



ASBESTOS ABATEMENT  
MARICOPA COUNTY  
FLOOD CONTROL DISTRICT  
SOUTHEAST MESA DRAINAGE  
BASINS NUMBERS 2 & 4  
MESA, ARIZONA

WT JOB NO. 2189JK128



**Western  
Technologies  
Inc.**

The Quality People  
Since 1955

ASBESTOS ABATEMENT  
MARICOPA COUNTY  
FLOOD CONTROL DISTRICT  
SOUTHEAST MESA DRAINAGE  
BASINS NUMBERS 2 & 4  
MESA, ARIZONA

WT JOB NO. 2189JK128

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PHOENIX - ARIZONA  
3737 East Broadway Road  
Phoenix, Arizona 85040-2966  
(602) 437-3737 • fax 470-1341

Prepared For

FLOOD CONTROL DISTRICT  
OF MARICOPA COUNTY  
2801 WEST DURANGO  
PHOENIX, ARIZONA

October 11, 1999

Suzanne L. Osbeck  
Environmental Scientist

Vicky L. Aviles, AEP  
Environmental Project Manager

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**ASBESTOS ABATEMENT REPORT  
SOUTHEAST MESA DRAINAGE  
BASINS NUMBERS 2 & 4  
MESA, ARIZONA**

**WT JOB NO. 2189JK128**

**1.0 EXECUTIVE SUMMARY**

Western Technologies, Inc. (WT) was retained by the Flood Control District of Maricopa County (FCDMC). WT provided contractor oversight and performed air monitoring during removal of asbestos containing floor tile, linoleum, mastic, wall texture, plaster and rolled roofing material from ten discreet areas within six residences and two storage sheds. The project was executed by Spray Systems Environmental (SSE) from September 7, 1999 through September 23, 1999.

All abatement work was performed in accordance with applicable government regulations and WT's-developed "Demolition and Asbestos Abatement Specifications for Southeast Mesa Drainage Basins Nos. 2 and 4, Mesa, Arizona" dated July 20, 1999. Abatement activities were considered complete upon successful final visual inspection of all removal areas.

Removal was accomplished using constructed containment methods. Each of the abatement work areas were restricted to removal workers during removal. Perimeter air monitoring was conducted by WT in the vicinity of the decontamination unit air in-takes and the air filtration units (AFUs) exhaust areas. All removal was conducted using wet removal methods within the containments.

All asbestos-containing waste was double-bagged in six-mil asbestos disposal bags and labeled with the generator identification information prior to being transported to a registered asbestos landfill as asbestos waste. The structural residential debris pile located in Basin No. 4 was loaded into polyethylene lined open-top dumpsters and "barrels" wrapped prior to transport to the landfill.

This report provides the FCDMC with a summary of WT's records of oversight and monitoring activities during this project. It is recommended that this report be retained by FCDMC for thirty (30) years.

**2.0 INDUSTRIAL HYGIENE ACTIVITIES**

WT performed a number of industrial hygiene-related activities during the course of the abatement project at the residences. The following section summarizes those activities.



## 2.1 Inspections/Approval Activities

WT conducted periodic visual inspections of the activities and engineering controls used by SSE in order to monitor compliance with the project specifications and applicable federal, state, and local asbestos regulations.

### 2.1.1 Pre-Abatement Inspection

WT walked the residences with Mr. Lewis Kimbell of SSE to identify all materials scheduled for removal. Prior to abatement, WT inspected the integrity of each containment and engineering controls established in the work areas. Deficiencies in the containments and in cleaning methods were immediately brought to the attention of SSE for correction. Equipment brought on-site by SSE was inspected by WT to determine if the equipment and materials complied with manufacturer's operating recommendations and contract specification requirements.

WT allowed asbestos abatement activities to begin when identified containment and engineering control deficiencies were corrected.

### 2.1.2 Abatement Inspection

WT inspected SSE's removal and disposal procedures to determine if current industry standards for abatement of asbestos-containing materials were being followed. Deficiencies in work methods were brought to the attention of the Contractor for correction.

### 2.1.3 Post-Abatement Inspection

WT inspected each work area upon completion of abatement activities to determine if removal and cleaning were performed satisfactorily.

## 2.2 Asbestos Air Sampling Activities

Following the conclusion of the abatement project, the removal areas were inspected by WT to assure all removal and housecleaning activities were properly carried out.

### 2.2.1 Asbestos Air Sampling Methodology

WT performed area and perimeter air monitoring during abatement. The purpose of the air sampling was to:



- (1) Document perimeter air fiber counts within the tunnel during removal activities.
- (2) Determine if work area containment and engineering controls were effective in containing airborne fibers to the work area.

The air samples were collected in accordance with the National Institute for Occupational Safety and Health (NIOSH) Method 7400. Daily samples were collected using high volume sampling pumps. All air sampling equipment was calibrated before and after each sampling period.

Air samples were collected using 25 millimeter (mm) cassettes with 50 mm electrically conductive extension cowls and 0.8 micron pore size mixed cellulose ester filters. Air samples analyzed by Phase Contrast Microscopy (PCM) were analyzed by a WT microscopist trained and certified in evaluating airborne asbestos dust (NIOSH 582).

### 2.3 Personal Protective Equipment

Workers were required to wear protective equipment and to follow specific work area entrance and exit procedures during abatement operations. The personal protective equipment consisted of full head-to-foot protective clothing (i.e., disposable suits, rubber boots, and gloves). Minimum respiratory protection for the asbestos abatement areas consisted of half-face air purifying respirators (APRs) equipped with High Efficiency Particulate Air (HEPA) filters.

## 3.0 ABATEMENT ACTIVITIES

This project involved the removal of asbestos containing, floor tile, linoleum, mastic, wall texture, plaster and rolled roofing material from 6 residences and 2 sheds. WT's on-site representatives were Donald K. Fulton and Suzanne L. Osbeck, certified AHERA Contractor/Supervisors. SSE's supervisor was Mr. Lewis Kimbell. The crew size ranged from five to nine workers. Work performed was conducted during normal business hours.

### 3.1 Abatement

WT inspected the integrity of the engineering controls established in the work areas prior to the start of asbestos removal. Deficiencies in the containments and in cleaning methods were immediately brought to the attention of SSE for correction. An encapsulant was used to affix any remaining particulates to the building frame materials after each containment area passed visual inspection.



**3.2 Waste Handling**

All asbestos-containing waste was placed in double six-mil polyethylene asbestos bags or the equivalence of prior to being transported off-site for disposal.

**4.0 AIR SAMPLING RESULTS**

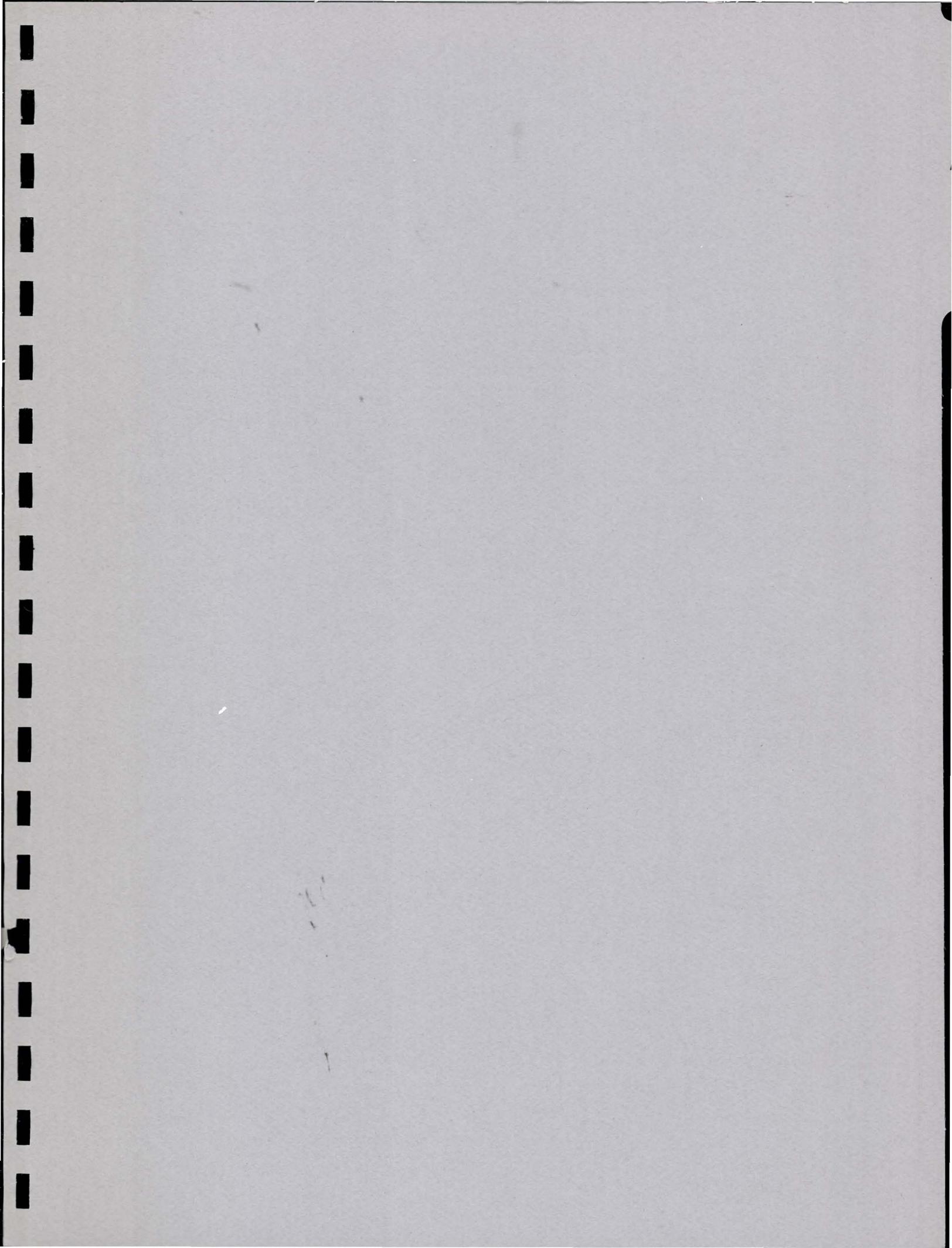
**4.1 PCM Air Samples**

The number of PCM air samples collected during the abatement activities totaled 8. Eight blank samples were also collected. All field air data sheets are presented in Appendix C.

**5.0 CONCLUSIONS**

Asbestos abatement in the residences was completed by the abatement contractor, Spray Systems, in general compliance with project specifications and applicable federal, state, and local regulations. Waste handling and disposal also complied with applicable laws. Problems encountered during abatement were all satisfactorily resolved.





**APPENDIX A**

**WESTERN TECHNOLOGIES PROJECT PERSONNEL CERTIFICATION**



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# THE ASBESTOS INSTITUTE

Certifies that

*Suzanne Osbeck*

592-62-9295

has attended the EPA approved course

AHERA

Contractor/Supervisor

June 21-25, 1999

and successfully passed the competency exam.



Date of Examination: June 25, 1999

Date of Expiration: June 25, 2000

Director

Approved Instructor

THE ASBESTOS INSTITUTE  
8102 North 23rd Avenue  
Suite A  
Phoenix, AZ 85021-4904  
602-864-6564

---

---

# THE ASBESTOS INSTITUTE

Certifies that

*Donald K. Fulton*

124-44-1681

has attended the EPA approved course

AHERA Refresher  
Contractor/Supervisor

June 3, 1999

and successfully passed the competency exam.



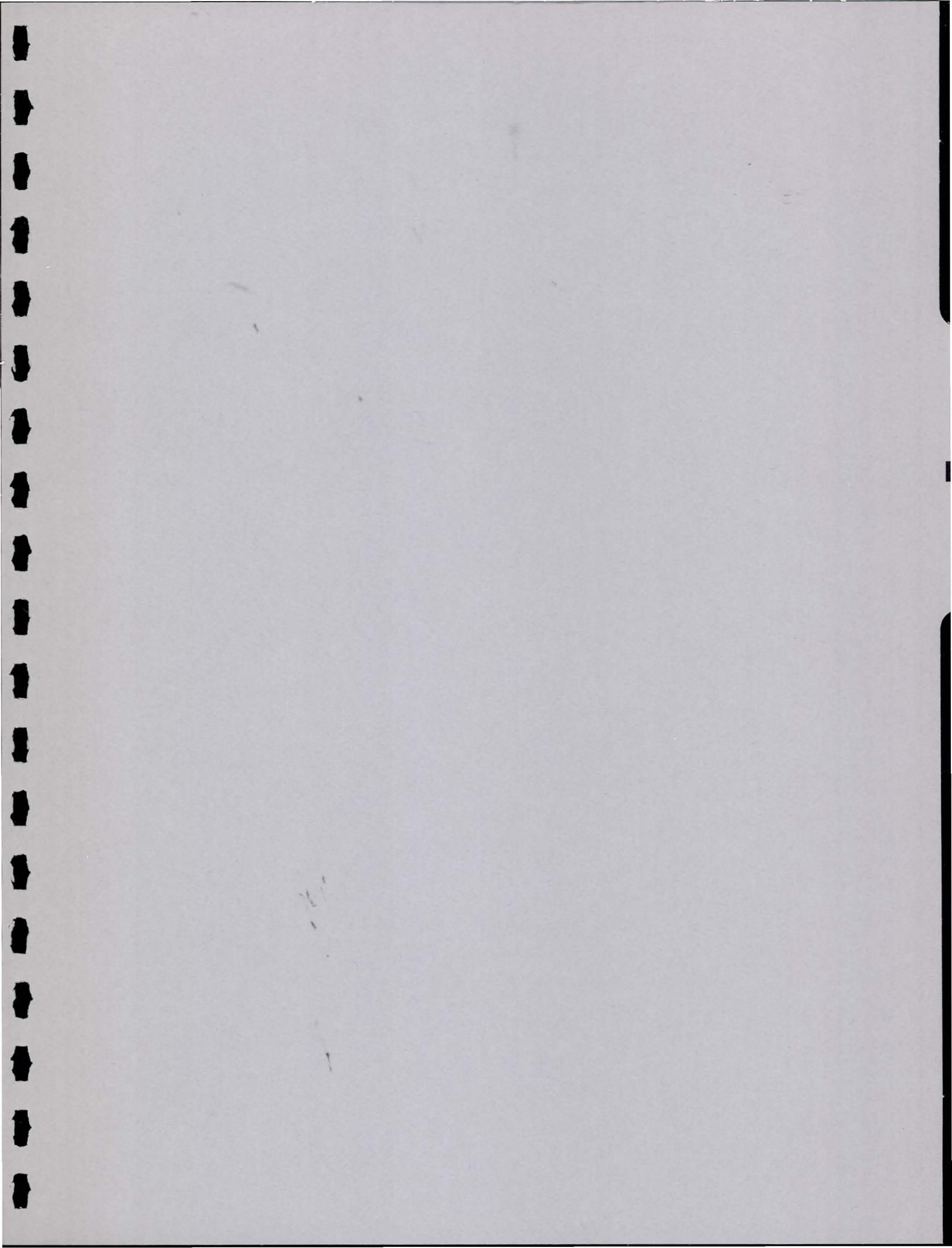
Date of Examination: June 3, 1999

Date of Expiration: June 3, 2000

Director

Approved Instructor

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8102 North 23rd Avenue  
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Phoenix, AZ 85021-4904  
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**APPENDIX B**

**WESTERN TECHNOLOGIES PROJECT LOGS AND CORRESPONDENCE**





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(602) 437-3737 • fax 470-1341

**OBSERVATION REPORT  
ASBESTOS ABATEMENT**

Client FCDMC  
Client Project No. \_\_\_\_\_  
Project \_\_\_\_\_  
Location Area 2+3  
Abatement Contractor Spray Systems

