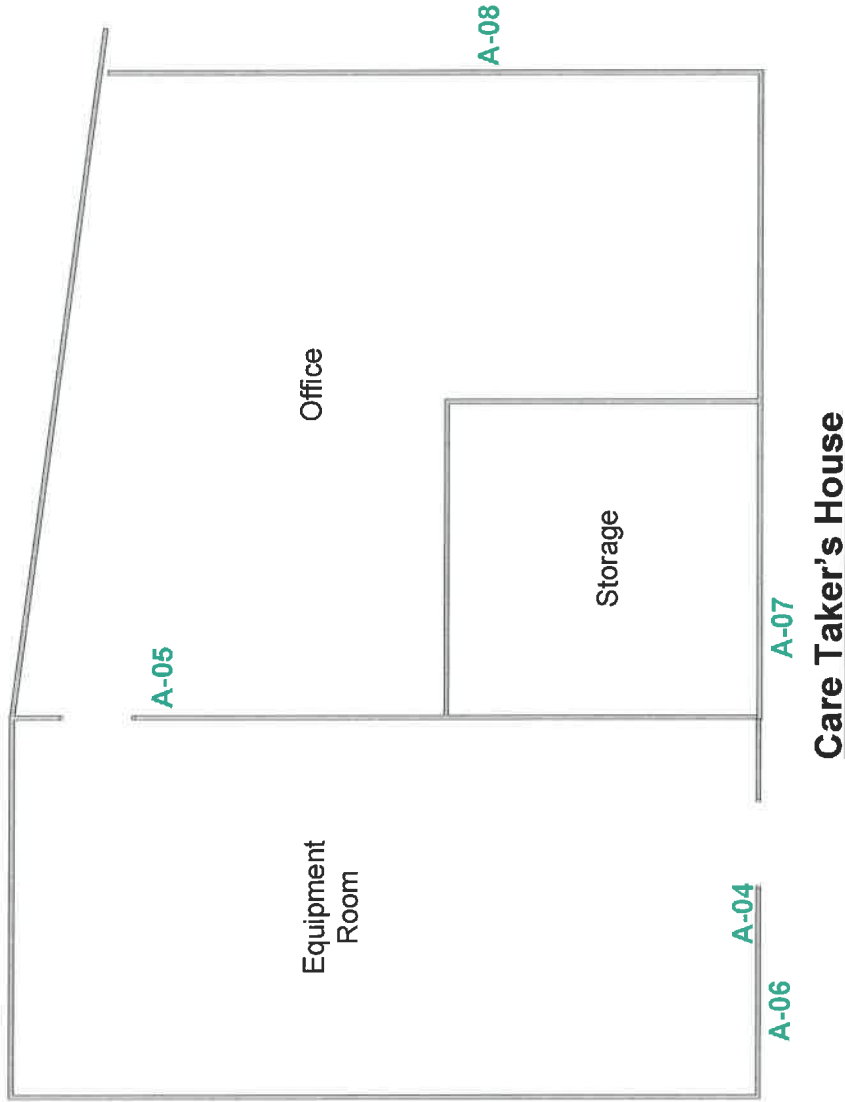
Formal Garden



Front Lawn

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



Care Taker's House

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

A-11
2nd Floor, South Balcony

A-10
 A-09
2nd Floor, East Balcony





LA Testing

11652 Knott Street Unit F5, Garden Grove, CA 92841
Phone/Fax: (714) 828-4999 / (714) 828-4944
<http://www.LATesting.com> gardengrovelab@latesting.com

LA Testing Order: 331408482
CustomerID: 32ATEC93
CustomerPO:
ProjectID:

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

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% 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 331408482-0007		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-tri-axial 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 Garden Grove, CA NVLAP Lab Code 101384-0, CA ELAP 1406

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



LA Testing

11652 Knott Street Unit F5, Garden Grove, CA 92841

Phone/Fax: (714) 828-4999 / (714) 828-4944

<http://www.LATesting.com>

gardengrovelab@lateesting.com

LA Testing Order: 331408482

CustomerID: 32ATEC93

CustomerPO:

ProjectID:

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

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
09 331408482-0009		Brown/Tan Fibrous Heterogeneous	45% Cellulose	55% Non-fibrous (other)	None Detected
10 331408482-0010		Brown/Tan Fibrous Heterogeneous	45% Cellulose	55% Non-fibrous (other)	None Detected
11 331408482-0011		Red/Various/Black Fibrous Heterogeneous	10% Glass	90% Non-fibrous (other)	None Detected

Analyst(s)

Michael DeCavallas (11)

Michael DeCavallas, Laboratory Manager
or other approved signatory

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Samples 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):

331408482

LATESTING
11652 KNOTT AVENUE, UNIT F5
GARDEN GROVE, CA 92841
PHONE: (800) 755-1794
FAX: (714) 828-4944

Company: <u>A-Tech Consulting</u>		LATESTING-Bill to: <input type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions in Comments**	
Street:		Third Party Billing requires written authorization from third party	
City:	State/Province: CA	Zip/Postal Code:	Country:
Report To (Name):		Fax #:	
Telephone #:		Email Address:	
Project Name/Number: <u>1824 N. CURSON AVE., "Wattles Mansion" Atch 14285</u>			
Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email		Purchase Order:	U.S. State Samples Taken:

Turnaround Time (TAT) Options* - Please Check

3 Hour 6 Hour 24 Hour 48 Hour 3 Day 4 Day 1 Week 2 Week

*For RUSH TAT's Please Call Ahead to Confirm Lab Hours and Availability
Materials Science and IAQ TATs are in Business Days rather than Hours (i.e. 24 Hour = End of Next Business Day)

Asbestos

PCM - Air <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> w/ 8hr. TWA TEM - Air <input type="checkbox"/> 4-4.5hr TAT (AHERA ONLY) <input type="checkbox"/> AHERA 40 CFR, Part 763 <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> EPA Level II <input type="checkbox"/> ISO 10312 TEM - Water Fibers $\geq 10\mu m$ <input type="checkbox"/> Waste <input type="checkbox"/> Drinking All Fiber Sizes <input type="checkbox"/> Waste <input type="checkbox"/> Drinking	PLM - Bulk <input checked="" type="checkbox"/> <u>PLM EPA 600/R-93/116</u> <input type="checkbox"/> PLM EPA NOB (<1%) <input type="checkbox"/> NYS 198.1 (friable-NY) <input type="checkbox"/> NYS 198.6 (non-friable-NY) Point Count <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%) Point Count w/ Gravimetric <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%) TEM - Dust <input type="checkbox"/> Microvac - ASTM D 5755 <input type="checkbox"/> Wipe-ASTM D6480	TEM - Bulk <input type="checkbox"/> TEM EPA NOB <input type="checkbox"/> NYS NOB 198.4 (non-friable-NY) <input type="checkbox"/> Chatfield SOP Soil/Rock/Vermiculite <input type="checkbox"/> PLM CARB 435 - A (0.25% sensitivity) <input type="checkbox"/> PLM CARB 435 - B (0.1% sensitivity) <input type="checkbox"/> TEM CARB 435 - B (0.1% sensitivity) <input type="checkbox"/> EPA Reg. 1 Screening Protocol (Qualitative) Other:
--	--	--

Lead (Pb)		Materials Science
Flame Atomic Absorption <input type="checkbox"/> Chips SW846-7000B or AOAC 974.02 <input type="checkbox"/> Soil SW846-7000B/7420 <input type="checkbox"/> Air NIOSH 7082 <input type="checkbox"/> Wastewater SM3111B or SW846-7000B/7420 <input type="checkbox"/> ASTM Wipe SW846-7000B/7420 <input type="checkbox"/> non ASTM Wipe SW846-7000B/7420 <input type="checkbox"/> TCLP SW846-1311/7420/SM 3111B	ICP <input type="checkbox"/> Air NIOSH 7300 Modified <input type="checkbox"/> non ASTM Wipe SW846-6010B or C <input type="checkbox"/> ASTM Wipe SW846-6010B or C <input type="checkbox"/> Soil SW846-6010 B or C <input type="checkbox"/> Waste Water SW846-6010B or C <input type="checkbox"/> TCLP SW846-6010B or C	<input type="checkbox"/> Common Particle ID (large particles) <input type="checkbox"/> Full Particle ID (environmental dust) <input type="checkbox"/> Basic Material ID (solids) <input type="checkbox"/> Advanced Material ID <input type="checkbox"/> Physical Testing (Tensile, Compression) <input type="checkbox"/> Combustion-by-products (soot, char, etc.) <input type="checkbox"/> X-Ray Fluorescence (elem. analysis) <input type="checkbox"/> X-Ray Diffraction (Crystalline Part.) <input type="checkbox"/> MMVF's (Fibrous glass, RCF's) <input type="checkbox"/> Particle Size (sieve/microscopy/laser) <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Petrographic Examination Other:
Graphite Furnace Atomic Absorption <input type="checkbox"/> Soil SW846-7421 <input type="checkbox"/> Wastewater EPA 200.9 <input type="checkbox"/> Air NIOSH 7105 <input type="checkbox"/> Drinking Water EPA 200.9	Other: <input type="checkbox"/>	

Microbiology

Wipe and Bulk Samples <input type="checkbox"/> Mold & Fungi - Direct Examination <input type="checkbox"/> Mold & Fungi Culture (Genus Only) <input type="checkbox"/> Mold & Fungi Culture (Genus & Species) <input type="checkbox"/> Bacterial Count & ID (Up to Three Types) <input type="checkbox"/> Bacterial Count & ID (Up to Five Types) <input type="checkbox"/> MRSA <input type="checkbox"/> <i>Pseudomonas aeruginosa</i>	Air Samples <input type="checkbox"/> Mold & Fungi (Spore Trap) <input type="checkbox"/> Mold & Fungi Culture (Genus Only) <input type="checkbox"/> Mold & Fungi (Genus & Species) <input type="checkbox"/> Bacterial Culture & ID (Up to Three Types) <input type="checkbox"/> Bacterial Culture & ID (Up to Five Types) <input type="checkbox"/> Endotoxin Testing	IAQ
Water Samples <input type="checkbox"/> Total Coliform & E.coli (P/A) <input type="checkbox"/> Fecal Coliform (SM 9222D) <input type="checkbox"/> Sewage Screen <input type="checkbox"/> Heterotrophic Plate Count (SM 9215)	Real Time Q-PCR (See Analytical Guide for Code) Code: Legionella <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 Other: <input type="checkbox"/>	Nuisance Dust NIOSH <input type="checkbox"/> 0500 <input type="checkbox"/> 0600 Airborne Dust <input type="checkbox"/> PM10 <input type="checkbox"/> TSP Silica Analysis: <input type="checkbox"/> All Species Silica Analysis - Single Species <input type="checkbox"/> Alpha Quartz <input type="checkbox"/> Cristobalite <input type="checkbox"/> Tridymite <input type="checkbox"/> HVAC Efficiency <input type="checkbox"/> Carbon Black <input type="checkbox"/> Airborne Oil Mist Other: <input type="checkbox"/>

****Comments/Special Instructions:**

Client Sample #'s	<u>01 - 11</u>	Total # of Samples:	<u>11</u>
Relinquished (Client):	<u>Commander D. Williams</u>	Date:	<u>5/8/14</u>
Received (Lab):	<u>[Signature]</u>	Date:	<u>5/8/14</u>
		Time:	<u>3:30pm</u>
		Time:	<u>3:30</u>

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**

RESOURCE

www.RESOURCECONSTRUCTION.com

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 painting activities 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



License Number **864417**

Entity **CORP**

Business Name **RESOURCE ENVIRONMENTAL INC**

Classification(s) **C21 ASB B HAZ C22**

Expiration Date **09/30/2019**

www.cslb.ca.gov



State of California



Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Certificate of Registration for Asbestos-related Work

Certificate No. 910

Expiration Date 8/10/2018

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.

Mary Smilie
Division of Occupational Safety and Health
for 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:

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

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



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

A handwritten signature in black ink, appearing to read 'Eddie Lang, Jr.', is written over a horizontal line.

Eddie Lang, Jr., Board Chair

A handwritten signature in black ink, appearing to read 'C. Christenson', is written over a horizontal line.

Cindi A. Christenson, Registrar of Contractors

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.



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

Handwritten signature of Eddie Lang, Jr. in black ink.

Eddie Lang, Jr., Board Chair

Handwritten signature of Cindi A. Christenson in black ink.

Cindi A. Christenson, Registrar of Contractors

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.



CERTIFICATE OF LIABILITY INSURANCE

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.

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.

PRODUCER License # OC88587 CDS Insurance Services 2001 E. Financial Way, Suite 200 Glendora, CA 91741
CONTACT NAME: PHONE (A/C, No, Ext): (626) 610-9500 FAX (A/C, No): (626) 610-9299
INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A : Nautilus Insurance Company 17370
INSURER B : Great Divide Ins Co 25224

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, Poll Liab, and Prof Liab.

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.

CERTIFICATE HOLDER Evidence of Insurance 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 [Signature]

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

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

SECTION III – WHO IS AN INSURED 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:
 - 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**.

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.

Policy No. WCA2021740-11
Insurance Company Great Divide Insurance Company

Endorsement No.

Countersigned By _____

RESOURCE

www.RESOURCECONSTRUCTION.com

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
Resource Environmental, Inc.		6634 Schilling Ave		562-468-7000
Calif. Cont. Lic. No. (if applicable)	864417	Long Beach CA 90805		Pager/cellular phone no.
Supervisor:		*Number of lead-job workers: (Check one below)		
* Supervisor name: Nestor Reyes		<input checked="" type="checkbox"/> 1 - 5	<input type="checkbox"/> 31 - 40	
California Department of Health Services Lead Cert. No. (if applicable) 14549		<input type="checkbox"/> 6 - 10	<input type="checkbox"/> 41 - 50	
		<input type="checkbox"/> 11 - 20	<input type="checkbox"/> > 50	
		<input type="checkbox"/> 21 - 30		

*Job start date/time	*Job completion date/time	Shift (Check all that apply)	*Approximate duration of 'Lead Work' in days
10/24/2018	10/26/2018	<input checked="" type="checkbox"/> Day	2
7:00 am	4:00 pm	<input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Other	

*Street address or location of job	City	Nearest cross street
1824 Curson Avenue	Los Angeles	Franklin Ave
	County	Zipcode
	Los Angeles	90046

*Precise location of work (building no., room no., etc.)			
Entity contracting the lead-work (check one)	Address	Zipcode	Phone
<input checked="" type="checkbox"/> Premises Owner <input type="checkbox"/> Lessee	221 N Figueroa St	90012	(213) 202-2664
Name: City of Los Angeles Recreation and Parks	Suite 400, Los Angeles		Pager/cellular phone no.

Type of structure and use: (Check all that apply)

<input type="checkbox"/> Office Building	<input type="checkbox"/> Residence	<input type="checkbox"/> Steel Structure/Type
<input checked="" type="checkbox"/> Public Access/Commercial	<input type="checkbox"/> School	<input type="checkbox"/> Other

Scope of work and work practices:

*Describe lead-related work to be done (check all that apply)

<input type="checkbox"/> Surface Preparation	<input type="checkbox"/> Wall Repair	<input type="checkbox"/> Other
<input type="checkbox"/> Water/Moisture Damage Repair	<input type="checkbox"/> Paint Removal	
<input type="checkbox"/> Window/Door Repair/Replacement	<input checked="" type="checkbox"/> Demolition	

*Describe paint removal methods (Check all that apply):

<input type="checkbox"/> Manual Scraping/Sanding	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Hydroblasting	<input type="checkbox"/> Other work practices disturbing lead:
<input type="checkbox"/> Power Sanding/Grinding	<input type="checkbox"/> Heat Guns	<input type="checkbox"/> Torch Cutting	
<input type="checkbox"/> Chemical Stripping	<input type="checkbox"/> Abrasive Blasting	<input type="checkbox"/> Welding	

*Amount of area to be disturbed: (Check one per column)

<input type="checkbox"/> < 10 square feet	<input type="checkbox"/> < 10 linear feet
<input type="checkbox"/> 10 - 100 square feet	<input type="checkbox"/> 10 - 100 linear feet
<input checked="" type="checkbox"/> 101 - 1000 square feet	<input type="checkbox"/> 100 - 1000 linear feet
<input type="checkbox"/> > 1000 square feet	<input type="checkbox"/> > 1000 linear feet

Torch cutting/welding
Duration of work: _____

Concentration of lead in disturbed materials:
_____ parts per million (ppm) _____ % percent by weight
_____ mg/cm² Assumed to be lead-containing: YES

Name of Notifier:	Title:	Date:
Cynthia Torres	Administrative Assistant	

RE# 18-189 Date 10/22/18

DOSH Lead Notification
Original



Certificate Of Mailing

To pay for affix stamps or meter postage here

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: **Resource Environmental, Inc.**

6634 Schilling Ave.

Long Beach, CA 90805

To: **DOSH District Office**

320 West 4th Street,

Room 820

Los Angeles, CA 90013

**U.S. Postage
Paid**

OCT 22 2018

**Long Beach, CA
90805**

Locate Nearest OSHA Office>>>>

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

RESOURCE

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Foreman Field Forms

RESOURCE

Foreman Field Forms

Job Name: <i>Wattles Mansions</i>	Job Number: <i>18-189</i>	
Resource Foreman: <i>Valentin Roeser</i>	Signature: <i>Valentin Roeser</i>	Date: <i>10/24/18</i>

The 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 <i>N/A</i>
9	Manifest Tracking Log <i>N/A</i>
10	Visitors Worksite Entry/Exit Log <i>N/A</i>
11	Resource Emergency Contact List ✓

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RESOURCE

Daily Time Sheet

Job Name: Wattles Mansion Job Number: 18-189

Resource Foreman: Valentín Rosas Date: 10/24/18 Start Time: 7:00 AM

Air Sampling (Y or N) Y Incident Report (Y or N) N Percent Completed for all Work: 50% DONE Circle one
 Mon Tue **Wed** Thur Fri Sat Sun

Breaks 1st Break 15 Min Lunch 30 min: 2nd Break 15 min

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 Signature Firma de Empleado
1 2302	Valentín Rosas	Foreman	8	NA	NA	8	NO	Valentín Rosas
2 7756	Gregorio Hernandez	Worker	8	NA	NA	8	NO	Gregorio Hernandez
3 7863	Ciro Rodriguez	Worker	8	NA	NA	8	NO	Ciro Rodriguez
4	Worker	Worker	8	NA	NA	8	NO	Worker
5	Worker	Worker	8	NA	NA	8	NO	Worker
6								
7 2302	Valentín Rosas	Foreman	2	NA	NA	2	NO	Valentín Rosas
8	Drive time							
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Foreman Signature: Valentín Rosas Date: 10/24/18 Total Man-days (for Today): 3 Total Man-days (USED UP TO DATE): 3

Notes:

TIME SHEET MUST BE EMAIL AT THE END OF SHIFT TO: labormanager@resource-env.com

APPROVALS

Resource Superintendent _____ Date _____ Resource Project Manager _____ Date _____

RESOURCE

Daily Checklist & Work Log										
JOB NO. (Nu. de trabajo): 18-189					DATE (FECHA): 10/24/18			DAY OF THE WEEK (DIA DE LA SEMANA): wed		
JOB NAME (Nom. de trabajo): Wattles Mansions					WORK AREA LOCATION (Area de trabajo): East side (outside)					
STARTING TIME (Hora de inicio): 7:00 am		FINISH TIME (Tiempo final): 3:30 pm			NO. OF BAGS (Nu de bolsas):					
NO. OF AIR SAMPLES TAKEN TODAY OF THE FOLLOWING: (Cantidad de muestras de aire tomadas hoy)		BASELINE	PERSONAL:		AREA:	AFT:	FINAL AIR CLEARANCE (Autorización de aire final):	PCM:	TEM*	
DESCRIPTION		YES	NO	NA	DESCRIPTION			YES	NO	NA
Work area isolated (area de trabajo aislado)		✓			GFCI on site/In use (interruptor de circuito en el sitio)			✓		
Critical barriers/Isolation barriers maintained (barreras de aislamiento/criticas)		✓			Decontamination system functioning (Funcionamiento de sistema de descontaminación)			✓		
HVAC system turned off/sealed (El sistema de HVAC apagado)		✓			Evidence of water leaks (evidencia de agujeros de agua)					✓
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)		✓			Emergency exits posted (salidas de emergencia publicadas)			✓		
Work area secured (area de trabajo asegurada)		✓			Fire extinguishers in place (extintor de fuego en sitio)			✓		
EPA/OSHA/Municipal job notification posted (notificación de trabajo Municipal/OSHA/EPA)		✓			Safety/Fire meeting: attach report (Junta de seguridad y fuego: ate el reporte)			✓		
EPA/OSHA regulations posted (poner reglamentos de EPA/OSHA)		✓			Asbestos load out time (reporte de tiempo de carga de asbestos)					✓
Specification/Scope of work (Especificaciones/detalles de trabajo)		✓			Dumpster lined/secure (basurero forrado/seguro)					✓
Respirators in use (respiradores en uso)		✓			Waste manifest on site (Manifest de residuos en sitio)			✓		
Respirator type (tipo de respirador):		✓			Sup/Workers train. Certs & med. records on site			✓		
Electrical panels lock/ tag out (Paneles electricos cerrados/Etiqueta afuera)				✓	Air sample plan on site (plan de muestra de aire)			✓		
MSDS onsite for all chemicals used (MSDS para todos los químicos en el sitio)		✓			AFD filter change (Cambio de filtro de AFD)					✓
Visual Inspection of work (Inspección visual)		✓			PPE: Respirators <input checked="" type="checkbox"/> Coveralls <input checked="" type="checkbox"/> Foot covers <input checked="" type="checkbox"/> Headcovers <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/>					
Appropriate PPE on-site/in use (Apropiado PPE en uso) (see checklist)		✓			PPE: Respiradores <input type="checkbox"/> Overol <input type="checkbox"/> Cubiertas para pies <input type="checkbox"/> cubiertas de cabeza <input type="checkbox"/> Gafas de seguridad <input type="checkbox"/>					
Work Description / Descripción de Trabajo										
<p><i>* The crew Resource arrived on job site and then arrived per parked to Lawrence one lift.</i></p> <p><i>* Rich Brockbank arrive on job site at 6:50 Am. Then arrive in the job site too.</i></p>										

Continue work log on next page and sign
Continuar en la siguiente pagina y firmar

RESOURCE

Daily Log Continuation Sheet

Description of Work (cont.)

* Liza Waldor arrived on jobsite and then he opened the gate to enter the work area.

We put inside the bldg the resource truck and ^(beam) lift.

* After Rich checked the work area and the contractor Matt Munroster. Then he left.

* The crew did safety meetings to workers and we signed and after that signed it.

* The crew started to load equipment & material from the truck.

Then they started to prep work in the storage room from under work areas we put plastic on the floor we put critical signs, the door windows, caution tape, lead tape, deacons with water and signs.

* The crew wearing PPE properly and put the harnesses on and started to remove stucco from lower roof to height of 3' along length of east lower roof.

and remove painted wood 1x6" on ~~the~~ the entire lower roof (200SF)

* We took lunch time one hr.

* We came back from lunch time and wearing PPE properly and continuing to remove painted stucco and heavy all material we use water for dust control.

* The crew finish w/ stucco and started to remove the small wood of 1x6" with hand tools and put inside the plastic Gulch clear and sealed with duct tape.

* The crew started to bag out and haul all wood with plastic and pick up all material we put inside the bldg and waste we put inside the resource truck.


Foreman's Signature (firma)

Total Man Days
This Date

3

OT Hours
This Date

0

Total Man Days
Job to Date

3

OT Hours
Job to Date

0

RESOURCE

Area Entry / Exit Log

Job No.: 18-189	Date: 10/24/18	Day of Week: 10/24/18
Job Name: Wattles Mansions	Work Area Location: East area	

Employees Name	Social Security Number	Time In	Lunch Out	Lunch In	Time In	Time Out	Filter Change
Valentín Lopez	72302	8:40	11:00	12:00	12:30	9:10	<input checked="" type="checkbox"/> N
Ciro Rodriguez	7863	8:45	11:00	12:00	12:10	3:00	<input checked="" type="checkbox"/> N
gregorio Hernandez	7756	8:42	11:00	12:00	12:10	3:00	<input checked="" type="checkbox"/> N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N
							Y N

Resource Superintendent Signature _____ Date _____

RESOURCE

Daily Safety Meeting & Training Participation

Number/Nu. De Trabajo 18-189			Resource Foreman: Valentin Bogas							
Job Name/Nombre de Trabajo Wattles Mansions			Meeting Conducted by: Valentin Bogas							
PPE on-site/PPE en el sitio: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	MSDS on-site/en el sitio: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Safety Hazards Identified & Discussed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Date/Fecha: 10/24/18	Mon 1	Tues 2	Weds 3	Thurs 4	Fri 5	Sat 6	Sun 7

MEETING TOPIC(s) Discussed

<p>* safety protection with ppe. properly and check before use the Fall protection.</p> <p>* Be careful with Hand tools.</p>	<p>* use the harness correct and check the hook with the use</p> <p>* all work is put inside the bags</p>
--	---

Employees in Attendance

#	Employee Name (Last, First)	Employee Signature/ Firma De Empleado
1	Valentin Bogas	Valentin Bogas
2	Gregorio Hernandez	Gregorio Hernandez
3	Ciro Rodriguez	Ciro Rodriguez
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Suggestions to improve workplace safety and health:

Actions Taken to Improve Safety:

Resource Superintendent Signature _____ Date _____

RESOURCE

Safety Meeting Topics

Job No.: 18-189	Date: 10/24/18	Day of Week: wed
Job Name: Wattles Mansions	Work Area Location: East side (outside)	

Use the table below as a guide to help you select subjects and track meeting dates. In addition, complete the Safety Meeting & Training Form for each meeting that includes workers name, date, subject and the Foreman's name.

