

LATCH-ON INSULATION, INC.

155 AROVISTA CIRCLE • BREA, CA 92621
(714) 671-3870 • FAX (714) 671-0574

July 29, 1993

Mr. David Attaway
CITY OF LOS ANGELES
200 North Main Street, #1290
Los Angeles, CA 90012

RE: CLOSE OUT PACKAGE

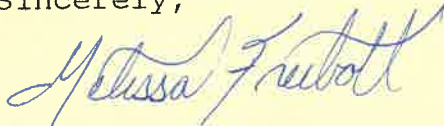
Project #35104

Enclosed are copies of documents you will want to incorporate into your files for the Environmental remediation work that was completed by LATCH-ON INSULATION. This includes:

- I. A) Bid Sheet/ Proposal #4599B
 B) Sub Purchase Order #N230699
- II. A) Notifications to the Regulatory Agencies
 B) Insurance Certificates
 C) Licenses (contractor, DOSH, transport)
 D) Laboratory Reports (air, waste samples)
- III. A) Daily Reports
 B) Safety Report
 C) Respirator Filter Change
 D) Daily Emissions Log
- IV. A) Employee Sign-In
 B) Employee Credentials (fit, physical, training)
 C) Manifest
 D) Weight Ticket
 E) Visitor's Log

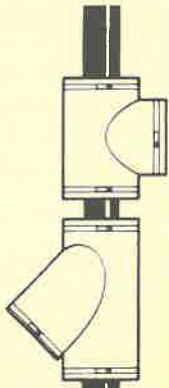
It has been our pleasure to provide you with this service. We trust that we will be able to work on your projects in the future. Please let your account representative know your particular needs for environmental remediation or insulating services.

Sincerely,



Melissa Freibott
Project Coordination

encl:
/mf



DATE: 1/11/93

BID SHEET

PROJECT ADDRESS: City of Los Angeles Phone #213)485-5551
200 N. Main Fax #213)617-0439
Los Angeles, CA., 90012 David Attaway

BUILDING NUMBER: Encino-Balboa Golf Clubhouse, 16821 Balboa Blvd, Encino

SCOPE OF WORK (INCLUDING TYPE AND AMOUNT)

Attic:

1. Remove and dispose approximately 12 asbestos containing elbows.
2. Hepa vac debris in attic approximately 10 x 30 area.

METHOD TO BE USED

Glovebag



CITY OF LOS ANGELES
SUB PURCHASE ORDER

SUB P. O.# N230699

NOT TO EXCEED \$ 200.00 UNLESS COVERED

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

DEPT-LOC	DATE	PAC
	6/17/93	

REMIT TO 000015754

DELIVERY
 DAYS FROM RECEIPT OF ORDER OR SOONER

SHIP TO
 CITY OF LOS ANGELES 625

REC & PARKS DEPT
 200 N MAIN ST, RM 1360 CHE
 LOS ANGELES CA 90012

VENDOR
 LATCH-ON INSULATION INC
 55 AROVISTA CIR
 BREA CA 92621

35104

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

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

ITEM NO	QUANTITY ORDERED	UNIT MEASURE	DEPARTMENTAL ACCOUNTING DATA	MATERIAL CODE	TAX CODE	UNIT PRICE	TOTAL AMOUNT	
			*****	CONFIRMING ORDER.		*****		
			*****	MATERIAL HAS BEEN RECEIVED.		*****		
			*****	DO NOT SHIP.		*****		
	1	LOT	ENCINO-BALBOA GOLF CLUBHOUSE F205	9452123 N		1,500.0000	1,500.00	
			REMOVAL, PACKAGING AND DISPOSAL OF APPROXIMATELY 12 ASBESTOS- CONTAINING PIPE ELBOWS. ALSO HEPA VACUUM ASBESTOS-CONTAINING DEBRIS FROM A 10' X 30' AREA IN THE ATTIC.					
							PLUS COMBINED CITY AND STATE SALES OR USE TAX	0.00