Report No. \_\_\_\_\_ Page 1 of \_\_\_\_\_  
WT Job No. 2189JK128  
Authorized By \_\_\_\_\_ Date \_\_\_\_\_  
Observations By DKF Date 9-7-99  
Contractor's Supervisor Lewis Kimbell

**REPORT**

**AREA OF OBSERVATION**

BUILDING: 10061 Akron FLOOR: \_\_\_\_\_ FUNCTIONAL AREA: \_\_\_\_\_

OBSERVED ITEM	ACCEPTABLE			REMARKS / COMMENTS
	YES	NO	N/A	
<b>A. CONTAINMENT</b>	X			<i>Combining Areas 2+3 exterior containment tile removal wall removal - texture exterior/interior</i>
1. FLOOR COVERED		X		
2. WALLS COVERED		X		
3. ISOLATION OF HVAC			X	
4. DECONTAMINATION (THREE-STAGE)	X			
5. PENETRATIONS SEALED	X			
6. "Z" FLAP CONFIGURATION FOR DECONTAMINATION / WASTE BAG OUT	X			
7. GROUND FAULT CIRCUIT INTERRUPT (GFIs)	X			
8. INSPECTION / OBSERVATION WINDOW	X			
<b>B. NEGATIVE AIR PRESSURE</b>	X			
1. <input checked="" type="checkbox"/> HEPA VAC. <input type="checkbox"/> AIR FILTER	X			
A. CONSTANT OPERATION	X			
B. NEGATIVE PRESSURE ACHIEVED	X			
C. PRESSURE DIFFERENTIAL, 0.2 IN. WATER	X			
<b>C. SIGNS / LABELS</b>	X			
1. WORK AREA ENTRANCE	X			
2. BAGS LABELED	X			
3. ACM HAZARD (ENGLISH / SPANISH)	X			
<b>D. WORK PRACTICES</b>	X			
1. REMOVED MATERIAL PROPERLY BAGGED	X			
2. MATERIAL WORKED WET	X			
3. HEPA VACUUM USED	X			
4. NO SMOKING	X			
5. NO EATING / DRINKING	X			
6. WORK AREA CLEANED	X			
7. PERSONNEL DECONTAMINATION	X			
8. PERSONNEL AIR MONITORING	X			
9. ENCAPSULANTS	X			
<b>E. PROTECTIVE EQUIPMENT</b>	X			
1. DISPOSABLE CLOTHING USED ONE TIME	X			
2. PROPER NIOSH-APPROVED RESPIRATORS	X			

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REVIEWED BY DON FULTON DATE \_\_\_\_\_  
(SIGNED COPY ON FILE)

# REPORT CONTINUATION SHEET

USE WITH REPORT FORMS NO. 248, 249, 272, 312

Report No. \_\_\_\_\_ Page 1 of 2

mit No. \_\_\_\_\_

Job No. 2189JK 128

Project Asb. Abatement - EMesa

Event/Invoice No. \_\_\_\_\_

Prime Contractor Spray Systems

Superintendent Spray Systems - Lewis Kimbell

Code(s) \_\_\_\_\_

Observations By DKF Date 9-7-99

OBSERVATIONS AND ACTION TAKEN:	
	<sup>0805</sup> D. FULTON-WT on site. met w/Spray Systems supt. Did a preliminary walk thru of the bldgs to identify materials
	Concern about ext. stucco on 3-Room bldg at 10061 Akron plan does not id. ext. stucco
	Lewis Kimbell - Supt. - + 9 workers. currently removing non-ACM material. will check cert sumed. & fit test records will be bringing out certs for all workers later AM
950-	Observed misc. debris, mostly roofing shingles behind 100115 Lewis indicated that any ACM in this area would need to have a change order for removal, I contacted Vicki Aviles regarding this area and bldg stucco, and roofing materials on bldgs. she indicated that bldg stucco was sampled and we're awaiting results. Roof material should be removed <sup>AS ACM</sup> only where indicated. She will inform me as to whether debris material will need to be ACM. Slump block from bldg 10045 was also tested results later
1100	Workers on lunch break - certs on site 4/3 workers need fit test one workers medical exp' on Thursday
1140-	Water truck & 55-gal drums on site
1215	Beginning prep work at 10013 floor tile removal received cert for last worker 5- need Fit Testing Lewis will perform. Informed Lewis that 1 worker needs new medical by Thursday 4 workers fit tested today, the other will be on a diff. project tomorrow.
1230-	Floor tile removal at 10013, prep can't in other areas
130-	Floor removal nearly completed minor areas of plaster tile & debris on concrete floor remains will put up criticals and poly ceiling prep for plaster wall removal
2:15	Spoke V. Aviles regarding samples results ext stucco & slump block texture both areas are hot.

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REVIEWED BY [Signature] DATE 9-7-99  
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REPORT CONTINUATION SHEET

USE WITH REPORT FORMS NO. 248, 249, 272, 312

Report No. \_\_\_\_\_ Page 2 of 2

mit No. \_\_\_\_\_

Job No. 2189JK128

Project E MESA - FCDMC Event/Invoice No. \_\_\_\_\_

Prime Contractor Spran Systems Superintendent Lewis Kimbell

Code(s) \_\_\_\_\_ Observations By DKF Date 9-7-99

OBSERVATIONS AND ACTION TAKEN: 220 - Informed L. Kimbell of additional area to follow info from spec package only. he has insp. report & maps w/ id. areas we went over area to be removed again to be sure we are both on same page. He will start roof removal at 10061 except for shed until bees are removed from inside shed.

240 - Workers are closing up site for nite will start at 530AM. I will be on site 6-630AM & he's expecting 7-8 workers on site

300 Abatement Crew off site / D. Fulton off site.

*[Handwritten signature: Donald R. Fulton]*

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REVIEWED BY \_\_\_\_\_ (SIGNED COPY ON FILE) DATE \_\_\_\_\_

9-8-99 FCDMC Day 2

650 D Fulton<sup>-WT</sup> on site met w/ Spray Systems, roof removal proceeding at 10061. L. Kimbell - supv. Spray Systems

New Personnel on Site - Certs given to WT by Lewis Kimbell<sup>51</sup>

	exp date	phys. Date	Fit Test
✓ George Robinson W	12-4-99	7-28-99	9-8-99
✓ Francisco Blaine W	8-26-00	5-13-99	9-8-99
✓ Octavio Solano W	1-8-00	3-30-99	2-10-99
✓ Jorge Gastelum W	4-23-00	4-23-99	8-31-99
✓ Miguel Rodriguez W	4-23-00	4-23-99	9-8-99

710 Roof removal progressing, 3 workers need fit test, 2 were on roof at the time of certif. review, I informed Lewis that the 2 on the roof will need to be fitted before they continue work. Lewis indicated some minor vandalism occurred at the site last nite. Only some critical barriers were damaged.

725 Respirator fit completed for two workers will start prep at 1001

730 Workers identified and removed 2 metal fixtures from roof. Both fixtures were coated with mastic. I informed them to wrap fixtures and dispose as ACM-contaminated waste.

815 Workers on break - Third worker fit test completed. Will continue w/ prep at 10013

840 Decon to be set up at 10013 will perform air monitoring at hog & at decon

900 Breach in containment worker making repair to containment

915 BP-3 started at decon calib 4.0 lpm #10013-01

920 BP-1 started at repair 4.0 lpm #10013-02

940 Am Work continuing at 10013 Spoke w/ V. Aviles-W advised her of progress Bee Keepers in route will look for them and advise as to location of bees (10049) small shed

950 Lewis indicates about 1/2 done using airless sprayer inside containment. Asbestos removal creating holes in bloc wall Lewis fixed areas w/ tape

1000 Removal activities at 10115 neg air unit in place w/ exhaust air to garage outside of containment Signs posted at decon - no air monitoring at 10115 floor tile removal

1025 Steve Beirl - Spray Systems on site had concerns about Ellsworth & Univ. site regarding other ACM besides Floortile I gave him ~~the~~ the number to the office to call V. Aviles and told him I will advise her as well. He's on his way to that site to look at the bldg. I informed V. Aviles of this.

1040 Looked at area of vinyl flooring at 10115 the area of concern is kitchen, living area & bath, but the areas on map combined these areas confusion was because drawings did not identify rooms. Bedroom area has no vinyl.

1045 Bagging out debris at 10013 approx 3/4 finished w/ removal Identified another hole in containment advised worker to fix it

1100 Workers on lunch break

1110 FCD - Bee Problem on site I identified the bldg where the bees are and FC said they'll take care of problem and hang strips in case other bees return after fumigation

3.9.93

1200 - Beekeepers indicated a large amount of bees were inside shed still fumigating area w/ FICAM

1215 Bee fumigation completed should be clear to use tomorrow

1220 Containment area at 10115 about 50% done. One worker had suit down town ist advised to put suit on. Mentioned this to supervisor for worker to keep suit on or take a break

1240 At 10013 site still problem w/ openings in containment. Workers are patching exposed areas. still have about 1/4 of the area to be removed + bags of ACM waste to be placed in dumpster.

110 Because of heat will not finish walls at 10013

30 Worker out of containment at 10013 Pumps off line  
workers completing bagout 3.0pm 10013-01 (BP-3) decon east end of bldg  
4.0pm 10013-02 BP-1 neg air kit down

150 Crew now working at 10045 to remove floor tile removing non-acm material

200 Completing Detail work at 10115 vinyl flooring

230 Removing vinyl flooring at 10045 bldg

300 Bagging up floor tile at 10045

310 Some minor Detail work needed at 10115 will begin tomorrow

315 All workers off site will start again tomorrow at 6AM  
- will start w/ 10013 to finish up remaining wall texture + 10115 to finish Detail cleanup area

320 D. Fulton - WT off-site

*Handwritten signature: Daniel R. Fulton*



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**OBSERVATION REPORT  
ASBESTOS ABATEMENT**

Client FCDMC  
Client Project No. \_\_\_\_\_  
Project \_\_\_\_\_  
Location \_\_\_\_\_  
Abatement Contractor Spray Systems

Report No. \_\_\_\_\_ Page 1 of \_\_\_\_\_  
WT Job No. 2189JK128  
Authorized By \_\_\_\_\_ Date \_\_\_\_\_  
Observations By DKF Date 9-9-99  
Contractor's Supervisor Lewis Kimbell

**REPORT**

**AREA OF OBSERVATION**

BUILDING: Area 1 10061 FLOOR: \_\_\_\_\_ FUNCTIONAL AREA: \_\_\_\_\_

OBSERVED ITEM	ACCEPTABLE			REMARKS / COMMENTS
	YES	NO	N/A	
<b>A. CONTAINMENT</b>				
1. FLOOR COVERED	X			
2. WALLS COVERED		X	X	Floor removed
3. ISOLATION OF HVAC			X	three flaps
4. DECONTAMINATION (THREE-STAGE)				
5. PENETRATIONS SEALED	X			
6. "Z" FLAP CONFIGURATION FOR DECONTAMINATION / WASTE BAG OUT	X			
7. GROUND FAULT CIRCUIT INTERRUPT (GFIs)	X			
8. INSPECTION / OBSERVATION WINDOW	X			
<b>B. NEGATIVE AIR PRESSURE</b>				
1. <input checked="" type="checkbox"/> HEPA VAC. <input checked="" type="checkbox"/> AIR FILTER	X			
A. CONSTANT OPERATION	X			
B. NEGATIVE PRESSURE ACHIEVED	X			
C. PRESSURE DIFFERENTIAL, 0.2 IN. WATER	X			1.5
<b>C. SIGNS / LABELS</b>				
1. WORK AREA ENTRANCE	X			
2. BAGS LABELED	X			
3. ACM HAZARD (ENGLISH / SPANISH)	X			
<b>D. WORK PRACTICES</b>				
1. REMOVED MATERIAL PROPERLY BAGGED	X			
2. MATERIAL WORKED WET	X			
3. HEPA VACUUM USED	X			
4. NO SMOKING	X			
5. NO EATING / DRINKING	X			
6. WORK AREA CLEANED	X			
7. PERSONNEL DECONTAMINATION	X			
8. PERSONNEL AIR MONITORING	X			
9. ENCAPSULANTS	X			
<b>E. PROTECTIVE EQUIPMENT</b>				
1. DISPOSABLE CLOTHING USED ONE TIME	X			
2. PROPER NIOSH-APPROVED RESPIRATORS	X			

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REVIEWED BY W. Kimbell DATE 9-9-99  
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REPORT CONTINUATION SHEET

USE WITH REPORT FORMS NO. 248, 249, 272, 312

Report No. \_\_\_\_\_ Page 1 of 2

mit No. \_\_\_\_\_

Job No. 2199JK128

Project E Mesa Drainage

Event/Invoice No. \_\_\_\_\_

Prime Contractor Spray System

Abatement Co. Superintendent Lewis Kimbell

Code(s) \_\_\_\_\_

Observations By Print D Fulton Date 9-9-99

# of workers on site: 11 (including daily)

OBSERVATIONS AND ACTION TAKEN:

6:50 AM D. Fulton on site met w/ Lewis Kimbell has 7 workers on site, same people as yesterday, more workers to arrive later. Continuing removal at 10013. Observed critical barrier at south window coming loose. Advised Lewis to tighten critical in this area.

7:00 - Lewis informed me that the small shed that had been also has texture strokes on the interior. Also 2-Sal cans of Asbestos roofing cement comp. 1-1 gal containers roofing cement will dispose as ACM debris. Interior of shed has same stroke texture as exterior change order may be needed.

7:30 Crew completing detail of floor removal at 10115 should be ready for visual.

8:00 - Work progressing at 10013 will be able to do visual later

8:15 10015 ready for visual inspection

8:45 Visual completed at 10115 had minor areas along wall re-scraped and HEPA Vac - Frank - SS Eganman will lock down later today.

9:00 Visual inspection at 10013 minor texture at West door frame & east window ledge. Also minor texture in SW corner. Advised Lewis to clean these areas then can lock down will do additional insp. after lock down

10:20 Prep activities started at 10061 A/dg containment at Area 3 Floor removal at Area 1, Nel A - at 1:8

10:10 - Removal & prep cont at 10061

10:30 - Encap at 10013 completed will inspect in afternoon after wrap drop.

10:55 - Workers on lunch break - 1 hr. Lewis & Frank off site to return to office for supplies.

11:55 - Lewis indicated that he will be leaving site. Frank & Lewis back on site.

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REVIEWED BY Kenneth A. Soper 9-9-99  
(SIGNED COPY ON FILE) DATE  
Print D. Fulton

REPORT CONTINUATION SHEET

USE WITH REPORT FORMS NO. 248, 249, 272, 312

Report No. \_\_\_\_\_ Page 2 of 2

mit No. \_\_\_\_\_

Job No. 2189JK 128

Project FCDMC - E. MESA Drainage

Event/Invoice No. \_\_\_\_\_

Prime Contractor Spray Systems

Superintendent Lewis Kimbell

Code(s) \_\_\_\_\_

Observations By DKF

Date 9-9-99

- OBSERVATIONS AND ACTION TAKEN:
- 1200 - Lewis indicated that 10013 + 10115 have been enclosed and ready for 2<sup>nd</sup> visual inspection. Lewis says he'll have more men on site on Friday to be sure work will be completed. Having some difficulty with flooring at Area 1. D. FULTON-WT to perform 2<sup>nd</sup> visual at 10013 + 10115
  - 1220 Completed 2nd visuals at 10013 + 10115. Except still wet at 10115, also a bag of debris still inside containment. Bagged waste also needs to be removed from area before removing decor. press diff. 016 at 10115 Informed Lewis he will remove bagged waste & debris. Lewis indicated that flooring at Area 1 is too difficult for manual removal will have an automatic scraper tomorrow to complete floor removal. Area has been closed off for now. Neg Air is off.
  - 1235 - Lewis indicates that prep will take a couple hours to complete at the 10061 area for studs/wall removal. He indicated that roofing from small storage shed will also be done
  - 1250 - Roof removal at small shed beginning. Set up barrier tape to prevent workers not in tyres/respirators from entering into area. Informed Lewis that workers need to follow this.
  - 130 - Roof removal completed bagged waste placed in to roll off dumpster. Beginning to rain at jobsite. Continuing to build containment to enclose the two sheds. For studs removed.
  - 210 - Underground utility locator truck at Property wanting to know about gas lines. Informed him that project is Dem. unknown of gas lines underground.
  - 230 - Containment Set up - w/ 3 Neg Air units prep for underground utility locator marking street along property frontage.
  - 315 539 SF Small shed Demolition for exterior/interior.
  - 330 Prep continuing will not start any abatement tonight. Lewis says he may only have 6-7 workers tomorrow. May not complete abatement until 9 AM.
  - 350 Crew & D. FULTON off site.