Safety Meeting Topics	Date	Safety Meeting Topics	Date
Access to Project Site	10/24/18	Guardrails, Generators, floor buffers	10/24/18
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	✓
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	
Electrical (extension cords,	✓	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	✓	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	

Resource Superintendent Signature _____

Date _____

RESOURCE

Jobsite Roster

Job No.: 18-189	Date: 10/24/18	Day of Week: wed.
Job Name: Wattle Mansion	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 Rosos	2302		
Ciro Rodriguez	7863		

Resource Superintendent Signature _____ Date _____

RESOURCE

Manometer & Filtration Log

Job No: 18-189	Work Date: 10/24/18	Resource Foreman: <i>Volenti Rosas</i>
Job Name: Wattles Mansions		Foreman Signature: <i>Volenti Rosas</i>

Manometer Log

N/A

Water Filtration Log Size of Filter (1, 5, 10, 20 MIC) and Time of Change

N/A

Neg Air Filtration Log Serial #, Type of Filter (primary or secondary) and Time of Change

N/A

RESOURCE

Manifest Tracking Log

Job No.: <i>18-189</i>	Work Date: <i>10/24/18</i>
Job Name: <i>Wattles Mansions</i>	Foreman Name: <i>Valentin Lopez</i>

Manifest Tracking Information

Manifest Tracking Number	Date Shipped Off-Site	HAZ Waste	Non-HAZ Waste	No. of Bags	Name of Hauler	Landfill Name
<i>N/A</i>					<i>N/A</i>	

Resource Foreman Signature	Date
----------------------------	------

RESOURCE

Visitors Worksite Entry / Exit Log

Job No.: 18-189	Date: 10/24/18	Project Manager Signature:
Job Name: Wattles Mansions	Foreman: Valentin Rosas	

Visitors Log

Name	Company	MEDICAL (Circle) YES NO		Time In	Time Out	Time In	Time Out	Working in Asbestos Work Area?	PPE (Circle one)			
									1) 1/2 Face HEPA	2) PAPR	3) Tyvek	
N/A	N/A	Y	N					Y	N	1	2	3
N/A	N/A	Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3
		Y	N					Y	N	1	2	3

Resource Superintendent Signature	Date
-----------------------------------	------

RESOURCE

DEMOLITION FOREMAN FIELD FORM

Email This Page After Shift to labormanager@resource-env.com and to the Project Manager

JOB NUMBER: <i>18-189</i>	JOB NAME: <i>Wattles Mansions</i>	DATE: <i>10/24/18</i>
FOREMAN: <i>Valentin Rosas</i>	PROJECT MANAGER:	

LABOR

CREW SIZE:

EQUIPMENT

RESOURCE EQUIPMENT:

RENTAL EQUIPMENT:

JLG Lift 40 (PDP)
(Renter.)

DISPOSAL

TYPE OF MATERIAL:	# OF LOADS:	HAULER:	TYPE OF MATERIAL:	# OF LOADS:	HAULER:
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**

Resource Environmental, Inc.

P.O. Box 2077, Paramount, CA 90723

Phone: (562) 468-7000
Fax: (562) 468-0600

AIR SAMPLE DATA SHEET

Job Name: *Wet Air* Address: *1824 N. CORCORAN AVE. LOS ANGELES, CA 90028* Job Number: *18-189* Crew Size: *2*

Onsite Project Foreman: *Mason* Sampling and Data Sheet Completed By: *Gregorio Hernandez* Title: *supervisor* Signature: *Gregorio Hernandez* Date of Sampling: *10/24/11*

Sample ID #	Pump#	Sample Type	Sampling Time		Flow Rate (Liters/Minute)		Description of Worker Activity or Sample Location	Name of Employee and Social Security#	Respirator Type
			Start	Stop	Start	Stop			
<i>1P-95</i>	<i>1000</i>	<i>road</i>	<i>8:42</i>	<i>11:00</i>	<i>9.0</i>	<i>9.0</i>	<i>Resource painted 5 tuccs from Lever next to height of 3' * measure painted 15' X on the surface Lever next to with hand tools and reset the feeds * bagger and mixers feed speed use dust tape * Each of lever reset and wash <i>(253) (001) drl (02)</i></i>	<i>Gregorio Hernandez</i>	<i>face.</i>
			<i>12:12</i>	<i>3:00</i>	<i>7.0</i>	<i>7.0</i>	<i>Well Munsster cell</i>		
							<i>513-550-8322 cell</i>		
							<i>Records Almadeno</i>		
							<i>* 513-505-5000 office</i>		
							<i>7120 Mallets</i>		

Calibration		Chain of Custody	
Rotometer ID #	Relinquished By	Date/Time	Received By
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 indicated flow rate. The lab will calculate the flow rate and EL.			

RESOURCE

Foreman Field Forms

Job Name:	<i>Wattles Mansions</i>	Job Number:	<i>18-189</i>
Resource Foreman:	<i>Valenti Rosas</i>	Signature	<i>Valenti Rosas</i>
		Date:	<i>10/25/18</i>

The 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	<input checked="" type="checkbox"/>
2	Daily Check List & Work Log	<input checked="" type="checkbox"/>
3	Daily Safety Meeting & Training Participation	<input checked="" type="checkbox"/>
4	Safety Meeting Guide	<input checked="" type="checkbox"/>
5	Air Sample Data Sheet	<input checked="" type="checkbox"/>
6	Area Entry/Exit Log	<input checked="" type="checkbox"/>
7	Jobsite Roster	<input checked="" type="checkbox"/>
8	Manometer & Filtration Log	<i>N/A</i>
9	Manifest Tracking Log	<i>N/A</i>
10	Visitors Worksite Entry/Exit Log	<input checked="" type="checkbox"/>
11	Resource Emergency Contact List	<input checked="" type="checkbox"/>

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RESOURCE

Daily Time Sheet

Job Name: Watt's Mansion Job Number: 18-189

Resource Foreman: Valenti Rosas Date: 10/25/18 Start Time: 7:00 AM

Air Sampling (Y or N) Y Incident Report (Y or N) N Percent Completed for all Work: 100% DONE Circle one
 Mon Tue Wed **Thur** Fri Sat Sun

Breaks 1st Break 15 Min Lunch 30 min: 2nd Break 15 min

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 Signature Firma de Empleado
1 2302	Valenti Rosas	Foreman	8	NA	NA	8	NO	Valenti Rosas
2 7756	Gregorio Hernandez	Worker	8	↓	↓	8	NO	Gregorio Hernandez
3 7863	Ciro Rodriguez	Worker	8	↓	↓	8	NO	Ciro Rodriguez
4								
5								
6 2302	Valentin Rosas	Foreman	2	NA	NA	2	NO	Valenti Rosas
7	* Drive Time *							
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Foreman Signature: Valenti Rosas Date: 10/25/18 Total Man-days (for Today): 3 Total Man-days (USED UP TO DATE): 6

Notes: Today we done 100% and the city workers - check my work and he said OK everything is good. (The sign of certificate of completion)

TIME SHEET MUST BE EMAIL AT THE END OF SHIFT TO: labormanager@resource-env.com

APPROVALS

Resource Superintendent _____ Date _____ Resource Project Manager _____ Date _____

RESOURCE

Daily Checklist & Work Log										
JOB NO. (Nu. de trabajo): 18-189				DATE (FECHA): 10/25/18			DAY OF THE WEEK (DIA DE LA SEMANA): Thur.			
JOB NAME (Nom. de trabajo): Wattles Mansions				WORK AREA LOCATION (Area de trabajo): East area from outside Bldg.						
STARTING TIME (Hora de inicio):		FINISH TIME (Tiempo final):		NO. OF BAGS (Nu de bolsas):						
NO. OF AIR SAMPLES TAKEN TODAY OF THE FOLLOWING: (Cantidad de muestras de aire tomadas hoy)		BASELINE	PERSONAL:		AREA:	AFT:	FINAL AIR CLEARANCE (Autorización de aire final):	PCM:	TEM"	
DESCRIPTION		YES	NO	NA	DESCRIPTION			YES	NO	NA
Work area isolated (area de trabajo aislado)		✓			GFCI on site/in use (interruptor de circuito en el sitio)			✓		
Critical barriers/isolation barriers maintained (barreras de aislamiento/criticas)		✓			Decontamination system functioning (Funcionamiento de sistema de descontaminación)			✓		
HVAC system turned off/sealed (El sistema de HVAC apagado)		✓			Evidence of water leaks (evidencia de agujeros de agua)					✓
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)		✓			Emergency exits posted (salidas de emergencia publicadas)			✓		
Work area secured (area de trabajo asegurada)		✓			Fire extinguishers in place (extintor de fuego en sitio)			✓		
EPA/OSHA/Municipal job notification posted (notificación de trabajo Municipal/OSHA/EPA)		✓			Safety/Fire meeting: attach report (Junta de seguridad y fuego: ate el reporte)			✓		
EPA/OSHA regulations posted (poner reglamentos de EPA/OSHA)		✓			Asbestos load out time (reporte de tiempo de carga de asbestos)			⊗		✓
Specification/Scope of work (Especificaciones/detalles de trabajo)		✓			Dumpster lined/secure (basurero forrado/seguro)					✓
Respirators in use (respiradores en uso)		✓			Waste manifest on site (Manifest de residuos en sitio)					✓
Respirator type (tipo de respirador):		✓			Sup/Workers train. Certs & med. records on site			✓		
Electrical panels lock/ tag out (Paneles electricos cerrados/Etiqueta afuera)				✓	Air sample plan on site (plan de muestra de aire)			✓		
MSDS onsite for all chemicals used (MSDS para todos los químicos en el sitio)		✓			AFD filter change (Cambio de filtro de AFD)					✓
Visual Inspection of work (Inspección visual)		✓			PPE: Respirators <input checked="" type="checkbox"/> Coveralls <input checked="" type="checkbox"/> Foot covers <input checked="" type="checkbox"/> Headcovers <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/>					
Appropriate PPE on-site/in use (Apropiado PPE en uso) (see checklist)		✓			PPE: Respiradores <input type="checkbox"/> Overol <input type="checkbox"/> Cubiertas para pies <input type="checkbox"/> cubiertas de cabeza <input type="checkbox"/> Gafas de seguridad <input type="checkbox"/>					
Work Description										
Descripción de Trabajo										
<p>* The crew arrive on job site at 7:00 AM then I did safety meeting to workers and we signed it</p> <p>* The crew started to loading the equipment and materials</p>										

RESOURCE

Daily Log Continuation Sheet

Description of Work (cont.)

From The Van Resources.

* The crew use suits, gloves, safety glasses, Hard Hats and fall protection in their job.

* The crew use the boom lift and went to roof to continue to decontaminate and cleaned with Hapa Vacuum and wet methods.

* They use safety equipment for cleanup and hard tools.

* The crew finish with cleaned and decontaminate outside and then started to cleaned inside storage room.

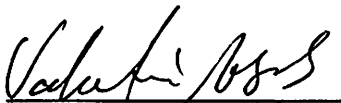
* We took lunch time one hr.

* The crew come back from lunch time and continued PPE. prepared and started forewarn all plastic on receiving and floor. and then continued with Hapa Vacuum and wet wipe all floor.

* 3 peoples arrived on job site from the city of Los Angeles Rec/parks. to check my work and he said OK everything is good.

* After George sign me of certificate of completion and then they left.

* The crew started to pick up the equipment and material and put inside the Resource van. and we left at 3:20 pm.



Foreman's Signature (firma)

Total Man Days
This Date

3

OT Hours
This Date

N/A

Total Man Days
Job to Date

6

OT Hours
Job to Date

N/A

RESOURCE

Daily Safety Meeting & Training Participation

Number/Nu. De Trabajo 18-189			Resource Foreman: Valentín Rosas							
Job Name/Nombre de Trabajo Wattles Mansion			Meeting Conducted by: Valentín Rosas							
PPE on-site/PPE en el sitio: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	MSDS on-site/en el sitio: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Safety Hazards Identified & Discussed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Date/Fecha: 10/25/18	Mon 1	Tues 2	Weds 3	Thurs 4	Fri 5	Sat 6	Sun 7

MEETING TOPIC(s) Discussed

<p>* Be careful with nails and screws.</p> <p>* fall protection, check before to use.</p>	<p>* Be careful with electrical cables when use Branchift.</p>
---	---

Employees In Attendance

	Employee Name (Last, First)	Employee Signature/ Firma De Empleado
1	Valentín Rosas	Valentín Rosas
2	Gregorio Hernandez	Gregorio Hernandez
3	Ciro Rodriguez	Ciro Rodriguez
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Suggestions to improve workplace safety and health

*** House Keeping all time.**

*** Check and Mark the Hazard areas.**

Actions Taken to Improve Safety

*** I did safety Meeting to workers and explain from fall protection in the roof.**

Resource Superintendent Signature _____ Date _____

RESOURCE

Safety Meeting Topics

Job No.: 18-189	Date: 10/25/18	Day of Week: THU
Job Name: Wattles Mansions	Work Area Location: East area outside.	

Use the table below as a guide to help you select subjects and track meeting dates. In addition, complete the Safety Meeting & Training Form for each meeting that includes workers name, date, subject and the Foreman's name.

Safety Meeting Topics	Date	Safety Meeting Topics	Date
Access to Project Site	✓ 10/25/18	Guardrails, Generators, floor buffers	10/25/18
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	✓
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	
Electrical (extension cords,	✓	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	✓	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	

Resource Superintendent Signature _____

Date _____

RESOURCE

Area Entry / Exit Log

Job No.: 18-189	Date: 10/25/18	Day of Week: THURS.
Job Name: Wattles Mansions	Work Area Location:	

Employees Name	Social Security Number	Time In	Lunch Out	Lunch In	Time In	Time Out	Filter Change
1 Urbani Rosas	2302	8:20				8:32	<input checked="" type="checkbox"/> N
2 Gregorio Hernandez	7756	7:15	11:00	12:00	12:10	12:40	<input checked="" type="checkbox"/> N
3 Ciro Rodriguez	7863	7:15	11:00	12:00	12:12	12:40	<input checked="" type="checkbox"/> N
4							Y N
5							Y N
6							Y N
7							Y N
8							Y N
9							Y N
10							Y N
11							Y N
12							Y N
13							Y N
14							Y N
15							Y N
16							Y N
17							Y N
18							Y N
19							Y N
20							Y N

Resource Superintendent Signature _____ Date _____

RESOURCE

Jobsite Roster

Job No.: 18-189	Date: 10/25/18	Day of Week: Thurs
Job Name: wattles	Work Area Location: east side (out side the bldg)	

Employees Name Nombre de Empleado	Social Security Seguro Social	Employees Name Nombre de Empleado	Social Security Seguro Social
Valentin Rosas	2302		
Gregorio Hernandez	7786		
Ciro Rodriguez	7863		

Resource Superintendent Signature _____ Date _____

RESOURCE

Manometer & Filtration Log

Job No: 18-189	Work Date: 10/25/18	Resource Foreman: Valentin Rogas
Job Name: Wattles Mansions.		Foreman Signature: Valentin Rogas

Manometer Log

MA

Water Filtration Log Size of Filter (1, 5, 10, 20 MIC) and Time of Change

MA

Neg Air Filtration Log Serial #, Type of Filter (primary or secondary) and Time of Change

MA

RESOURCE

Manifest Tracking Log

Job No.: 18-189	Work Date: 10/25/18
Job Name: Wattles Mangions	Foreman Name: Valentin Bogus

Manifest Tracking Information

Manifest Tracking Number	Date Shipped Off-Site	HAZ Waste	Non-HAZ Waste	No. of Bags	Name of Hauler	Landfill Name
NA					NA	

Resource Foreman Signature	Date
----------------------------	------

RESOURCE

Visitors Worksite Entry / Exit Log

Job No.: 18-189	Date: 10/25/18	Project Manager Signature:
Job Name: Wattles Mansions	Foreman: Walter Rosas	

Visitors Log

Name	Company	MEDICAL (Circle) YES NO	Time In	Time Out	Time In	Time Out	Working in Asbestos Work Area?	PPE (Circle one)		
								1) 1/2 Face HEPA	2) PAPR	3) Tyvek
1	<i>MA</i>	<i>MA</i>					Y N	1	2	3
2	<i>MA</i>	<i>MA</i>					Y N	1	2	3
3							Y N	1	2	3
4							Y N	1	2	3
5							Y N	1	2	3
6							Y N	1	2	3
7							Y N	1	2	3
8							Y N	1	2	3
9							Y N	1	2	3
10							Y N	1	2	3
11							Y N	1	2	3
12							Y N	1	2	3
13							Y N	1	2	3
14							Y N	1	2	3
15							Y N	1	2	3
16							Y N	1	2	3
17							Y N	1	2	3
18							Y N	1	2	3
19							Y N	1	2	3
20							Y N	1	2	3

Resource Superintendent Signature	Date
-----------------------------------	------

RESOURCE

DEMOLITION FOREMAN FIELD FORM

Email This Page After Shift to labormanager@resource-env.com and to the Project Manager

JOB NUMBER: <i>18-189</i>	JOB NAME: <i>Wattles Musicians</i>	DATE: <i>10/25/18</i>
FOREMAN: <i>Valentin Neses</i>	PROJECT MANAGER:	

LABOR

CREW SIZE:

EQUIPMENT

RESOURCE EQUIPMENT:	RENTAL EQUIPMENT:
	<i>BoomLIFT 40 (p DQ rental)</i>

DISPOSAL

TYPE OF MATERIAL:	# OF LOADS:	HAULER:	TYPE OF MATERIAL:	# OF LOADS:	HAULER:
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

Resource Environmental, Inc.

P.O. Box 2077, Paramount, CA 90723

Phone: (562) 468-7000
Fax: (562) 468-0600

Job Name 18-189 7	Address 1824 Curson Ave Los Angeles CA 90046	Job Number 18-189	Crew Size 2
-----------------------------	--	-----------------------------	-----------------------

Onsite Project Foreman Yes	Sampling and Data Sheet Completed By Valentin Rosas	Title Supervisor	Signature <i>Valentin Rosas</i>	Date of Sampling 10/25/18
--------------------------------------	---	----------------------------	------------------------------------	-------------------------------------

Sample ID #	Pump#	Sample Type	Sampling Time		Flow Rate (Liters/Minute)		Description of Worker Activity or Sample Location	Name of Employee and Social Security#	Respirator Type
			Start	Stop	Start	Stop			
1P	25	Lead	7:15	11:00	2.0	7.0	Deated and cleaned w/ hepa vacuum and wet methods. * Rock, wall, outside of storage room (inside of Bldg.)	CIVIL RODRIGUEZ # 7863	1/2 Face
			12:10	2:00	2.0	2.0	East side in Bldg.		
							" " "		

Calibration	Rotometer ID #	Chain of Custody	Relinquished By	Date/Time	Received By	Date/Time
	Rotometer Calibration Date (must be calibrated against primary every 6 months)		Valentin Rosas	10/25/18		
	Pumps must be calibrated before and after each use. Reference calibration curve to determine indicated vs. flow rate. The lab will calculate and EL.					

RESOURCE

www.RESOURCECONSTRUCTION.com

Employee Certifications

EPA ACCREDITED

NO. 44159
AHERA APPROVED



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Valentin Rosas

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

ON
January 6, 2019

FOR
ASBESTOS ABATEMENT
CONTRACTOR/ SUPERVISORS- ANNUAL REFRESHER

COURSE DATES: January 6, 2019

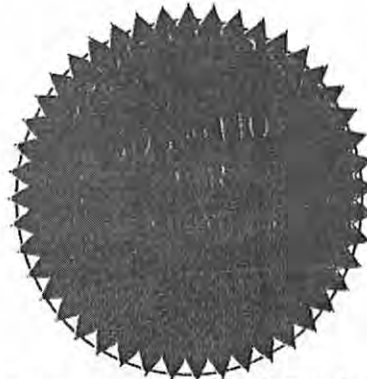
EXAM DATE: January 6, 2019

AACS-R-10633-19

ACCREDITATION NO.

January 6, 2020

EXPIRATION DATE




Nubia Ayala-Director
AUTHORIZED SIGNATURE

Paul Eubanks

EXAM ADMINISTRATOR
DOSH APPROVAL #CA-017-04

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

Date: MAY 14 2019

Patient/Employee Name: Valentin Rosas

Pass

Did Not Pass

Pending (Medical Hold)

1. 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

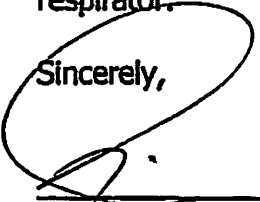
Comments: Pt has Bronchial PFT.

2. Is there any need for follow-up medical evaluation?

YES NO

Comments: He will benefit by losing weight

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

LAST NAME ROSAS FIRST NAME Valentin MI _____

Date of Birth: 02/14/1972 Male Female _____ Social Security # _____ - 2309

Job Title Supervisor 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:

Daily _____ Occasional _____ Weekly _____ Rarely _____

3. Have you had or do you now have any of the following:

- | | | | | | |
|---------------------|-----|--|----------------------------------|-----|--|
| Asthma | Yes | <input checked="" type="checkbox"/> No | Fear of tight or enclosed spaces | Yes | <input checked="" type="checkbox"/> No |
| Emphysema | Yes | <input checked="" type="checkbox"/> No | Sensation of smothering | Yes | <input checked="" type="checkbox"/> No |
| Lung Disease | Yes | <input checked="" type="checkbox"/> No | Heat exhaustion or heat stroke | Yes | <input checked="" type="checkbox"/> No |
| Persistent Cough | Yes | <input checked="" type="checkbox"/> No | Defective vision | Yes | <input checked="" type="checkbox"/> No |
| Heart Trouble | Yes | <input checked="" type="checkbox"/> No | Defective hearing | Yes | <input checked="" type="checkbox"/> No |
| Shortness of Breath | Yes | <input checked="" type="checkbox"/> No | Contact lenses or glasses | Yes | <input checked="" type="checkbox"/> No |
| History of fainting | Yes | <input checked="" type="checkbox"/> No | | | |

Other conditions that my interfere or seizures with respiratory use: Yes No

High blood pressure Yes No Diabetes Yes No

Are you currently taking medication? If so, What? _____

Please describe every item answered Yes or if you have had a serious illness, operation, injury or hospitalization: _____

RESPIRATORY HISTORY

- | | | |
|---|----------------------|---|
| 1. Do you usually cough first thing in the morning? | Yes | <input checked="" type="checkbox"/> No |
| 2. Do you cough as much as 3 months a year? | Yes | <input checked="" type="checkbox"/> No |
| 3. Do you bring up phlegm when you cough? | Yes | <input checked="" type="checkbox"/> No |
| 4. Do you ever experience: | Chest tightness? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Shortness of breath? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Wheezing? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 5. Have you ever had asthma? | Yes | <input checked="" type="checkbox"/> No |
| 6. Have you ever had allergies? | Yes | <input checked="" type="checkbox"/> No |
| 7. Do you have a heart condition for which you are under a doctors care | Yes | <input checked="" type="checkbox"/> No |
| 8. Have you ever taken prescription medicine for respiratory illness? | Yes | <input checked="" type="checkbox"/> No |

SMOKING HISTORY

- | | | |
|---|------------------------------|--|
| 1. Have you ever smoked? | Yes | <input checked="" type="checkbox"/> No |
| 2. Do you smoke Now? | Yes | <input checked="" type="checkbox"/> No |
| 3. How many years/months have you been smoking? | _____ Yrs | _____ Mth |
| 4. How many years/months did you stop smoking? | _____ Yrs | _____ Mth |
| 5. How many packs of cigarettes do/did you smoke per day? | _____ | Packs |
| 6. Cigars per day? _____ | 7. Pipe bowls per day? _____ | |

~~PART B - PHYSICAL EXAMINATION (To be completed by physician):~~

Height 67 inches Weight 351 lbs. Pulse 79 Blood Pressure 132/74

Any physical characteristic that would interfere with respiratory fitting Yes No

Heart: Normal Abnormal

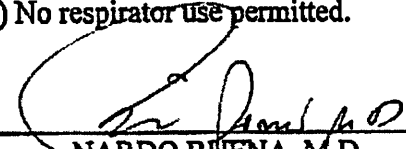
Lungs: Normal Abnormal

Pulmonary Function: Normal Abnormal Borderline

Explanation: _____

Based on my examination of the above named employee, it is my opinion there should be:

- No restrictions on respirator use.
- Some restrictions on respirator use.
- No respirator use permitted.



NARDO BUENA, M.D.