REFER QUESTIONS ABOUT THIS ORDER TO: ATTAWAY PHONE NO. 213 4855551 TOTAL INCL. SALES TAX 1,500.00

TO CITY OF LOS ANGELES, FURNISH INVOICES IN TRIPLICATE CASH DISCOUNT % 30 DA

NON-DEPT-CAP IMPROV PROG 200 N MAIN ST RM 1250 C.H.E. BTRC: 0599423-3
 LOS ANGELES CA 90012

DEPT FUND 100/54 NON-DEPT-CAP IMPROV PROG ORDERING OFFICE 7

ACCOUNT NO. REQ. NO. DEPT. CONTROL NO. FISCAL YEAR Authorization No. SUB-PURCHASE ORDER NO.
 15 -00 DEPT. CONTROL NO. 93 51281 N230699
 EXPIR. DATE 3/31/94

ANDALL C. BACON DEPT. OF GENERAL SERVICES
 GENERAL MANAGER ROOM 850, CITY HALL EAST
 AND 200 NORTH MAIN STREET
 PURCHASING AGENT BY LOS ANGELES, CA 90012

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

OPERATOR PROJECT # _____ POSTMARK _____ DATE REC. _____ NOTIFICATION# _____
ENTERED BY _____ QUARTER _____ STATUS CODE _____

ASBESTOS DEMOLITION/RENOVATION NOTIFICATION

(X) ORIGINAL
PROJECT JOB#35104 () Cancellation () Revision Project Dates () Revision Other
for cancellation or revision, fill out sections 1403 (d) (1) (A) (i) (ii) (ix)

Completed by: Marsha Brown Date: 6-24-93
Company: LATCH-ON INSULATION, INC. Telephone: (714) 671-3870

MAIL TO:

- 1) CAL/OSHA
6150 Van Nuys Blvd., Suite 405
Van Nuys, CA 91401

Operator/Contractor

NAME: LATCH-ON INSULATION, INC. LICENSE #414527 C-2
Address: 155 Arovista Circle DOSH #21
City, State, Zip: Brea, CA 92521 HAULERS REG. #1151
Qualified Person: Gary Boughan
Telephone: (714) 671-3870 FAX # 714-671-0574

Property Owners

Name: City of Los Angeles
Address: 200 N. Main
City, State, Zip: Los Angeles, CA 90012
Contact Person: David Attaway
Telephone: (213) 485-5511

Facility Location

Site Name: Encino Balboa Golf Club House
Street Address: 16821 Balboa
City, State, Zip: Encino, CA 91316
County: Los Angeles

DEMOLITION/RENOVATION: Renovation(X) Emerg. Renovation()
Is Asbestos Present: Yes (X) No ()
Potential to exposure is minimum.

Facility Description

Size (Square Feet): 20,000
Age (Years): 36
Number Of Floors: 1
Building Type: P H-Hospital S-School O-Office I-Industrial
Prior Use: P P-Public Building R-Residence
Number of Dwelling Units: (For Residence Only)
Work Location (Describe): Approx. 12 ACM elbows from clubhouse attic
crawl area.

Project Dates

Set-Up Date: 6-30-93 Number of Hours: 16
Start Date: 6-30-93 Number of Men: 2
Completion Date: 6-30-93 Working Hours: 6:00 am - 2:30 pm

Approx. amount of asbestos remaining of Non-Friable Material
in Building that is being demolished: NONE

Indicate Work Practices and Engineering Controls.

Reference 1403 (d)(1)(D)(i) through (v).

Procedure 1. () (Full Containment) 1. ANALYTICAL METHOD: PLM
Procedure 2. (X) (Glove Bag)
Procedure 3. () (Modified Containment)
Procedure to comply with 40 CFR 61.147 & 152: Wet Thoroughly & Double Bag.

Amount of friable Class I & Class II Nonfriable ACM

Friable/Class I L.F. : 12
Friable/Class I S.F. :
Describe Class I/Friable ACM: ACM elbows
Surface Area Equivalent: 12 Total of LF equivalent & SF-Friable & Class I

Non Friable/Class II L.F. :
Non Friable/Class II S.F. :
Describe Class II/Non Friable ACM:
Surface Area Equivalent: _____ Total of LF equivalent & SF NonFriable & Class II

Waste Disposal Site

Landfill Name: BKK Landfill
Address: 2210 S. Azusa Avenue
City, State, Zip: West Covina, CA 91791
Permit #: CAD067786749

Location of storage area for asbestos containing waste material.