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REVIEWED BY Lewis Kimbell 9-9-99 (SIGNED COPY ON FILE) DATE



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**OBSERVATION REPORT  
ASBESTOS ABATEMENT**

Client FCDMC Report No. \_\_\_\_\_ Page 1 of \_\_\_\_\_  
 Client Project No. \_\_\_\_\_ WT Job No. \_\_\_\_\_  
 Project \_\_\_\_\_ Authorized By \_\_\_\_\_ Date 9/19/99  
 Location Area 2 + 3 Observations By DKF Date \_\_\_\_\_  
 Abatement Contractor Spray Systems Contractor's Supervisor Lewis Kimbell

**REPORT**

**AREA OF OBSERVATION**

BUILDING: \_\_\_\_\_ FLOOR: \_\_\_\_\_ FUNCTIONAL AREA: Areas 2+3

OBSERVED ITEM	ACCEPTABLE			REMARKS / COMMENTS
	YES	NO	N/A	
<b>A. CONTAINMENT</b>				
1. FLOOR COVERED				
2. WALLS COVERED		X		Sheet removal walls - interior+exterior both bldgs
3. ISOLATION OF HVAC			X	
4. DECONTAMINATION (THREE-STAGE)				
5. PENETRATIONS SEALED				
6. "Z" FLAP CONFIGURATION FOR DECONTAMINATION / WASTE BAG OUT				
7. GROUND FAULT CIRCUIT INTERRUPT (GFI)s				
8. INSPECTION / OBSERVATION WINDOW		X		
<b>B. NEGATIVE AIR PRESSURE</b>				
1. <input type="checkbox"/> HEPA VAC. <input checked="" type="checkbox"/> AIR FILTER				
<b>A. CONSTANT OPERATION</b>				
B. NEGATIVE PRESSURE ACHIEVED				
C. PRESSURE DIFFERENTIAL, 0.2 IN. WATER				
<b>C. SIGNS / LABELS</b>				
1. WORK AREA ENTRANCE				
2. BAGS LABELED				
3. ACM HAZARD (ENGLISH / SPANISH)				
<b>D. WORK PRACTICES</b>				
1. REMOVED MATERIAL PROPERLY BAGGED				
2. MATERIAL WORKED WET				
3. HEPA VACUUM USED				
4. NO SMOKING				
5. NO EATING / DRINKING				
6. WORK AREA CLEANED				
7. PERSONNEL DECONTAMINATION				
8. PERSONNEL AIR MONITORING				
9. ENCAPSULANTS				
<b>E. PROTECTIVE EQUIPMENT</b>				
1. DISPOSABLE CLOTHING USED ONE TIME				
2. PROPER NIOSH-APPROVED RESPIRATORS				

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**OBSERVATION REPORT  
ASBESTOS ABATEMENT**

Client FCD MC  
Client Project No. \_\_\_\_\_  
Project E Mesa Drainage  
Location 10061 Akron St  
Abatement Contractor Spray Systems

Report No. \_\_\_\_\_ Page 1 of \_\_\_\_\_  
WT Job No. 2189JK128  
Authorized By \_\_\_\_\_ Date 9-10-99  
Observations By DKF Date 9-10-99  
Contractor's Supervisor L. Kimbell

**REPORT**

**AREA OF OBSERVATION**

BUILDING: 10061 FLOOR: \_\_\_\_\_ FUNCTIONAL AREA: AREAS 2+3

OBSERVED ITEM	ACCEPTABLE			REMARKS / COMMENTS
	YES	NO	N/A	
<b>A. CONTAINMENT</b>	X			
1. FLOOR COVERED	X			
2. WALLS COVERED		X		Wall removal
3. ISOLATION OF HVAC			X	
4. DECONTAMINATION (THREE-STAGE)	X			1 stage
5. PENETRATIONS SEALED			X	
6. "Z" FLAP CONFIGURATION FOR DECONTAMINATION / WASTE BAG OUT	X			
7. GROUND FAULT CIRCUIT INTERRUPT (GFIs)	X			
8. INSPECTION / OBSERVATION WINDOW	X			
<b>B. NEGATIVE AIR PRESSURE</b>	X			
1. <input type="checkbox"/> HEPA VAC. <input checked="" type="checkbox"/> AIR FILTER				
A. CONSTANT OPERATION		X		Generator failure at 7:55 AM resumed at 2:50 PM
B. NEGATIVE PRESSURE ACHIEVED	X			
C. PRESSURE DIFFERENTIAL, 0.2 IN. WATER	X			0.05
<b>C. SIGNS / LABELS</b>				
1. WORK AREA ENTRANCE	X			
2. BAGS LABELED				
3. ACM HAZARD (ENGLISH / SPANISH)	X			
<b>D. WORK PRACTICES</b>				
1. REMOVED MATERIAL PROPERLY BAGGED				
2. MATERIAL WORKED WET	X			
3. HEPA VACUUM USED				
4. NO SMOKING	X			
5. NO EATING / DRINKING	X			
6. WORK AREA CLEANED				
7. PERSONNEL DECONTAMINATION	X			
8. PERSONNEL AIR MONITORING	X			
9. ENCAPSULANTS				
<b>E. PROTECTIVE EQUIPMENT</b>				
1. DISPOSABLE CLOTHING USED ONE TIME	X			
2. PROPER NIOSH-APPROVED RESPIRATORS	X			

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# REPORT CONTINUATION SHEET

USE WITH REPORT FORMS NO. 248, 249, 272, 312

Report No. \_\_\_\_\_ Page 1 of 3

mit No. \_\_\_\_\_

Job No. 2189JK128

Project EMESA Drainage Ass. Abatement Event/Invoice No. \_\_\_\_\_

Prime Contractor Spray Systems Superintendent L. Kimball

Code(s) \_\_\_\_\_ Observations By DKF Date 9/10/99

OBSERVATIONS AND ACTION TAKEN: 650 D. Fulton - WT met w/ Lewis says he has 9 workers on site same as before + 2 others who were here on Wed. Indicated that Neg air units pressure diff bet: 0.2 - 0.4. Had to remove one neg air unit 2 units are current in place

- Frank Rojas
- Jose Gastelum
- Estoberto Garcia
- Ramon Espinosa
- Cesar Flores
- Francisco Blaine
- Gabriel Romero
- Miguel Rodriguez

705 - Inspected Containment area, it is ready for removal will set up 2 pumps to collect air samples for Areas 2+3, floor removal Area 1

730 - Pump BP-3 10061-01 Neg Air 8 lpm

742 Pump BP-1 10061-02 DeCon 10 lpm

755- Generator lost power inoperable - shut down work area  
Lewis indicates that another generator is on the way to work site  
Stop floor removal in Area 1 and Stucco removal Areas 2+3

805 Told Lewis to have workers leave work area immediately  
Debris can be picked up when work resumes 5 workers inside containment area

815 Lewis will set up small generator w/ power scraper for Area 1  
Will work on area 10045 complete prep & remove vinyl flooring

825 Work continuing inside area 1

850 Spoke w/ V. Aviles - WT and advised her of the progress at job site.

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REVIEWED BY Donald J. Fulton DATE 9-10-99  
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REPORT CONTINUATION SHEET

USE WITH REPORT FORMS NO. 248, 249, 272, 312

Report No. \_\_\_\_\_ Page 2 of 3

Job No. 2189JK128

mit No. \_\_\_\_\_

Project SE MESA Drainage

Event/Invoice No. \_\_\_\_\_

Prime Contractor Spray Systems

Superintendent L. Kimbell

Code(s) \_\_\_\_\_

Observations By DKF

Date 9-10-99

OBSERVATIONS AND ACTION TAKEN: 915 - Work continuing inside containment for Area 1  
Vinyl floor removal  
930 - Replacement generator on site 2 Worker were sent to new  
job site 6 workers remain.  
1015 Spoke w V. Aviles regarding vinyl removal at Area 1 of  
10039 Kitchen area non-ACM will only remove area of flooring  
inside containment boundaries identified in Floor plan. Removal  
Work starting in this area 3 workers inside containment  
1100 Contacted V. Aviles. WT regarding ACM waste pile at Ellisworth/UMed  
Lewis indicated that waste will be removed by an ERF crew next week.  
He said that Steve Beirl in SS will identify a scheduled time for removal.  
Steve should be contacted regarding removal schedule. Left message for Vicky  
regarding this activity.  
1125-3 Workers out of 10061 Area 1 containment for lunch break  
Work finishing at 10039 - is now completed will once order inspect  
130 Theresa Hoff FCD on site (10061) reviewing project activities. Project activities  
Continuing detailing continuing at 10061 Area 1. Completed bag out at  
10039. Theresa taking Photos of job site Theresa off site - 1:35  
Will do visual on floor removal at 10039  
1:50 Completed visual advised Lewis about minor amounts of vinyl debris  
still on floor in containment area he'll have someone HEPA vac and clean  
area again. Containment 10061 Area 1 undergoing final wipe down prior  
to 1st visual inspection  
2:25 - Area 1 ready for visual inspection by WT minor area of plastic  
on floor scrapped then encased.  
2:50 - Restarted Air monitoring Area 843 reset to 5.0 lpm  
Informed work crew that they need to use more water to keep dust  
down

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REVIEWED BY \_\_\_\_\_

(Signed) L. Kimbell 9-10-99

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REPORT CONTINUATION SHEET

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Report No. \_\_\_\_\_ Page 3 of 3

Job No. 2189 JK 128

mit No. \_\_\_\_\_  
Project SE Mesa Drainage Asbestos Abatement

Event/Invoice No. \_\_\_\_\_

Prime Contractor Spray Systems

Superintendent L. Kimbel

Code(s) \_\_\_\_\_

Observations By DKF

Date 9-10-99

OBSERVATIONS AND ACTION TAKEN: 310 - Workers outside of Area 2/3 containment  
Neg Air units still running.

330 - Crew cleaning up work areas and securing site for weekend will run  
pumps until 350 pm

400 - Pumps off line at 350 pm all personnel off-site D. Polton off site  
Neg Air OFF.

*[Large handwritten signature and initials are present across the lower half of the page, including 'DKF' and 'L. Kimbel']*

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Report No. \_\_\_\_\_ Page 1 of 2

Job No. 2189JK128

mit No. \_\_\_\_\_

Project SEMesa Drainage

Event/Invoice No. \_\_\_\_\_

Prime Contractor Spray Systems

Superintendent Lewis Kimberl

Code(s) \_\_\_\_\_

Observations By DKF

Date 9-13-99

OBSERVATIONS AND ACTION TAKEN: 650 - D. FULTON WT onsite. Met with Lewis he has 5X workers on site - same people as last week. Crew on site continuing removal at Area 2+3. Work site no problems from weekend. will perform air monitoring. All six workers 685 AM inside containment. Two Neg air units on site for containment Press. Diff. 0.05

730 - Both pumps online BR/10061-05-Decon at 7:08 and 10061-06 BR-3 at Neg Air at 7:14 Both pumps calibrated at 5.0 lpm.

810 Observed Area 1 at 10061 floor removal after Decon inspection was OK, Area 1 10039 Flooring also OK after inspection of Encap Critical Barriers removed from both areas. Work continuing inside 10061 Area 2+3 containment.

940 Lewis provided Inspection Report forms for Spray System for signature release. Signed by D. FULTON

930 - Work continuing at Area 2+3 FCD maint personnel in site to check on Bee problem. Indicated that everything was OK

1010 - ACM material removed from walls. Crew is cleaning up debris from floor plenty of water is being used during bagging of ACM.

1100 - Worker out of containment on lunch break. Work continuing to run.

1145 - Spoke with V. Aviles - WT advised her of job progress. She indicated that S. Osbeck will be available for project on Tuesday.

1205 - Crew back on site w/ additional worker provided. reviewed certs. Lewis indicated that all windows from 10013 have been removed and will be placed inside rolloff at 10061. One worker - Gabriel had to leave site for personal reasons.

1220 Advised Lewis that window frames removed from 10013 need to be covered w/ poly before placing into dumpster. Window putty not sealed w/ tape prior to being removed. Was previously advised to tape window

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REPORT CONTINUATION SHEET

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Report No. \_\_\_\_\_ Page 2 of 2

Job No. 2189JK128

Permit No. \_\_\_\_\_

Project SE MESA Drainage

Event/Invoice No. \_\_\_\_\_

Prime Contractor Spray Systems

Superintendent Lewis Kimbell

Code(s) \_\_\_\_\_

Observations By DKF

Date 9-13-99

OBSERVATIONS AND ACTION TAKEN:

1230 - Work continuing inside containment.  
 Bag out of ACM debris material.  
 1245 Inspected area at 10013 after window frame removal  
 Some putty material remaining inside window frame near front entrance  
 Will instruct Lewis to remove remaining ACM window putty.  
 105 Lewis removing remaining putty from east end wood window frame  
 150 Crew not expecting to complete removal inside Areas 2+3  
 today. Removal of Debris from ground still needed.  
 225 Lewis says crew will finish by 3PM today additional  
 cleanup needed inside containment area will be ready  
 for inspection by Tuesday.