5/14/19
DATE

A&C URGENTCARE

Abnormal Spirometry Report

- ROSAS-MONROY, VALENTIN

5/14/2019 10:46:58 AM

Page 1

Patient Information:

ID: 02-14-1972
 Name: ROSAS-MONROY, VALENTIN
 DOB: 2/14/1972 Age: 47 years
 Height: 67 inch Weight: 351.0 lbs
 Gender: Male
 Race: Hispanic
 Packs / Day: Smoke Years:
 Cooperation:

Test Information:

Pre Time: 10:48 AM
 Post time: -
 Norm Reference: NHANESIII 1999

Quality Messages:

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

Test Results:

Lung age: 70 years
 FEV1%Pred: 70 %
 FEV1%: 81%
 Improvement: -

FEV1 Pre / Post Var: 89 ml (3 %) / -
 FVC Pre / Post Var: 211 ml (7 %) / -

ATS Reproducibility:

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

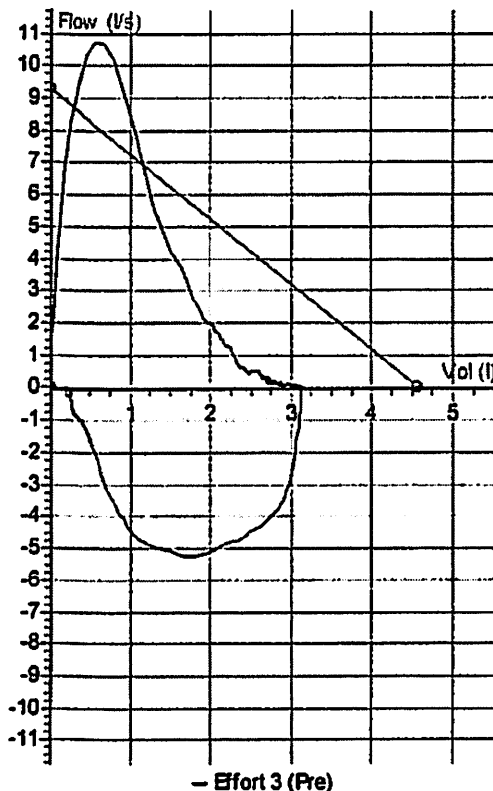
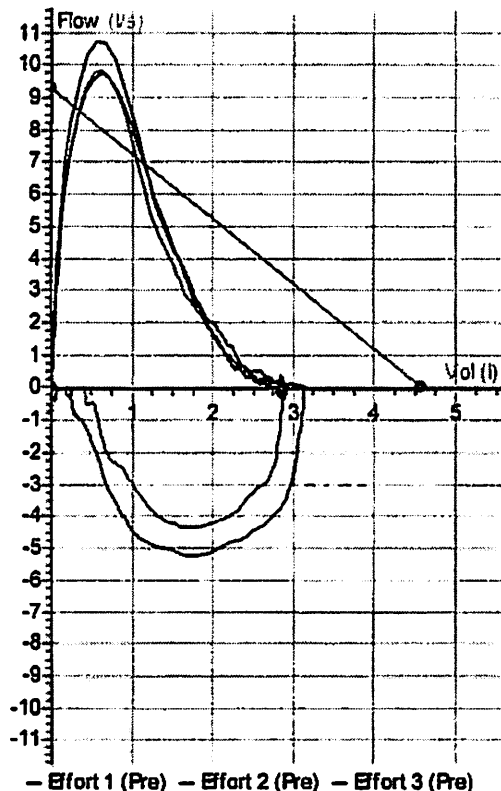
Test Interpretation: UNCONFIRMED REPORT

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

Test Comment:

Parameter Units	Pred (LLN)	Best Effort		%Change	All Efforts		
		3. Pre	%Pred		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 (8.85)	10.74	116%	-	10.74	9.87	9.76
FEF25-75 (L/s)	3.67 (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

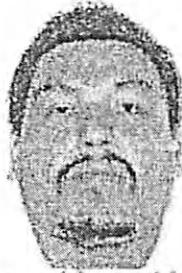
Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker
★

02/14/2018



Valentin Rosas

ID #: 19211

Nº 25188

Meets OSHA 29 CFR 1910.1025



OCCUTRAIN

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



Adalberto Escobar

AUTHORIZED SIGNATURE

Adalberto Escobar

EXAM ADMINISTRATOR

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

RESOURCE ENVIRONMENTAL INC.

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.

No 1110MB

Instructor: Martin Bolanos

Signature: M Bolanos

Date Issued: 07/28/2018

147364

**CDPH COURSE COMPLETION FORM
AND TRAINING CERTIFICATE**

Form Number

Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the accredited training provider. The accredited training provider must submit the top (white) copy of this form to CLPPB **and** the last two (pink and yellow) copies to the student within **30 calendar days** of the student's successful completion of the final examination. / **Instrucciones:** La parte 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 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 (562) 455-7548

Home address (number, street, apartment number, PO box number / Dirección (número, calle, número de apartamento, apartado postal) Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año)
 8542 Stanford Ave. 02 / 14 / 1972

City / Ciudad State / Estado ZIP code / Código postal Photo identification / Tarjeta de identificación con foto Number / Número
 Garden Grove CA 92841 Y2342084

Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si es diferente (nombre de patron or unión, número, calle, número de apartamento, apartado postal) Type / Tipo
 Driver's license / Licencia de conducir
 Resident alien card / Tarjeta de residencia
 Other ID / Otro tipo de ID (specify / especifique):

Gender / Sexo
 Male / Masculino Female / Femenino

If currently CDPH certified, provide CDPH certificate ID number / Si está certificado por CDPH, favor de dar su número de CDPH
 # 19211

Prior to signing, read the Privacy Statement and other information on the back of the form. / Antes de firmar, lea la Declaración Sobre la Privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma del estudiante Date (month/day/year) / Fecha (mes/día/año)
 Valentin Rosas 6 / 30 / 18

Training Information – To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address Training Provider Phone Number
 OCCUPATIONAL TRAINING INSTITUTE 562 512-3109
 621 ATLANTIC AVE
 LONG BEACH, CA 90802 Course Number
 OCC-048-CEW(Sp)

Course title: Instructor Name(s):
 Work Continuing Education for Workers PAUL EUBANKS
 Inspection/Assessment General Continuing Education
 Certified Industrial Hygienist Supervision and Project Monitoring
 Sampling Technician Supplemental Supervision and Project Monitoring
 English
 Spanish

Course dates (mm/dd/yy) Number of contact hours of instruction completed Date student passed course or continuing education final examination (mm/dd/yy) Core Instruction (if different) Core instruction CCF number
 06 / 30 / 18 to - / - / - 7 06 / 30 / 18

Location of course Core CCF date (mm/dd/yy)
 621 ATLANTIC AVE, LONG BEACH, CA 90802

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

Name of Training Director – please print or type Signature of Training Director Date (mm/dd/yy)
 NOBIA AYALA [Signature] 07 / 06 / 18

WHITE copy – CLPPB

Blue copy – Training Provider

Pink copy – Student (for Certification 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.

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 comuníquese 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.

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)
and (29 CFR 1910.178)

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



This class was presented by Safety Compliance Company Instructor:

Mario 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

RESPIRATOR FIT TEST CERTIFICATE AND TRAINING ACKNOWLEDGEMENT

Name of Employee Tested (Test Subject) Valentin ROSAS		Title Am Tech	Social Security Number XXX-XX-2302	Sex M	Age
Name of Test Conductor Martin Bolanos		Title LABOR MGR	Location of Test RESOURCE OFFICE	Date of Test 9-28-18	
Type of Respirator Tested FACE	Brand and Model and Style of Respirator 7700 North	Size M/L	Type of Cartridge/Filter P-100		

This test can only be conducted by Competent Persons authorized by RE's CSIA. The Test Conductor shall comply with procedures and protocols as specified in RE's Respiratory Protection Program for Asbestos Work and the Attachment "Fit Testing Protocol" and shall only utilize the company issued Smoke Test Kit. The Test Conductor is permitted to authorize the use of the tested respirator only after the Test Subject has positively completed each of the steps from the following checklist.

- The Test Subject has received a medical evaluation and has been cleared to wear respiratory protection.
- The Test Subject has been allowed to pick the most acceptable respirator for correct fit and has been informed that he/she is being asked to select the respirator that provides the most acceptable fit which is necessary for adequate protection and at any time shall be given the opportunity to select a different respirator and be retested.
- The Test Subject has been given adequate time to assess comfort after reviewing the following points: (1) position of the mask on the nose, (2) room for eye protection, (3) room to talk and (4) position of mask on face and cheeks.
- The Test Subject has been showed how to put on the respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit.
- The following criteria has been used to help determine adequacy of the respirator fit: (1) chin properly placed, (2) adequate strap tension, not overly tightened, (3) fit across nose bridge, (4) respirator of proper size to span distance from nose to chin, (5) tendency of respirator to slip, (5) self-observation in mirror to evaluate fit and respirator position.
- The Test Subject has successfully performed the user seal check (both negative and positive)—refer to User Seal Check section in Respiratory Protection Program for Asbestos Work.
- The Test Subject does not have any hair growth (and will not allow growth of) which affects the adequacy of the seal.
- Prior to the fit test, the Test Subject has been given a full description of the fit test and his/her responsibilities and be given a warning of at least 5 minutes before start of test.
- The following test exercises are to be performed by the Test Subject (full description of exercise is found in Attachment "Fit Testing Protocol"); each test exercise is to be performed for one minute and the Test Subject is to be continuously questioned regarding comfort and not allowed to adjust the respirator once test has begun.
 - Normal breathing
 - Deep breathing
 - Turning head side-to-side
 - Throwing head up-and-down
 - Talking—read the Rainbow Passage slowly and loud enough to be clearly heard by the test conductor
 - Bending over
 - Normal breathing again

If after conducting the fit test as described in Attachment "Fit Testing Protocol", the Test Subject does not detect the irritant smoke at any time (voluntary or involuntary response) and then during the second sensitivity check there is a response, the fit test is passed.

Test Fit Results	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	Test Conductor Signature M Bolanos	Test Subject Signature
------------------	--	--	------------------------

EMPLOYEE ACKNOWLEDGEMENT

I, Valentin ROSAS hereby certify that I have received Respiratory Protection training that included: the necessity of respirators and how improper fit, usage, or maintenance can compromise the protective effect; the limitations and capabilities of respirators; how to use the respirator in emergency situations; how to inspect, put on and remove, use, and check the seals of the respirator; proper maintenance and storage procedures; how to recognize medical signs that limit effective use; the general requirements of Title 8, Section 5144 and the Policies, Procedures and Requirements of RE's Respiratory Protection Program for Asbestos Work (a copy of which I have received). I understood the subject matter and was given the opportunity to ask questions. I am comfortable with my ability to execute and practice the lessons learned. If at any time I am unsure of the policies and procedures of Resource Environmental I will ask my direct supervisor or the Corporate Safety, Health and Regulatory Compliance Manager for clarification or additional training. I have been informed that the atmosphere in which I will be working may contain airborne asbestos concentrations in excess of OSHA exposure limits. I have been informed that exposure to asbestos is associated with several health hazards.

Name of Employee Valentin ROSAS	Title Am Tech	Signature Valentin ROSAS	Date 9-28-18
---	-------------------------	------------------------------------	------------------------

EPA ACCREDITED

Nº 42602
AHERA APPROVED



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Ciro Rodriguez

HAS SUCCESSFULLY COMPLETED A ¹ 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

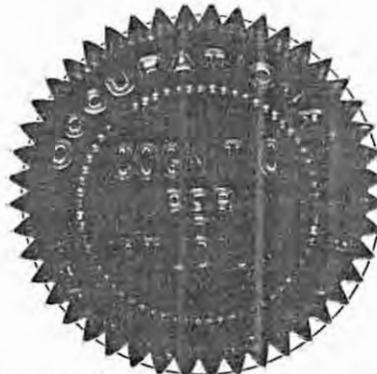
EXAM DATE: June 16, 2018

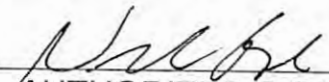
AAWT-R- 10266-18

ACCREDITATION NO.

June 16, 2019

EXPIRATION DATE




AUTHORIZED SIGNATURE

Nubia Ayala-Director

Nubia Ayala

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-12

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: 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) 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 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:

(X) Medically qualified w/no restrictions / no x-ray 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 overseas ravel.

() Results of audiometric exam indicates significant threshold shift since baseline audiogram. Advised to wear hearing protection. Audiogram () to be () not to be repeated

() 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 risk material impairment form exposure to: _____

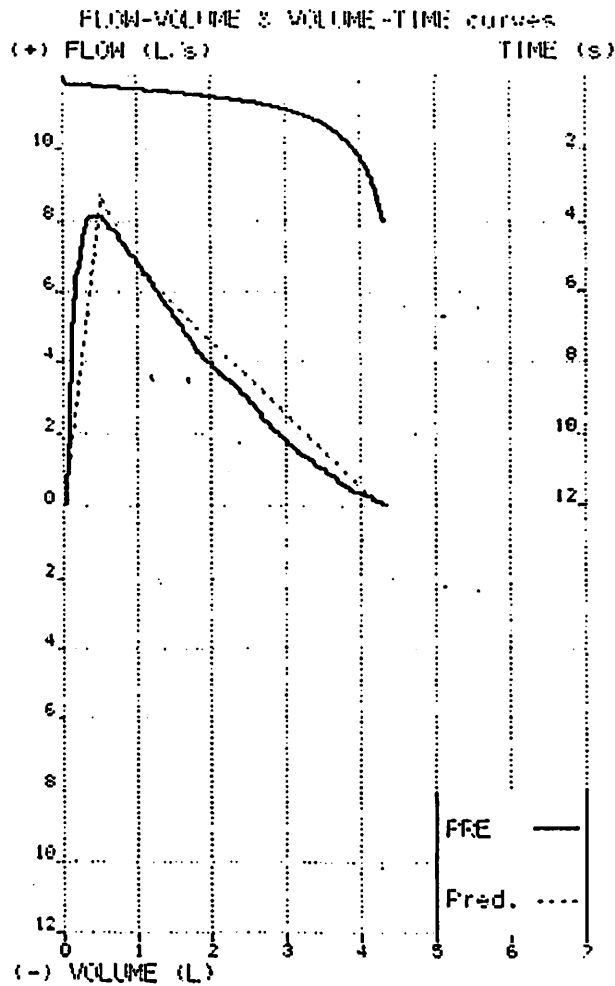
(X) The patient has been informed of this physical examination

APR 20 2018

Maria L. DeLeon

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

Maria L. DeLeon, M.D.



PARAMETER		Predicted	PRE III	%Pred.
FEV1	L	3.56	3.43	96
PEF	L/s	8.70	8.17	94
FVC	L	4.33	4.32	100
FEV1/FVC	%	83.0	79.4	96

SPITOMETRY INTERPRETATION:

Normal Spirometry

QUALITY CONTROL GRADE: *[Signature]*

REPEATABILITY: None

Made by spirolab III Ver 2.2 SN 880197

BELLA MEDICAL GROUP
 9916 SAN JUAN AVE.
 SOUTH GATE, CA 90280
 TEL (323) 564-1100 • FAX (323) 564-1132

APR 20 2018

149151

**CDPH COURSE COMPLETION FORM
AND TRAINING CERTIFICATE**

Form Number

Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the accredited training provider. The accredited training provider must submit the top (white) copy of this form to CLPPB **and** the last two (pink and yellow) copies to the student within **30 calendar days** of the student's successful completion of the final examination. / **Instrucciones:** La parte 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 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
Rodriguez (last) Ciro (first) (middle initial) (393) 385 9492

Home address (number, street, apartment number, PO box number / Dirección (número, calle, número de apartamento, apartado postal) Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año)
10243 DOROTHY AV 08 / 03 / 77

City / Ciudad State / Estado ZIP code / Código postal Photo identification / Tarjeta de identificación con foto Number / Número Type / Tipo
SOUTH GATE C.A 90280 Y8419495
 Driver's license / Licencia de conducir
 Resident alien card / Tarjeta de residencia
 Other ID / Otro tipo de ID (specify / especifique):

Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si es diferente (nombre de patron or unión, número, calle, número de apartamento, apartado postal)

City / Ciudad State / Estado ZIP code / Código postal Gender / Sexo
Long Beach C.A 90285
 Male / Masculino Female / Femenino

If currently CDPH certified, provide CDPH certificate ID number / Si está certificado por CDPH, favor de dar su número de CDPH
19139

Prior to signing, read the Privacy Statement and other information on the back of the form.

Antes de firmar, lea la Declaración Sobre la Privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma del estudiante Date (month/day/year) / Fecha (mes/día/año)
Ciro Rodriguez 10 / 20 / 18

Training Information – To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address Training Provider Phone Number
OCCUPATIONAL TRAINING INSTITUTE (562) 612-3109
621 ATLANTIC AVE
LONG BEACH, CA 90802 Course Number
OCC-048-CEW(Sp)

Course title: Instructor Name(s):
 Work Continuing Education for Workers ALFREDO AMARO
 Inspection/Assessment General Continuing Education
 Certified Industrial Hygienist Supervision and Project Monitoring
 Sampling Technician Supplemental Supervision and Project Monitoring
 English
 Spanish

Course dates (mm/dd/yy) Number of contact hours of instruction completed Date student passed course or continuing education final examination (mm/dd/yy) Core Instruction (if different) Core instruction CCF number
10 / 20 / 18 to - / - / - 7 10 / 20 / 18

Location of course Core CCF date (mm/dd/yy)
621 ATLANTIC AVE, LONG BEACH, CA 90802 / /

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

Name of Training Director – please print or type Signature of Training Director Date (mm/dd/yy)
NUBIA AYALA [Signature] 10 / 22 / 18

WHITE copy – CLPPB

Blue copy – Training Provider

Pink copy – Student (for Certification 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.

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.

Training Provider (Print Name) OCCASIONAL TRAINING INSTITUTE 851 ATLANTIC AVE LONG BEACH, CA 90802		Course Title <input type="checkbox"/> Work <input type="checkbox"/> Inspection/Assessment <input type="checkbox"/> Certified Industrial Hygienist <input checked="" type="checkbox"/> Sampling Technician	
Course Number 101-20-16		Number of contact hours 7	
Instructor Name(s) ALFREDO ANARDO		<input checked="" type="checkbox"/> Continuing Education for Workers <input type="checkbox"/> General Continuing Education <input type="checkbox"/> Supervisor and Project Monitoring <input type="checkbox"/> Supplemental Supervisor and Project Monitoring	
Date instruction completed 10/20/16		Date student passed course or continuing education final examination (month/year) 10/20/16	
Language <input type="checkbox"/> English <input checked="" type="checkbox"/> Spanish		Location of course 851 ATLANTIC AVE, LONG BEACH, CA 90802	
Signature of Training Director RUBIA AYALA		Name of Training Director - Please Print Name RUBIA AYALA	
Date (month/year) 10/20/16		Signature of Training Provider RUBIA AYALA	

State of California Department of Public Health

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker

08/03/2019



Ciro Rodriguez

ID #: 19139

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
4. 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



03280023

ADVANCED SAFETY SOLUTIONS, LLC

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.



OSHA CERTIFIED
Occupational Safety & Health

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.

N/A
EXPIRATION DATE



Nubia Ayala
AUTHORIZED SIGNATURE

Nubia Ayala

Alfredo Amaro
EXAM ADMINISTRATOR



32-006031626

This card acknowledges that the recipient has successfully completed:

10-hour Construction Safety and Health

This card issued to:

Ciro Rodriguez

James Juarez

Trainer Name

9/22/2018

Date of Issue

RESPIRATOR FIT TEST CERTIFICATE AND TRAINING ACKNOWLEDGEMENT

Name of Employee/ Test Subject <i>Civo Rodriguez</i>		Title <i>Acem Tech</i>	Social Security Number <i>xxx-xx-7863</i>	Sex <i>MALE</i>	Age
Name of Test Conductor <i>Martin Bolanos</i>		Title <i>LABOR MANAGER</i>	Location of Test <i>RESOURCE OFFICE</i>	Date of Test <i>2-22-19</i>	

Type of Respirator Tested <i>1/2 FACE</i>	Brand and Model and Style of Respirator <i>7700 NORTH</i>	Size <i>ML</i>	Type of Cartridge/Filter <i>P-100</i>
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This test can only be conducted by Competent Persons authorized by RE's CSM. The Test Conductor shall comply with procedures and protocols as specified in RE's Respiratory Protection Program for Asbestos Work and the Attachment "Fit Testing Protocol" and shall only utilize the company issued Smoke Test Kit. The Test Conductor is permitted to authorize the use of the tested respirator only after the Test Subject has positively completed each of the steps from the following checklist.

- The Test Subject has received a medical evaluation and has been cleared to wear respiratory protection.
- The Test Subject has been allowed to pick the most acceptable respirator for correct fit and has been informed that he/she is being asked to select the respirator that provides the most acceptable fit which is necessary for adequate protection and at any time shall be given the opportunity to select a different respirator and be retested
- The Test Subject has been given adequate time to assess comfort after reviewing the following points: (1) position of the mask on the nose, (2) room for eye protection, (3) room to talk and (4) position of mask on face and cheeks.
- The Test Subject has been showed how to put on the respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit.
- The following criteria has been used to help determine adequacy of the respirator fit: (1) chin properly placed, (2) adequate strap tension, not overly tightened, (3) fit across nose bridge, (4) respirator of proper size to span distance from nose to chin, (5) tendency of respirator to slip, (5) self-observation in mirror to evaluate fit and respirator position.
- The Test Subject has successfully performed the user seal check (both negative and positive)—refer to User Seal Check section in Respiratory Protection Program for Asbestos Work.
- The Test Subject does not have any hair growth (and will not allow growth of) which affects the adequacy of the seal.
- Prior to the fit test, the Test Subject has been given a full description of the fit test and his/her responsibilities and be given a warning of at least 5 minutes before start of test
- The following test exercises are to be performed by the Test Subject (full description of exercise is found in Attachment "Fit Testing Protocol"); each test exercise is to be performed for one minute and the Test Subject is to be continuously questioned regarding comfort and not allowed to adjust the respirator once test has begun.
 - normal breathing
 - deep breathing
 - turning head side-to-side
 - moving head up-and-down
 - talking—read the Rainbow Passage slowly and loud enough to be clearly heard by the test conductor
 - bending over
 - normal breathing again

If after conducting the fit test as described in Attachment "Fit Testing Protocol", the Test Subject does not detect the irritant smoke at any time (voluntary or involuntary response) and then during the second sensitivity check there is a response, the fit test is passed.

Test Fit Results	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	Test Conductor Signature <i>M. Bolanos</i>	Test Subject Signature
------------------	--	---	------------------------

EMPLOYEE ACKNOWLEDGEMENT

I, *Civo Rodriguez* hereby certify that I have received Respiratory Protection training that included: the necessity of respirators and how improper fit, usage, or maintenance can compromise the protective effect; the limitations and capabilities of respirators; how to use the respirator in emergency situations; how to inspect, put on and remove, use, and check the seals of the respirator; proper maintenance and storage procedures; how to recognize medical signs that limit effective use; the general requirements of Title 8, Section 5144 and the Policies, Procedures and Requirements of RE's Respiratory Protection Program for Asbestos Work (a copy of which I have received). I understood the subject matter and was given the opportunity to ask questions. I am comfortable with my ability to execute and practice the lessons learned. If at any time I am unsure of the policies and procedures of Resource Environmental I will ask my direct supervisor or the Corporate Safety, Health and Regulatory Compliance Manager for clarification or additional training. I have been informed that the atmosphere in which I will be working may contain airborne asbestos concentrations in excess of OSHA exposure limits. I have been informed that exposure to asbestos is associated with several health hazards.

Name of Employee <i>Civo Rodriguez</i>	Title <i>Acem Tech</i>	Signature	Date <i>2-22-19</i>
---	---------------------------	-----------	------------------------

EPA ACCREDITED

№ 43550
AHERA APPROVED



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Gregorio Diaz

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

ON
October 7, 2018

FOR
ASBESTOS ABATEMENT
CONTRACTOR/ SUPERVISORS- ANNUAL REFRESHER

COURSE DATES: October 7, 2018

EXAM DATE: October 7, 2018

AACS-R-10456-18

ACCREDITATION NO.

October 7, 2019

EXPIRATION DATE




Nubia Ayala-Director
AUTHORIZED SIGNATURE

Paul Eubanks

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-04

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

JUL 05 2018

Date: _____

Patient/Employee Name: Gregorio Hernandez

Pass

Did Not Pass

Pending (Medical Hold)

1. 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: _____

2. Is there any need for follow-up medical evaluation?

YES **NO**

Comments: _____

The above are my recommendations regarding the employee's ability to use a respirator.

Sincerely 

Nardo Buena, M.D.
 Martin C. Nation, M.D.