Load directly into transport vehicle on site.

Name of Transporter #1 used to transport waste to disposal site.

Latch-On Insulation, Inc.
155 Arovista Circle
Brea, CA 92621
Fred Bookwalter (714) 671-3870

Name of Transporter #2 to transport waste to disposal site.

NONE

Emergency Renovation Notify EPA by phone at: (415) 744-1135/Bob Trotter
100 S.F. and Under

Authorized Person:

Telephone:

Date & Hour of Emerg.: _____

Description of sudden, unexpected events: _____

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

Emergency (Ordered) Demolition. (Who ordered the demolition?)

Agency:

Name & Title & Phone:

Description of Procedures to be followed in the event that unexpected Asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder: 1) Notify Owner, 2) Notify Regulatory Agencies, 3) Establish Friable Asbestos Abatement Procedures, 4) Redo containment or packaging as needed.

I certify that an individual trained in the provisions of this regulation (40 CFR and Neshaps) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this will be available for inspection during normal business hours.


Signature of Contractor
Marsha Brown

6-24-93
Date

I Certify that the above information is correct.


Signature of Contractor
Marsha Brown

6-24-93
Date

ACORD CERTIFICATE OF INSURANCE

CSR JN ISSUE DATE (MM/DD/YY)
05/03/93

PRODUCER
Surety Bonds Ins. Services
Howard Folmer
P. O. Box 3626
Tustin, CA
92681
Howard Folmer
714-838-4880

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Century-National Insurance Co.
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

INSURED
Quest Environmental, a div. of
Latch-On Insulation, Inc.
155 Aroviata Circle
Brea, CA
92621

COVERAGES

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.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE: <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	BAP46100	8-19-93	8-19-94	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE—POLICY LIMIT \$ DISEASE—EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

ANY CONTRACTOR IN U.S.A.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Howard Folmer

COPY

(RENEWAL #5)
State of California



Department of Industrial Relations
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

*Certificate of Registration
for
Asbestos-related Work*

Certificate No. 021

Expiration Date JANUARY 20, 1994

LATCH-ON INSULATION, 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.

JANUARY 11, 1993

Date of Issuance

Chief

Division of Occupational Safety and Health

EFFECTIVE DATE: JANUARY 21, 1993

- This registration is valid only when the following requirements and conditions are met:
1. The registered employer shall safely perform asbestos-related work in compliance with relevant occupational safety and health regulations.
 2. The registered employer shall notify the Division of changes in work locations or conditions as specified by Section 341.9 of Title 8 of the California Administrative Code.
 3. The registered employer shall post a sign readable at 20 feet at the location of any asbestos-related work stating
**"Danger-Asbestos.
Cancer and Lung Hazard.
Keep Out."**
 4. The registered employer shall provide a copy of this registration certificate to the prime contractor and any other employers at the site before the commencement of any asbestos-related work.
 5. The registered employer shall conduct a safety conference prior to the commencement of any asbestos-related work as specified by Section 341.11 of Title 8 of the California Administrative Code.
 6. The registered employer acknowledges the Division's right to revoke or suspend this registration as provided by Section 341.14 of Title 8 of the California Administrative Code.