235 - Workers Decoring for exiting work area

245 - Work Crew off site 5.04pm Sample 10061 - 0.06 off at 2:38  
 6.01pm Sample 10061 - 0.55 off at 2:43

300 - D. FULTON off site

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**OBSERVATION REPORT  
ASBESTOS ABATEMENT**

Client FCDMC  
Client Project No. 2  
Project EMEA DRAINAGE  
Location 10045 AKRON  
Abatement Contractor SPRAY SYSTEMS

Report No. \_\_\_\_\_ Page 1 of 1  
WT Job No. 2189JK128  
Authorized By \_\_\_\_\_ Date \_\_\_\_\_  
Observations By SJO Date 7/14/99  
Contractor's Supervisor Lewis Kimbell

**REPORT**

**AREA OF OBSERVATION**

BUILDING: 10045 FLOOR: \_\_\_\_\_ FUNCTIONAL AREA: AREA 2

OBSERVED ITEM	ACCEPTABLE			REMARKS / COMMENTS
	YES	NO	N/A	
<b>A. CONTAINMENT</b>				
1. FLOOR COVERED	X			
2. WALLS COVERED	<del>X</del>	X		wall texture removal
3. ISOLATION OF HVAC			X	
4. DECONTAMINATION (THREE-STAGE)	X			
5. PENETRATIONS SEALED			X	
6. "Z" FLAP CONFIGURATION FOR DECONTAMINATION / WASTE BAG OUT	X			
7. GROUND FAULT CIRCUIT INTERRUPT (GFIs)	X			
8. INSPECTION / OBSERVATION WINDOW	X			
<b>B. NEGATIVE AIR PRESSURE</b>				
1. <input type="checkbox"/> HEPA VAC. <input checked="" type="checkbox"/> AIR FILTER				
A. CONSTANT OPERATION	X			
B. NEGATIVE PRESSURE ACHIEVED	X			
C. PRESSURE DIFFERENTIAL, 0.2 IN. WATER	X			
<b>C. SIGNS / LABELS</b>				
1. WORK AREA ENTRANCE	X			
2. BAGS LABELED	X			
3. ACM HAZARD (ENGLISH / SPANISH)	X			
<b>D. WORK PRACTICES</b>				
1. REMOVED MATERIAL PROPERLY BAGGED	X			
2. MATERIAL WORKED WET	X			
3. HEPA VACUUM USED	X			
4. NO SMOKING	X			
5. NO EATING / DRINKING	X			
6. WORK AREA CLEANED	X			
7. PERSONNEL DECONTAMINATION	X			
8. PERSONNEL AIR MONITORING	X			
9. ENCAPSULANTS	X			
<b>E. PROTECTIVE EQUIPMENT</b>				
1. DISPOSABLE CLOTHING USED ONE TIME	X			
2. PROPER NIOSH-APPROVED RESPIRATORS	X			

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**OBSERVATION REPORT  
ASBESTOS ABATEMENT**

Client Fudmc  
Client Project No. \_\_\_\_\_  
Project E. main Drainage  
Location 10039 E. Acker  
Abatement Contractor SPRAY SYSTEMS

Report No. \_\_\_\_\_ Page 1 of 1  
WT Job No. 21890428  
Authorized By \_\_\_\_\_ Date \_\_\_\_\_  
Observations By SFO Date 9/14/99  
Contractor's Supervisor Lennis Kimbell

**REPORT**

**AREA OF OBSERVATION**

BUILDING: 10039 FLOOR: \_\_\_\_\_ FUNCTIONAL AREA: AREA 2

OBSERVED ITEM	ACCEPTABLE			REMARKS / COMMENTS
	YES	NO	N/A	
<b>A. CONTAINMENT</b>				
1. FLOOR COVERED	X			
2. WALLS COVERED	X	X		wall texture removal (black/mortar)
3. ISOLATION OF HVAC			X	
4. DECONTAMINATION (THREE-STAGE)	X			
5. PENETRATIONS SEALED			X	
6. "Z" FLAP CONFIGURATION FOR DECONTAMINATION / WASTE BAG OUT	X			
7. GROUND FAULT CIRCUIT INTERRUPT (GFIs)	X			
8. INSPECTION / OBSERVATION WINDOW	X			
<b>B. NEGATIVE AIR PRESSURE</b>				
1. <input type="checkbox"/> HEPA VAC. <input checked="" type="checkbox"/> AIR FILTER				
A. CONSTANT OPERATION	X			
B. NEGATIVE PRESSURE ACHIEVED	X			
C. PRESSURE DIFFERENTIAL, 0.2 IN. WATER	X			
<b>C. SIGNS / LABELS</b>				
1. WORK AREA ENTRANCE	X			
2. BAGS LABELED	X			
3. ACM HAZARD (ENGLISH / SPANISH)	X			
<b>D. WORK PRACTICES</b>				
1. REMOVED MATERIAL PROPERLY BAGGED				
2. MATERIAL WORKED WET	X			
3. HEPA VACUUM USED	X			
4. NO SMOKING	X			
5. NO EATING / DRINKING	X			
6. WORK AREA CLEANED	X			
7. PERSONNEL DECONTAMINATION	X			
8. PERSONNEL AIR MONITORING				
9. ENCAPSULANTS	X			
<b>E. PROTECTIVE EQUIPMENT</b>				
1. DISPOSABLE CLOTHING USED ONE TIME	X			
2. PROPER NIOSH-APPROVED RESPIRATORS	X			

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REPORT CONTINUATION SHEET

USE WITH REPORT FORMS NO. 248, 249, 272, 312

Report No. \_\_\_\_\_ Page 1 of \_\_\_\_\_

Job No. 2189JK128

mit No. \_\_\_\_\_

Project FCDMC

Event/Invoice No. \_\_\_\_\_

Prime Contractor SPRAY SYSTEMS

Abatement Superintendent

Code(s) \_\_\_\_\_

Observations By S Osbeck Date 14.9.99

# of workers on site: 9

OBSERVATIONS AND ACTION TAKEN: 0650 S. Osbeck on site L. Kimbell + 8 workers present. Texture removal @ 10061 continuing space w/ Mr. Kimbell & he reported that Decan setup was being undertaken @ 10089 and that as soon as removal began there that Decan setup would begin @ 10045. 0750 inspected & passed decan & containment setup @ 10039. (Area 2) set up pumps + had view port and started air flow one pump @ exhaust & one pump @ decan. 0850 inspected & cleared 10061 removal continues @ 10039 and 10045 decan has also been set up and passed inspection 0950 work continues removal @ 10089 & 10045 pull cassette Mr. Kimbell's boss stops by to check work for approx 10 mins 1000 work ceases for lunch break will resume @ noon. everyone off site

12:15 pm bagout of some waste from 10039 begins 2nd Dumpster is brought closer to 10039 for waste removal transfer of decan/containment @ 10061 has begun

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# REPORT CONTINUATION SHEET

USE WITH REPORT FORMS NO. 248, 249, 272, 312

Report No. \_\_\_\_\_ Page 1 of 1

Permit No. \_\_\_\_\_

Job No. \_\_\_\_\_

Project MC FCD UNIVERSITY PELLSWORTH

Event/Invoice No. 7899JK128

Prime Contractor SPRAY SYSTEMS

Superintendent Vicky Aviles

Code(s) \_\_\_\_\_

Observations By SUZANNE OSBECK Date 9/23/99

## OBSERVATIONS AND ACTION TAKEN:

12pm: arrived on site. Spray systems was on site as well as loader operator w/equipment (1 loader 3 reinforced-poly-lined dumpster, 1 unlined dumpster, 1 water truck.

loader was just beginning to break some of the concrete slabs in order to reduce risk of ripping the poly-liner.

Lewis Kimball of spray systems explained process and S. Osbeck climbed onto dumpsters to check lining and stability of liners.

Loader began to fill dumpsters one by one and water truck continued to soak demolished materials to control dust. Observed location of septic tank and noted that the tank would be crushed (concrete) and backfilled with surrounding soils. This continued for approximately 3 hours.

3pm loader began to crush septic tank and backfill soils removing the crushed concrete.

3:30 pm work is complete. Loader off site dumpsters are sealed (poly pulled over & affixed to create a tight unit) and WT is off site.

White - File; Yellow - Processing For Final Report; Pink - Preliminary Field Copy, Subject To Review

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REVIEWED BY

Wmason

(SIGNED COPY ON FILE)

9/23/99

DATE

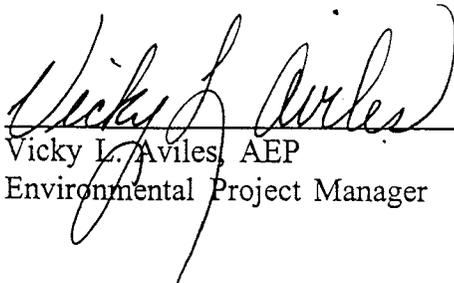
DEMOLITION AND ASBESTOS  
ABATEMENT SPECIFICATIONS FOR  
SOUTHEAST MESA DRAINAGE  
BASINS NOS. 2 & 4  
MESA, ARIZONA

JOB NO. 2189JK128

Prepared For:

FLOOD CONTROL DISTRICT OF  
MARICOPA COUNTY  
2801 WEST DURANGO  
PHOENIX, ARIZONA

July 20, 1999

  
Vicky L. Aviles, AEP  
Environmental Project Manager

\_\_\_\_\_  
David Regonini, REA  
Director, Environmental Services

## SUMMARY OF WORK

- 1.0 GENERAL. Work covered by this Contract will be performed under a single contract.....

Work includes demolition as described in Section 02060 and asbestos abatement as described in Section 13280 of this document. Asbestos has been identified in building materials at the multi-residential site identified as the Southeast Mesa Drainage Basin No. 4, located along the south side of Akron Street, east of Crismon Road which is just north of the Apache Trail in Mesa, Arizona. Asbestos has also been identified in the debris of a collapsed residential home identified within Basin 2, located at the northeast corner of University Drive and Ellsworth Road in Mesa, Arizona.

The asbestos-containing materials impacted by demolition operations addressed in Section 13280 are the responsibility of the Contractor. Asbestos-containing materials abatement operations shall be in accordance with Section 13280 - ASBESTOS REMOVAL. General building demolition shall be in accordance with Section 02060 - BUILDING DEMOLITION.

Discovery of concealed suspect asbestos-containing materials during construction operations or other concealed conditions discovered during demolition shall be cause for stoppage of Work until the Asbestos Consultant inspects, samples, and specifies appropriate remediation. Disturbance of asbestos-containing materials is governed by federal regulations. The Asbestos Consultant for this project is Western Technologies Inc. (WT), telephone number (602) 437-3737.

Contractor's General Liability Insurance shall not contain an asbestos exclusion.

## **PART 1 - GENERAL**

### **1.1 RELATED DOCUMENTS**

- A. Requirements of Drawings, Bidding Conditions, Conditions of Contract, and Related Work specified in other Sections of Specifications apply to this Section.
1. The following Technical Specifications are written with the intention that a WT representative will monitor the asbestos-containing materials (ACMs) removal. Scheduling of ACMs removal shall be coordinated between the Contractor, WT, and the Flood Control District of Maricopa County (FCDMC). Scheduling of demolition operations shall be coordinated between the Contractor and FCDMC. Technical Specifications modifications relating to ACM removal are subject to approval by WT. Technical specifications modification relating to general demolition are subject to approval by FCDMC.
  2. FCDMC and WT shall have the authority to stop any job activities that, in their judgment, are not being performed satisfactorily, safely, or in accordance with applicable regulations, guidelines, and the requirements of these Technical Specifications.
    - a. Such a work stoppage shall not result in any costs to FCDMC or WT, nor will it relieve the Contractor from any liability for violating these regulations, ordinances, codes, contractual agreements, and the requirements of these Technical Specifications.
  3. FCDMC and WT shall have the authority to request that Contractor personnel (i.e., supervisors, foremen, or workers) be removed from the site and replaced if, in their judgment, those individuals' activities are not satisfactory, safe, or in accordance with applicable regulations, guidelines, and the requirements of these Technical Specifications.
  4. The Contractor performing work under this scope of work shall be the Contractor providing the initial bid for services. Work performed by this Technical Specification is not to be performed by any subcontractors unless specifically stated in the scope of work that such services are required.

## **PART 2 - GENERAL BUILDING DEMOLITION**

### **2.1 SCOPE:**

- A. Provide all Work to notify, prepare, remove, package, transport, and legally dispose of all general demolition waste as indicated under the General Demolitions Technical Outlines in Part 2.2 - EXECUTION.

SECTION 02060 - GENERAL DEMOLITION

FCDMC-Ib

- B. The demolition objectives included within these Technical Specifications will be performed following the Asbestos Abatement Contractor requirements as stated in the Specifications for asbestos-abatement.
- C. Refer to the Site Plan (Figure 1) for locations of scheduled structures to be demolished.
- D. Regulatory Requirements: Procure and pay for necessary permits or certificates required to complete the work specified. Make required notifications and comply with applicable Federal, State and local ordinances.
- E. Existing Conditions: Visit the site and examine the existing structures. Note conditions as to character and extent of work involved.
- F. Execute demolition work in an orderly and careful manner with due consideration for existing structures, including parts of the surrounding areas which are to remain. Barricade and cover as necessary to protect pedestrians, workman, and adjacent properties. Periodically sprinkle to allay dust. Protect active utilities service lines, indicated or discovered during work.
- G. Disconnect electric, telephone, gas, water, steam or other lines servicing the structures. Assure all utilities are disconnected back to the property line prior to demolition activities. Keep lanes and drives clean and clear.
- H. Conduct operations so as not to interfere with adjacent roads, streets, drives, walks, service lines and the like.
- I. The Contractor shall supply generators for electrical use and a water source during demolition.
- J. Coordinate all demolition activities with FCDMC.

2.2 EXECUTION

- A. Disposition of Removed Materials: Material removed under this Contract, which is not to be salvaged or reused, shall become the property of the Contractor and be promptly removed from the site. Do not store or permit debris to accumulate on the site.
- B. On completion of demolition work, leave the property and adjacent areas clean and satisfactory to local authorities and FCDMC.

2.3 STRUCTURES TO BE DEMOLISHED

- A. The main residence (approximately 600 square feet), associated concrete slab(s) and all general debris located on the lot at 10013 Akron Street.

SECTION 02060 - GENERAL DEMOLITION

FCDMC-Ib

- B. The main residence (approximately 400 square feet), associated concrete slab(s), two sheds, mock water wells, flag pole, asphalt and all general debris located on the lot at 10031 Akron Street.
- C. The main residence (approximately 820 square feet), associated concrete slab(s), fencing and all general debris located on the lot at 10039 Akron Street.
- D. The main residence (approximately 2,000 square feet), associated concrete slab(s), and all general debris located on the lot at 10045 Akron Street.
- E. The main residence (approximately 1,000 square feet), associated concrete slab(s), two sheds, and all general debris located on the lot at 10061 Akron Street.
- F. The garage, shed, associated concrete slab(s), adjacent concrete slab(s), outdoor fireplace, and all general debris located on the lot at 10065 Akron Street.
- G. The main residence (approximately 2,400 square feet), associated concrete slab(s), chicken coop, and all general debris located on the lot at 10115 Akron Street.
- H. Remove from the sites all remaining debris, trash, wood, blocks, footings, siding, corrugated metal and other miscellaneous materials.
- I. The septic tanks associated with each residence will be crushed in place and filled with soil scavenged from the site.
- J. The contractor shall not damage existing Saguaro cactus, trees, desert plants or other landscape unless directed to do so by FCDMC.

## SECTION 13280 - ASBESTOS REMOVAL

### **PART 3 - ASBESTOS REMOVAL**

#### 3.1 SCOPE:

- A. Provide all Work to notify, prepare, remove, package, transport, and legally dispose of ACMs indicated under Asbestos Abatement Technical Outlines in Part 5 - EXECUTION.
- B. The asbestos abatement objectives included within these Technical Specifications will be performed prior to the Contractor requirements as stated in the Specifications for demolition.
- C. Quantities of ACMs identified for removal on Work Area Diagrams in these specifications are APPROXIMATE QUANTITIES ONLY. Contractor is responsible for determining and field-verifying all ACM quantities for removal and disposal.
- D. Refer to the Asbestos Abatement Plans (Figures 1 through 6) for containment Work Area locations in affected buildings.
- E. Contractor is responsible for all quantification of non-ACMs to be removed.
- F. Coordinate all abatement activities with WT.
- G. Dispose of all asbestos-containing waste at appropriate disposal sites which are certified and approved for deposits of asbestos-containing waste.
- H. Provide generators for electrical power to the site during removal of ACMs. Ground Fault Circuit Interrupts (GFCIs) shall be installed on all sources of temporary power.
- I. All abatement equipment brought on-site shall be clean and free of asbestos materials and suspected asbestos materials. All air filtration units shall be cleaned and be free of asbestos materials. HEPA vacuums shall be cleaned and brought to the site in a state of disassembly for inspection by WT. All equipment shall be in manufacturer's recommended operational condition; no duct tape shall be used to seal or maintain equipment. Equipment not in compliance with the above requirements shall be removed from the site.
- J. Contractor is responsible for providing a water source for the site during asbestos removal and demolition activities.
- K. Segregate friable and non-friable asbestos waste into separate disposal dumpsters. Complete and submit copies of correct manifesting for each dumpster leaving the site.