Stephen White RHC
LIC: 55342
NPI: 1471907105

GOLDEN WEST MEDICAL CENTER

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

MEDICAL EXAMINATION FOR RESPIRATORY USE

LAST NAME Hernandez FIRST NAME Gregorio MI MI
Date of Birth: 1972 Male Female Social Security # 606-89-7756
Job Title Leibor 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:

Daily _____ Occasional Weekly _____ Rarely _____

3. Have you had or do you now have any of the following:

Asthma	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fear of tight or enclosed spaces	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Emphysema	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sensation of smothering	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Lung Disease	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Heat exhaustion or heat stroke	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Persistent Cough	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Defective vision	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Heart Trouble	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Defective hearing	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Shortness of Breath	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Contact lenses or glasses	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
History of fainting	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Other conditions that my interfere or seizures with respiratory use: Yes No

High blood pressure Yes No Diabetes Yes No

Are you currently taking medication? If so, What? _____

Please describe every item answered Yes or if you have had a serious illness, operation, injury or hospitalization: _____

RESPIRATORY HISTORY

1. Do you usually cough first thing in the morning? Yes No
2. Do you cough as much as 3 months a year? Yes No
3. Do you bring up phlegm when you cough? Yes No
4. Do you ever experience:

Chest tightness?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Shortness of breath?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Wheezing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5. Have you ever had asthma? Yes No
6. Have you ever had allergies? Yes No
7. Do you have a heart condition for which you are under a doctors care? Yes No
8. Have you ever taken prescription medicine for respiratory illness? Yes No

SMOKING HISTORY

1. Have you ever smoked? Yes No
2. Do you smoke Now? Yes No
3. How many years/months have you been smoking? _____ Yrs _____ Mth
4. How many years/months did you stop smoking? _____ Yrs _____ Mth
5. How many packs of cigarettes do/did you smoke per day? _____ Packs
6. Cigars per day? _____ 7. Pipe bowls per day? _____

PART B - PHYSICAL EXAMINATION (To be completed by physician):

Height 5.05 inches Weight 130 lbs. Pulse 76 Blood Pressure 123/76

Any physical characteristic that would interfere with respiratory fitting Yes No

Heart: Normal Abnormal

Lungs: Normal Abnormal

Pulmonary Function: Normal Abnormal Borderline

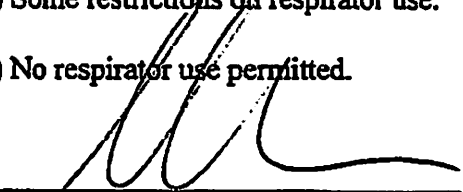
Explanation: _____

Based on my examination of the above named employee, it is my opinion there should be:

No restrictions on respirator use.

Some restrictions on respirator use.

No respirator use permitted.



NARDO BUENA, M.D.

7/5/18

DATE

Stephen White RAC
LIC: 53342
NPI: 1471907105

A&C URGENTCARE

Abnormal Spirometry Report

- HERNANDEZ, GREGORIO

7/5/2018 12:27:02 PM

Page 1

Patient Information:

ID: 3330
 Name: HERNANDEZ, GREGORIO
 DOB: 5/9/1972 Age: 46 years
 Height: 65 inch Weight: 130.0 lbs
 Gender: Male
 Race: Hispanic
 Packs / Day: _____ Smoke Years: _____
 Cooperation: _____

Test Information:

Pre Time: 12.28 PM
 Post time: -
 Norm Reference: NHANESIII 1999

Quality Messages:

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

Test Results:

Lung age: 51 years
 FEV1%Pred: 96 %
 FEV1%: 69%
 Improvement: -

FEV1 Pre / Post Var: 54 ml (2 %) / -
 FVC Pre / Post Var: 73 ml (2 %) / -
 ATS Reproducibility:
 Pre: MET ()
 Post:

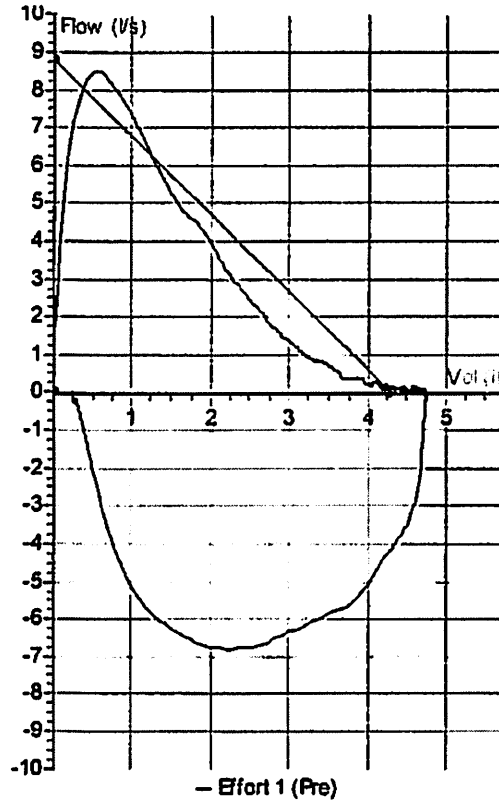
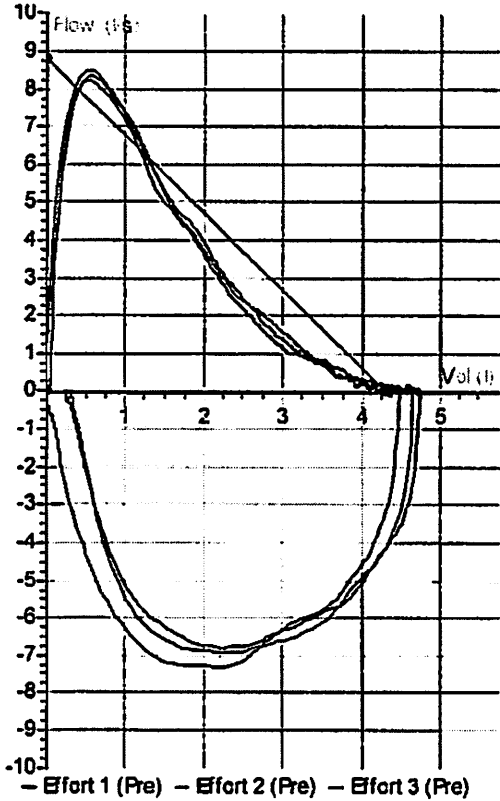
Test interpretation: UNCONFIRMED REPORT

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

Test Comment:

Parameter	Units	Pred (LLN)	Best Effort		%Change	All Efforts		
			1. Pre	%Pred		3. Pre	2. Pre	1. Pre
FVC	(L)	4.29 (3.51)	4.71	110%	.	4.48	4.84	4.71
FEV1	(L)	3.40 (2.73)	3.27	96%	.	3.17	3.32	3.27
FEV1/FVC (%)		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 (8.53)	8.49	96%	.	8.26	8.35	8.49
FEF25-75	(L/s)	3.38 (1.90)	1.96	58%	.	2.14	2.13	1.96
ATS			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
Construction
Certificate

Certificate
Type

Expiration
Date

Worker

05/09/2020



27963

Gregorio H. Diaz

ID #: 17871

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
4. 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

**CDPH COURSE COMPLETION FORM
AND TRAINING CERTIFICATE**

Form Number

Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the accredited training provider. The accredited training provider must submit the top (white) copy of this form to CLPPB **and** the last two (pink and yellow) copies to the student within **30 calendar days** of the student's successful completion of the final examination. / **Instrucciones:** La parte 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 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
 H. Díaz Gregorio (323) 359 5546

Home address (number, street, apartment number, PO box number / Dirección (número, calle, número de apartamento, apartado postal) Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año)
 507 W 43rd PL 05 / 09 / 72

City / Ciudad State / Estado ZIP code / Código postal Photo identification / Tarjeta de identificación con foto Number / Número Type / Tipo
 Los Angeles CA 90037 2684224

Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si es diferente (nombre de patron or unión, número, calle, número de apartamento, apartado postal) Driver's license / Licencia de conducir Resident alien card / Tarjeta de residencia Other ID / Otro tipo de ID (specify / especifique):

Gender / Sexo Male / Masculino Female / Femenino
 If currently CDPH certified, provide CDPH certificate ID number / Si está certificado por CDPH, favor de dar su número de CDPH
 17871

City / Ciudad State / Estado ZIP code / Código postal

Prior to signing, read the Privacy Statement and other information on the back of the form. / Antes de firmar, lea la Declaración Sobre la Privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma del estudiante Date (month/day/year) / Fecha (mes/día/año)
 [Signature] 09 / 15 / 18

Training Information – To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address Training Provider Phone Number
 OCCUPATIONAL TRAINING INSTITUTE 662) 612-3109
 621 ATLANTIC AVE
 LONG BEACH, CA 90802 Course Number
 OCC-048-CEW(Sp)

Course title: Work Continuing Education for Workers Inspection/Assessment General Continuing Education Certified Industrial Hygienist Supervision and Project Monitoring Sampling Technician Supplemental Supervision and Project Monitoring English Spanish

Course dates (mm/dd/yy) Number of contact hours of instruction completed Date student passed course or continuing education final examination (mm/dd/yy) Core Instruction (if different) Core instruction CCF number
 09 / 15 / 18 to - / - / - 7 09 / 15 / 18

Location of course Core CCF date (mm/dd/yy)
 621 ATLANTIC AVE, LONG BEACH, CA 90802

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

Name of Training Director – please print or type Signature of Training Director Date (mm/dd/yy)
 NOBIA AYALA [Signature] 9 / 17 / 18

WHITE copy – CLPPB Blue copy – Training Provider Pink copy – Student (for Certification 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.

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 comuníquese 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

Training Provider Phone Number 865-143-2102	Course Number 000-088-78M(0)	Training Provider Name WILSON, ANNE	Course Title Childhood Lead Poisoning Prevention for Workers	Course Dates (mm/yyyy) 01-13-18 to 01-13-18	Course Hours (mm/yyyy) 8	Course Fee (mm/yyyy) 0	Date (mm/yyyy) 01-13-18	Signature of Training Director [Signature]	Signature of Applicant [Signature]
<input type="checkbox"/> English <input checked="" type="checkbox"/> Spanish			<input type="checkbox"/> Supervision and Project Monitoring <input type="checkbox"/> Subcontractor Supervision and Project Monitoring <input type="checkbox"/> General Contracting Function <input type="checkbox"/> Building Education for Workers	<input type="checkbox"/> Sampling Technician <input type="checkbox"/> Certified Industrial Hygienist <input type="checkbox"/> Inspection/Assessment <input type="checkbox"/> Work	<input type="checkbox"/> Work <input type="checkbox"/> Inspection/Assessment <input type="checkbox"/> Certified Industrial Hygienist <input type="checkbox"/> Sampling Technician		Date of exam (mm/yyyy) Number of exam hours Date of exam (mm/yyyy) Date of exam (mm/yyyy)		

RESPIRATOR FIT TEST CERTIFICATE AND TRAINING ACKNOWLEDGEMENT

Name of Employee Tested (Test Subject) <i>Gregoria Hernandez</i>		Title <i>Acn Tech</i>	Social Security Number <i>XXX-XX-7756</i>	Sex <i>MALE</i>	Age
Name of Test Conductor <i>Martin Bolanos</i>		Title <i>LABOR MANAGER</i>	Location of Test <i>RESOURCE OFFICE</i>	Date of Test <i>1-10-19</i>	
Type of Respirator Tested <i>1/2 FACE</i>	Brand and Model and Style of Respirator <i>7700 NORTH</i>	Size <i>M/L</i>	Type of Cartridge/Filter <i>P-100</i>		

This test can only be conducted by Competent Persons authorized by RE's CSM. The Test Conductor shall comply with procedures and protocols as specified in RE's Respiratory Protection Program for Asbestos Work and the Attachment "Fit Testing Protocol" and shall only utilize the company issued Smoke Test Kit. The Test Conductor is permitted to authorize the use of the tested respirator only after the Test Subject has positively completed each of the steps from the following checklist.

- The Test Subject has received a medical evaluation and has been cleared to wear respiratory protection.
- The Test Subject has been allowed to pick the most acceptable respirator for correct fit and has been informed that he/she is being asked to select the respirator that provides the most acceptable fit which is necessary for adequate protection and at any time shall be given the opportunity to select a different respirator and be retested
- The Test Subject has been given adequate time to assess comfort after reviewing the following points: (1) position of the mask on the nose, (2) room for eye protection, (3) room to talk and (4) position of mask on face and cheeks.
- The Test Subject has been showed how to put on the respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit.
- The following criteria has been used to help determine adequacy of the respirator fit: (1) chin properly placed, (2) adequate strap tension, not overly tightened, (3) fit across nose bridge, (4) respirator of proper size to span distance from nose to chin, (5) tendency of respirator to slip, (5) self-observation in mirror to evaluate fit and respirator position.
- The Test Subject has successfully performed the user seal check (both negative and positive)—refer to User Seal Check section in Respiratory Protection Program for Asbestos Work.
- The Test Subject does not have any hair growth (and will not allow growth of) which affects the adequacy of the seal.
- Prior to the fit test, the Test Subject has been given a full description of the fit test and his/her responsibilities and be given a warning of at least 5 minutes before start of test
- The following test exercises are to be performed by the Test Subject (full description of exercise is found in Attachment "Fit Testing Protocol"); each test exercise is to be performed for one minute and the Test Subject is to be continuously questioned regarding comfort and not allowed to adjust the respirator once test has begun.
 - normal breathing
 - deep breathing
 - turning head side-to-side
 - moving head up-and-down
 - talking—read the Rainbow Passage slowly and loud enough to be clearly heard by the test conductor
 - bending over
 - normal breathing again

If after conducting the fit test as described in Attachment "Fit Testing Protocol", the Test Subject does not detect the irritant smoke at any time (voluntary or involuntary response) and then during the second sensitivity check there is a response, the fit test is passed.

Test Fit Results	<input checked="" type="checkbox"/> PASSED	<input type="checkbox"/> FAILED	Test Conductor Signature <i>M. Bolanos</i>	Test Subject Signature
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EMPLOYEE ACKNOWLEDGEMENT

Gregoria Hernandez hereby certify that I have received Respiratory Protection training that included: the necessity of respirators and how improper fit, usage, or maintenance can compromise the protective effect; the limitations and capabilities of respirators; how to use the respirator in emergency situations; how to inspect, put on and remove, use, and check the seals of the respirator; proper maintenance and storage procedures; how to recognize medical signs that limit effective use; the general requirements of Title 8, Section 5144 and the Policies, Procedures and Requirements of RE's Respiratory Protection Program for Asbestos Work (a copy of which I have received). I understood the subject matter and was given the opportunity to ask questions. I am comfortable with my ability to execute and practice the lessons learned. If at any time I am unsure of the policies and procedures of Resource Environmental I will ask my direct supervisor or the Corporate Safety, Health and Regulatory Compliance Manager for clarification or additional training. I have been informed that the atmosphere in which I will be working may contain airborne asbestos concentrations in excess of OSHA exposure limits. I have been informed that exposure to asbestos is associated with several health hazards.

Name of Employee <i>Gregoria Hernandez</i>	Title <i>Acn tech</i>	Signature <i>Gregoria Hernandez</i>	Date <i>1-10-19</i>
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- The following criteria has been used to help determine adequacy of the respirator fit: (1) chin properly placed, (2) adequate strap tension, not overly tightened, (3) fit across nose bridge, (4) respirator of proper size to span distance from nose to chin, (5) tendency of respirator to slip, (5) self-observation in mirror to evaluate fit and respirator position.
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Name of Employee <i>Gregoria Hernandez</i>	Title <i>Acn tech</i>	Signature <i>Gregoria Hernandez</i>	Date <i>1-10-19</i>
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RESOURCE

www.RESOURCECONSTRUCTION.com

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: Waffles Mansions
 Project Location: 1824 N Curson Ave
 Los Angeles, CA
 Collected By: Valentin Rojas
 Claim Number:
 PO Number:
 Number of Samples: 1

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

Lab/Client ID	Location	Material Description	Volume (m ³)	Result (µg/m ³)
740176-001 1P	Gregorio Hernandez 7756	Lead Air Sample	0.360	<17
	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			

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.



Job Name: Walters Mansions Address: 1824 N. CURSON AVE. Los Angeles Job Number: 18-189 Crew Size: 2

Onsite Project Foreman: TCG Sampling and Data Sheet Completed By: Robert Rios Title: supervisor Signature: [Signature] Date of Sampling: 10/24/18

Sample ID #	Pump#	Sample Type	Sampling Time		Flow Rate (Liters/Minute)		Description of Worker Activity or Sample Location	Name of Employee and Social Security#	Respirator Type
			Start	Stop	Start	Stop			
1P 25		Lead	8:42	11:00	2.0	2.0	* Remove painted stucco from lower roof to height of 3' * remove painted 1x6 on the entire lower roof with hand tools and reset methods	gregorio Hernandez	hr
			12:12	3:00	2.0	2.0	* hodge all mechanical and sealed up duct tape	# 7756	face
							* East lower roof and wall.		
							* only one sample		
							Sub mitted		

Rotometer ID #	Received By	Date/Time	Date/Time
	<u>[Signature]</u>	10/24/18	11/3/18
Chain of Custody			12:06pm
<p>Rotometer Calibration Date (must be calibrated against primary every 6 months)</p> <p>Pumps must be calibrated before and after each use. Reference calibration curve to determine indicated flow rate. The lab will calculate the \pm and EL.</p>			

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 Received: 11/13/2018
Date Analyzed: 11/15/2018
Date Reported: 11/16/2018

Collected By: Valentin Rojas
Claim Number:
PO Number:
Number of Samples: 1

Lab/Client ID	Location	Material Description	Volume (m ³)	Result (µg/m ³)
740229-001 1P	Ciro Rodriguez 7863 Personal Half Face Inside of Bldg Storage Room Roof Wall Outside of Bldg Detail and Cleaned with Hepa Vaccum	Lead Air Sample	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.



Job Name: 18-189 Address: 1824 Curson Ave Los Angeles CA 90046 P.O. Box 2077, Paramount, CA 90723 Phone: (562) 468-7000 Fax: (562) 468-0600

Onsite Project Foreman: Yes Sampling and Data Sheet Completed By: Valentin Rosas Title: Supervisor Signature: Valentin Rosas Job Number: 18-189 Crew Size: 2

Sample ID #	Pump#	Sample Type	Sampling Time		Flow Rate (Liters/Minute)		Description of Worker Activity or Sample Location	Name of Employee and Social Security#	Respirator Type
			Start	Stop	Start	Stop			
1P	25	Lead	7:15	11:00	2.0	2.0	*Dental and cleaned w/ hpa vacuum and wet methods. *Roof, wall, outside (inside of bldg) storage room	Ciro Rodriguez # 7863	1/2 Face
			12:10	2:00	2.0	2.0	East side in Bldg.		
							" " "		
							* Only one sample submitted		

Calibration 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 indicated vs. flow rate. The lab will calculate the and EL.	Chain of Custody	Relinquished By: Valentin Rosas Date/Time: 10/25/18	Received By: Daniel Washington Date/Time: 11/13 12:06pm

RESOURCE

www.RESOURCECONSTRUCTION.com

Waste Hauler,
Landfill and
Laboratory
Certifications


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

 <p>STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES A Public Service Agency</p>		<h2>MOTOR CARRIER PERMIT</h2>			
<p>DEPARTMENT OF MOTOR VEHICLES (Motor Carrier Permit Branch) P.O. BOX 932370 Sacramento, CA. 94232-3700</p>		<p>Valid From: 01/16/2019</p>	<p>Valid Through: 12/31/2019</p>		
		<p>CA#: 0363414</p>	<p>The carrier named on this permit, having made written application to the Department of Motor Vehicles for a permit to operate as a motor carrier of property as defined in vehicle code section 34601, and having met the requirements and paid the appropriate fees, is granted a permit of the following classification:</p>		
		<p>Private Full Year Corporation</p>			
<p>Pmt Date: 01/16/2019</p>	<p>Office #: 154</p>				
<p>Account #: 590808</p>	<p>Tech ID: KN</p>				
<p>Sequence #: 0004</p>	<p>Amt Paid: \$187.00</p>				

!!!IMPORTANT REMINDERS!!!

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

SOLID WASTE FACILITY PERMIT	Facility Permit Number: <div style="text-align: center; font-size: 1.2em;">19-AA-0013</div>
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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, 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 <div style="text-align: center;">  <u>Approving Officer Signature</u> <u>Gerardo Villalobos, Chief Environmental Health Specialist</u> <u>Solid Waste Management Program</u> </div>	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
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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, 2011	10 a. Permit Review Due Date: March 10, 2016	11. Owner/Operator Transfer Date: <div style="text-align: center;">N/A</div>

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

19-AA-0013

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

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.

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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	September 2013	Negative Declaration - LACDOHS NOD - LACDOHS	November 9, 1987 March 8, 1988
Partial Final Closure/Postclosure 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		

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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 <u>each day</u> . 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.	<p style="text-align: center;">Monthly</p> <p>(Due 15 days following the end of each reporting period)</p>
b. The types and quantities of materials used as alternative daily cover or beneficially reused <u>each day (must include how the material was beneficially reused)</u> 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.	
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 <u>within 24 hours</u> is required)	
g. Record of receipt of a Notice of Violation from any regulatory agency. In addition, the operator shall notify the LEA <u>within 24 hours</u> 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.	<p style="text-align: center;">Quarterly</p> <p>(Due the 15th of January, April, July, and October)</p>
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	<p style="text-align: center;">Semi-Annual</p> <p>(Due the 15th of January and July)</p>
k. Inert Debris Engineered Fill Operation Reporting Requirements per 14 CCR 17388(I) and 17388.3	<p style="text-align: center;">Annually</p> <p>(Due March 1)</p>
l. Topographical map* showing all current fill locations and elevations.	<p style="text-align: center;">Annually</p> <p>(Due January 15th)</p>
m. Topographical map* which indicates all cuts into native material from the previous year to the present date.	
<p>*The above two maps shall be drawn to a scale no smaller than one inch = 200 feet unless otherwise approved by the LEA.</p>	

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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 waste and beneficial reuse material when deemed necessary due to an emergency, a potential health hazard, or the creation of a public nuisance.
6. Notification to the LEA within 24 hours is required for any written complaints received or any complaints called into the facility, and any record of receipt of a violation 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.

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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.

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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



Zero Waste— You Make It Happen!

\$ _____ per occurrence and \$ _____ annual aggregate.)

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.

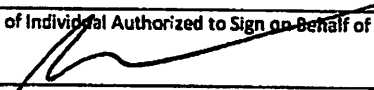
(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement from the Insured for any such payment made by the insurer. If another mechanism, as specified in Title 27, California Code of Regulations, Division 2, Subdivision 1, Chapter 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(ies), 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 mail, 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 CIWMB 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 eligible excess or surplus lines insurer.

Signature of Individual Authorized to Sign on Behalf 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, 10011 Street, P.O. Box 4025, Sacramento, California 958124025, (916) 341-6000.



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.

- OCCUPANT COPY
- FIRE STATION COPY
- FIRE PREVENTION COPY


OWNER/OCCUPANCY REPRESENTATIVE


INSPECTOR STEVEN D. BIERBAUM



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

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

EPA I.D. NUMBER

▶ CAD009007626

INSTALLATION ADDRESS

▶ AZUSA LAND RECLAMATION CO INC
PO BOX 949
AZUSA CA 91702

1201 W GLADSTONE AVENUE
AZUSA CA 91702



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 COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: Indemnity Insurance Co of North America		43575
INSURER C: ACE Fire Underwriters Insurance Company		20702
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING:
AZUSA LAND RECLAMATION, INC.
1211 GLADSTONE STREET
AZUSA CA 91702

COVERAGES

CERTIFICATE NUMBER: 3449506

REVISION NUMBER: XXXXXXXX

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.

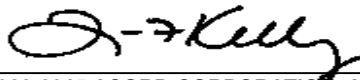
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G71212993	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H2527863A	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 004	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
B A C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	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	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	<input checked="" type="checkbox"/> 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

3449506 "FOR BID PURPOSES ONLY"	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 

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.

CUT HERE

THIS REGISTRATION MUST BE CONSPICUOUSLY DISPLAYED AT PLACE OF BUSINESS



COUNTY OF LOS ANGELES
WEIGHTS AND MEASURES
DEVICE REGISTRATION CERTIFICATE

IDENTIFICATION NO	ANNUAL FEE	ISSUE DATE	EXPIRATION DATE
16086	\$ 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

COUNTY OF LOS ANGELES
BY
KURT E. FLOREN
COMMISSIONER/DIRECTOR

ISSUED TO

AZUSA LAND RECLAMATION
1211 W GLADSTONE ST
AZUSA, CA 91702

LOCATION OF BUSINESS BEING REGISTERED

CUT HERE

THE FOLLOWING PENALTY SCHEDULE SHALL APPLY FOR FAILURE TO PAY THE ANNUAL FEE BY JANUARY 31, 2019

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

ANNUAL FEE COMPUTATION

DEVICE REGISTRATION FEE:	600.00
STATE ADMINISTRATIVE FEE:	24.00
TOTAL:	624.00

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 COMMERCIALY. 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:	(562) 622-0411
METER INQUIRIES:	(562) 622-0409
AGRICULTURAL COMMISSIONER/WEIGHTS AND MEASURES:	(562) 622-0407
FAX:	(562) 861-0278
TDD (Telephone Services for the Deaf):	(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

CA0009007626

AZUSA LAND RECLAMATION CO INC

PO BOX 949

AZUSA

CA

91702

INSTALLATION ADDRESS

1201 W GLADSTONE AVENUE

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
Business Location: 1201 W GLADSTONE ST, AZUSA, CA 91702-5142
1st Contact Name: Azusa Land Reclamation
2nd Contact Name:

Account #: 009445
Description: Rental Of 1201 & 1313 W Gladstone St
Effective Date: May 01, 2018
Expiration Date: April 30, 2019

ATTN: JOSEPH WALSTROM
AZUSA LAND RECLAMATION
1211W GLADSTONE AVE
AZUSA, CA 91702



TO BE POSTED IN A CONSPICUOUS PLACE OR CARRIED IN VEHICLE

NOT TRANSFERABLE

No: **2018-904764**

ANNUAL PERMIT

Permit Issued To

(Insert Contractor/Project Administrator's Name, Address and Telephone No.)