CONTRACTORS STATE LICENSE BOARD



License Number

Entity

414527

C O R P

Name/Namestyle

LATCH-ON INSULATION INC

Classification(s)

ASB C-2

Expiration Date

11/30/93



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

➤ CAD052506324

LATCH-ON INSULATION INC
155 AROVISTA CIRCLE
BREA, CALIF. 92621

INSTALLATION ADDRESS

➤ 155 AROVISTA CIRCLE
BREA, CALIF. 92621

NATIONAL ECON CORPORATION

ENVIRONMENTAL CONSULTING ■ CONSTRUCTION MANAGEMENT

AIRPORT BUSINESS CENTER
18552 MACARTHUR BLVD., SUITE 101
IRVINE, CALIFORNIA 92715

ECON

(714) 752-5866

FAX: (714) 752-4054

PHASE CONTRAST MICROSCOPY (PCM) ANALYSIS REPORT (NIOSH METHOD 7400 A)

Client: Latch-On Insulation, Inc.
Address: 155 Arovista Circle

Client Project #: 35104
Project Site: Encino Balboa Golf Club House
Client P.O. #: ---

Report Date: July 8, 1993
Lab Report #: 2575
Analyzed by: Joe Alexander

Client ID # Lab ID #	Sample Date	Flow Rate	Sample Minutes	Volume (liters)	Fibers Counted	Fields Counted	Fiber Density	Fibers Per cc	Sample Description
104-01 9612	6/30	2	30	60	6	100	7.7	.050	Excursion Melvin Echols 012-46-7745
104-02 9613	6/30	2	60	120	36	100	46.7	.150	Personal Alex Velasquez 564-96-9338
104-03 9614					1	100			Blank

- * N.D. = None Detected
- * D.L., (f/cc & f/mm²) = Detection Limit (based on counting 5.5 fibers).
- * When calculated f/cc & f/mm² concentrations are <D.L., they are reported as <D.L.
- * In Fibers per cc column, FOL = Filter Overloaded, FTD = Filter Tampered with or damaged, and PF = Pump Failure.
- * Sample description column, Ambient = Outside work area, General = Inside work area, Personal = Within breathing zone, Clearance = Final air clearance.
- * Method 7400 (PCM) does not differentiate between asbestos and non-asbestos fibers.
- * Client sample numbers and air volumes were provided by the client and National Econ Corporation can accept no responsibility for their accuracy.
- * Graticule field area: 0.0076 mm²
- * All blanks are assumed manufactures blank unless otherwise specified.

LOS ANGELES

IRVINE

CHICAGO

DATA SHEET

- Latch-On Insulation, Inc.
 ATI Technologies, Inc.
 Asbestos Air Monitoring Samples

JOB DESCRIPTION: Encino Balboa Golf Club House
 Asbestos-R - Encino, CA -
 ACM Elbows

7376

JOB NUMBER: # 35104

FIELD INSPECTOR: ERNEST ELford

Sample Number	Date	Sample Description	Work Location	Pump Calib Before	Start Time	Finish Time	Pump Calib After	Actual Sample Time
# 104-1	6/30/93	Excursion	Boiler Rm.	2.0 LPM	7:15 AM	7:45 AM	2.0 LPM	30 min.
# 104-2	"	PERSONAL	" "	2.0 LPM	8 AM	9 AM	2.0 LPM	60 min.
# 104-3	"	BLANK						

NOTES:
 # 104-1 - MELVIN ECHOLS # 012-46-7745
 # 104-2 - ALEX VELAZQUEZ # 564-96-9338

- () QUEST ENVIRONMENTAL
- (X) LATCH-ON INSULATION, INC.
- (X) ATI TECHNOLOGIES, INC.

SAFETY MEETING REPORT

LOCATION OF MEETING: PENCINO Balboa Golf Club House

CONDUCTED BY: ERNEST EHFORD

DATE: 6-30-93 Wed. JOB # 35104

ATTENDANCE SIGNATURES:

SOCIAL SECURITY NUMBERS

1) <u>ERNEST EHFORD</u>	<u>#559-92-3617</u>
2) <u>ALEXE VELASQUEZ</u>	<u>564-96-9338</u>
3) <u>Melvin ECHOLS</u>	<u>012-46-7745</u>
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____
11) _____	_____
12) _____	_____
13) _____	_____
14) _____	_____
15) _____	_____
16) _____	_____
17) _____	_____
18) _____	_____
19) _____	_____
20) _____	_____
21) _____	_____
22) _____	_____

Date of inspection (mm/dd/yy)	Time of inspection (a.m./p.m.)	Air Cleaning device or fugitive source designation or number	Visible emissions observed (Y/N) corrective action taken	Daily operating hours	Inspector's initials
6/30/93	6:30 AM	HEPA VAC	NONE	6:30 to 3pm	EJL

Daily Record of Visible Emission Monitoring
(Observe emission for a minimum of 15 seconds)

(X) QUEST ENVIRONMENTAL
(X) LATCH-ON INSULATION, INC.
(X) ATI TECHNOLOGIES, INC.