SECTION 13280 - ASBESTOS REMOVAL

3.2 QUALITY ASSURANCE:

A. Qualification of Contractor:

1. Contractor shall be a company which has experience in asbestos abatement of the type required for this project and shall be able to demonstrate at least two years of experience in such abatement. Contractor's General Liability Insurance shall not contain exclusions for asbestos removal.
2. Contractor shall provide A+ rated or better, Occurrence-Based asbestos specific liability insurance with coverage limits of \$1,000,000 per Occurrence and \$1,000,000 in Aggregate. Refer to other parts of Specifications for additional insurance requirements. Claims-made policies will not be considered.

B. Certification of Workers: Contractor's workers and supervisors shall hold current, valid certificates of training from an EPA-approved course for asbestos Work. Each worker and supervisor shall also hold current, valid evidence of medical qualifications for this Work. The medical qualifications shall be in the form of a Physician's Written Opinion.

C. Reference Standards: Comply with applicable provisions of the following:

1. Occupational Safety and Health Administration (OSHA):

Title 29 Code of Federal Regulations, Section 1910.134 - Respiratory Protection.

Title 29 Code of Federal Regulations, Part 1926 - Construction Industry.

Title 29 Code of Federal Regulations, Section 1910.20 - Access to Employee Exposure and Medical Records.

Title 29 Code of Federal Regulations, Section 1910.1200 - Hazard Communication.

Title 29 Code of Federal Regulations, Section 1926.1101 - Asbestos; August 10, 1994.

2. Environmental Protection Agency (EPA):

Title 40 Code of Federal Regulations, Part 61, Subparts A and M (Revised Subpart B) - National Emission Standard for Asbestos.

Title 40 Code of Federal Regulations, Part 302.14 - List of Hazardous Substances and Reportable Quantities.

## SECTION 13280 - ASBESTOS REMOVAL

Title 40 Code of Federal Regulations, Part 763 - Asbestos-Contaminated Materials in Schools.

3. Department of Transportation (DOT):

Title 49 Code of Federal Regulations, Part 172.101 - Hazardous Materials Table (Part 172, Subpart B, Appendix A).

Title 49 Code of Federal Regulations, Part 173.316 - Packages Containing Material Classified as ORM.

Title 49 Code of Federal Regulations, Part 173.12(b) - Exceptions for Shipment of Hazardous Waste Material.

Title 49 Code of Federal Regulations, Part 173.24(a) - Standard Requirements for All Packages.

Title 49 Code of Federal Regulations, Part 173.1300 - Other Regulated Materials; ORM-E.

Title 49 Code of Federal Regulations, Part 177.844 - Carriage by Public Highway.

4. American National Standards Institute (ANSI) Publications:

ANSI Z41.1-1967 Safety Shoes

ANSI Z9.2-1979 Fundamentals Governing the Design and Operation of Local Exhaust Systems

ANSI Z87.1-1979 Protective Eyewear

ANSI Z88.2-80 Practices for Respiratory Protection

5. American Society For Testing And Materials (ASTM) Publications: Manual 23, Asbestos Control: Removal, Management, and the Visual Inspection Process. ASTM E 1368

6. Asbestos abatement, transportation, and disposal requirements, including payment of disposal fees, apply as mandated by the United States government, the State of Arizona, Maricopa County, and any other government agency having jurisdiction. These will include, but not be limited to, licensing, regulations, training, handling, and disposal requirements.

D. Notifications: Contractor shall meet notification and fee requirements of City of Phoenix, Maricopa County, State of Arizona, and U.S. EPA prior to deadlines established by those entities for beginning of Work, handling, hauling, and disposal of ACMs. If floor tile and/or floor tile mastic are to be removed via mechanical methods, consider the materials to be friable. Reflect this in the Notification quantities.

## SECTION 13280 - ASBESTOS REMOVAL

- E. Pre-Construction Conference: A pre-construction conference shall be conducted for WT to receive copies of all licenses, certificates, medical documents, notifications, and Contractor safety and health procedures. Start of Work will be approved in writing when submittals are complete.
1. Document submittal and communications are to be directly through WT. WT will report to the FCDMC. Asbestos contractor is responsible for following up and ensuring that WT receives all required documentation.
  2. Provide (2) two copies of all submittals for review and approval by WT a minimum of five (5) working days before the start of Work. Should the start of Work become delayed due to inadequate submittals from the Contractor, the Contractor shall be responsible for all costs related to the delayed start date.
- F. Submittals:
1. Asbestos Worker or Supervisor/Manager Training Certificates, which are valid and current for all personnel who may be exposed to airborne asbestos fibers and in all aspects of the Work related to each job assignment.
  2. Medical documents for each supervisor, foreman, worker, or other personnel used at the site, including the following:
    - a. Contractor's letter, signed by an officer of the company, which states that all personnel have been medically monitored to determine fitness for use of specified respirators.
    - b. Proof of compliance with OSHA 29 CFR 1926.1101(m) for each person at the site (Physician's Written Opinion).
  3. Copies of notices to equipment rental agencies stating the intended use of the equipment if equipment is to be used in asbestos-contaminated areas.
  4. NIOSH or OSHA approvals for all respirators and filter cartridges to be used at the site.
  5. Manufacturer's certification that HEPA vacuums, ventilation systems, and other local exhaust ventilation equipment, conform to ANSI Z9.2-1979, "Fundamentals Governing the Design and Operation of Local Exhaust Systems."
  6. Plans for securing the Work Areas, providing for worker health and safety, removal of materials, packaging of materials, and hauling and disposal of materials. Plans are to include provisions for the protection of property owned by the FCDMC.

## SECTION 13280 - ASBESTOS REMOVAL

7. Bar chart schedule indicating a time-bar for each major category or unit of work to be performed at the job site.
8. Copies of required written notifications to jurisdictional authorities.
9. Copies of Contractor's current licenses and insurance certificates.
10. List of proposed landfills for asbestos-containing waste. If non-friable waste is to be taken to a municipal solid-waste landfill, submit a copy of the letter advising landfill of asbestos content of waste and the landfill's response to the letter approving acceptance of non-friable ACM.
11. Submit Material Safety Data Sheets for any materials brought on-site, including encapsulants, that are considered hazardous materials under 29 CFR 1910.1200 or 29 CFR 1926.59, "Hazard Communication." Materials are subject to approval by WT before they are used.

### 3.3 DAILY SUBMITTALS DURING ABATEMENT ACTIVITIES:

- A. Job progress reports detailing work activities, work progress, and incidents which occur on the project site.
- B. Worker sign-in forms documenting all workers on-site.
- C. Logs documenting filter changes on respirators.
- D. Containment entry logs signed by workers and/or visitors.
- E. Personal air monitoring data including exposure assessment monitoring representative of the 8-hour TWA and 30-minute short-term exposures of employees.
- F. Copies of shipping manifests for each load of friable and non-friable, asbestos-containing waste material removed from the site. Include chain-of-custody forms which show job information, building Owner, Contractor, landfill operator, quantity of materials, number and type of containers, and signatures of Contractor and landfill operator. Correct manifesting as per the Arizona Department of Environmental Quality Waste Management Rules, Special Waste, is the responsibility of the Contractor. This project will not be considered complete until completed shipping manifests, confirming that all asbestos-containing wastes have been deposited at approved landfills, have been received by the FCDMC, and approved by WT.
  1. Contractor shall provide to the FCDMC or its representative copies of manifests indicating signatures of the contractor and waste transporter upon removing each waste dumpster from the work site.

## SECTION 13280 - ASBESTOS REMOVAL

### 3.4 PROJECT COMPLETION:

- A. The asbestos abatement project will be considered complete when all Work Areas have passed final visual inspection by WT.
- B. The asbestos abatement project will be considered complete when all copies of required submittals have been received, reviewed, and approved by WT and FCDMC.
- C. Once all submittals have been received and approved, WT will notify the Building Owner and issue a letter accepting submittals and approving final payment to the asbestos contractor.

### 3.5 ABBREVIATIONS:

- air filtration unit (AFU)
- "Amended water" refers to a surfactant mixed with water.
- cement-asbestos millboard (CAMB)
- cubic feet per minute (CFM)
- Environmental Protection Agency (EPA)
- fibers per cubic centimeter (f/cc)
- ground fault circuit interrupt (GFCI)
- heating, ventilation, and air conditioning (HVAC)
- HEPA 2,000 CFM AFU (HEPA AFU)
- High Efficiency Particulate Air Filter (HEPA)
- Maricopa County Flood Control District (MCFCD)
- National Institute for Occupational Safety and Health (NIOSH)
- Permissible Exposure Limit (PEL)
- Phase Contrast Microscopy (PCM)
- square foot (s.f.)
- structures per millimeter squared (s/mm<sup>2</sup>)
- structures per cubic centimeter (s/cc)
- Supplied Air Respirator (SAR)
- Thermal Systems Insulation (TSI)

## SECTION 13280 - ASBESTOS REMOVAL

- Time Weighted Average (TWA)
- Transmission Electron Microscopy (TEM)
- Western Technologies Inc. (WT)

### 3.6 ABATEMENT AIR MONITORING:

- A. Air Monitoring Prior to Start of Abatement Activities: Only non-friable material and component removal is required for this project. The structures are scheduled for demolition and will not be reoccupied, therefore, pre-start air monitoring is not required for this project.
- B. Personal Exposure Monitoring: Conduct personal air monitoring of all employees in accordance with 29 CFR 1926.1101(f).
- C. Containment Enclosure Final Air Clearance: After cleanup operations in a Work Area are completed, and the comprehensive visual inspection is satisfactory, WT will conduct appropriate final clearance air monitoring. The cost of analysis for the first set of air samples for each containment Work Area shall be the responsibility of Owner and/or Owner's Representative. If the initial Final Air Clearance samples fail to meet clearance standards as described below, subsequent costs for re-cleaning and reinspection, clearance air monitoring, including air sample invoices and WT personnel man-hours and expenses, will be paid by the Contractor. TEM air clearance will use a standard laboratory analysis 24-hour turnaround time unless otherwise instructed by the Owner.
  1. PCM NIOSH Method 7400 Air Clearance Monitoring shall be passive air clearance procedures, as directed by WT. The number of PCM air samples collected will be determined by the size of the containment Work Area. The action shall be considered complete when the results of samples collected in the affected functional space show that the concentration of fibers for each of the air samples is less than or equal to a 0.01 fibers per cubic centimeter (f/cc) for airborne fiber concentration. Minimum sample air volumes shall be at least 1,200 liters for 25 millimeter filter cassettes. Sample results are not averaged.
  2. TEM AHERA Analytical Method Air Clearance Monitoring shall be conducted using aggressive air clearance procedures. Ten TEM air samples will be collected (five samples inside the Work Area and five samples from make-up air sources outside the Work Area). Three blank samples will be included. The action shall be considered complete when the analytical results of samples collected in the affected functional space show that the concentration of fibers for the average of the five inside air samples is less than 70 asbestos structures per square millimeter (s/mm<sup>2</sup>). Minimum sample air volumes shall be at least 1,200 liters for 25 millimeter filter cassettes.

## SECTION 13280 - ASBESTOS REMOVAL

3. Five air samples will also be collected at make-up air sources to the containment Work Areas. In the event of a clearance failure, these samples may be analyzed by TEM at the Contractor's written request and at the Contractor's expense. Outside TEM air samples will utilize a 6-hour laboratory analysis turnaround time from the time the samples are received by the analyzing laboratory. TEM analysis rates will be charged at \$150.00 per sample. An additional charge of \$35.00 per sample may be added if the sample is received by the laboratory after normal business hours.
4. If the initial Work Area Final Air Clearance samples fail to meet clearance standards as described, subsequent costs for re-cleaning and reinspection, clearance air monitoring, including air sample invoices, and WT personnel man-hours and expenses will be paid by the Contractor. WT rates will be charged at \$60.00 per hour. TEM air clearances will utilize a 6-hour laboratory analysis turnaround time, from the time the samples are received by the analyzing laboratory. TEM analysis rates will be charged at \$150.00 per sample. An additional charge of \$35.00 per sample may be added if the sample is received by the laboratory after normal business hours.

If these conditions are met, no further analysis is required.

- C. Fiber Levels In Areas Outside the Containment Work Area: Airborne fiber level in an area adjacent to the Work Area or in any part of the building impacted by the abatement activities included in this scope of work shall not exceed 0.01 f/cc by PCM or the predetermined background fiber levels.
  1. If these levels are exceeded, cease all removal operations immediately. Take remedial action (e.g., HEPA vacuuming, wet cleaning methods, repair of containment, repair critical barriers, etc.) to reduce airborne fiber concentrations to acceptable levels. Time taken for any remedial action outside the Work Area is the responsibility of the Contractor. Time extensions will not be granted for remedial actions.
  2. If at any time results of air samples analyzed by PCM exceed 0.01 f/cc or the measured background level, the Contractor may request that WT collect additional air samples for analysis by TEM. The cost of such additional sample analysis by TEM for further evaluation of airborne fiber levels is the responsibility of the Contractor.
- D. Fiber Levels Inside the Containment Work Area: Fiber levels inside the Work Area shall not exceed the ceiling level of 0.2 f/cc calculated as an eight-hour TWA for airborne fiber concentration or greater than 1.0 f/cc over any 30 minute period as determined by area air samples analyzed by PCM. The 0.2 f/cc ceiling level applies when half-face air purifying respirators and powered air purifying respirators are in use. If either of these inside fiber levels is exceeded, stop removal activities and take measures to reduce the airborne fiber concentration below these levels. Time lost due

## SECTION 13280 - ASBESTOS REMOVAL

to excessive Work Area fiber concentrations is the responsibility of the Contractor. Time delays will not be granted for reducing fiber levels in the Work Areas.

1. When Type-C respirators are required, the airborne fiber concentration inside the containment Work Area shall not exceed 0.5 f/cc as determined by PCM calculated as an eight-hour TWA for airborne fiber concentration. If the inside fiber level is exceeded, the Contractor shall stop removal activities and take measures to reduce the airborne fiber concentration below these levels. Grade-D Level air is required for all Type-C activities.

E. Respiratory Protection During Abatement Activities: During abatement activities, Work Area and personal airborne fiber levels shall be determined by PCM. For SAR required abatement activities, three consecutive eight-hour work shifts' airborne fiber level determinations, within the parameters outlined below, are required for down-grading of respiratory protection from SAR to PAPR. Only one eight-hour shift airborne fiber level, above the parameters outlined below, will be needed to determine if required upgrading of any type of respiratory protection is necessary.

1. Half-Face Respirator (APR): For all activities covered by these Technical Specifications where airborne fiber concentrations have been determined to be 0.03 f/cc for Work Area samples or 0.1 f/cc for personal air samples, not less than Air Purifying Respirator (APR) shall be used.
2. Powered Air Purifying Respirator (PAPR): For all activities covered by these Technical Specifications where airborne fiber concentrations have been determined to be between 0.1 f/cc and 0.2 f/cc for Work Area samples or over 0.5 f/cc for personal air samples, not less than PAPR shall be used.
3. TYPE-C (SAR): For all activities covered by these Technical Specifications where airborne fiber concentrations had been determined to be greater than 0.2 f/cc for Work Area samples or greater than 0.5 f/cc for personal air samples, not less than Type-C shall be used.

## **PART 4 - PRODUCTS**

### 4.1 CONTAINMENT ENCLOSURE MATERIALS:

- A. 6-mil polyethylene sheeting.
- B. 4-mil polyethylene sheeting.
- C. PVC plastic piping or 2 x 4 wood studs.
- D. Duct tape.