Waste Management
 Attn: Safety Mgr or Nicole Stetson
 1200 W City Ranch Rd
 Palmdale CA 93551-4456

(661) 223-3437

No. _____
 Date 5/10/2018
 Region 4
 District 3
 Tel. (818) 901-5403

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		Anticipated Dates	
Various Conditions of Issuance:		Statewide				Starting Completion	
						May 10, 2018 May 10, 2019	

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 Nicole Stetson		Received By Permit Unit	
<input type="checkbox"/> Cash	Amount	Date	
<input checked="" type="checkbox"/> Check 13507084	\$100.00	5/10/18	

Investigated by _____
 Safety Engineer Date
 Approved by *Nicole Stetson* 5/10/2018
 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
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
- FIRE STATION COPY
- FIRE PREVENTION COPY


OWNER/OCCUPANCY REPRESENTATIVE


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



Zero Waste—You Make It Happen!

Do not copy or reproduce
Post this certificate in a conspicuous place

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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 OperationNonhazardous Petroleum Contaminated Soil Processing
Operation**b. Permitted Hours of Operation:**Receipt of Materials 6:00 a.m. to 8:00 p.m., Monday through SaturdayContaminated 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, 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 SignatureGerardo 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

10 a. Permit Review Due Date:

March 10, 2021

11. Owner/Operator Transfer Date:

N/A

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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.

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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	September 2013	Negative Declaration – LACDOHS NOD - LACDOHS	November 9, 1987
Partial Final Closure/Postclosure Maintenance Plans (Material Recovery Facility/Transfer Station)	May 2013	Addendum to LACDOHS Negative Declaration	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		

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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.	<p style="text-align: center;">Monthly</p> <p>(Due 15 days following the end of each reporting period)</p>
b. The types and quantities of materials used as alternative daily cover or beneficially reused <u>each day (must include how the material was beneficially reused)</u> 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.	
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 <u>within 24 hours</u> is required)	
g. Record of receipt of a Notice of Violation from any regulatory agency. In addition, the operator shall notify the LEA <u>within 24 hours</u> 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.	<p style="text-align: center;">Quarterly</p> <p>(Due the 15th of January, April, July, and October)</p>
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	<p style="text-align: center;">Semi-Annual</p> <p>(Due the 15th of January and July)</p>
k. Inert Debris Engineered Fill Operation Reporting Requirements per 14 CCR 17388(l) and 17388.3	<p style="text-align: center;">Annually</p> <p>(Due March 1)</p>
l. Topographical map* showing all current fill locations and elevations.	<p style="text-align: center;">Annually</p> <p>(Due January 15th)</p>
m. Topographical map* which indicates all cuts into native material from the previous year to the present date.	
*The above two maps shall be drawn to a scale no smaller than one inch = 200 feet unless otherwise approved by the LEA.	

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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 waste and beneficial reuse material when deemed necessary due to an emergency, a potential health hazard, or the creation of a public nuisance.
6. Notification to the LEA within 24 hours is required for any written complaints received or any complaints called into the facility, and any record of receipt of a violation 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.

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.

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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
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. **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

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. **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

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. **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

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. **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.

Inspected By: XUDONG SUN

Employed By: F.M. Global, Southern California



State of California
 DOSH, Pressure Vessel Unit
 1515 Clay Street, Suite 1622A
 Oakland, CA 94612-1591

RETURN SERVICE REQUESTED

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
 JAMES

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

N.B.#/SER.# 136572

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: 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.

Inspected By: XUDONG SUN

Employed By: F.M. Global, Southern California



State of California
 DOSH, Pressure Vessel Unit
 1515 Clay Street, Suite 1622A
 Oakland, CA 94612-1591

RETURN SERVICE REQUESTED

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

N.B.#/SER.# 150510

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: 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.

Inspected By: XUDONG SUN

Employed By: F.M. Global, Southern California



State of California
 DOSH, Pressure Vessel Unit
 1515 Clay Street, Suite 1622A
 Oakland, CA 94612-1591

RETURN SERVICE REQUESTED

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 KEVIN

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.

Inspected By: XUDONG SUN

Employed By: F.M. Global, Southern California

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: 1211 W 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: 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.



COUNTY OF LOS ANGELES
Public Health

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

Sincerely,


Gerry Villalobos, REHS
Chief Environmental Health Specialist

Enclosure

c: Jeff Hackett, CalRecycle (w/out enclosure)
Nelly Castellanos, SWMP (electronic copy only)



BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zav Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

No: **2016-904764**

ANNUAL PERMIT

Permit Issued To

(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

(661) 223-3418

No. _____
 Date 5/10/2016
 Region 4
 District 3
 Tel. (818) 901-5403

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	Anticipated Dates	
			Starting	Completion
Various Conditions of Issuance:	Statewide		May 10, 2016	May 10, 2017

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 Nicole Stetson	Received By Permit Unit
<input type="checkbox"/> Cash	Amount \$100.00
<input checked="" type="checkbox"/> Check 12548543	Date 5/10/16

Investigated by _____ Date _____
 Approved by Robert E. Law 5/10/2016
 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 WQIJ518	File Number 0006041854
Radio Service IG - Industrial/Business Pool, Conventional	
Regulatory Status PMRS	
Frequency Coordination Number 20131112145037	

FCC Registration Number (FRN): 0017421959

Grant Date 02-27-2008	Effective Date 02-21-2014	Expiration Date 02-27-2018	Print Date 02-22-2014
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

Loc. 1 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 ASR No.: Ground Elev: 152.0

Loc. 2 Area of Operation
Operating within a 32.0 km radius around fixed location 1

Loc. 3 Area of Operation
Operating within a 32.0 km radius around 34-06-52.0 N, 117-55-29.1 W,
Azusa, LOS ANGELES county, CA

Antennas

Loc. No.	Ant. No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meters	Construct Deadline Date
1	1	000452.21250000	FB2	1		11K2F3E	4.000	4.000	6.1	-178.3	02-27-2009
1	1	000462.01250000	FB2	1		11K2F3E	4.000	4.000	6.1	-178.3	02-21-2015
2	1	000452.21250000	MO	12		11K2F3E	4.000	4.000			02-27-2009
2	1	000457.21250000	MO	12		11K2F3E	4.000	4.000			02-27-2009
2	1	000467.01250000	MO	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. Ht./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	MO	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:


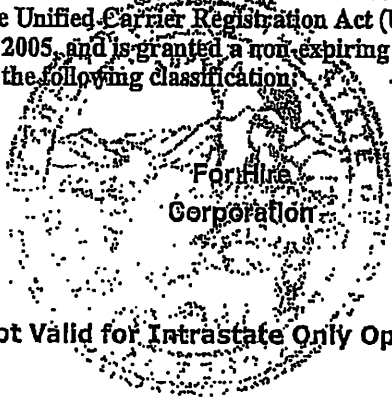
NONE

DEPARTMENT OF MOTOR VEHICLES
 MOTOR CARRIER SERVICES BRANCH MS 8875
 P.O. BOX 982370 Sacramento, CA. 94232-3700
 (916) 657-8153



11/28/2007

ENVIRONMENTAL CONTRACTORS
 TRANSPORTATION INC
 PO BX 7318
 SAN BERNARDINO, CA 92411

 DEPARTMENT OF MOTOR VEHICLES Motor Carrier Services Branch P.O. BOX 982370 Sacramento, CA. 94232-3700		NON-EXPIRING MOTOR CARRIER PERMIT Combined Carrier					
ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC PO BX 7318 SAN BERNARDINO, CA 92411		Valid From:	11/27/2007	Valid Through:	Non-Expiring		
		CA#:	0172336				
Pmt Date: N/A Account #: 97233 Sequence #: 0009		Office #: 154 Tech ID: BT Amt Paid: No Fee		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 Hire Corporation Not Valid for Intrastate Only Operations			
						IMPORTANT REMINDERS	
						1. 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. 2. Federal Motor Carrier Safety Administration insurance requirements must be maintained. 3. If you commence intrastate 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

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.



Matthew Rodriguez
Secretary for
Environmental Protection



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.

(AUTHORIZED SIGNATURE)

APRIL 13, 2016

(DATE)



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**HAZARDOUS MATERIALS
TRANSPORTATION LICENSE**
CHP 360H (REV. 1/00) OPI 062

CONTROL NUMBER 219003	LICENSE NUMBER 141373	ISSUE DATE 3/24/2016	EFFECTIVE DATE 5/1/2016	EXPIRATION DATE 4/30/2017
CHP CARRIER NUMBER CA 172336	LOCATION 860	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> Renewal
<p>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 license 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 surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed by submitting an application and appropriate fee to the CHP. Persons whose licenses have expired or are otherwise no longer valid must immediately cease the activity requiring a license. THERE IS NO GRACE PERIOD. For licensing information contact CHP, Commercial Vehicle Section at (916) 843-3400.</p>				
<p>This carrier is on the special routing/stoppage mailing lists as indicated below:</p> <p><input type="checkbox"/> (HMX) Explosives subject to Division 14, California Vehicle Code (CVC).</p> <p><input type="checkbox"/> (HMPH) Poison Inhalation Hazard materials in bulk packages subject to Division 14.3, CVC.</p> <p><input type="checkbox"/> (HMRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.6, CVC.</p>				
<p>Any person who dumps, spills, or causes the release of hazardous materials or hazardous waste upon any highway shall immediately notify the CHP or the agency having jurisdiction for that highway. The minimum fine for failure to make the appropriate notification is \$2,000.00. (CVC Section 23112.5)</p>				

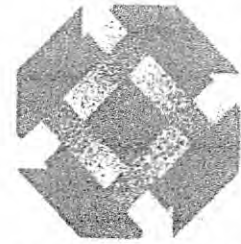
LICENSEE NAME AND PHYSICAL STATION ADDRESS (if different than below)

ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC
953 WEST REECE STREET
SAN BERNARDINO CA, US 92411

LICENSEE NAME AND MAILING ADDRESS

Attention: JOHN MINUTOLI
ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC
P O BOX 7318
SAN BERNARDINO CA, US 92411

Alliance for Uniform Hazmat Transportation Procedures Uniform Program Credentials



**ALLIANCE
FOR UNIFORM
HAZMAT
TRANSPORTATION
PROCEDURES**

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



2/2



STATE OF CALIFORNIA

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 Decals

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



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(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 certificate holder in lieu of such endorsement(s).

PRODUCER Millennium Corporate Solutions License # OC13480 5530 Trabuco Road Irvine CA 92620		CONTACT NAME: Liz Ibarra PHONE (A/C No. Ext): (949) 857-4500 FAX (A/C. No): (949) 857-4800 E-MAIL ADDRESS: L.Ibarra@mcsins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Nautilus Insurance Company	
		INSURER B: Great Divide Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Environmental Contractors Transportation, Inc. DBA: ECTI 953 W. Reece Street San Bernardino CA 92411		NAIC # 17376 25224	

COVERAGES **CERTIFICATE NUMBER:** 15-16 All Lines **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 LTR	TYPE OF INSURANCE	ADDSUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Mold Abatement GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ECP01526043-15	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>		BAP1526047-15	12/31/2015	12/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		EFX1526046-15	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCA1526056-15	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is named Additional Insured as respects General Liability per form ECP1004 0410 attached where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
PROOF 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
	Liz Ibarra/JANI

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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 of 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.



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

Amending Policy Number: BAP1526047-15 Effective Date: December 31, 2015

Name of Insurance Company: Great Divide Insurance Company

Countersigned by: [Signature] (authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- Primary insurance option: This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000.00 for each accident.
Excess insurance option: This insurance is excess and the company shall not be liable for amounts in excess of \$ for each accident in excess of the underlying limit of \$ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: (925) 472-8201

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to 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 Restoration 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)

Transportation Unit
8800 Cal Center Drive
Sacramento, CA 95826-3200
Phone (916) 440-7145
Fax (916) 255-6436

CERTIFICATE OF INSURANCE FOR PUBLIC LIABILITY COVERAGE

NAME OF INSURED: Environmental Contractors Transportation, Inc.	ADDRESS: 957 W. Reece St., San Bernardino, CA 92411	PHONE NUMBER: (909) 884-7424
--	--	-----------------------------------

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 LIMIT INSURANCE POLICY NUMBER: BAP1526047-15		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 including bodily injury, property damage and environmental restoration for the amount of \$ 1,000,000 in accordance with language consistent with a MCS-90 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 of the primary insurance for public liability including bodily injury, property damage and environmental restoration for the amount of \$ 4,000,000 in accordance with language consistent with a MCS-90 endorsement.		

CANCELLATION ENDORSEMENT

The authorized signature below warrants and guarantees that each insurance policy for which this Certificate of Insurance 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 Notice of Cancellation 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 Notice of Cancellation is provided to the Department of Toxic Substances Control, Transportation Unit.

This Certificate of Insurance and any Notice of Cancellation 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 CERTIFICATE OF INSURANCE ARE SHOWN ON THE REVERSE SIDE OF THIS FORM.)

NOT TRANSFERABLE

MUST HAVE A COLOR BACKGROUND

KEEP FOR YOUR RECORDS

**CITY OF SAN BERNARDINO
BUSINESS REGISTRATION CERTIFICATE**

**ACCOUNT
NUMBER**
948257

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.

DATE PAID
03/14/2016

BUSINESS CLASS: PROFESSIONAL ADMINISTRATI

EXPIRATION DATE
12/31/2016

NOTES:

BUSINESS LOCATION: 953 REECE ST

**OWNER, FIRM OR
CORPORATION**

ENVIRONMENTAL CONTRACTORS TRANSPORTAT



**BUSINESS NAME
ATTENTION**

ENVIRONMENTAL CONTRACTORS TRANSPORTATION

MAILING ADDRESS

PO BOX 7318
SAN BERNARDINO, CA, 92411-0318

Georgeann "Gigi" Hanna
CITY CLERK

POST IN A CONSPICUOUS PLACE • PHOTOCOPIES ARE NOT VALID

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 Federal 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 certification 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,

A handwritten signature in black ink that reads "Tony Baney". The signature is written in a cursive style with a horizontal line underneath.

Tony Baney, Chief
Fibers & Organics Branch



U.S. Department
of
Transportation
Federal Motor
Carrier Safety
Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

June 10, 2009

NORM BRUSTER
CONTROLLER
ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC
E C T I
PO BOX 7318
SAN 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 FMCSA's technical support at 1-800-832-5660.

Sincerely,

David C. Anwalt
Director, Office of Information
Technology

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

February 18, 1999

Mr John Berry, Pres
E C T I
953 W Reece St
San Bernardino, CA 92411

The US Environmental Protection Agency (EPA) has assigned an EPA Identification (ID) number to your location. EPA 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: CAR00049064
assigned to: E C T I
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 EPA 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

RDACKNFRX

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

A handwritten signature in black ink, appearing to read 'Scott Relph', is written over a horizontal line.

Scott Relph

Director of Operations

CALIFORNIA HIGHWAY PATROL

hereby awards this

Certificate of Achievement

to

ECTI

**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 Code 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


COMMISSIONER

COMMISSIONER

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL





Janice K. Brewer
Governor

ARIZONA DEPARTMENT
OF
ENVIRONMENTAL QUALITY

1110 West Washington Street • Phoenix, Arizona 85007
(602) 771-2300 • www.azdeq.gov



Henry R. Darwin
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

Printed on recycled paper



MICHAEL WILKENING
Acting Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

**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 897377
SACRAMENTO, CA 95899-7377
Phone: 916-449-5871



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

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
08-026




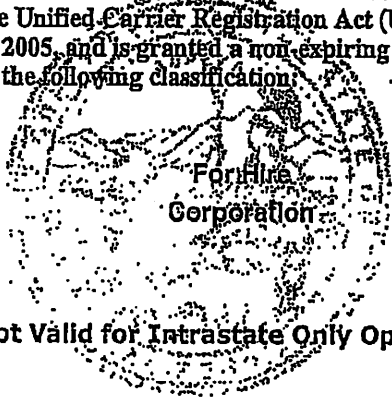
OSP 10-118906

DEPARTMENT OF MOTOR VEHICLES
 MOTOR CARRIER SERVICES BRANCH MS 8875
 P.O. BOX 982370 Sacramento, CA. 94232-3700
 (916) 657-8153



11/28/2007

ENVIRONMENTAL CONTRACTORS
 TRANSPORTATION INC
 PO BX 7318
 SAN BERNARDINO, CA 92411

 DEPARTMENT OF MOTOR VEHICLES Motor Carrier Services Branch P.O. BOX 982370 Sacramento, CA. 94232-3700		NON-EXPIRING MOTOR CARRIER PERMIT Combined Carrier					
ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC PO BX 7318 SAN BERNARDINO, CA 92411		Valid From:	11/27/2007	Valid Through:	Non-Expiring		
		CA#:	0172336				
Pmt Date: N/A Account #: 97233 Sequence #: 0009		Office #: 154 Tech ID: BT Amt Paid: No Fee		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 Hire Corporation Not Valid for Intrastate Only Operations			
						IMPORTANT REMINDERS	
						1. 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. 2. Federal Motor Carrier Safety Administration insurance requirements must be maintained. 3. If you commence intrastate 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

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.



Matthew Rodriguez
Secretary for
Environmental Protection



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.

(AUTHORIZED SIGNATURE)

APRIL 13, 2016

(DATE)



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**HAZARDOUS MATERIALS
TRANSPORTATION LICENSE**
CHP 360H (REV. 1/00) OPI 062

CONTROL NUMBER	LICENSE NUMBER	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
219003	141373	3/24/2016	5/1/2016	4/30/2017

CHP CARRIER NUMBER	LOCATION	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Replacement
CA 172336	860	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> 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 license 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 surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed by submitting an application and appropriate fee to the CHP. Persons whose licenses have expired or are otherwise no longer valid must immediately cease the activity requiring a license. THERE IS NO GRACE PERIOD. For licensing information contact CHP, Commercial Vehicle Section at (916) 843-3400.

LICENSEE NAME AND PHYSICAL STATION ADDRESS (if different than below)

ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC
953 WEST REECE STREET
SAN BERNARDINO CA, US 92411

This carrier is on the special routing/stoppage mailing lists as indicated below:

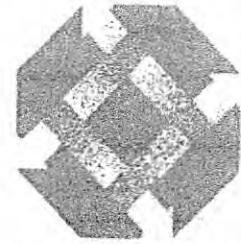
- (HMX) Explosives subject to Division 14, California Vehicle Code (CVC).
- (HMPH) Poison Inhalation Hazard materials in bulk packages subject to Division 14.3, CVC.
- (HMRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.6, CVC.

LICENSEE NAME AND MAILING ADDRESS

Attention: JOHN MINUTOLI
ENVIRONMENTAL CONTRACTORS TRANSPORTATION
INC
P O BOX 7318
SAN BERNARDINO CA, US 92411

Any person who dumps, spills, or causes the release of hazardous materials or hazardous waste upon any highway shall immediately notify the CHP or the agency having jurisdiction for that highway. The minimum fine for failure to make the appropriate notification is \$2,000.00. (CVC Section 23112.5)

Alliance for Uniform Hazmat Transportation Procedures Uniform Program Credentials



**ALLIANCE
FOR UNIFORM
HAZMAT
TRANSPORTATION
PROCEDURES**

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



2/2



STATE OF CALIFORNIA

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 Decals

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



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(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 certificate holder in lieu of such endorsement(s).

PRODUCER Millennium Corporate Solutions License # OC13480 5530 Trabuco Road Irvine CA 92620		CONTACT NAME: Liz Ibarra PHONE (A/C No. Ext): (949) 857-4500 FAX (A/C. No): (949) 857-4800 E-MAIL ADDRESS: L.Ibarra@mcsins.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Nautilus Insurance Company	17376
INSURED Environmental Contractors Transportation, Inc. DBA: ECTI 953 W. Reece Street San Bernardino CA 92411		INSURER B: Great Divide Insurance Company	25224
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 15-16 All Lines **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 LTR	TYPE OF INSURANCE	ADDSUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Mold Abatement GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ECP01526043-15	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		BAP1526047-15	12/31/2015	12/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		FFX1526046-15	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCA1526056-15	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is named Additional Insured as respects General Liability per form ECP1004 0410 attached where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
PROOF 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 Liz Ibarra/JANI

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 of 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.



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

Amending Policy Number: BAP1526047-15 Effective Date: December 31, 2015

Name of Insurance Company: Great Divide Insurance Company

Countersigned by: [Signature] (authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- Primary insurance option: This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000.00 for each accident.
Excess insurance option: This insurance is excess and the company shall not be liable for amounts in excess of \$ for each accident in excess of the underlying limit of \$ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: (925) 472-8201

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to 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 Restoration 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)

Transportation Unit
8800 Cal Center Drive
Sacramento, CA 95826-3200
Phone (916) 440-7145
Fax (916) 255-6436

CERTIFICATE OF INSURANCE FOR PUBLIC LIABILITY COVERAGE

NAME OF INSURED: Environmental Contractors Transportation, Inc.	ADDRESS: 957 W. Reece St., San Bernardino, CA 92411	PHONE NUMBER: (909) 884-7424
--	--	-----------------------------------

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 LIMIT INSURANCE POLICY NUMBER: BAP1526047-15		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 including bodily injury, property damage and environmental restoration for the amount of \$ 1,000,000 in accordance with language consistent with a MCS-90 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 of the primary insurance for public liability including bodily injury, property damage and environmental restoration for the amount of \$ 4,000,000 in accordance with language consistent with a MCS-90 endorsement.		


CANCELLATION ENDORSEMENT

The authorized signature below warrants and guarantees that each insurance policy for which this Certificate of Insurance 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 Notice of Cancellation 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 Notice of Cancellation is provided to the Department of Toxic Substances Control, Transportation Unit.

This Certificate of Insurance and any Notice of Cancellation 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 CERTIFICATE OF INSURANCE ARE SHOWN ON THE REVERSE SIDE OF THIS FORM.)

NOT TRANSFERABLE

MUST HAVE A COLOR BACKGROUND

KEEP FOR YOUR RECORDS

**CITY OF SAN BERNARDINO
BUSINESS REGISTRATION CERTIFICATE**

**ACCOUNT
NUMBER**
948257

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.

DATE PAID
03/14/2016

BUSINESS CLASS: PROFESSIONAL ADMINISTRATI

EXPIRATION DATE
12/31/2016

NOTES:

BUSINESS LOCATION: 953 REECE ST

**OWNER, FIRM OR
CORPORATION**

ENVIRONMENTAL CONTRACTORS TRANSPORTAT



**BUSINESS NAME
ATTENTION**

ENVIRONMENTAL CONTRACTORS TRANSPORTATION

MAILING ADDRESS

PO BOX 7318
SAN BERNARDINO, CA, 92411-0318

Georgeann "Gigi" Hanna
CITY CLERK

POST IN A CONSPICUOUS PLACE • PHOTOCOPIES ARE NOT VALID

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 Federal 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 certification 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,

A handwritten signature in black ink that reads "Tony Baney".

Tony Baney, Chief
Fibers & Organics Branch



U.S. Department
of
Transportation
Federal Motor
Carrier Safety
Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

June 10, 2009

NORM BRUSTER
CONTROLLER
ENVIRONMENTAL CONTRACTORS TRANSPORTATION INC
E C T I
PO BOX 7318
SAN 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 FMCSA's technical support at 1-800-832-5660.

Sincerely,

David C. Anwalt
Director, Office of Information
Technology

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

February 18, 1999

Mr John Berry, Pres
E C T I
953 W Reece St
San Bernardino, CA 92411

The US Environmental Protection Agency (EPA) has assigned an EPA Identification (ID) number to your location. EPA 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: CAR00049064
assigned to: E C T I
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 EPA 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

RDACKNFRX

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

A handwritten signature in black ink, appearing to read 'Scott Relph', is written over a horizontal line.

Scott Relph

Director of Operations

CALIFORNIA HIGHWAY PATROL

hereby awards this

Certificate of Achievement

to

ECTI

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 Code 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


COMMISSIONER

COMMISSIONER

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL





Janice K. Brewer
Governor

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

1110 West Washington Street • Phoenix, Arizona 85007
(602) 771-2300 • www.azdeq.gov



Henry R. Darwin
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

Printed on recycled paper



MICHAEL WILKENING
Acting Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

**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 897377
SACRAMENTO, CA 95899-7377
Phone: 916-449-5871



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

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
08-026



OSP 10-118906

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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:

- a. Permitted Operations: Solid Waste Disposal Site
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, 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, 2011

10 a. Permit Review Due Date:
March 10, 2016

11. Owner/Operator Transfer Date:
N/A

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

19-AA-0013

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

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.