EMPLOYEE SIGN IN SHEET

DATE: 6-30-93 Wed.

JOB NO.: #35104 PROJECT: Encino Balboa Golf Club House

SUPERVISOR NAME: ERNEST ELFORD SHIFT: DAY

	NAME (PLEASE PRINT)	TIME IN	TIME OUT
1.	<u>ERNEST ELFORD</u>	<u>6:30 AM</u>	<u>3pm</u>
2.	<u>ALEX E. VELASQUEZ</u>	<u>6:30 AM</u>	<u>3:00 pm</u>
3.	<u>MELVIN ECHOLS</u>	<u>6:30 AM</u>	<u>3:00 pm</u>
4.		/	/
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25.		/	/

A.H.E.R.A. ACCREDITED

02637
CERTIFICATE NUMBER



NATIONAL ENVIRONMENTAL
TRAINING FOR HAZARDOUS MATERIALS AND ASBESTOS

1019 W. Manchester Blvd., Inglewood, CA 90301
In Calif. (800) 544-8323 • (213) 645-4516 • Fax (213) 645-0148

This is to certify that

MELVIN ECHOLS
012-46-7745

HAS SUCCESSFULLY COMPLETED THE COURSE AND PASSED THE
EXAMINATION FOR CONTRACTOR/SUPERVISOR/COMPETENT PERSON AS
PRESCRIBED BY THE ENVIRONMENTAL PROTECTION AGENCY FOR
PRACTICES AND PROCEDURES IN ASBESTOS ABATEMENT.

APRIL 5-8, 1993
TRAINING DATE



APRIL 8, 1993
EXAMINATION DATE

APRIL 7, 1994
EXPIRATION DATE

James McFarland
Program Director
NATIONAL ENVIRONMENTAL

Fullerton-Placentia Medical Center
640 South Placentia Avenue
Placentia, CA 92670
(714) 579-7772

PHYSICIAN'S WRITTEN STATEMENT
MEDICAL SURVEILLANCE FOR ASBESTOS EXPOSURE

Date: 6/11/93

Name: ~~EC~~ ECHELS Michael
(Please Print) Last First M.I.

Social Security # 612-46-7745 Telephone (909) 624-6987

Address: 575 Shadow Ln. Placentia CA 91762
Street City State Zip

The above named individual was seen on 6/11/93, in accordance with:
29 CFR 1926.58 40 CFR 763.121

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per appendix D in 1926.58
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protective equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.58 (M) (2) (ii) (C).

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

Comments or limitations, if any: PFT hours per week
as respirator

Physician's Signature: Joel L. Jones MD Telephone: (714) 579-7772

Address: 640 S Placentia Ave Placentia CA 92670
Street City State Zip

640 S. PLACENTIA MEDICAL CENTER
PLACENTIA, CA 92670

(X) QUEST ENVIRONMENTAL
LATCH-ON INSULATION, INC.
ATI TECHNOLOGIES, INC.

RESPIRATOR FIT TEST RECORD

DATE: 6-20-93

LOCATION: Warehouse

I HAVE COMPLETED THE 29 CFR 1910.134 RESPIRATOR PROTECTION PROGRAM PRESENTED BY THE COMPANY.

I HAVE BEEN FITTED AND TESTED WITH THE FOLLOWING RESPIRATORS. THIS RESPIRATOR RECORD WILL BE MADE PART OF MY EMPLOYEE RECORD.