## SECTION 13280 - ASBESTOS REMOVAL

- E. Spray adhesives.
  - F. Properly labeled asbestos waste 6-mil disposal bags.
  - G. NIOSH/DOT approved glovebags.
- 4.2 ENCAPSULANTS AND SOLVENTS:
- A. Guardian Post Removal Encapsulant or similar material approved by WT.
  - B. Penetrating Surfactant (dust control).
- 4.3 LABELS:
- A. OSHA, EPA, and DOT required six (6)-mil polyethylene bags labeled with "DANGER-CONTAINS ASBESTOS FIBERS. AVOID CREATING DUST. CANCER AND LUNG DISEASE HAZARD...etc": For disposal of all asbestos waste.
  - B. OSHA required "DANGER ASBESTOS--CANCER AND LUNG DISEASE HAZARD...etc." warning signs: To be posted at regulated areas.
  - C. Each bag shall be labeled with the following information:
    - 1. Name of waste Generator (**FLOOD CONTROL DISTRICT OF MARICOPA COUNTY**).
    - 2. Name of location at which waste was generated (**provide appropriate street address**).
  - D. Barrier Tape labeled with "DANGER ASBESTOS": To be used for isolation of staging area adjacent to regulated Work Area.
- 4.4 WORKER CLOTHING AND EQUIPMENT:
- A. Full Body, Disposable, Protective Coveralls: Meet ANSI/ISEA 101-1985.
  - B. Gloves: Abrasion-resistant, disposable, vinyl meeting OSHA 29 CFR 1910.156-165.
  - C. Respirator: Half-face, dual cartridge, HEPA filtered air purifying respirator.
  - D. Respirator Filters: NIOSH and OSHA approved Filter Cartridge type rated for exclusion of asbestos-containing dust and mists.

## SECTION 13280 - ASBESTOS REMOVAL

- E. Protective Eyewear: Of type appropriate for use with half-face respirator and standard construction work.
- F. Boots: Of standard manufacture for this purpose, solid type or steel toe.

### **PART 5 - EXECUTION**

#### 5.1 SCOPE:

##### A. Asbestos Abatement Objectives:

1. Basin 4: Main Residential Structures, Sheds, and Garage; remove identified vinyl flooring materials and associated mastics, wall and ceiling plaster, gypsum drywall, slump block, exterior stucco, window putty and roofing materials as indicated at each location addressed.
2. Basin 2: Remove the collapsed residential pile of debris at this site as NESHAP Category I - Non-friable ACM, following OSHA Class II work practices. Work shall comply with NESHAP 61.150 Standard for waste disposal for demolition.
3. Establish regulated Work Areas during all removal according to Specifications. Perform all asbestos removal using wet methods.

#### 5.2 ITEMS TO BE REMOVED:

##### Basin 4

##### A. Main Residential Structure: 10013 Akron Street

1. Approximately 750 square feet of floor tile and floor tile mastic, approximately 300 square feet plaster, and approximately 10 square feet window putty (ACM).

= RACM

SECTION 13280 - ASBESTOS REMOVAL

B. Main Residential Structure: 10031 Akron Street

1. ACM was not identified in the main residential structure or in the two sheds located on this lot.

C. Main Residential Structure: 10039 Akron Street

1. Remove approximately 127 square feet of asbestos-containing floor tile (multi-layered) and approximately 308 square feet of wall texture (ACM).

D. Main Residential Structure: 10045 Akron Street

1. Approximately 500 square feet of floor tile and approximately 300 square feet slump block and mortar (ACM).

E. Main Residential Structure: 10061 Akron Street

1. Approximately 400 square feet linoleum and mastic and approximately 1,000 square feet of rolled roofing. Located on the small shed is approximately 600 square feet of rolled roofing. Located on the larger shed is approximately 500 square feet of rolled roofing, 700 square feet of exterior stucco, and 1,000 square feet of plaster/drywall ceilings and walls.

F. Garage and Shed: 10065 Akron Street

1. No ACM was identified in these structures.

G. Main Residential Structure: 10115 Akron Street

1. Approximately 300 square feet of vinyl flooring and mastic.

BASIN 2

A. Collapsed Residential Structure: University Drive and Ellsworth Road

1. Remove the collapsed residential pile of debris at this site as NESHAP Category I - Non-friable ACM, following OSHA Class II work practices. Work shall comply with NESHAP 61.150 Standard for waste disposal for demolition.

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**5.3 TECHNICAL OUTLINE OF WORK: BASIN 4 - MAIN RESIDENTIAL STRUCTURE PARTIALLY DEMOLISHED: 10013 AKRON STREET. REMOVAL OF VINYL FLOORING, PLASTER AND WINDOW PUTTY.**

A. Preparation:

1. Permit no unauthorized access to the Work Areas. Post warning signs and barrier tape on all possible entrances and approaches to the Work Areas.
2. De-energize electrical power within the designated Work Areas. Provide generators for power to the work areas as directed by WT. Locate temporary electrical power sources outside of each Work Area. Install GFCIs on all sources of temporary power.
3. Provide a water source on the site during all phases of general demolition and removal.
4. Remove all gooseneck drain piping from sinks. Remove all toilet fixtures, carpeting, and casework in the Work Areas and dispose as general construction waste.
5. Thoroughly clean the floor tile removal Work Area until free of debris. Dispose of debris containing gypsum as non-friable ACM.
6. Construct a worker decontamination enclosure system adjacent to the removal Work Areas. Separate each airlock with three (3) overlapping polyethylene curtain doorways. Provide source of clean water for worker and equipment decontamination upon exiting the Work Area.
7. Position a steel-covered waste dumpster on-site for the storage of packaged asbestos-containing waste materials. Line the dumpster with two layers of 6-mil polyethylene sheeting. Provide for dumpster security and post required signage while dumpster remains on-site.
8. Upon completion of preparations, notify WT. Upon notification, WT shall visually inspect the integrity of the containment enclosure systems. Written approval to commence abatement procedures will be issued by WT.

B. Execution:

1. From this point the work will disturb ACMs. The minimum respiratory protection shall be half-face APR equipped with HEPA cartridges. Protective clothing is required and decontamination procedures apply to the Work Areas. Treat all removed material as asbestos-containing waste.

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2. Wet and place all removed waste immediately into properly labeled ACM disposal bags and seal. Unpackaged waste is not to accumulate in Work Area.
  3. Decontaminate bags prior to removal from Work Area. Place all bags in secondary sealed disposal bags with required generator identification labels. Place all waste only in prepared waste dumpster.
  4. Remove, in a manner that does not produce airborne fibers, all floor tile and floor tile mastic located in Areas 1 and 2 as indicated in Figure 2 - Site Plan. Dispose of as non-friable ACM.
  5. Remove, in a manner that does not produce airborne fibers, all plaster located in Area 2 as indicated in Figure 2 - Site Plan. Dispose of as friable ACM.
  6. Cover the existing asbestos-containing window putty with multiple layers of non-asbestos containing duct tape. Remove the frame intact without causing damage to the putty. Dispose of the entire frame as non-friable ACM.
  7. Place all asbestos-containing waste in properly labeled asbestos disposal bags. Decontaminate bags prior to removal from the Work Area. Place all bags in secondary, sealed disposal bags complete with required generator labels.
  8. Upon completion of ACM removal, HEPA vacuum and wet wipe the Work Area. Detail clean and remove all residue and debris.
  9. After cleaning is complete, WT will conduct a visual inspection of all abated surfaces. After obtaining a visual inspection approval from WT, encapsulate the Work Area.
  10. Once the encapsulant has dried, remove remaining containment polyethylene. Critical barriers are to remain. Reclean area. WT will conduct second visual inspection following clean-up.
  11. Once acceptable visual results are achieved, remove all containment polyethylene and engineering controls. Dispose of polyethylene as ACM.
- C. Air Clearance: Air Clearance Monitoring is not required for a building that will not be reoccupied and is scheduled for complete demolition.
- D. Surveillance:
1. WT will conduct daily Work Area and perimeter air monitoring during abatement. Respiratory protection minimum requirement during removal activities is half-face APRs with HEPA filters.

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2. The Contractor is responsible for worker personal air monitoring. Results from the personal air samples are required for submittal to WT within 24 hours following the work shift collected.

E. Schedule: Coordinate all removal activities with WT and conduct removal during day-shift operations.

### **5.4 TECHNICAL OUTLINE OF WORK: BASIN 4 - MAIN RESIDENTIAL STRUCTURE: 10039 AKRON STREET. REMOVAL OF VINYL FLOORING AND WALL TEXTURE.**

A. Preparation:

1. Permit no unauthorized access to the Work Areas. Post warning signs and barrier tape on all possible entrances and approaches to the Work Areas.
2. De-energize electrical power within the designated Work Areas. Provide generators for power to the work areas as directed by WT. Locate temporary electrical power sources outside of each Work Area. Install GFCIs on all sources of temporary power.
3. Provide a water source on the site during all phases of general demolition and removal.
4. Remove all gooseneck drain piping from sinks. Remove all toilet fixtures, carpeting, and casework in the Work Areas and dispose as general construction waste.
5. Thoroughly clean the floor tile removal Work Area until free of general debris upon completion of general demolition activities.
6. Seal all HVAC ducts that service the Work Areas with airtight and watertight critical barriers consisting of two layers of 6-mil polyethylene sheeting.
7. Install critical barriers consisting of two layers of 6-mil polyethylene on windows, doors, and any other ceiling or wall penetrations. Plug and seal floor drains or other floor penetrations with rigid barriers and two layers of 6-mil polyethylene to prevent runoff from abatement operations.
8. Construct containments as indicated on Work Area Diagrams. Install splash guards approximately 12 inches on all walls in the effected work area where vinyl flooring is scheduled to be removed with one layer of 4-mil polyethylene.
9. Construct a worker decontamination enclosure system adjacent to the removal Work Areas. Separate each airlock with three (3) overlapping polyethylene curtain

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doorways. Provide source of clean water for worker and equipment decontamination upon exiting the Work Area.

10. Install a sufficient number of AFUs in the Work Area to maintain air changes at rate of Work Area air change every ten minutes. Stabilize pressure differential in the Work Area at 0.02 inches of water relative to adjacent non-regulated areas. Place AFUs in such a fashion that air flow from make-up air sources is across the Work Area to the AFUs. Place AFUs to minimize dead air spaces. Duct exhaust ports to the exterior of the building.
11. Position a steel-covered waste dumpster on-site for the storage of packaged asbestos-containing waste materials. Line the dumpster with two layers of 6-mil polyethylene sheeting. Provide for dumpster security and post required signage while dumpster remains on-site.
12. Upon completion of preparations, notify WT. Upon notification, WT shall visually inspect the integrity of the containment enclosure systems. Written approval to commence abatement procedures will be issued by WT.

### B. Execution:

1. From this point the work will disturb ACMs. The minimum respiratory protection shall be half-face APR equipped with HEPA cartridges. Protective clothing is required and decontamination procedures apply to the Work Areas. Treat all removed material as asbestos-containing waste.
2. Wet and place all removed waste immediately into properly labeled ACM disposal bags and seal. Unpackaged waste is not to accumulate in Work Area.
3. Decontaminate bags prior to removal from Work Area. Place all bags in secondary sealed disposal bags with required generator identification labels. Place all waste only in prepared waste dumpster.
4. Remove, in a manner that does not produce airborne fibers, all floor tile and floor tile mastic located in Area 1 as indicated in Figure 2 - Site Plan. Dispose of as non-friable ACM.
5. Remove, in a manner that does not produce airborne fibers, all texture located in Area 2 as indicated in Figure 2 - Site Plan. Dispose of as friable RACM.
6. Place all asbestos-containing waste in properly labeled asbestos disposal bags. Decontaminate bags prior to removal from the Work Area. Place all bags in secondary, sealed disposal bags complete with required generator labels.

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7. Upon completion of ACM removal, HEPA vacuum and wet wipe the Work Area. Detail clean and remove all residue and debris.
  8. After cleaning is complete, WT will conduct a visual inspection of all abated surfaces. After obtaining a visual inspection approval from WT, encapsulate the Work Area.
  9. Once the encapsulant has dried, remove remaining containment polyethylene. Critical barriers are to remain. Reclean area. WT will conduct second visual inspection following clean-up.
  10. Once acceptable visual results are achieved, remove all containment polyethylene and engineering controls. Dispose of polyethylene as ACM.
- C. Air Clearance: Air Clearance Monitoring is not required for a building that will not be reoccupied and is scheduled for complete demolition.
- D. Surveillance:
1. WT will conduct daily Work Area and perimeter air monitoring during abatement. Respiratory protection minimum requirement during removal activities is half-face APRs with HEPA filters.
  2. The Contractor is responsible for worker personal air monitoring. Results from the personal air samples are required for submittal to WT within 24 hours following the work shift collected.
- E. Schedule: Coordinate all removal activities with WT and conduct removal during day-shift operations.
- 5.5 TECHNICAL OUTLINE OF WORK: BASIN 4 - MAIN RESIDENTIAL STRUCTURE: 10045 AKRON STREET. REMOVAL OF VINYL FLOORING AND SLUMP BLOCK AND MORTAR.**
- A. Preparation:
1. Permit no unauthorized access to the Work Areas. Post warning signs and barrier tape on all possible entrances and approaches to the Work Areas.
  2. De-energize electrical power within the designated Work Areas. Provide generators for power to the work areas as directed by WT. Locate temporary electrical power sources outside of each Work Area. Install GFCIs on all sources of temporary power.

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3. Provide a water source on the site during all phases of general demolition and removal.
4. Remove all gooseneck drain piping from sinks. Remove all toilet fixtures, carpeting, and casework in the Work Areas and dispose as general construction waste.
5. Thoroughly clean the floor tile removal Work Area until free of general debris upon completion of general demolition activities.
6. Seal all HVAC ducts that service the Work Areas with airtight and watertight critical barriers consisting of two layers of 6-mil polyethylene sheeting.
7. Install critical barriers consisting of two layers of 6-mil polyethylene on windows, doors, and any other ceiling or wall penetrations. Plug and seal floor drains or other floor penetrations with rigid barriers and two layers of 6-mil polyethylene to prevent runoff from abatement operations.
8. Construct containments as indicated on Work Area Diagram. Install splash guards approximately 12 inches on all walls in the effected work area that are not scheduled to be abated where vinyl flooring is scheduled to be removed, with one layer of 4-mil polyethylene.
9. Construct a worker decontamination enclosure system adjacent to the removal Work Areas. Separate each airlock with three (3) overlapping polyethylene curtain doorways. Provide source of clean water for worker and equipment decontamination upon exiting the Work Area.
10. Install a sufficient number of AFUs in the Work Area to maintain air changes at rate of Work Area air change every ten minutes. Stabilize pressure differential in the Work Area at 0.02 inches of water relative to adjacent non-regulated areas. Place AFUs in such a fashion that air flow from make-up air sources is across the Work Area to the AFUs. Place AFUs to minimize dead air spaces. Duct exhaust ports to the exterior of the building.
11. Position a steel-covered waste dumpster on-site for the storage of packaged asbestos-containing waste materials. Line the dumpster with two layers of 6-mil polyethylene sheeting. Provide for dumpster security and post required signage while dumpster remains on-site.
12. Upon completion of preparations, notify WT. Upon notification, WT shall visually inspect the integrity of the containment enclosure systems. Written approval to commence abatement procedures will be issued by WT.