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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	September 2013	Negative Declaration - LACDOHS NOD - LACDOHS	November 9, 1987 March 8, 1988
Partial Final Closure/Postclosure 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		

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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 <u>each day</u> . 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.	<p style="text-align: center;">Monthly</p> <p>(Due 15 days following the end of each reporting period)</p>
b. The types and quantities of materials used as alternative daily cover or beneficially reused <u>each day (must include how the material was beneficially reused)</u> 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.	
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 <u>within 24 hours</u> is required)	
g. Record of receipt of a Notice of Violation from any regulatory agency. In addition, the operator shall notify the LEA <u>within 24 hours</u> 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.	<p style="text-align: center;">Quarterly</p> <p>(Due the 15th of January, April, July, and October)</p>
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	<p style="text-align: center;">Semi-Annual</p> <p>(Due the 15th of January and July)</p>
k. Inert Debris Engineered Fill Operation Reporting Requirements per 14 CCR 17388(I) and 17388.3	
l. Topographical map* showing all current fill locations and elevations.	<p style="text-align: center;">Annually</p> <p>(Due March 1)</p>
m. Topographical map* which indicates all cuts into native material from the previous year to the present date.	
*The above two maps shall be drawn to a scale no smaller than one inch = 200 feet unless otherwise approved by the LEA.	

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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 waste and beneficial reuse material when deemed necessary due to an emergency, a potential health hazard, or the creation of a public nuisance.
6. Notification to the LEA within 24 hours is required for any written complaints received or any complaints called into the facility, and any record of receipt of a violation 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.

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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.

SOLID WASTE FACILITY PERMIT

Facility Permit Number:

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



Zero Waste— You Make It Happen!



CERTIFICATE OF LIABILITY INSURANCE

DATE(MWDD/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.

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 Aon Risk Services Southwest, Inc. Dallas TX Office CityPlace Center East 2711 North Haskell Avenue Suite 800 Dallas TX 75204 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105		
	E-MAIL ADDRESS:		
INSURED Waste Management, Inc. 1001 Fannin Suite 4000 Houston TX 77002-6711 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Ironshore Specialty Insurance Company		25445
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570062892130** **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION			002830700 Env Excess Liability	07/01/2016	07/01/2017	EACH OCCURRENCE \$24,000,000 AGGREGATE \$24,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	Env Site Liab			002830600 Claims-Made	07/01/2016	07/01/2017	Each Incident Limit \$1,000,000 Aggregate Limit \$2,000,000

Certificate No : 570062892130

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insured Site Location: Azusa Land Reclamation, Inc., 1211 W. Gladstone Street, Azusa, CA 91702

FOR BID PURPOSES ONLY

CERTIFICATE HOLDER**CANCELLATION**

Azusa Land Reclamation, Inc. 1211 W. Gladstone Street Azusa CA 91702 USA	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 <i>Aon Risk Services Southwest, Inc.</i>
--	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2017 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(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 certificate holder in lieu of such endorsement(s).

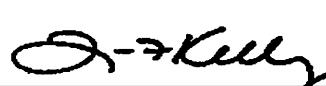
PRODUCER LOCKTON COMPANIES 5847 SAN FELIPE, SUITE 320 HOUSTON TX 77057 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED 1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING: AZUSA LAND RECLAMATION, INC. 1211 GLADSTONE STREET AZUSA CA 91702	INSURER A:	ACE American Insurance Company 22667
	INSURER B:	Indemnity Insurance Co of North America 43575
	INSURER C:	ACE Property & Casualty Insurance Co 20699
	INSURER D:	ACE Fire Underwriters Insurance Company 20702
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 3449506 REVISION NUMBER: XXXXXXXX

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	HDO G27403311	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COM/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H08866326	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 001	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLR C48596769 (AOS) WLR C48596800 (CA & MA) SCF C48596848 (WI)	1/1/2016 1/1/2016 1/1/2016	1/1/2017 1/1/2017 1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 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)

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 3449506 *FOR BID PURPOSES ONLY*	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 

CERTIFICATE OF LIABILITY INSURANCE

(If additional space is needed, add attachment)

Name of Insurer Great American E&S Insurance Company	Address 301 E. 4 th street, Cincinnati, Ohio 45202	CA Insurer License Number Or NAIC Number: 37532
Name of Insured Waste Management, Inc.	Address 1001 Fannin Street, Suite 4000 Houston, Texas 77002 Phone Number - 713 512 6200	

Solid Waste Disposal Facilities Covered: (enter information for each facility)

Limits of Liability

Name	Address	Facility Information Number	Per Occurrence*	Annual Aggregate*
Anderson Landfill	18703 Cambridge Rd., Anderson, CA 98007	45-AA-0020	\$1,000,000	\$5,000,000
Azusa Land Reclamation Co. Landfill	1311 W. Gladstone Street, Azusa, CA 91720	19-AA-0013	\$1,000,000	\$5,000,000
California Asbestos Monofill, 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 Mall 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 Altamont Pass Rd., Livermore, CA 94550	01-AA-0009	\$1,000,000	\$5,000,000
McKittrick 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 Landfill	1200 W. City Ranch Road, Palmdale, CA 93239	19-AA-5624	\$1,000,000	\$5,000,000
			TOTAL	TOTAL
			\$1,000,000	\$5,000,000

Policy Number PEL 9994176 00

Effective Date 7/1/16 - 7/1/17

*Excluding legal defense costs and deductibles

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 primary or excess coverage.

3. The limits of 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 following sentence:
 (\$ _____ per occurrence and \$ _____ annual aggregate in excess of the underlying limits of

\$ _____ per occurrence and \$ _____ annual aggregate.)

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(ies), 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 mail, 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 CIWMB 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 eligible excess or surplus lines insurer.

Signature of Individual Authorized to Sign on Behalf 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, 10011 Street, P.O. Box 4025, Sacramento, California 958124025, (916) 341-6000.



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.

- OCCUPANT COPY
- FIRE STATION COPY
- FIRE PREVENTION COPY



 OWNER/OCCUPANCY REPRESENTATIVE



 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 verification 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:

Account #: 009445

Description: Rental Of 1201 & 1313 W Gladstone St

Effective Date: April 25, 2016

Expiration Date: April 30, 2017

AZUSA LAND RECLAMATION
ATTN: STEVE AMROMIN
1211 W GLADSTONE AVE
AZUSA, CA 91702

TO BE POSTED IN A CONSPICUOUS PLACE OR CARRIED IN VEHICLE

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

INSTALLATION ADDRESS

▶ AZUSA LAND RECLAMATION CO INC
PO BOX 949
AZUSA CA 91702

1201 W GLADSTONE AVENUE
AZUSA CA 91702



COUNTY OF LOS ANGELES
Public Health

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

Sincerely,

Gerry Villalobos, REHS
Chief Environmental Health Specialist

Enclosure

c: Jeff Hackett, CalRecycle (*w/out enclosure*)
Nelly Castellanos, SWMP (*electronic copy only*)



BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zav Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

No: **2016-904764**

ANNUAL PERMIT

Permit Issued To

(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

(661) 223-3418

No. _____
 Date 5/10/2016
 Region 4
 District 3
 Tel. (818) 901-5403

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	Anticipated Dates	
			Starting	Completion
Various Conditions of Issuance:	Statewide		May 10, 2016	May 10, 2017

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 Nicole Stetson	Received By Permit Unit	
<input type="checkbox"/> Cash	Amount	Date
<input checked="" type="checkbox"/> Check 12548543	\$100.00	5/10/16

Investigated by _____ Date _____
 Approved by Robert E. Law 5/10/2016
 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
1211 W GLADSTONE
AZUSA, CA 91702

LA Co. CUPA NO. AR: AR0012556

FACILITY OWNER: USA WASTE OF CALIFORNIA INC/AZUSA LAND RECLAMATION CO.
FACILITY SITE ADDRESS: 1211 W 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 invoice 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 WQIJ518	File Number 0006041854
Radio Service IG - Industrial/Business Pool, Conventional	
Regulatory Status PMRS	
Frequency Coordination Number 20131112145037	

FCC Registration Number (FRN): 0017421959

Grant Date 02-27-2008	Effective Date 02-21-2014	Expiration Date 02-27-2018	Print Date 02-22-2014
--------------------------	------------------------------	-------------------------------	--------------------------

STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

Loc. 1 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 ASR No.: Ground Elev: 152.0

Loc. 2 Area of Operation
Operating within a 32.0 km radius around fixed location 1

Loc. 3 Area of Operation
Operating within a 32.0 km radius around 34-06-52.0 N, 117-55-29.1 W,
Azusa, LOS ANGELES county, CA

Antennas

Loc. No.	Ant. No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meters	Construct Deadline Date
1	1	000452.21250000	FB2	1		11K2F3E	4.000	4.000	6.1	-178.3	02-27-2009
1	1	000462.01250000	FB2	1		11K2F3E	4.000	4.000	6.1	-178.3	02-21-2015
2	1	000452.21250000	MO	12		11K2F3E	4.000	4.000			02-27-2009
2	1	000457.21250000	MO	12		11K2F3E	4.000	4.000			02-27-2009
2	1	000467.01250000	MO	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	MO	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



NIST/NVLAP • 100 Bureau Drive, Stop 2140 • Gaithersburg, MD 20899-2140
<http://www.nist.gov/nvlap>





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

NVLAP LAB CODE 200358-0

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

A handwritten signature in black ink, appearing to read "John S. Laman".

For the National Voluntary Laboratory Accreditation Program

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

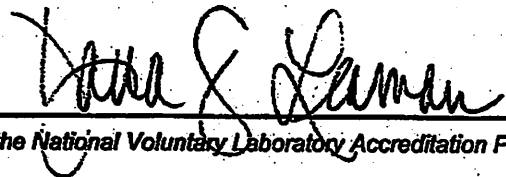
*is accredited by the National Voluntary Laboratory Accreditation Program for specific services,
listed on the Scope of Accreditation, for:*

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



For the National Voluntary Laboratory Accreditation Program



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

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

A handwritten signature in black ink, appearing to read "David S. Laman".

For the National Voluntary Laboratory Accreditation Program



UNITED STATES DEPARTMENT OF COMMERCE
National Institute of Standards and Technology
Gaithersburg, Maryland 20899

December 14, 2018

Ian Reyes
Patriot Environmental Laboratory Svcs.
2186 Paragon Drive
San Jose, CA 95131

NVLAP Lab Code: 201022-0

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 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
National Voluntary Laboratory Accreditation Program



NIST/NVLAP • 100 Bureau Drive, Stop 2140 • Gaithersburg, MD 20899-2140
<http://www.nist.gov/nvlap>



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.

Contaminant	Unit	#	Result	Ref. Value	Lower Limit	Upper Limit	z-Score	Rating
Asbestos (ASB)	f/mm ²	1	278	214	105	362	1.5	A
	f/mm ²	2	355	327	160	553	0.4	A
	f/mm ²	3	175	120	59	203	2.3	A
	f/mm ²	4	96	144	70	243	-1.7	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: None.

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
Asbestos	214	0/4	FAIL	
	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:*

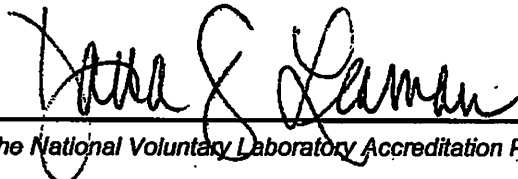
Asbestos Fiber Analysis

*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




For the National Voluntary Laboratory Accreditation Program



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

A handwritten signature in black ink, appearing to read "John S. Laman". The signature is written in a cursive style and is positioned above a horizontal line.

For the National Voluntary Laboratory Accreditation Program



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
National Voluntary Laboratory Accreditation Program



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 Communiqué dated January 2009).*

2018-07-01 through 2019-06-30

Effective Dates



For the 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 Reyes

Phone: 714-351-3305 Fax: 714-899-7098

Email: ireyes@patriotlab.com

<http://www.patriotlab.com>

ASBESTOS FIBER ANALYSIS

NVLAP LAB CODE 200982-0

A handwritten signature in black ink, appearing to read "John S. Haman".

For the National Voluntary Laboratory Accreditation Program

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

A handwritten signature in black ink, appearing to read "David S. Haman", is written over a horizontal line.

For the National Voluntary Laboratory Accreditation Program

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 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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Frenkel & Company 350 Hudson Street 4th Floor New York, NY 10014	CONTACT NAME: Christi Nistler PHONE (A/C, No, Ext): 212-488-0230 FAX (A/C, No): 646-514-9597 E-MAIL ADDRESS: Cnistler@frenkel.com
	INSURER(S) AFFORDING COVERAGE
INSURED John's Environmental Inc. dba EMG Company Consultants, Inc. 7500 Suzi Lane Westminster, CA 92683	INSURER A: Beazley Syndicates
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors Poll. <input checked="" type="checkbox"/> Occurrence Form GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X X	ENC000299001	01/05/2019	01/05/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/CP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		ENC000299001	01/05/2019	01/05/2020	Each Claim: \$1,000,000 Aggregate: \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Clks 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. Waiver of subrogation applies to General Liability policy per the attached endorsement.

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. AUTHORIZED REPRESENTATIVE 
---------------------------	--



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
SEND NO MONEY UNLESS STATEMENT IS ENCLOSED

CONTINUOUS POLICY 1466990-18

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	<u>1.00000</u>
COMPOSITE FACTOR APPLIED TO BASE RATES TO DERIVE INTERIM BILLING RATES	1.60050

```

*****
*
*          PREMIUM DISCOUNT SCHEDULE EFFECTIVE FROM 03-01-18 TO 03-01-19          *
* ESTIMATED MODIFIED PREMIUM IS DISCOUNTED ACCORDING TO THE FOLLOWING SCHEDULE: *
*                FIRST                ABOVE                *
*                $5,000                $5,000                *
*                0.0%                   11.3%                 *
*
*****

```

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.

CONTINUOUS POLICY 1466990-18

IMPORTANT THIS IS NOT A BILL
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

EMG COMPANY
7500 SUZI LN
WESTMINSTER, CALIF 92683

DEPOSIT PREMIUM
MINIMUM PREMIUM
PREMIUM ADJUSTMENT PERIOD ANNUALLY
R SP

NAME OF EMPLOYER- EMG, COMPANY

CODE NO. PRINCIPAL WORK AND RATES EFFECTIVE FROM 03-01-18 TO 03-01-19

		PREMIUM BASIS	BASE RATE	INTERIM BILLING RATE*
4511-1	ANALYTICAL OR TESTING LABORATORIES --INCLUDING OUTSIDE OPERATIONS AND SAMPLE COLLECTION--N.O.C.	6050	1.48	2.37

*****BUREAU NOTE INFORMATION*****

FEIN 330950895

TOTAL ESTIMATED ANNUAL PREMIUM

NOT TRANSFERABLE

City of Westminster

BUSINESS LICENSE

BUSINESS LICENSE NO: 058288

EXPIRATION DATE: 07/31/2019

BUSINESS DESCRIPTION: Services - Business

BUSINESS ADDRESS: 7600 SUZI LN

BUSINESS NAME: E M G Company

MAILING ADDRESS: E M G COMPANY
7600 SUZI LN
WESTMINSTER, CA 92683-4359

This business license is issued without verification that the licensee is subject to or exempt from licensing by the State of California. This business license constitutes a receipt for the license fee and or tax paid and shall have no other legal effect. Neither the payment of fees and or taxes nor the possession of the business license permits or allows doing any act which would not be otherwise allowed by other code provisions or statute. The issuance of a business license shall not be deemed or construed to be a permit to conduct or continue an illegal act or unlawful business prohibited by law or requiring other approvals which have not yet been obtained.

POST IN CONSPICUOUS PLACE

TAXES PAID IN ACCORDANCE WITH
CITY BUSINESS TAX ORDINANCE
CITY OF WESTMINSTER

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 painting activities 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



A handwritten signature in cursive script that reads "Michelle Price".

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch



National Registry of Environmental Professionals

P.O. Box 2099, Glenview, IL 60025-6099 • tel 847.724.6631 • fax 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,

Dr. Richard A. Young

Executive Director
PhD, REM, PE, CEA, CSS



National Registry of
Environmental Professionals
CERTIFIED

John Pham REPA 825099
Registered Environmental Property Assessor

The Person Named Above is
Qualified as Defined by the NREP

Richard A. Young
Executive Director

03/15/2020
First Certified: 03/15/2013 Expiration Date

University of Southern California

INSTITUTE OF SAFETY AND SYSTEMS MANAGEMENT

This is to certify that

JOHN PHAM

has satisfactorily completed a course in

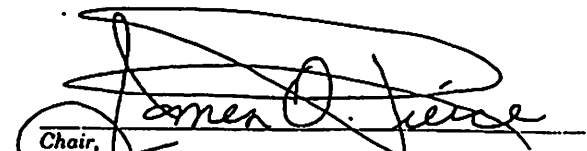
Polarized Light Microscopy: Asbestos Identification

on this day of

FEBRUARY 2, 1990


Executive Director
Institute of Safety and Systems Management




Chair,
Safety Science Department



NAT-39235-1

STATE OF CALIFORNIA

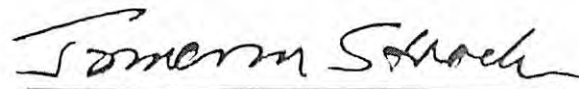
California Environmental Protection Agency

John Van Pham

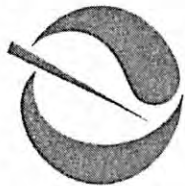
has fulfilled the requirements for registration as a

**REGISTERED ENVIRONMENTAL ASSESSOR
(REA)**

Date: September 1995
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.

Joan E. Denton, Ph.D.
Director
Office of Environmental Health Hazard Assessment

REA - Class I Number: 06360

Peter M. Rooney

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/dir/databases.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 before 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

Renewal - Card Attached (Revised 10/24/2012)

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



Thi A Doan
Name
Certification No. 103-3382
Expires on 07/31/19

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7100 et seq. of the Business and Professions Code.

Environmental Lead Round 104
 Proficiency Testing Performance for Participant ID: PAT-157126

 Page 1 of 2
 Report Issue Date: 09/15/2018

 EMG Company
 7500 Suzi Ln
 Westminster, CA 92683-4359

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
	%	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.

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 Score	Round Performance	Proficiency Status - Four Round Score
Paint	101	3/4	PASS	
	102	4/4	PASS	
	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

Environmental Lead-in-Air Round 104
 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 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 Programs, in writing, if any errors are found.

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.

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/m ³	1	0.088	0.0988	0.0862	0.1114	-2.6	A
	mg/m ³	2	0.28	0.3275	0.2779	0.3772	-2.9	A
	mg/m ³	3	0.081	0.0892	0.0782	0.1001	-2.2	A
	mg/m ³	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.

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	
	103	4/4	PASS	
	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
dclawson@aiha.org

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

Thi A Doan

Name



Certification No. **03-3382**

Expires on **2/3/19**

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



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)	f/m ³	1	99.4	203	99	342	-2.6	A
	f/m ³	2	130	307	151	519	-2.9	U
	f/m ³	3	34	121	59	204	-3.6	U
	f/m ³	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.

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
Asbestos	212	3/4	PASS	
	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; 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 Program Manager

AIHA PAT Programs

dclawson@aiha.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/28/2017

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 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 Frenkel & Company 350 Hudson St. New York NY 10014	CONTACT NAME: Mary Griffin PHONE (A/C, No., Ext): 212-488-0380 E-MAIL ADDRESS: mgriffin@frenkel.com	FAX (A/C, No.): 212-954-5399
	INSURER(S) AFFORDING COVERAGE INSURER A: Starr Surplus Line Insurance Company NAIC # 13604 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED EMG Company Consultants, Inc. 7500 Stuzi Lane Westminster CA 92683		

COVERAGES CERTIFICATE NUMBER: 799168640 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.

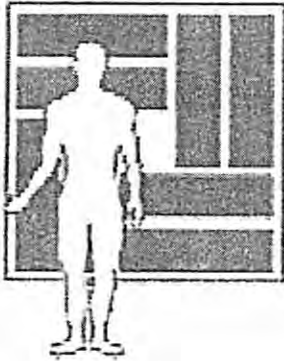
INSUR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contr. Pollution <input type="checkbox"/> Occurrence Form GEN. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	1000066493171	1/5/2017	1/5/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mar. Statutory Inf NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> Professional Liability <input type="checkbox"/> Claims Made Form	N	N	1000066493171	1/5/2017	1/5/2019	Each Claim \$1,000,000 General Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of insurance.

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.
	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.

A handwritten signature in cursive script, likely belonging to Glenn E. Fellman.

Glenn E. Fellman
Executive Director, IAQA

Document # 02643



Forensic Analytical Specialties, Incorporated

Certificate of Attendance

presented to:

John Van Pham

For attendance at the following workshop:

***Microbial Contamination:
Sampling, Laboratory, Remediation and Legal Issues***

Instructors: David Kahane, CIH
Forensic Analytical

Sharon Harney, PhD
Forensic Analytical

Bruce White
Forensic Analytical

Jonathan Vick, Esq.
Robertson, Vick & Capella

March 6, 2002
Date of Workshop

Sharon Harney, PhD
Course Instructor



Converse Consultants

Geotechnical Engineering, Environmental & Groundwater Science, Inspection & Testing Services

November 4, 2016

Ms. Lisa Waldez
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. Waldez:

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:

Sample No.	Bulk Sample Description and Location	Lead Conc. (mg/cm ²)	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.

Sincerely,

CONVERSE CONSULTANTS


Laura Tanaka
CDPH Lead Inspector/Assessor, #I-3086
Principal Environmental Scientist


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

Attch: Application for Authorization to Use
Certifications
Sample Location Map
Asbestos: Analytical Report, Chain of Custody
Lead: Analytical Report, Chain of Custody
Certifications





Converse Consultants

Geotechnical Engineering, Environmental & Groundwater Science, Inspection & Testing Services

Application for Authorization to Use

TO: Converse Consultants
717 Myrtle Avenue
Monrovia, California 91016

Project Title & Date: _____

Project Address: _____

FROM: (Please identify name & address of person/entity applying for permission to use the referenced report.)

Applicant _____ hereby applies for permission to use

the referenced report in order to:

Applicant wishes or needs to use the referenced report because:

Applicant also understands and agrees that the referenced document is a copyrighted document and shall remain the sole property of Converse Consultants. Unauthorized use or copying of the report is strictly prohibited without the express written permission of Converse Consultants. *Applicant* understands and agrees that Converse Consultants may withhold such permission at its sole discretion, or grant such permission upon agreement to Terms and Conditions, such as the payment of a re-use 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

Name

Certification No. **11-4708**

Expires on **01/19/18**

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7110 and 7111 of the Business and Professions Code.



State of California Department of Public Health

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Inspector/Assessor 04/27/2017

Project Designer 04/27/2017

Project Monitor 04/27/2017



Laura A. Tanaka

ID #: 3086



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

Norman S Eke

Name

Certification No. **96-2093**

Expiration **03/07/17**



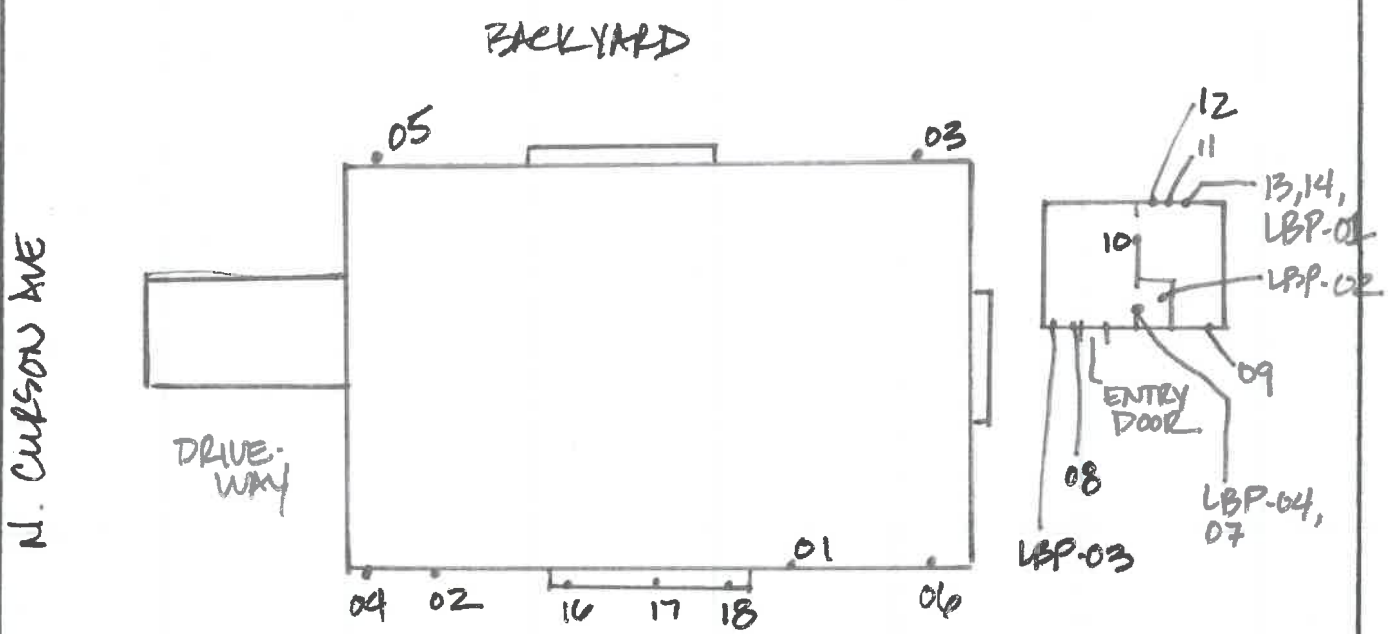
This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7180 et seq. of the Business and Professions Code.