NAME: Melvin Echols

ADDRESS: 575 Meadow Ln

CITY/STATE/ZIP: Pomona CA 91767 S.S.# 012-46-7745

RESPIRATOR TYPE: 3-M MODEL #7800 DUAL CARTRIDGE FULL FACE

SIGNATURE: [Signature] FITTED BY: Hector Cuevas

NIOSH/MSHA #: #TC-21C-265 DATE FITTED: _____

RESPIRATOR TYPE: _____ DATE FITTED: _____

SIGNATURE: _____ FITTED BY: _____

NIOSH/MSHA #: _____

RESPIRATOR TYPE: _____ DATE FITTED: _____

SIGNATURE: _____ FITTED BY: _____

NIOSH/MSHA #: _____

RESPIRATOR TYPE: _____ DATE FITTED: _____

SIGNATURE: _____ FITTED BY: _____

NIOSH/MSHA #: _____

NOTE: IT IS IMPORTANT FOR OUR RECORDS THAT YOU FIT TEST THE ABOVE INDIVIDUAL EVERY SIX MONTHS.

Certificate of Completion

A.H.E.R.A

R920909-02

CERTIFICATE NUMBER

THIS IS TO CERTIFY

ERNEST ELFORD

559-92-3617

HAS SUCCESSFULLY COMPLETED THE

Infotox

REFRESHER COURSE for the

CONTRACTOR/SUPERVISOR/COMPETENT PERSON

as prescribed by the ENVIRONMENTAL PROTECTION AGENCY
for practices and procedures in Asbestos Abatement.

SEPTEMBER 9, 1992
COURSE DATE

SEPTEMBER 9, 1993
EXPIRATION DATE

M.A. Nieuwlandt

AS ADMINISTRATOR

Michael A. Nieuwlandt

Corporation Office: 8531 Mission Blvd. • Suite 24 • Riverside, California 92509 • 714-685-5053

Fullerton-Placentia Medical Center
640 South Placentia Avenue
Placentia, CA 92670
(714) 579-7772

PHYSICIAN'S WRITTEN STATEMENT
MEDICAL SURVEILLANCE FOR ASBESTOS EXPOSURE

Date: 3-18-93
Name: E. HORD ERNEST
(Please Print) Last First M.I.
Social Security # 559-92-3617 Telephone (909) 681-1253
Address: 8417 Mission Blvd. Riverside CA 92509
Street City State Zip

The above named individual was seen on 3/18/93 in accordance with:
 29 CFR 1926.58 40 CFR 785.121

The following was performed:

Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per appendix D in 1926.58

Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protective equipment to be utilized by the employee.

Review of information from previous medical examinations if available.

A physical examination with emphasis of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.

A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.58 (M) (2) (ii) (C).

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

Comments or limitations, if any: PFT normal

Carl L. Hord
Physician's Signature Telephone (714) 579-7772
Address: 6405 Placentia Ave Placentia CA 92670
Street City State Zip

(X) QUEST ENVIRONMENTAL
(X) LATCH-ON INSULATION, INC.
(X) ATI TECHNOLOGIES, INC.

RESPIRATOR FIT TEST RECORD

DATE: 1-25-93 LOCATION: BREA Warehouse

I HAVE COMPLETED THE 29 CFR 1910.134 RESPIRATOR PROTECTION PROGRAM PRESENTED BY THE COMPANY.

I HAVE BEEN FITTED AND TESTED WITH THE FOLLOWING RESPIRATORS. THIS RESPIRATOR RECORD WILL BE MADE PART OF MY EMPLOYEE RECORD.

NAME: ERNEST F. EILFORD

ADDRESS: 8417 Mission Blvd.

CITY/STATE/ZIP: RIVERSIDE, CA- 92509 s.s. # 559-92-3617

RESPIRATOR TYPE: 3-M MODEL #7800 DUAL CARTRIDGE FULL FACE ⁹/PAPR

SIGNATURE: [Signature] FITTED BY: [Signature]

NIOSH/MSHA #: #TC-21C-263 DATE FITTED: 1-25-93

RESPIRATOR TYPE: _____ DATE FITTED: _____

SIGNATURE: _____ FITTED BY: _____

NIOSH/MSHA #: _____

RESPIRATOR TYPE: _____ DATE FITTED: _____

SIGNATURE: _____ FITTED BY: _____

NIOSH/MSHA #: _____

RESPIRATOR TYPE: _____ DATE FITTED: _____

SIGNATURE: _____ FITTED BY: _____

NIOSH/MSHA #: _____

NOTE: IT IS IMPORTANT FOR OUR RECORDS THAT YOU FIT TEST THE ABOVE INDIVIDUAL EVERY SIX MONTHS.