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### B. Execution:

1. From this point the work will disturb ACMs. The minimum respiratory protection shall be half-face APR equipped with HEPA cartridges. Protective clothing is required and decontamination procedures apply to the Work Areas. Treat all removed material as asbestos-containing waste.
2. Wet and place all removed waste immediately into properly labeled ACM disposal bags and seal. Unpackaged waste is not to accumulate in Work Area.
3. Decontaminate bags prior to removal from Work Area. Place all bags in secondary sealed disposal bags with required generator identification labels. Place all waste only in prepared waste dumpster.
4. Remove, in a manner that does not produce airborne fibers, all floor tile and floor tile mastic located in Areas 1 and 2 as indicated in Figure 4 - Site Plan. Dispose of as non-friable ACM.
5. Remove, in a manner that does not produce airborne fibers, all slump block and mortar located in Area 2 as indicated in Figure 4 - Site Plan. Dispose of as friable ACM.
6. Cover the existing asbestos-containing window putty with multiple layers of non-asbestos containing duct tape. Remove the frame intact without causing damage to the putty. Dispose of the entire frame as non-friable ACM.
7. Place all asbestos-containing waste in properly labeled asbestos disposal bags. Decontaminate bags prior to removal from the Work Area. Place all bags in secondary, sealed disposal bags complete with required generator labels.
8. Upon completion of ACM removal, HEPA vacuum and wet wipe the Work Area. Detail clean and remove all residue and debris.
9. After cleaning is complete, WT will conduct a visual inspection of all abated surfaces. After obtaining a visual inspection approval from WT, encapsulate the Work Area.
10. Once the encapsulant has dried, remove remaining containment polyethylene. Critical barriers are to remain. Reclean area. WT will conduct second visual inspection following clean-up.
11. Once acceptable visual results are achieved, remove all containment polyethylene and engineering controls. Dispose of polyethylene as ACM.

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C. Air Clearance: Air Clearance Monitoring is not required for a building that will not be reoccupied and is scheduled for complete demolition.

D. Surveillance:

1. WT will conduct daily Work Area and perimeter air monitoring during abatement. Respiratory protection minimum requirement during removal activities is half-face APRs with HEPA filters.
2. The Contractor is responsible for worker personal air monitoring. Results from the personal air samples are required for submittal to WT within 24 hours following the work shift collected.

E. Schedule: Coordinate all removal activities with WT and conduct removal during day-shift operations.

**5.6 TECHNICAL OUTLINE OF WORK: BASIN 4 - MAIN RESIDENTIAL STRUCTURE AND SMALL SHED: 10061 AKRON STREET. REMOVAL OF VINYL FLOORING ASSOCIATED MASTIC AND ROLLED ROOFING.**

A. Preparation:

1. Permit no unauthorized access to the Work Areas. Post warning signs and barrier tape on all possible entrances and approaches to the Work Areas.
2. De-energize electrical power within the designated Work Areas. Provide generators for power to the work areas as directed by WT. Locate temporary electrical power sources outside of each Work Area. Install GFCIs on all sources of temporary power.
3. Provide a water source on the site during all phases of general demolition and removal.
4. Remove all gooseneck drain piping from sinks. Remove all toilet fixtures, carpeting, and casework in the Work Areas and dispose as general construction waste.
5. Thoroughly clean the floor tile removal Work Area until free of general debris upon completion of general demolition activities.
6. Seal all HVAC ducts that service the Work Areas with airtight and watertight critical barriers consisting of two layers of 6-mil polyethylene sheeting.

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7. Install critical barriers consisting of two layers of 6-mil polyethylene on windows, doors, and any other ceiling or wall penetrations. Plug and seal floor drains or other floor penetrations with rigid barriers and two layers of 6-mil polyethylene to prevent runoff from abatement operations.
8. Construct containments as indicated on Work Area Diagrams. Install splash guards approximately 12 inches on all walls in the effected work area where vinyl flooring is scheduled to be removed with one layer of 4-mil polyethylene.
9. Construct a worker decontamination enclosure system adjacent to the removal Work Areas. Separate each airlock with three (3) overlapping polyethylene curtain doorways. Provide source of clean water for worker and equipment decontamination upon exiting the Work Area.
10. Install a sufficient number of AFUs in the Work Area to maintain air changes at rate of Work Area air change every ten minutes. Stabilize pressure differential in the Work Area at 0.02 inches of water relative to adjacent non-regulated areas. Place AFUs in such a fashion that air flow from make-up air sources is across the Work Area to the AFUs. Place AFUs to minimize dead air spaces. Duct exhaust ports to the exterior of the building.
11. Position a steel-covered waste dumpster on-site for the storage of packaged asbestos-containing waste materials. Line the dumpster with two layers of 6-mil polyethylene sheeting. Provide for dumpster security and post required signage while dumpster remains on-site.
12. Upon completion of preparations, notify WT. Upon notification, WT shall visually inspect the integrity of the containment enclosure systems. Written approval to commence abatement procedures will be issued by WT.

### B. Execution:

1. From this point the work will disturb ACMs. The minimum respiratory protection shall be half-face APR equipped with HEPA cartridges. Protective clothing is required and decontamination procedures apply to the Work Areas. Treat all removed material as asbestos-containing waste.
2. Wet and place all removed waste immediately into properly labeled ACM disposal bags and seal. Unpackaged waste is not to accumulate in Work Area.
3. Decontaminate bags prior to removal from Work Area. Place all bags in secondary sealed disposal bags with required generator identification labels. Place all waste only in prepared waste dumpster.

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4. Remove, in a manner that does not produce airborne fibers, all vinyl flooring and associated mastic located in Area 1 as indicated in Figure 5 - Site Plan. Dispose of as non-friable ACM.
  5. Remove, in a manner that does not produce airborne fibers, all rolled roofing materials located on the main residential buildings and the small shed identified as Area 2 as indicated in Figure 5 - Site Plan. Dispose of as non-friable ACM.
  6. The roofing material shall remain wet at all times during removal. Material that has been removed from the roof shall not be dropped or thrown to the ground. Unless the material is carried or passed to the ground by hand, it shall be lowered to the ground via covered, dust-tight chute, crane or hoist.
  7. Place all asbestos-containing waste in properly labeled asbestos disposal bags. Decontaminate bags prior to removal from the Work Area. Place all bags in secondary, sealed disposal bags complete with required generator labels.
  8. Upon completion of ACM removal, HEPA vacuum and wet wipe the Work Area. Detail clean and remove all residue and debris.
  9. After cleaning is complete, WT will conduct a visual inspection of all abated surfaces. After obtaining a visual inspection approval from WT, encapsulate the Work Area.
  10. Once the encapsulant has dried, remove remaining containment polyethylene. Critical barriers are to remain. Reclean area. WT will conduct second visual inspection following clean-up.
  11. Once acceptable visual results are achieved, remove all containment polyethylene and engineering controls. Dispose of polyethylene as ACM.
- C. Air Clearance: Air Clearance Monitoring is not required for a building that will not be reoccupied and is scheduled for complete demolition.
- D. Surveillance:
1. WT will conduct daily Work Area and perimeter air monitoring during abatement. Respiratory protection minimum requirement during removal activities is half-face APRs with HEPA filters.
  2. The Contractor is responsible for worker personal air monitoring. Results from the personal air samples are required for submittal to WT within 24 hours following the work shift collected.

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- E. Schedule: Coordinate all removal activities with WT and conduct removal during day-shift operations.
- 5.7 **TECHNICAL OUTLINE OF WORK: BASIN 4 - LARGER SHED: 10061 AKRON STREET. REMOVAL OF EXTERIOR STUCCO, WALL & CEILING PLASTER/DRYWALL AND ROLLED ROOFING.**
- A. Preparation:
1. Permit no unauthorized access to the Work Area. Post warning signs and barrier tape on all possible entrances and approaches to the Work Areas.
  2. De-energize electrical power within the designated Work Areas. Provide generators for power to the work areas as directed by WT. Locate temporary electrical power sources outside of each Work Area. Install GFCIs on all sources of temporary power.
  3. Provide a water source on the site during all phases of general demolition and removal.
  4. Remove all gooseneck drain piping from sinks. Remove all toilet fixtures, carpeting, and casework in the Work Areas and dispose as general construction waste.
  5. Seal all HVAC ducts that service the Work Area with airtight and watertight critical barriers consisting of two layers of 6-mil polyethylene sheeting.
  6. Install critical barriers consisting of two layers of 6-mil polyethylene on windows, doors, and any other ceiling or wall penetrations. Plug and seal floor drains or other floor penetrations with rigid barriers and two layers of 6-mil polyethylene to prevent runoff from abatement operations.
  7. Construct containments as indicated on Work Area Diagrams. Exterior stucco will be removed inside containment. The contractor shall devise a containment plan to be approved by WT. Containment walls and ceiling will be a minimum of two layers of 6-mil polyethylene. The containment floor will be durable sufficient to support equipment without permitting water to escape from the containment.
  8. Construct a worker decontamination enclosure system adjacent to the removal Work Areas. Separate each airlock with three (3) overlapping polyethylene curtain doorways. Provide source of clean water for worker and equipment decontamination upon exiting the Work Area.
  9. Install a sufficient number of AFUs in the Work Areas to maintain air changes at rate of Work Area air change every ten minutes. Stabilize pressure differential in the Work Area at 0.02 inches of water relative to adjacent non-regulated areas.

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Place AFUs in such a fashion that air flow from make-up air sources is across the Work Area to the AFUs. Place AFUs to minimize dead air spaces. Duct exhaust ports to the exterior of the building.

10. Position a steel-covered waste dumpster on-site for the storage of packaged asbestos-containing waste materials. Line the dumpster with two layers of 6-mil polyethylene sheeting. Provide for dumpster security and post required signage while dumpster remains on-site.
11. Upon completion of preparations, notify WT. Upon notification, WT shall visually inspect the integrity of the containment enclosure systems. Written approval to commence abatement procedures will be issued by WT.

### B. Execution:

1. From this point the work will disturb ACMs. The minimum respiratory protection shall be half-face APR equipped with HEPA cartridges. Protective clothing is required and decontamination procedures apply to the Work Areas. Treat all removed material as asbestos-containing waste.
2. Wet and place all removed waste immediately into properly labeled ACM disposal bags and seal. Unpackaged waste is not to accumulate in Work Area.
3. Decontaminate bags prior to removal from Work Area. Place all bags in secondary sealed disposal bags with required generator identification labels. Place all waste only in prepared waste dumpster.
4. Remove, in a manner that does not produce airborne fibers, all wall and ceiling plaster/drywall, exterior stucco, and rolled roofing located in Area 3 as indicated in Figure 5 - Site Plan. Dispose of as non-friable ACM.
5. The roofing material shall remain wet at all times during removal. Material that has been removed from the roof shall not be dropped or thrown to the ground. Unless the material is carried or passed to the ground by hand, it shall be lowered to the ground via covered, dust-tight chute, crane or hoist.
6. Place all asbestos-containing waste in properly labeled asbestos disposal bags. Decontaminate bags prior to removal from the Work Area. Place all bags in secondary, sealed disposal bags complete with required generator labels.
7. Upon completion of ACM removal, HEPA vacuum and wet wipe the Work Area. Detail clean and remove all residue and debris.

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8. After cleaning is complete, WT will conduct a visual inspection of all abated surfaces. After obtaining a visual inspection approval from WT, encapsulate the Work Area.
  9. Once the encapsulant has dried, remove remaining containment polyethylene. Critical barriers are to remain. Reclean area. WT will conduct second visual inspection following clean-up.
  10. Once acceptable visual results are achieved, remove all containment polyethylene and engineering controls. Dispose of polyethylene as ACM.
- C. Air Clearance: Air Clearance Monitoring is not required for a building that will not be reoccupied and is scheduled for complete demolition.
- D. Surveillance:
1. WT will conduct daily Work Area and perimeter air monitoring during abatement. Respiratory protection minimum requirement during removal activities is half-face APRs with HEPA filters.
  2. The Contractor is responsible for worker personal air monitoring. Results from the personal air samples are required for submittal to WT within 24 hours following the work shift collected.
- E. Schedule: Coordinate all removal activities with WT and conduct removal during day-shift operations.
- 5.8 **TECHNICAL OUTLINE OF WORK: BASIN 4 - MAIN RESIDENTIAL STRUCTURE: 10115 AKRON STREET. REMOVAL OF VINYL FLOORING AND ASSOCIATED MASTIC.**
- A. Preparation:
1. Permit no unauthorized access to the Work Areas. Post warning signs and barrier tape on all possible entrances and approaches to the Work Areas.
  2. De-energize electrical power within the designated Work Areas. Provide generators for power to the work areas as directed by WT. Locate temporary electrical power sources outside of each Work Area. Install GFCIs on all sources of temporary power.
  3. Provide a water source on the site during all phases of general demolition and removal.

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8. After cleaning is complete, WT will conduct a visual inspection of all abated surfaces. After obtaining a visual inspection approval from WT, encapsulate the Work Area.
  9. Once the encapsulant has dried, remove remaining containment polyethylene. Critical barriers are to remain. Reclean area. WT will conduct second visual inspection following clean-up.
  10. Once acceptable visual results are achieved, remove all containment polyethylene and engineering controls. Dispose of polyethylene as ACM.
- C. Air Clearance: Air Clearance Monitoring is not required for a building that will not be reoccupied and is scheduled for complete demolition.
- D. Surveillance:
1. WT will conduct daily Work Area and perimeter air monitoring during abatement. Respiratory protection minimum requirement during removal activities is half-face APRs with HEPA filters.
  2. The Contractor is responsible for worker personal air monitoring. Results from the personal air samples are required for submittal to WT within 24 hours following the work shift collected.
- E. Schedule: Coordinate all removal activities with WT and conduct removal during day-shift operations.
- 5.8 TECHNICAL OUTLINE OF WORK: BASIN 4 - MAIN RESIDENTIAL STRUCTURE: 10115 AKRON STREET. REMOVAL OF VINYL FLOORING AND ASSOCIATED MASTIC.**
- A. Preparation:
1. Permit no unauthorized access to the Work Areas. Post warning signs and barrier tape on all possible entrances and approaches to the Work Areas.
  2. De-energize electrical power within the designated Work Areas. Provide generators for power to the work areas as directed by WT. Locate temporary electrical power sources outside of each Work Area. Install GFCIs on all sources of temporary power.
  3. Provide a water source on the site during all phases of general demolition and removal.

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4. Remove all gooseneck drain piping from sinks. Remove all toilet fixtures, carpeting, and casework in the Work Areas and dispose as general construction waste.
5. Thoroughly clean the floor tile removal Work Area until free of general debris upon completion of general demolition activities.
6. Seal all HVAC ducts that service the Work Areas with airtight and watertight critical barriers consisting of two layers of 6-mil polyethylene sheeting.
7. Install critical barriers consisting of two layers of 6-mil polyethylene on windows, doors, and any other ceiling or wall penetrations. Plug and seal floor drains or other floor penetrations with rigid barriers and two layers of 6-mil polyethylene to prevent runoff from abatement operations.
8. Construct containments as indicated on Work Area Diagrams. Install splash guards approximately 12 inches on all walls in the effected work area where vinyl flooring is scheduled to be removed with one layer of 4-mil polyethylene.
9. Construct a worker decontamination enclosure system adjacent to the removal Work Areas. Separate each airlock with three (3) overlapping polyethylene curtain doorways. Provide source of clean water for worker and equipment decontamination upon exiting the Work Area.
10. Install a sufficient number of AFUs in the Work Area to maintain air changes at rate of Work Area air change every ten minutes. Stabilize pressure differential in the Work Area at 0.02 inches of water relative to adjacent non-regulated areas. Place AFUs in such a fashion that air flow from make-up air sources is across the Work Area to the AFUs. Place AFUs to minimize dead air spaces. Duct exhaust ports to the exterior of the building.
11. Position a steel-covered waste dumpster on-site for the storage of packaged asbestos-containing waste materials. Line the dumpster with two layers of 6-mil polyethylene sheeting. Provide for dumpster security and post required signage while dumpster remains on-site.
12. Upon completion of preparations, notify WT. Upon notification, WT shall visually inspect the integrity of the containment enclosure systems. Written approval to commence abatement procedures will be issued by WT.

### B. Execution:

1. From this point the work will disturb ACMs. The minimum respiratory protection shall be half-face APR equipped with HEPA cartridges. Protective clothing is required and decontamination procedures apply to the Work Areas. Treat all removed material as asbestos-containing waste.