**Sample Location
Map**

Sample Location Map





Legend

- LBP-04 Approx Location of Paint Sample
- 18 Approx Location of Asbestos sample

↑
 NORTH
 NOT TO SCALE



Converse Consultants

SIGNED _____
 REG. NO. _____

SHEET NO. 1

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-Asbestos		Asbestos % Type
			% Fibrous	% Non-Fibrous	
01-Finish Coat 321624160-0001	S Entry E Wall by door - Ext Stucco	Tan Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
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 321624160-0002	S entry S wall - W end - Ext Stucco	Tan Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
02-Base Coat 321624160-0002A	S entry S wall - W end - Ext Stucco	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
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 321624160-0003A	N entry N wall - E end - Ext Stucco	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
04 321624160-0004	S wall W window (SWC) Ext - Window Putty	Brown/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
05 321624160-0005	N wall W window (NWC) Ext - Window Putty	Brown/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
06 321624160-0006	1st FL - east room E window - Window Putty	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
09-Finish Coat 321624160-0007	Caretaker house 2nd Entry - Plaster (interior) smooth	Green Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
09-Base Coat 321624160-0007A	Caretaker house 2nd Entry - Plaster (interior) smooth	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
10-Finish Coat 321624160-0008	Caretaker house Demise wall - Plaster (interior) smooth	Beige Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
10-Base Coat 321624160-0008A	Caretaker house Demise wall - Plaster (interior) smooth	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
11-Finish Coat 321624160-0009	Caretaker house N wall - Plaster (interior) smooth	Beige Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
11-Base Coat 321624160-0009A	Caretaker house N wall - Plaster (interior) smooth	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
12-Finish Coat 321624160-0010	Caretaker house N wall - Plaster (interior) rough	Tan Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected

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

Sample	Description	Appearance	Non-Asbestos		Asbestos % Type
			% Fibrous	% Non-Fibrous	
12-Base Coat 321624160-0010A	Caretaker house N wall - Plaster (interior) rough	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
13-Finish Coat 321624160-0011	Caretaker house N wall - Plaster (interior) rough	Tan Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
13-Base Coat 321624160-0011A	Caretaker house N wall - Plaster (interior) rough	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
14-Finish Coat 321624160-0012	Caretaker house N wall - Plaster (interior) rough	Tan Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
14-Base Coat 321624160-0012A	Caretaker house N wall - Plaster (interior) rough	Gray Non-Fibrous Homogeneous		100% Non-fibrous (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 321624160-0013A	2nd floor Balcony South side - Roofing Felts	Black Non-Fibrous Homogeneous	30% Glass	70% Non-fibrous (Other)	None Detected
16-Felt 321624160-0013B	2nd floor Balcony South side - Roofing Felts	Black Non-Fibrous Homogeneous	40% Cellulose	60% Non-fibrous (Other)	None Detected
17-Coating 321624160-0014	2nd floor Balcony South side - Roofing Felts	Various Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
17-Shingle 321624160-0014A	2nd floor Balcony South side - Roofing Felts	Black Non-Fibrous Homogeneous	30% Glass	70% Non-fibrous (Other)	None Detected
17-Felt 321624160-0014B	2nd floor Balcony South side - Roofing Felts	Black Non-Fibrous Homogeneous	40% Cellulose	60% Non-fibrous (Other)	None Detected
18-Coating 321624160-0015	2nd floor Balcony South side - Roofing Felts	White/Red/Silver Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
18-Shingle 321624160-0015A	2nd floor Balcony South side - Roofing Felts	White/Black Non-Fibrous Homogeneous	20% Glass	80% Non-fibrous (Other)	None Detected
18-Felt 321624160-0015B	2nd floor Balcony South side - Roofing Felts	Black Non-Fibrous Homogeneous	60% Cellulose	40% Non-fibrous (Other)	None Detected

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



Asbestos Chain of Custody

LA Testing Order Number (Lab Use Only):
#321624160

LA TESTING
520 MISSION STREET
S. PASADENA, CA 91030
PHONE: (323) 254-9960
FAX: (323) 254-9982

Company: <u>Converse Consultants</u>		LA Testing-Bill to: <input checked="" type="checkbox"/> Same <input type="checkbox"/> Different <small>If Bill to is Different note instructions in Comments**</small>	
Street: <u>717 Myrtle Ave</u>		<i>Third Party Billing requires written authorization from third party</i>	
City: <u>Monrovia</u>	State/Province: <u>CA</u>	Zip/Postal Code:	Country:
Report To (Name): <u>L Tanaka</u>		Fax #:	
Telephone #: <u>626-807-3422</u>		Email Address: <u>LTANAKA@ConverseConsultants.com</u>	
Project Name/Number: <u>16-41-185-01</u>			
Please Provide Results: <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email		Purchase Order: _____ U.S. State Samples Taken: _____	

Turnaround Time (TAT) Options* – Please Check

3 Hour
 6 Hour
 24 Hour
 48 Hour
 72 Hour
 96 Hour
 1 Week
 2 Week

*For TEM Air 3 hours through 6 hours, please call ahead to schedule. *There is a premium charge for 3 Hour TEM AHERA or EPA Level II TAT. You will be asked to sign an authorization form for this service. Analysis completed in accordance with LA Testing's Terms and Conditions located in the Analytical Price Guide.

PCM - Air <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> w/ OSHA 8hr. TWA PLM - Bulk (reporting limit) <input checked="" type="checkbox"/> PLM EPA 600/R-93/116 (<1%) <input type="checkbox"/> PLM EPA NOB (<1%) Point Count <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%) Point Count w/Gravimetric <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%) <input type="checkbox"/> NYS 198.1 (friable in NY) <input type="checkbox"/> NYS 198.6 NOB (non-friable-NY) <input type="checkbox"/> NIOSH 9002 (<1%)	TEM - Air <input type="checkbox"/> 4-4.5hr TAT (AHERA only) <input type="checkbox"/> AHERA 40 CFR, Part 763 <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> EPA Level II <input type="checkbox"/> ISO 10312 TEM - Bulk <input type="checkbox"/> TEM EPA NOB <input type="checkbox"/> NYS NOB 198.4 (non-friable-NY) <input type="checkbox"/> Chatfield SOP <input type="checkbox"/> TEM Mass Analysis-EPA 600 sec. 2.5 TEM - Water: EPA 100.2 Fibers >10µm <input type="checkbox"/> Waste <input type="checkbox"/> Drinking All Fiber Sizes <input type="checkbox"/> Waste <input type="checkbox"/> Drinking	TEM- Dust <input type="checkbox"/> Microvac - ASTM D 5755 <input type="checkbox"/> Wipe - ASTM D6480 <input type="checkbox"/> Carpet Sonication (EPA 600/J-93/167) Soil/Rock/Vermiculite <input type="checkbox"/> PLM CARB 435 - A (0.25% sensitivity) <input type="checkbox"/> PLM CARB 435 - B (0.1% sensitivity) <input type="checkbox"/> TEM CARB 435 - B (0.1% sensitivity) <input type="checkbox"/> TEM CARB 435 - C (0.01% sensitivity) <input type="checkbox"/> EPA Protocol (Semi-Quantitative) <input type="checkbox"/> EPA Protocol (Quantitative) Other: <input type="checkbox"/>
---	--	--

Check For Positive Stop – Clearly Identify Homogenous Group

Samplers Name:	Samplers Signature:
----------------	---------------------

Sample #	Sample Description	Volume/Area (Air) HA # (Bulk)	Date/Time Sampled
	<i>See attached</i>		

Client Sample # (s):	-	Total # of Samples:	18
Relinquished (Client):	<i>L Tanaka</i>	Date:	10.27.16
Received (Lab):	<i>(W)</i>	Date:	10.27.16
Comments/Special Instructions:			



Converse Consultants

#321624160

3176 Pullman Street
Suite 108
Costa Mesa, CA 92626-3500
Tel.: (714) 444-9660
Fax: (714)444-9640

BULK SAMPLE LOG

Project Name: RAP/Wattles Mansion Collected By: LAT

Project No.: 16-41-185-01 Date: 10-27-16

HOMOGENEOUS MATERIAL: Ext Stucco

Sample Number	Location	Area Sq. Ft.	Condition
01	S entry E wall by door		Dam
02	↓ S wall - w end		"
03	N entry N wall - e end		"

Friability:
Potential for Contact with Material:
Influence of Vibration:
Potential for Air Erosion:
Damage Assessment:

Friable
High
High
High
Good

Non-Friable
Moderate
Moderate
Moderate
Damaged

Low
Low
Low
Significantly Damaged

COMMENTS:

Spot damage

CHAIN OF CUSTODY

Relinquished By: [Signature] Time: 12:10 Date: 10-27-16
 Received By: [Signature] Time: 1 Date: 1
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____



Converse Consultants

BULK SAMPLE LOG

Project Name: RAP/Wattles Mansion

Collected By: LAT

Project No.: 16-41-185-01

Date: 10-27-16

HOMOGENEOUS MATERIAL: Window putty

Sample Number	Location	Area Sq. Ft	Condition
04	S wall window (SWC) east	5	GOOD/DAM
05	N WALL window (NWC) "	5	↓
06	1st FL - east rooms 2 windows	2	

Friability:
Potential for Contact with Material:
Influence of Vibration:
Potential for Air Erosion:
Damage Assessment:

Friable
High
High
High
Good

Non-Friable
Moderate
Moderate
Moderate
Damaged

Low
Low
Low
Significantly Damaged

COMMENTS:

Some window had new latex caulk mat. Some windows paint/wood

CHAIN OF CUSTODY

Relinquished By: [Signature]
Received By: [Signature]
Relinquished By: _____
Received By: _____

Time: 12:10
Time: L
Time: _____
Time: _____

Date: 10-27-16
Date: L
Date: _____
Date: _____



Converse Consultants

#321624160

3176 Pullman Street
Suite 108
Costa Mesa, CA 92626-3500
Tel.: (714) 444-9660
Fax: (714)444-9640

BULK SAMPLE LOG

Project Name: RAP/Wattles Mansion Collected By: LAT

Project No.: 16-41-185-01 Date: 10-27-16

HOMOGENEOUS MATERIAL: Plaster (interior) smooth

Sample Number		Location	Area Sq. Ft.	Condition
07	Care-taker House	Demuse wall	2000	GOOD TO
08		entry		DAM
09		2nd entry		↓
10		Demuse wall		↓
11		N wall		

Friability:
Potential for Contact with Material:
Influence of Vibration:
Potential for Air Erosion:
Damage Assessment:

Friable
High
High
High
Good

Non-Friable
Moderate
Moderate
Moderate
Damaged

Low
Low
Low
Significantly Damaged

COMMENTS:

CHAIN OF CUSTODY

Relinquished By: [Signature] Time: 12:10 Date: 10.27.16
 Received By: [Signature] Time: 1 Date: 1
 Relinquished By: _____ Time: _____ Date: _____
 Received By: _____ Time: _____ Date: _____

#321624160

3176 Pullman Street
Suite 108
Costa Mesa, CA 92626-3500
Tel.: (714) 444-9660
Fax: (714)444-9640



Converse Consultants

BULK SAMPLE LOG

Project Name: RAP/Wattles Mansion

Collected By: LAT

Project No.: 16-41-185-01

Date: 10-27-16

HOMOGENEOUS MATERIAL: Plaster (interior) rough

Sample Number	Location	Area Sq. Ft.	Condition
12	Caretaker N wall		GOOD
13	House ↓		
14	↓		

Friability:
Potential for Contact with Material:
Influence of Vibration:
Potential for Air Erosion:
Damage Assessment:

Frable
High
High
High
Good

Non-Friable
Moderate
Moderate
Moderate
Damaged

Low
Low
Low
Significantly Damaged

COMMENTS:

underneath smooth plaster
only 800 # visible

CHAIN OF CUSTODY

Relinquished By: [Signature]
Received By: [Signature]
Relinquished By: _____
Received By: _____

Time: 12:10
Time: 1
Time: _____
Time: _____

Date: 10-27-14
Date: 1
Date: _____
Date: _____



Converse Consultants #321624160

3176 Pullman Street
Suite 108
Costa Mesa, CA 92626-3500
Tel.: (714) 444-9660
Fax: (714)444-9640

BULK SAMPLE LOG

Project Name: RAP/Wattles Mansion Collected By: LAT

Project No.: 16-41-185-01 Date: 10-27-16

HOMOGENEOUS MATERIAL: Roofing felts

Sample Number	Location	Area Sq. Ft.	Condition
<u>16</u>	<u>2nd Floor South side</u>	<u>ADD</u>	<u>GOOD</u>
<u>17</u>	<u>Balcony</u>		
<u>18</u>	<u>↓</u>		

Friability:
Potential for Contact with Material:
Influence of Vibration:
Potential for Air Erosion:
Damage Assessment:

Friable
High
High
High
Good

Non-Friable
Moderate
Moderate
Moderate
Damaged

Low
Low
Low
Significantly Damaged

COMMENTS:

CHAIN OF CUSTODY

Relinquished By: <u>[Signature]</u>	Time: <u>12:10</u>	Date: <u>10-27-16</u>
Received By: <u>[Signature]</u>	Time: <u>1</u>	Date: <u>16</u>
Relinquished By: _____	Time: _____	Date: _____
Received By: _____	Time: _____	Date: _____

Lead

Analytical Report Chain of Custody

Lead





LA Testing

520 Mission Street, South Pasadena, CA 91030
Phone/Fax: (323) 254-9960 / (323) 254-9982
<http://www.LATesting.com> pasadenalab@latestesting.com

LA Testing Order: 321623943
CustomerID: 32CONV56
CustomerPO:
ProjectID:

Attn: **Laura Tanaka**
Converse Consultants
717 S Myrtle Avenue
Monrovia, CA 91016

Phone: (626) 930-1200
Fax: (626) 930-1212
Received: 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)*

<i>Client Sample Description</i>	<i>Lab ID</i>	<i>Collected</i>	<i>Analyzed</i>	<i>Area</i>	<i>Samp Wt</i>	<i>Lead Concentration</i>
LBP-01 Site: N wall Plaster - Cream	321623943-0001	10/27/2016	10/28/2016	6.4516 cm ²	1.5075 g	0.30 mg/cm ²
LBP-02 Site: Door - Wood - White	321623943-0002	10/27/2016	10/28/2016	19.3548 cm ²	0.2804 g	0.034 mg/cm ²
LBP-03 Site: Wind Frame Wood White	321623943-0003	10/27/2016	10/28/2016	3.2258 cm ²	0.55 g	0.046 mg/cm ²
LBP-04 Site: Door Frame Wood White	321623943-0004	10/27/2016	10/28/2016	6.4516 cm ²	0.2219 g	0.0083 mg/cm ²

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



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

LA TESTING
 520 MISSION STREET
 S. PASADENA, CA 91030
 PHONE: (323) 254-9960
 FAX: (323) 254-9982

€321623943

Company: <u>Converse Consultants</u>		LA Testing-Bill to: <input checked="" type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions in Comments**	
Street: <u>717 Myrtle Ave</u>		Third Party Billing requires written authorization from third party	
City: <u>Monrovia</u>	State/Province: <u>CA</u>	Zip/Postal Code:	Country:
Report To (Name): <u>Laura Tanaka</u>		Fax #:	
Telephone #: <u>626-807-3422</u>		Email Address: <u>L.TANAKA@Converseconsultants.com</u>	
Project Name/Number: <u>16-41-185-01</u>		U.S. State Samples Taken: <u>CA</u>	
Please Provide Results: <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email		Purchase Order:	

Turnaround Time (TAT) Options* - Please Check

3 Hours
 6 Hours
 24 Hours
 48 Hours
 3 Days
 4 Days
 1 Week
 2 Week

*Analysis completed in accordance with LA Testing's Terms and Conditions located in the Price Guide

Matrix	Method	Instrument	Reporting Limit	Check
Chips <input checked="" type="checkbox"/> mg/cm ² <input type="checkbox"/> % by wt.	SW846-7000B/7420 or AOAC 974.02	Flame Atomic Absorption	0.01%	<input checked="" type="checkbox"/>
	Air	NIOSH 7082	Flame Atomic Absorption	4 µg/filter <input type="checkbox"/>
	NIOSH 7105	Graphite Furnace AA	0.03 µg/filter <input type="checkbox"/>	
	NIOSH 7300 modified	ICP-AES	0.5 µg/filter <input type="checkbox"/>	
Wipe* <input type="checkbox"/> ASTM <input type="checkbox"/> non ASTM <small>*if no box is checked, non-ASTM Wipe is assumed</small>	SW846-7000B/7420	Flame Atomic Absorption	10 µg/wipe <input type="checkbox"/>	
	SW846-6010B or C	ICP-AES	0.5 µg/wipe <input type="checkbox"/>	
TCLP	SW846-1311/7420/SM 3111B	Flame Atomic Absorption	0.4 mg/L (ppm) <input type="checkbox"/>	
	SW846-6010B or C	ICP-AES	0.1 mg/L (ppm) <input type="checkbox"/>	
Soil	SW846-7000B/7420	Flame Atomic Absorption	40 mg/kg (ppm) <input type="checkbox"/>	
	SW846-7421	Graphite Furnace AA	0.3 mg/kg (ppm) <input type="checkbox"/>	
	SW846-6010B or C	ICP-AES	1 mg/kg (ppm) <input type="checkbox"/>	
Wastewater	SM3111B or SW846-7000B/7420	Flame Atomic Absorption	0.4 mg/L (ppm) <input type="checkbox"/>	
	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm) <input type="checkbox"/>	
	SW846-6010B or C	ICP-AES	1 mg/kg (ppm) <input type="checkbox"/>	
Drinking Water	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm) <input type="checkbox"/>	

Other:	Preservation Method (Water):
Name of Sampler: <u>Laura Tanaka</u>	Signature of Sampler: <u>[Signature]</u>

Sample #	Location	Volume/Area	Date/Time Sampled
	<u>See attached</u>		

Client Sample #'s	-	Total # of Samples:	<u>4</u>
Relinquished (Client):	<u>[Signature]</u>	Date:	<u>10.27.16</u>
Received (Lab):	<u>[Signature]</u>	Date:	<u>10.27.16</u>
Comments:		Time:	<u>12:15</u>
		Time:	<u>12:15 PM</u>



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
LPP-01	N wall Plaster - cream 1" x 1"		10-27-16
LPP-02	DOOR- WOOD - white 1" x 3"		↓
LPP-03	wind Frame - wood - white 0.5" x 1"		
LPP- 03 4	DOOR Frame - wood white 0.5" x 2"		
*Comments/Special Instructions:			



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

a: 5150 E. Pacific Coast HWY – Suite 525
Long Beach, California 90804-3310

t: 949.586.1414

w: integrityenvironmental.com

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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 Waldez, 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 Watties 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 $\mu\text{g}/\text{m}^3$ and up to 500 $\mu\text{g}/\text{m}^3$ 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 CDPH-trained 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

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A. PROJECT TABLE

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TABLE I - Asbestos Bulk Sampling Summary
 Wattles Mansion Restrooms
 1824 N. Curson Avenue
 Los Angeles, California 90042

HSA Number	Material Description				Material Location	Sample Number	Sampling Date	Analytical Results (PLM)	Quantity (SF)	SCAQMD ACM CATEGORY
	Color	Size	Type	Substrate						
1	Beige	-	Drywall and joint compound	-	1st Floor	05-AB01	3/18/2021	DRYwall: NAD J. Compound: NAD	NE	NA
	Beige	-	Drywall and joint compound	-	1st Floor	05-AB02		DRYwall: NAD J. Compound: NAD		
	Beige	-	Drywall and joint compound	-	1st Floor	05-AB03		DRYwall: NAD J. Compound: NAD		
2	Lt. Beige	-	Drywall and joint compound	-	2nd Floor	05-AB04	3/18/2021	NAD	NE	NA
	Lt. Beige	-	Drywall and joint compound	-	2nd Floor	05-AB05		NAD*		
	Lt. Beige	-	Drywall and joint compound	-	2nd Floor	05-AB06		NAD*		
3	Gray	-	Repair floor sealant	wood	2nd Floor	05-AB07	3/18/2021	NAD	NE	NA
	Gray	-	Floor covering	wood	2nd Floor	05-AB08		NAD		

Legend:

- NA Not applicable
- NAD None asbestos detected
- NE Not estimated
- PLM Polarized Light Microscopy
- SCAQMD South Coast Air Quality Management District
- SF 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%

Table II - Lead Survey Summary
 Wattles Mansion Restrooms
 1824 Curson Avenue
 Los Angeles, California 90049

XRF NUMBER	COMPONENT DESCRIPTION	LOCATION	CONDITION	SUBSTRATE	COLOR	XRF READING (mg/cm ²)	PAINT SAMPLE (PPM)
1		Initial Calibration (03/18/2021)				0.8	-
2						0.6	-
3						0.6	-
4						-0.3	-
5						-0.4	-
6						-0.4	-
7		Final Calibration (03/18/2021)				0.5	-
8						0.7	-
9						0.6	-
10						-0.4	-
11						-0.3	-
12						-0.3	-
13		Initial Calibration (03/18/2021)				0.7	-
14						0.7	-
15						0.6	-
16						-0.3	-
17						-0.3	-
18						-0.3	-
19		Final Calibration (03/18/2021)				0.7	-
20						0.6	-
21						0.6	-
22						-0.3	-
23						-0.3	-
24						-0.2	-
05LP-01	Door	1st floor restroom, east	Good	Wood	Brown	-0.1	-
05LP-02	Door frame	1st floor restroom, east	Good	Wood	Brown	-0.2	-
05LP-03	Wall	1st floor restroom, south	Good	Plaster	Beige	-0.1	-
05LP-04	Door	1st floor restroom - south	Good	wood	White	4.8	-
05LP-05	Door frame	1st floor restroom - south	Good	Wood	White	-0.1	-
05LP-06	Wall trim	1st floor restroom - south	Good	Plaster	White	-0.1	-
05LP-07	Ceiling	1st floor restroom - center	Good	Drywall	Beige	-0.1	-
05LP-08	Toilet	1st floor restroom - west	Good	Ceramic	White	-0.1	-
05LP-09	Electrical box	1st floor restroom - west	Good	Wood	White	-0.1	-
05LP-10	Sink	1st floor restroom - west	Good	Ceramic	White	>9.9	-
05LP-11	Wall	1st floor restroom - west	Good	Drywall	Beige	-0.2	-
05LP-12	floor covering	1st floor restroom - center	Good	Ceramic	Beige	>9.9	-
05LP-13	Cabinet door	1st floor restroom - north	Good	Wood	White	>9.9	-
05LP-14	Cabinet door frame	1st floor restroom - north	Good	Wood	Dark Beige	>9.9	-
05LP-15	Cabinet door sill	1st floor restroom - north	Good	Wood	Dark Beige	>9.9	-
05LP-16	wall	1st floor restroom - north	Good	Drywall	Beige	-0.2	-
05LP-17	Window	1st floor restroom - north	Good	Wood	White	>9.9	-
05LP-18	Window frame	1st floor restroom - north	Good	Wood	White	>9.9	-
05LP-19	Window sill	1st floor restroom - north	Good	Wood	White	>9.9	-
05LP-20	Cabinet wall	1st floor restroom - north	Good	Wood	Beige	>9.9	-
05LP-21	Cabinet door	1st floor restroom - north	Good	Wood	Beige	>9.9	-
05LP-22	Cabinet shelves	1st floor restroom - north	Good	Wood	Beige	>9.9	-
05LP-23	Wall trim	1st floor restroom - north	Good	Wood	Beige	>9.9	-
05LP-24	Door	1st floor restroom - east	Good	Wood	Beige	>9.9	-