Certificate of Completion

A.H.E.R.A

921214-02

CERTIFICATE NUMBER

THIS IS TO CERTIFY

ALEX E. VELASQUEZ

564-96-9338

HAS SUCCESSFULLY COMPLETED THE

Infotox

CONTRACTOR / SUPERVISOR / COMPETENT PERSON

ASBESTOS COURSE AND PASSED THE EXAMINATION

AS PRESCRIBED BY THE ENVIRONMENTAL PROTECTION AGENCY

FOR PRACTICES AND PROCEDURES FOR ASBESTOS ABATEMENT

DECEMBER 14 through DECEMBER 17, 1992
COURSE DATES

DECEMBER 17, 1992
EXAMINATION DATE

DECEMBER 17, 1993
EXPIRATION DATE

M. A. Nieuwlandt

AS ADMINISTRATOR
Michael A. Nieuwlandt

Keith Walsh and Associates, Inc.

Certificate of Completion

This Is To Certify That

ALEX VELASQUEZ

Has Completed 8 *Hours Of:*

D.O.L. 29CFR 1910.120 REFRESHER TRAINING

MARCH 15, 1993

Date

CORONA, CALIFORNIA

Location

Keith Walsh

President

Fullerton-Placentia Medical Center
640 South Placentia Avenue
Placentia, CA 92670
(714) 579-7772

PHYSICIAN'S WRITTEN STATEMENT
MEDICAL SURVEILLANCE FOR ASBESTOS EXPOSURE

Date: APR 06 1993
Name: VELASQUEZ Alex
(Please Print) Last First M.I.
Social Security # 564-96-9338 Telephone (714) 395-8937
Address: 910 N. FUCHSIA Ave. ONTARIO CA. 91762
Street City State Zip

The above named individual was seen on 4/6/93, in accordance with:
29 CFR 1926.58 40 CFR 763.121

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per appendix D in 1926.58
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protective equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.58 (M) (2) (ii) (C).

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

Comments or limitations, if any: PFT normal

Physician's Signature [Signature]

Telephone (714) 579-7772

Address: 640 S. Placentia Ave Placentia Ca 92670
Street City State Zip

(X) QUEST ENVIRONMENTAL
(X) LATCH-ON INSULATION, INC.
() ATI TECHNOLOGIES, INC.

RESPIRATOR FIT TEST RECORD

DATE: 6-15-93 LOCATION: Boes Warehouse

I HAVE COMPLETED THE 29 CFR 1910.134 RESPIRATOR PROTECTION PROGRAM PRESENTED BY THE COMPANY.

I HAVE BEEN FITTED AND TESTED WITH THE FOLLOWING RESPIRATORS. THIS RESPIRATOR RECORD WILL BE MADE PART OF MY EMPLOYEE RECORD.

NAME: ALEX E. VELASQUEZ
ADDRESS: 910 N. FUCHSIA AVE
CITY/STATE/ZIP: ONTARIO CA S.S.# 564-96-9338

RESPIRATOR TYPE: 3-M MODEL #7800 DUAL CARTRIDGE FULL FACE
SIGNATURE: Alex E. Velasquez FITTED BY: [Signature]
NIOSH/MSHA #: #TC-21C-265 DATE FITTED: 6-15-93

RESPIRATOR TYPE: _____ DATE FITTED: _____
SIGNATURE: _____ FITTED BY: _____
NIOSH/MSHA #: _____

RESPIRATOR TYPE: _____ DATE FITTED: _____
SIGNATURE: _____ FITTED BY: _____
NIOSH/MSHA #: _____

RESPIRATOR TYPE: _____ DATE FITTED: _____
SIGNATURE: _____ FITTED BY: _____
NIOSH/MSHA #: _____

NOTE: IT IS IMPORTANT FOR OUR RECORDS THAT YOU FIT TEST THE ABOVE INDIVIDUAL EVERY SIX MONTHS.

35104

1-800-952-7550 WITHIN CALIFORNIA CALL 1-800-952-7550
 EMERGENCY OF L.C. THE NATIONAL RESPONSE CENTER 1-800-424-8802

GENERATOR
 TRANSPORTER
 FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 00000000000000000000	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address City of Los Angeles, Dept. of Recreation & Parks 200 N. Main St., Room 1290, CHES Los Angeles, CA 90012			4. Generator's Phone: (213) 233-2332	A. State Manifest Document Number 90630634	B. State Generator's ID 4244316000000000
5. Transporter 1 Company Name Wach-On	6. US EPA ID Number CA 00000000000000000000	C. State Transporter's ID 00000000000000000000		D. Transporter's Phone (714) 671-2970	
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address BKK Landfill 2210 South Azusa Avenue West Covina, CA 91792		10. US EPA ID Number CA 00000000000000000000	G. State Facility's ID CA 00000000000000000000		H. Facility's Phone (818) 963-0911
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Substance Solid, N.O.S. ORM-E I.D. #N9198 (Asbestos R.Q. 1 pound)			003	BA	000.2 Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above: Removal and disposal of asbestos-containing debris from the attic and pipe lagging from the mechanical room.			K. Handling Codes for Wastes Listed Above: a. 63 b. c. d.		
15. Special Handling Instructions and Additional Information: Avoid breathing fibers. Wear proper breathing apparatus and protective clothing when handling asbestos-containing materials.			Waste Generating Site: Encino-Salboa Golf Clubhouse 16821 Burbank Boulevard Encino, CA		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name		Signature		Month Day Year 06/30/93	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Richard L. Diehl		Signature Richard L. Diehl		Month Day Year 06/30/93	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Francis J. [unclear]		Signature Francis J. [unclear]		Month Day Year 07/01/93	

Do Not Write Below This Line

GREEN: HAULER RETAINS

z 683108



BKK LANDFILL

Federal EPA No. CAD067786749

2210 So. Azusa Avenue
West Covina, California 91791
(818) 965-0911 FAX(818) 965-9569

7/12/93 CCNADP

INVOICE NO. 106-1	CUSTOMER NO. 4400	CUSTOMER NAME LEAD-ON INSULATION	DATE 07/01/93	TIME 10:15	WASTE TYPE ASBESTOS	MANIFEST NO. 90630635
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						P.O. #
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TRUCK NO. 0	GROSS WEIGHT (TONS) 7.34	TARE WEIGHT (TONS) 7.00	NET WEIGHT (TONS) 0.34	SCALE PLATFORM NO. M/1	PHYSICAL STATE SOLID	LIC. NO.
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ADDITIONAL CHARGES -		- TAXES AND FEES -		QTY. BILLED 1.00	UNITS BILLED MIN.	RATE CODE 31
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		W. COVINA CITY TAX	\$	12.60	DISPOSAL FEE	\$	126.00
		L.A. COUNTY SURCHARGE	\$	0.00	TAXES AND FEES	\$	14.27
		CA. FACILITY FEE	\$	0.67	ADDITIONAL CHARGES	\$	0.00
		CA. SOLID WASTE FEE	\$	1.00	INVOICE TOTAL	\$	140.27
TOTAL ADDITIONAL CHARGES:		\$	0.00	TOTAL TAXES & FEES	\$	14.27	

SERVICE FEE: A service fee of 1-1/2% per month (18% per Annum) shall be charged on all 30 days past due accounts. In the event this account becomes delinquent and it is necessary to institute legal proceedings, purchaser agrees to pay reasonable attorney's fees and court costs.

BKK REPRESENTATIVE: PATRICIA TREJO

X *R. D. Diel*

CUSTOMER'S COPY

DRIVERS SIGNATURE