XRF NUMBER	COMPONENT DESCRIPTION	LOCATION	CONDITION	SUBSTRATE	COLOR	XRF READING (mg/cm ²)	PAINT SAMPLE (PPM)
05LP-25	Door frame	1st floor restroom - east	Good	Wood	Beige	>9.9	-
05LP-26	Door	2nd floor restroom - north	Good	wood	White	-0.2	-
05LP-27	Door frame	2nd floor restroom - north	Good	wood	White	-0.1	-
05LP-28	Wall	2nd floor restroom - north	Good	Drywall	Beige	-0.3	-
05LP-29	Wall	2nd floor restroom - east	Good	Drywall	Beige	-0.3	-
05LP-30	Ceiling	2nd floor restroom - center	Good	Drywall	Beige	-0.3	-
05LP-31	Window	2nd floor restroom - north	Good	Wood	White	-0.2	-
05LP-32	Window frame	2nd floor restroom - north	Good	Wood	White	-0.2	-
05LP-33	Window sill	2nd floor restroom - north	Good	Wood	White	9.7	-
05LP-34	Cove base	2nd floor restroom - north	Good	Wood	White	-0.2	-
05LP-35	Cove base	2nd floor restroom - south	Good	Wood	White	-0.1	-
05LP-36	Sink	2nd floor restroom - north	Good	Ceramic	White	6.4	-
05LP-37	Toilet	2nd floor restroom - west	Good	Ceramic	White	-0.6	-
05LP-38	Bath tub	2nd floor restroom - east	Good	Ceramic	White	>9.9	-
05LP-39	Door	2nd floor restroom - south	Good	Wood	White	-0.2	-
05LP-40	Door frame	2nd floor restroom - south	Good	Wood	White	-0.2	-
05LP-41	Door	2nd floor restroom - south	Good	Wood	White	-0.3	-
05LP-42	Door frame	2nd floor restroom - south	Good	Wood	White	-0.2	-
05LP-43	floor covering	2nd floor restroom - center	Good	Wood	gray	-0.4	-
05LP-44	Vent cover	2nd floor restroom - ceiling	Good	Metal	White	8.6	-
05LP-45	Paper toilet dispenser	2nd floor restroom - west	Good	Metal	White	-0.7	-

Legend:

mg/cm²: Milligrams per square centimeter

PPM: Parts per million

XRF: X-Ray Fluorescence

Standard:

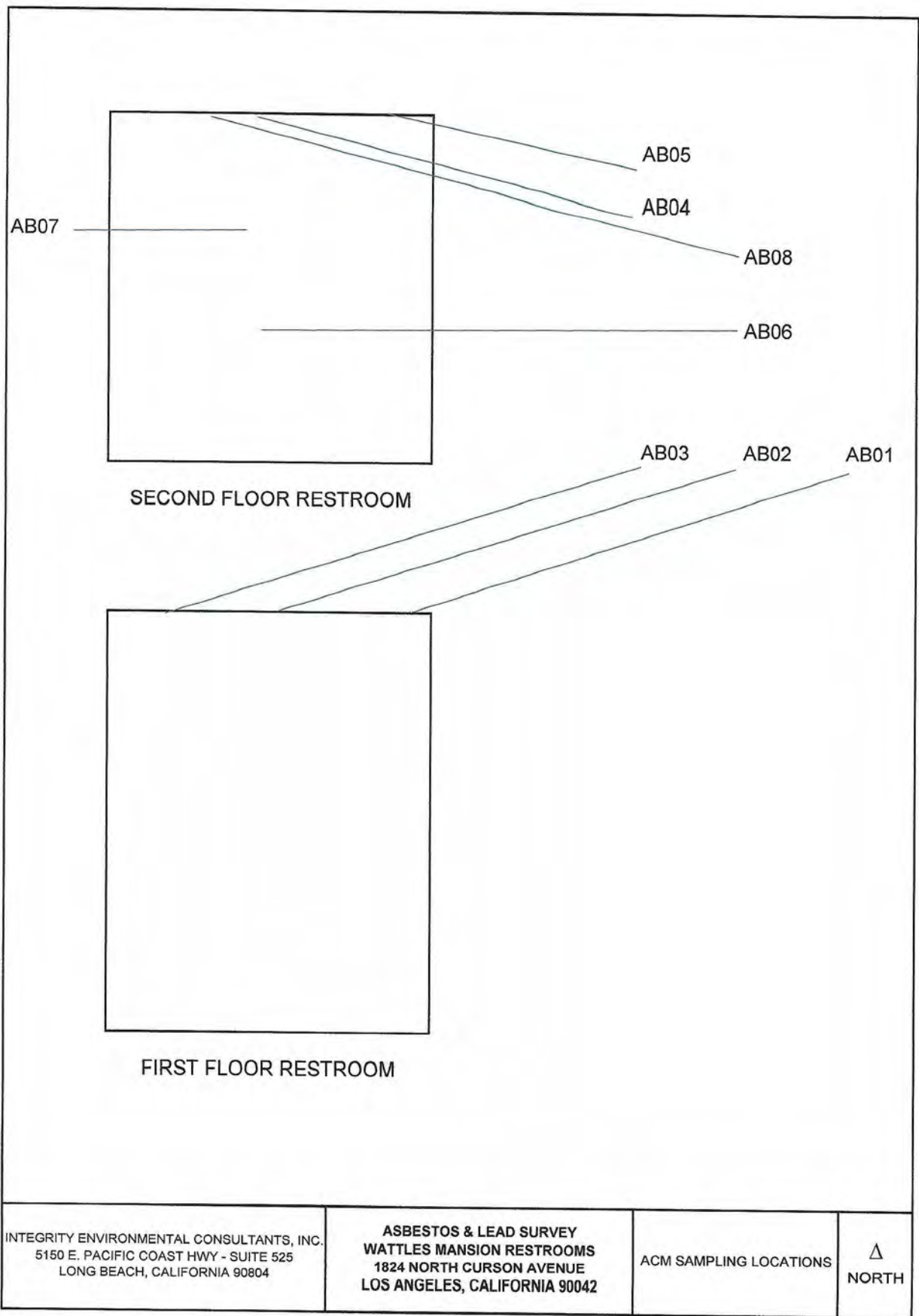
California Department of Public Health Definition of Lead-Based Paint: ≥ 1.0 mg/cm² or 5,000 ppm

B. PROJECT DRAWING

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INTEGRITY ENVIRONMENTAL CONSULTANTS, INC.
 5150 E. PACIFIC COAST HWY - SUITE 525
 LONG BEACH, CALIFORNIA 90804

ASBESTOS & LEAD SURVEY
WATTLES MANSION RESTROOMS
 1824 NORTH CURSON AVENUE
 LOS ANGELES, CALIFORNIA 90042

ACM SAMPLING LOCATIONS

△
 NORTH

C. PROJECT PHOTOGRAPHS

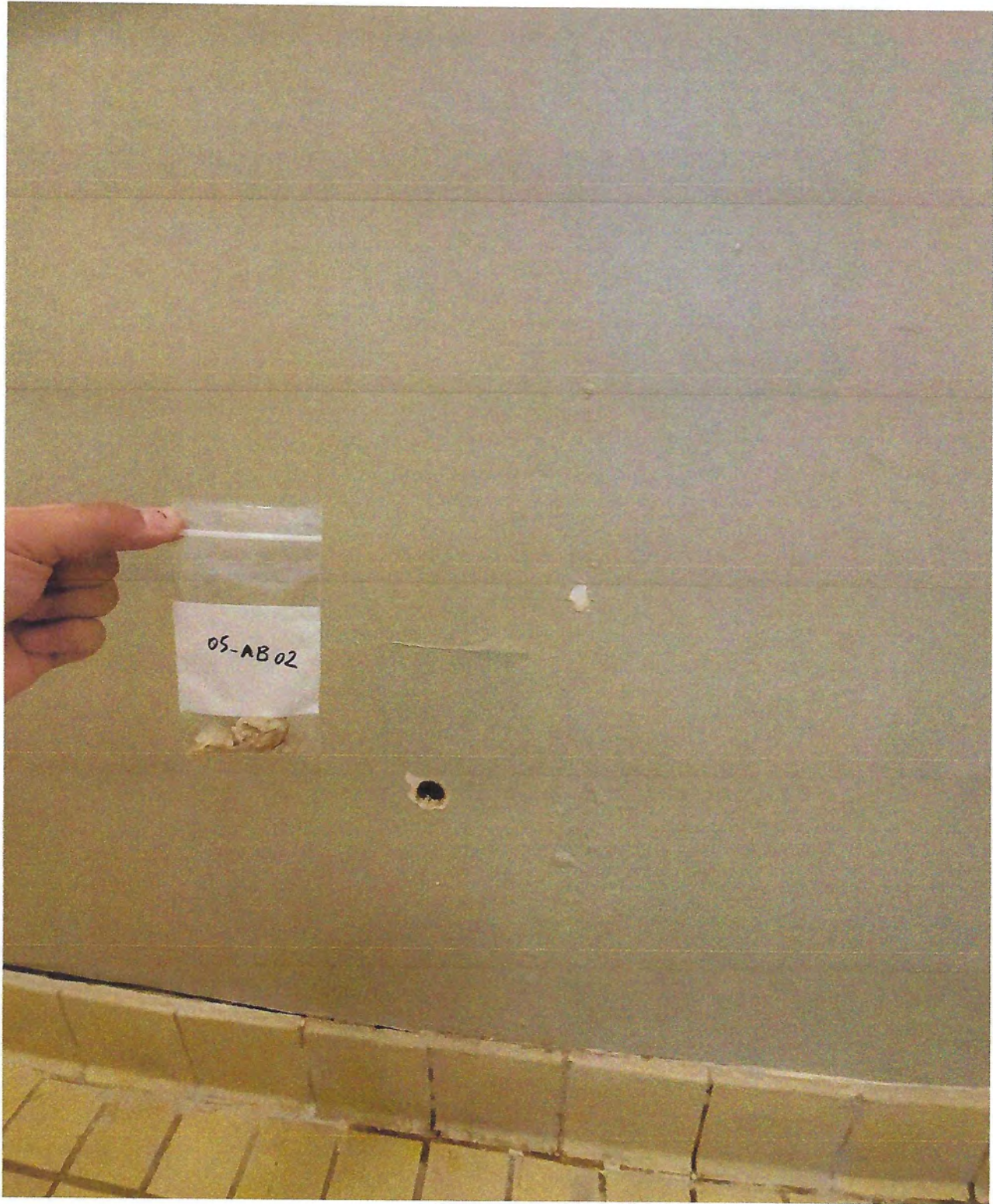
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DRYWALL AND JOINT COMPOUND – 1ST FLOOR



DRYWALL AND JOINT COMPOUND - 1ST FLOOR



DRYWALL AND JOINT COMPOUND - 1ST FLOOR



DRYWALL AND JOINT COMPOUND - 2ND FLOOR



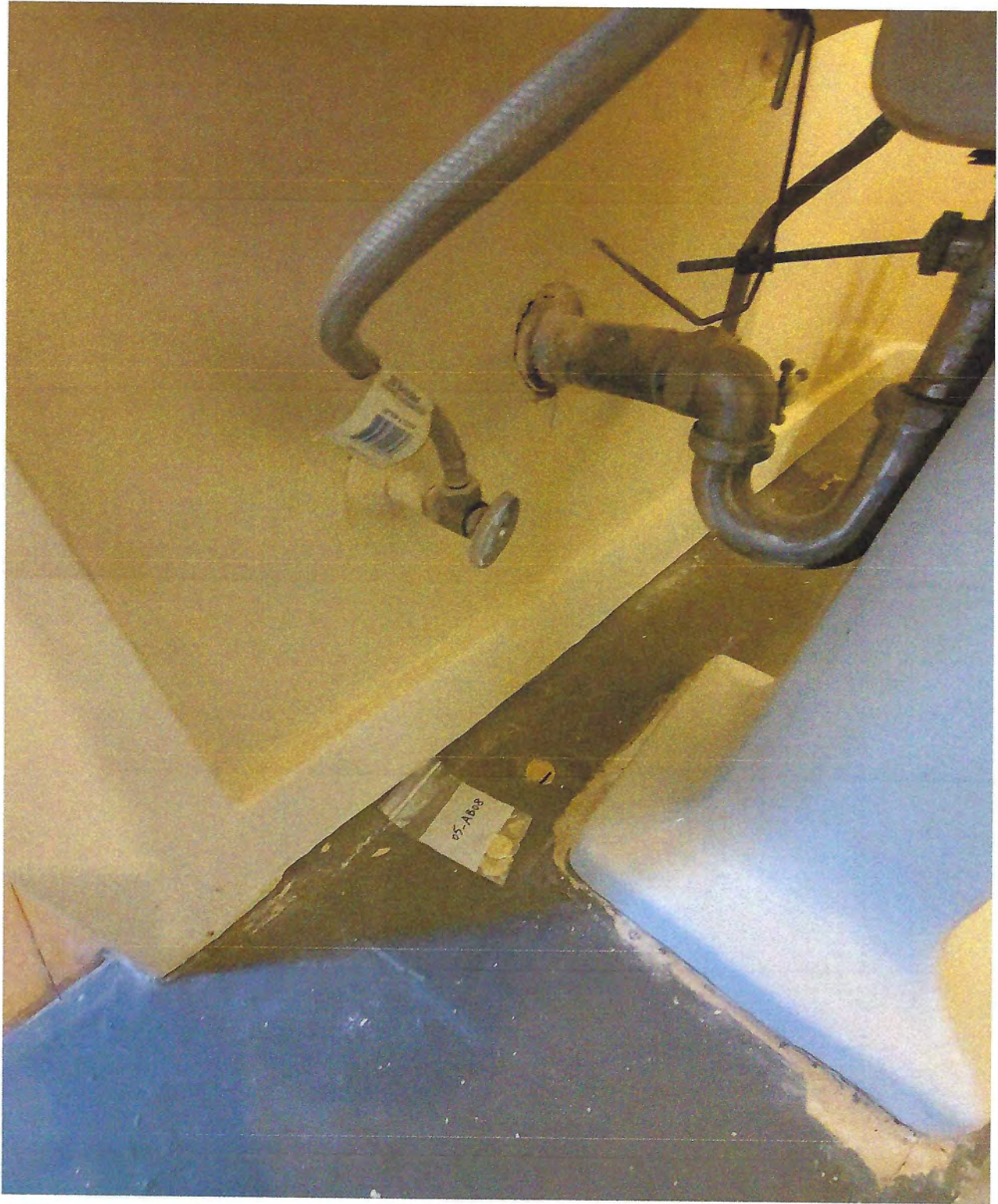
DRYWALL AND JOINT COMPOUND - 2ND FLOOR



DRYWALL AND JOINT COMPOUND - 2ND FLOOR



REPAIR SEALANT - 2ND FLOOR



FLOOR COVERING – 2ND FLOOR

D. LABORATORY REPORTS AND CHAIN-OF-CUSTODY FORMS

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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** 03/18/21 **AmeriSci Job #** 921031567
Attn: Massoud Rahdari **Date Examined** 03/19/21 **P.O. #** 2021-0005
16 Peppertree **Page** 1 of 3
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 Location: Beige Drywall And Joint Compound, 1st Floor Restroom North Ceiling, East Analyst Description: White/Grey, Homogeneous, Non-Fibrous, Joint Compound Asbestos Types: Other Material: Non-fibrous 100 %	921031567-01.1	No	NAD (by CVES) by Rosa E. Pena on 03/19/21
05-AB01 Location: Beige Drywall And Joint Compound, 1st Floor Restroom North Ceiling, East Analyst Description: White/Brown, Heterogeneous, Fibrous, Drywall Asbestos Types: Other Material: Cellulose 10 %, Fibrous glass 2 %, Non-fibrous 88 %	921031567-01.2	No	NAD (by CVES) by Rosa E. Pena on 03/19/21
05-AB02 Location: Beige Drywall And Joint Compound, 1st Floor Restroom North Wall, Center Analyst Description: White, Homogeneous, Non-Fibrous, Joint Compound Asbestos Types: Other Material: Non-fibrous 100 %	921031567-02.1	No	NAD (by CVES) by Rosa E. Pena on 03/19/21
05-AB02 Location: Beige Drywall And Joint Compound, 1st Floor Restroom North Wall, Center Analyst Description: White/Brown, Heterogeneous, Fibrous, Drywall Asbestos Types: Other Material: Cellulose 10 %, Non-fibrous 90 %	921031567-02.2	No	NAD (by CVES) by Rosa E. Pena on 03/19/21
05-AB03 Location: Beige Drywall And Joint Compound, 1st Floor Restroom North Wall, Center Analyst Description: White/Grey, Homogeneous, Non-Fibrous, Cementitious, Wall Material Asbestos Types: Other Material: Non-fibrous 100 % Comment: No Joint Compound and Drywall detected.	921031567-03	No	NAD (by CVES) by Rosa E. Pena on 03/19/21

See Reporting notes on last page

Client Name: Integrity Environmental Consultants, Inc.

PLM Bulk Asbestos Report2021-00005; Wattle Mission Restrooms; Asbestos And Lead
Survey

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
05-AB04	921031567-04.1	No	NAD
Location: Light Beige Drywall And Joint Compound, 2nd Floor Restroom North Wall, West			(by CVES) by Rosa E. Pena on 03/19/21
Analyst Description: White, Homogeneous, Non-Fibrous, Joint Compound Asbestos Types: Other Material: Non-fibrous 100 %			
05-AB04	921031567-04.2	No	NAD
Location: Light Beige Drywall And Joint Compound, 2nd Floor Restroom North Wall, West			(by CVES) by Rosa E. Pena on 03/19/21
Analyst Description: White/Brown, Heterogeneous, Fibrous, Drywall Asbestos Types: Other Material: Cellulose 10 %, Non-fibrous 90 %			
05-AB05	921031567-05.1	No	NAD
Location: Light Beige Drywall And Joint Compound, 2nd Floor Restroom North Wall, East			(by CVES) by Rosa E. Pena on 03/19/21
Analyst Description: White, Homogeneous, Non-Fibrous, Skim Coat Asbestos Types: Other Material: Non-fibrous 100 % Comment: No Joint Compound and Drywall detected.			
05-AB05	921031567-05.2	No	NAD
Location: Light Beige Drywall And Joint Compound, 2nd Floor Restroom North Wall, East			(by CVES) by Rosa E. Pena on 03/19/21
Analyst Description: Off-White, Homogeneous, Non-Fibrous, Cementitious, Plaster Asbestos Types: Other Material: Non-fibrous 100 %			
05-AB06	921031567-06	No	NAD
Location: Light Beige Drywall And Joint Compound, 2nd Floor Restroom Ceiling Center			(by CVES) by Rosa E. Pena on 03/19/21
Analyst Description: White, Homogeneous, Non-Fibrous, Cementitious, Ceiling Material Asbestos Types: Other Material: Non-fibrous 100 % Comment: No Joint Compound and Drywall detected.			

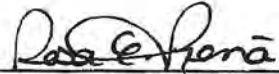
Client Name: Integrity Environmental Consultants, Inc.

PLM Bulk Asbestos Report

2021-00005; Wattle Mission Restrooms; Asbestos And Lead Survey

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
05-AB07	921031567-07	No	NAD
Location: Gray Mastic Sealant, 2nd Floor Restroom Floor North West			(by CVES) by Rosa E. Pena on 03/19/21
Analyst Description: Grey, Homogeneous, Non-Fibrous, Sealant Asbestos Types: Other Material: Non-fibrous 100 %			
05-AB08	921031567-08	No	NAD
Location: Gray Drywall And Joint Compound, 2nd Floor Restroom Floor, North West			(by CVES) by Rosa E. Pena on 03/19/21
Analyst Description: Grey/White, Homogeneous, Non-Fibrous, Joint Compound Asbestos Types: Other Material: Non-fibrous 100 % Comment: No Drywall detected.			

Reporting Notes:

Analyzed By: Rosa E. Pena  ; 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 reproduced 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 LOS ANGELES
 24416 S Main St. Suite 308
 Carson, CA 90745
 Phone (310) 834-4868
 Fax (310) 834-4772

AMERISCI JOB #: 921031567

COMPANY: Integrity Environmental Consultants, Inc.		ADDRESS: 16 Peppertree, Aliso Viejo, California 92656				P.O.#: 2021-00005		
PROJECT INFORMATION		ANALYSIS TYPE	TURNAROUND TIME				AIR FILTER INFORMATION:	
JOB NAME: Wattle Mission Restrooms		TEMAHERA	RUSH	24 HR	48 HR	72 HR	5 DAY	OTHER
JOB NUMBER: 2021-00005		PLM Bulk		x				
JOB MANAGER: Arash Rahdari		PCM Air						
JOB DESCRIPTION: Asbestos and Lead Survey		PLM 1000 P.C.						
		Lead Air						
		Lead Wipe						
		Lead Paint / Soil						
		OTHER:						
INITIAL RESULTS DELIVERY: <input type="checkbox"/> FAX <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> VERBAL <input type="checkbox"/> MAIL ONLY		RETURN SAMPLES Yes <input type="checkbox"/>						
REPORTS TO: Arash Rahdari and Massoud Rahdari		PHONE: 818-470-2877						
INVOICE TO: Company		FAX: 949-586-5922						
COMMENTS:		EMAIL: arahdari@integrityenvironmental.com						
		CELL: Same as phone						
SAMPLE ID	SAMPLE LOCATION	START TIME	STOP TIME	TOTAL TIME	LITERS x MIN.	TOTAL VOLUME	DATE COLLECTED	
05-AB01	Beige drywall and joint compound, north 1st floor restroom, north wall, East							
02								
03								
04	light beige							
05								
06								
07	Gray mastic sealant, 2nd floor, restroom, floor, north west							
08	Gray drywall and joint compound, 2nd floor, restroom, floor, north west							
SAMPLED BY: Reza Khorrani		DATE/TIME: 03/18/21 0912		RECEIVED BY:		DATE/TIME:		
RELINQUISHED BY: Reza Khorrani		DATE/TIME: 03/18/21 0912		RECEIVED BY:		DATE/TIME:		
RELINQUISHED BY:		DATE/TIME:		RECEIVED IN LAB BY: RA		DATE/TIME: 3/18/21 1710		

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

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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 before 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

Name

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 et seq. of the Business and Professions Code.





STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH



LEAD-RELATED CONSTRUCTION CERTIFICATE

INDIVIDUAL:



Massoud Rahdari

CERTIFICATE TYPE:

Lead Inspector/Assessor

NUMBER:

LRC-00001247

EXPIRATION DATE:

6/14/2021

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.

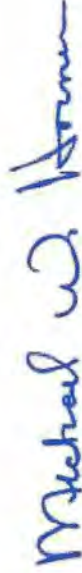
Certificate of Completion

Online Asbestos Building Inspector Refresher Course

DOSH #:CA-015-06

Reza Khorram

ABIR0601200001N25774



Online Training

Principal Instructor

Michael W. Horner
Training Director

6/10/2020

Course Start Date

6/10/2020

Course End Date

6/10/2020

Exam Date

6/10/2021

Expiration 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 Department of Industrial Relations, Division of Occupational Safety and Health of the State of California



NATEC International, Inc.

National Association of Training and Environmental Consulting

1100 Technology Circle- Suite A, Anaheim, CA 92805 • www.natecintl.com • 800-969-3228

Important Industry Contacts

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

CDPH/CLPPB: Ph# (510) 620-5600
web: www.cdph.ca.gov/programs/CLPPB

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

BAAQMD: Ph# (415) 749-4762

NATEC International, Inc.

National Association of Training and Environmental Consulting
Anaheim, CA • Oakland, CA • Fresno, CA • Sacramento, CA

Asbestos • Lead • Mold • HAZWOPER

P.O. Box 25205 Anaheim, CA 92825-5205
(714) 678-2750, (800) 969-3228, Fax (714) 678-2757
www.natecintl.com

NATEC International, Inc.

National Association of Training and Environmental Consulting
*This Card is not suitable substitute for certificate and is not accepted by SCISAB as proof of certification

This Card Acknowledges That

Reza Khorram

Holds Training Certification For

Online Asbestos Building Inspector Refresher Course

Expiration: 6/10/2021

6/10/2020

Training Date


ABIR0601200001N25774

Certificate No.

Michael W. Horner

Training Director

F. CDPH LEAD EVALUATION REPORT FORM 8552

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LEAD HAZARD EVALUATION REPORT

Section 1 – Date of Lead Hazard Evaluation MARCH 18, 2021

Section 2 – Type of Lead Hazard Evaluation (Check one box only)

Lead Inspection Risk assessment Clearance Inspection Other (specify) _____

Section 3 – Structure Where Lead Hazard Evaluation 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		Children living in structure?	
1950's	<input type="checkbox"/> Multi-unit building <input type="checkbox"/> School or daycare <input type="checkbox"/> Single family dwelling <input checked="" type="checkbox"/> Other Park		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know	


Section 4 – Owner of Structure (if business/agency, list contact person)

Name		Telephone number	
City of Los Angeles, Department of Recreations & Parks		(310) 648-5000	
Address [number, street, apartment (if applicable)]		City	State
221 N. Figueroa Street, Suite 400		Los Angeles	California
		Zip Code	
			90012

Section 5 – Results of Lead Hazard Evaluation (check all that apply)

No lead-based paint detected Intact lead-based paint detected Deteriorated lead-based paint detected
 No lead hazards detected Lead-contaminated dust found Lead-contaminated soil found Other _____

Section 6 – Individual Conducting Lead Hazard Evaluation

Name		Telephone number	
Massoud Rahdari		(949) 586-1414	
Address [number, street, apartment (if applicable)]		City	State
5150 East Pacific Coast Highway, Suite 525		Long Beach	California
		Zip Code	
			90804
CDPH certification number	Signature		Date
I-6270			03/25/2021

Name and CDPH certification number of any other individuals conducting sampling or testing (if applicable)

Reza Khorram (31826)

Section 7 – Attachments

- A. A foundation diagram or sketch of the structure indicating the specific locations of each lead hazard or presence of lead-based paint;
- B. Each testing method, device, and sampling procedure used;
- C. All data collected, including quality control data, laboratory results, including laboratory name, address, and phone number.

First copy and attachments retained by inspector
 Second copy and attachments retained by owner

Third copy only (no attachments) mailed or faxed to:
 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

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