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2. Wet and place all removed waste immediately into properly labeled ACM disposal bags and seal. Unpackaged waste is not to accumulate in Work Area.
  3. Decontaminate bags prior to removal from Work Area. Place all bags in secondary sealed disposal bags with required generator identification labels. Place all waste only in prepared waste dumpster.
  4. Remove, in a manner that does not produce airborne fibers, all vinyl flooring and associated mastic located in Area 1 as indicated in Figure 6 - Site Plan. Dispose of as non-friable ACM.
  5. Place all asbestos-containing waste in properly labeled asbestos disposal bags. Decontaminate bags prior to removal from the Work Area. Place all bags in secondary, sealed disposal bags complete with required generator labels.
  6. Upon completion of ACM removal, HEPA vacuum and wet wipe the Work Area. Detail clean and remove all residue and debris.
  7. After cleaning is complete, WT will conduct a visual inspection of all abated surfaces. After obtaining a visual inspection approval from WT, encapsulate the Work Area.
  8. Once the encapsulant has dried, remove remaining containment polyethylene. Critical barriers are to remain. Reclean area. WT will conduct second visual inspection following clean-up.
  9. Once acceptable visual results are achieved, remove all containment polyethylene and engineering controls. Dispose of polyethylene as ACM.
- C. Air Clearance: Air Clearance Monitoring is not required for a building that will not be reoccupied and is scheduled for complete demolition.
- D. Surveillance:
1. WT will conduct daily Work Area and perimeter air monitoring during abatement. Respiratory protection minimum requirement during removal activities is half-face APRs with HEPA filters.
  2. The Contractor is responsible for worker personal air monitoring. Results from the personal air samples are required for submittal to WT within 24 hours following the work shift collected.
- E. Schedule: Coordinate all removal activities with WT and conduct removal during day-shift operations.

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**5.9 TECHNICAL OUTLINE OF WORK: BASIN 2 - COLLAPSED RESIDENTIAL STRUCTURE DEBRIS PILE: UNIVERSITY DRIVE AND ELLSWORTH ROAD.**

A. Preparation:

1. Permit no unauthorized access to the Work Areas. Post warning signs and barrier tape around the perimeter and at all possible approaches to the Work Area.
2. De-energize electrical power within the designated Work Areas. Provide generators for power to the work areas as directed by WT. Locate temporary electrical power sources outside of each Work Area. Install GFCIs on all sources of temporary power.
3. Provide a water source on the site during all phases of general demolition and removal.
4. Construct a worker decontamination enclosure system adjacent to the removal Work Areas. Separate each airlock with three (3) overlapping polyethylene curtain doorways. Provide source of clean water for worker and equipment decontamination upon exiting the Work Area.
5. Position a slid-top waste dumpster on-site for the storage of packaged asbestos-containing waste materials. Line the dumpster with two layers of 6-mil polyethylene sheeting. Provide for dumpster security and post required signage while dumpster remains on-site.
6. Upon completion of preparations, notify WT. Upon notification, WT shall visually inspect the integrity of the containment enclosure systems. Written approval to commence abatement procedures will be issued by WT.

B. Execution:

1. From this point the work will disturb ACMs. The minimum respiratory protection shall be half-face APR equipped with HEPA cartridges. Protective clothing is required and decontamination procedures apply to the Work Areas. Treat all removed material as asbestos-containing waste.
2. The debris pile will remain wet throughout the removal process. The contractor may use a front-end loader or other equipment to carefully remove the debris and place into the waste dumpster. No visual emissions will be acceptable.
3. After removal of the debris pile is complete, WT will conduct a visual inspection of the area.

SECTION 13280 - ASBESTOS REMOVAL

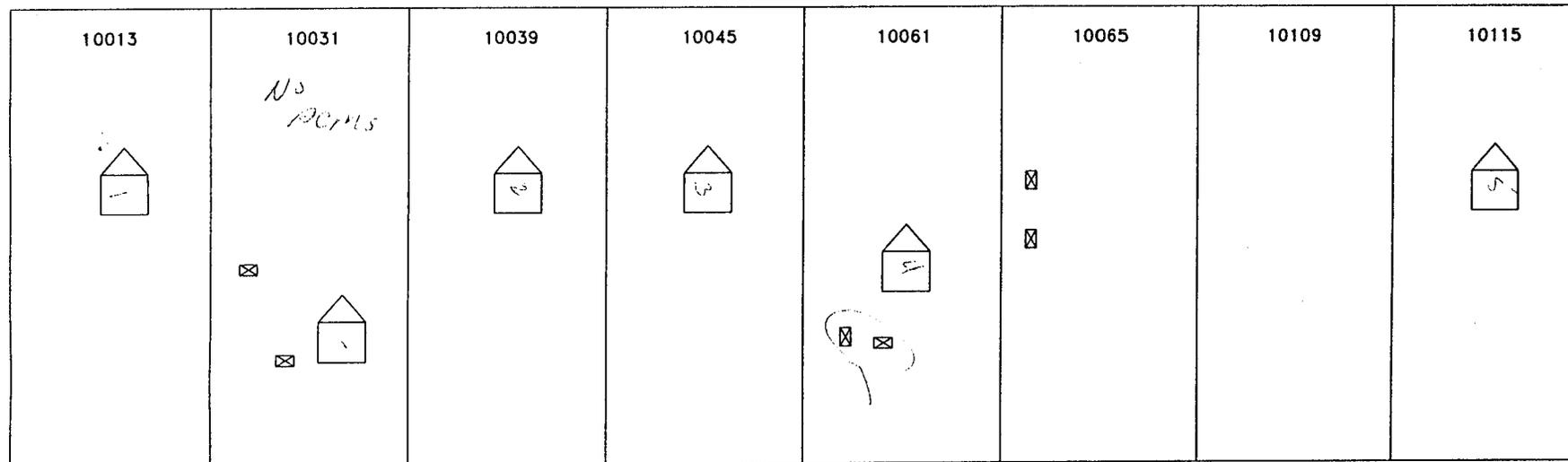
4. Once acceptable visual results are achieved, remove all equipment and engineering controls.
- C. Air Clearance: Air Clearance Monitoring is not required for a building that will not be reoccupied and is scheduled for complete demolition.
- D. Surveillance:
1. WT will conduct daily Work Area and perimeter air monitoring during abatement. Respiratory protection minimum requirement during removal activities is half-face APRs with HEPA filters.
  2. The Contractor is responsible for worker personal air monitoring. Results from the personal air samples are required for submittal to WT within 24 hours following the work shift collected.
- E. Schedule: Coordinate all removal activities with WT and conduct removal during day-shift operations.

Attachments: Asbestos Abatement Site Drawings

END OF SECTION 13280

Figure 1 - Site Plan  
 Basin 4  
 Flood Control District of Maricopa County  
 Asbestos Abatement Plan

AKRON STREET



Reviewed: V. Aviles	Review Date: 07/16/99
Client: Flood Control District of Maricopa County	Prepared: L. Fuentes
<b>Western Technologies Inc.</b>	
Job No. 2189JK128	Figure: 1

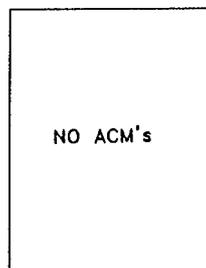
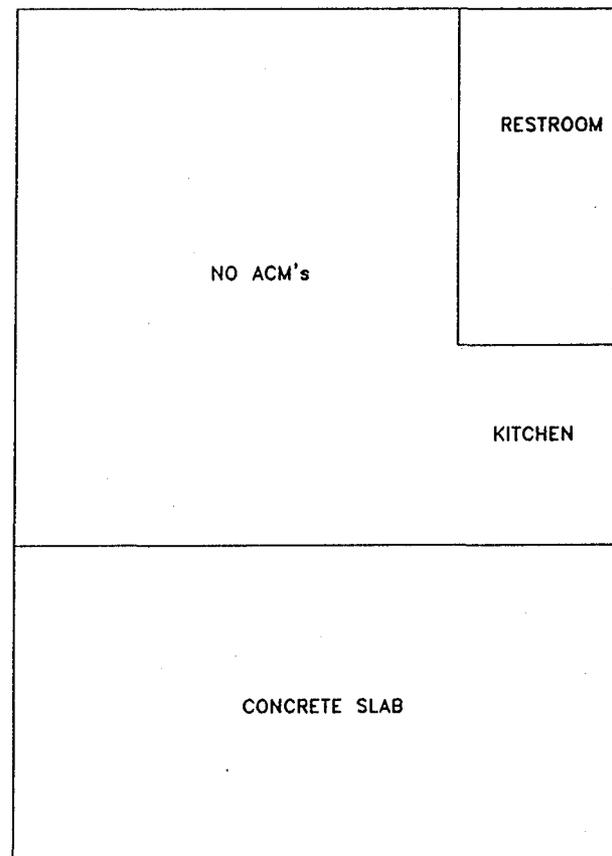
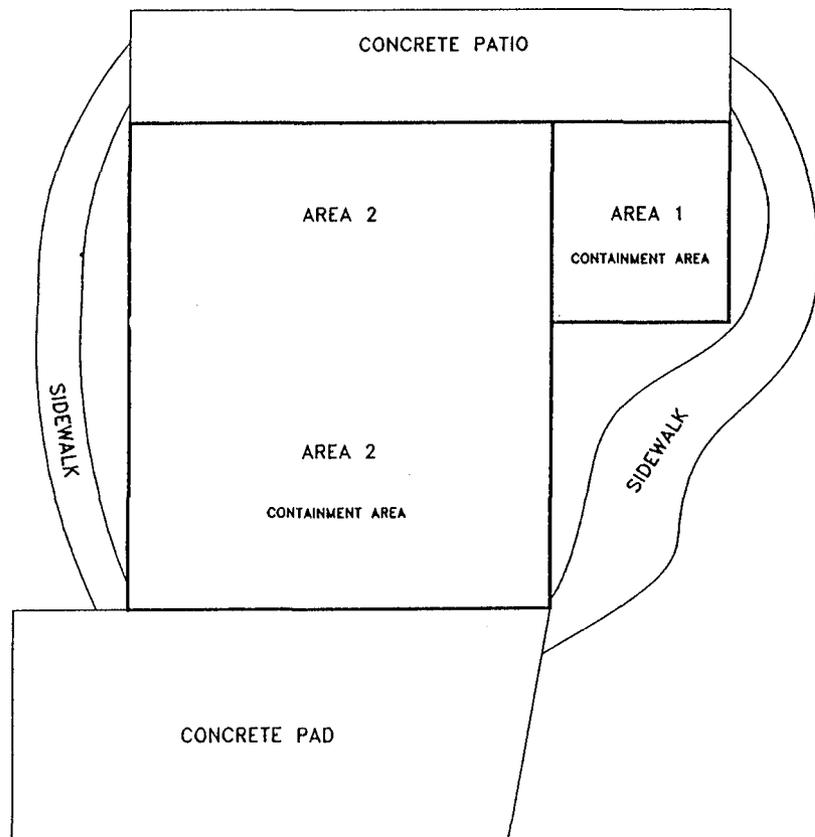
D. L. ...

Figure 2 - Site Plan  
 Flood Control District of Maricopa County  
 Asbestos Abatement Plan

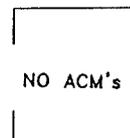
10013 AKRON

10031 AKRON

NOTE: REMOVE WINDOW  
 PUTTY AS ACM



B-LARGE SHED



B-SMALL SHED

**ACM LEGEND**

AREA 1: FLOOR TILE & PLASTER  
 AREA 2: FLOOR TILE & MASTIC

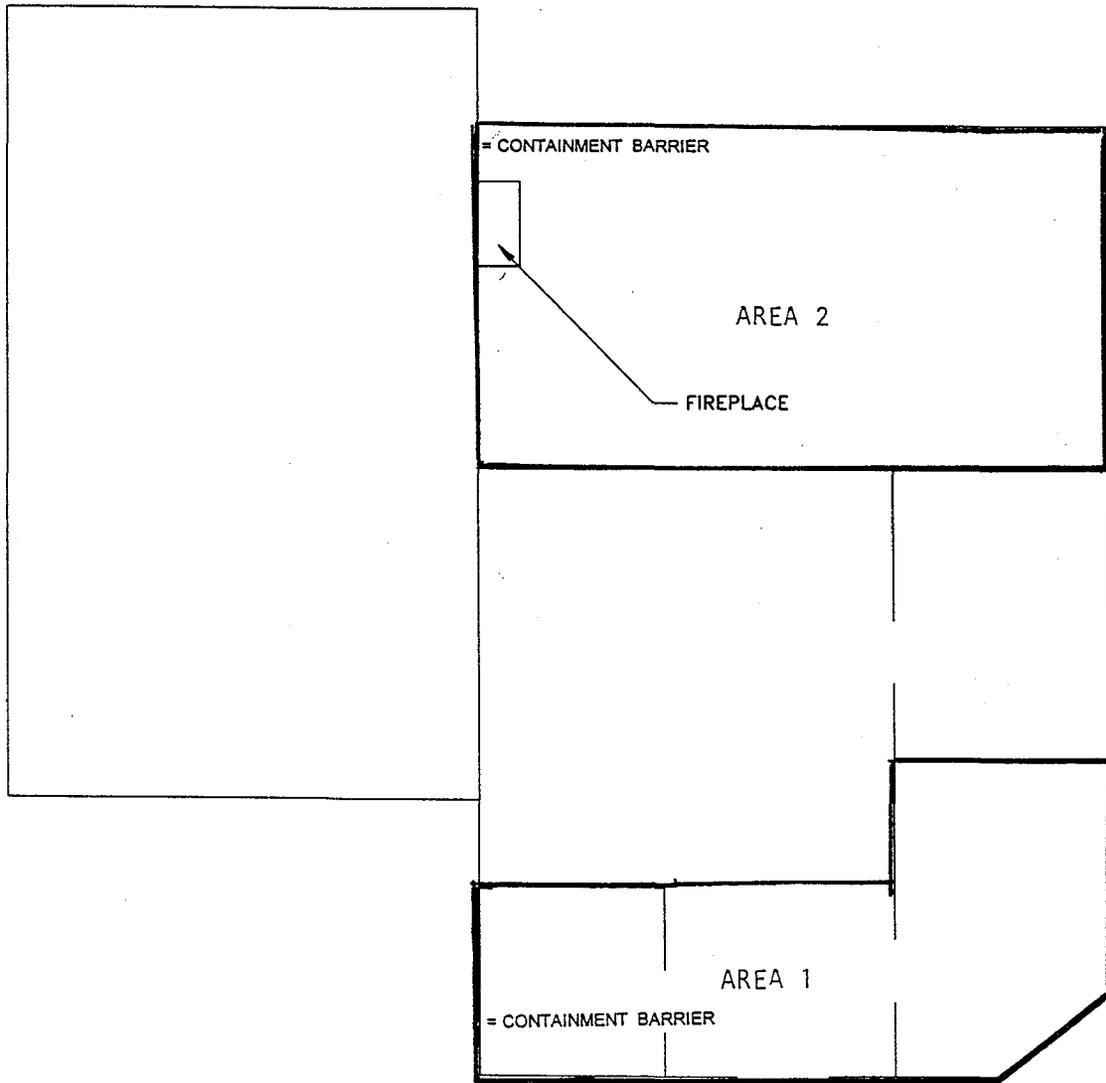


NOT TO SCALE

Reviewed: V. Aviles	Review Date: 07/10/99
Client: Flood Control District of Maricopa County	Prepared: L. Fuentes
<b>Western Technologies Inc.</b>	
Job No. 2189JK128	Figure: 2

**Figure 3 - Site Plan**  
**Asbestos Containing Material Inspection**  
**ASBESTOS ABATEMENT**

10039 AKRON STREET  
 MESA, AZ



ACM LEGEND:

- AREA 1: Remove floor tile
- AREA 2: Remove wall texture



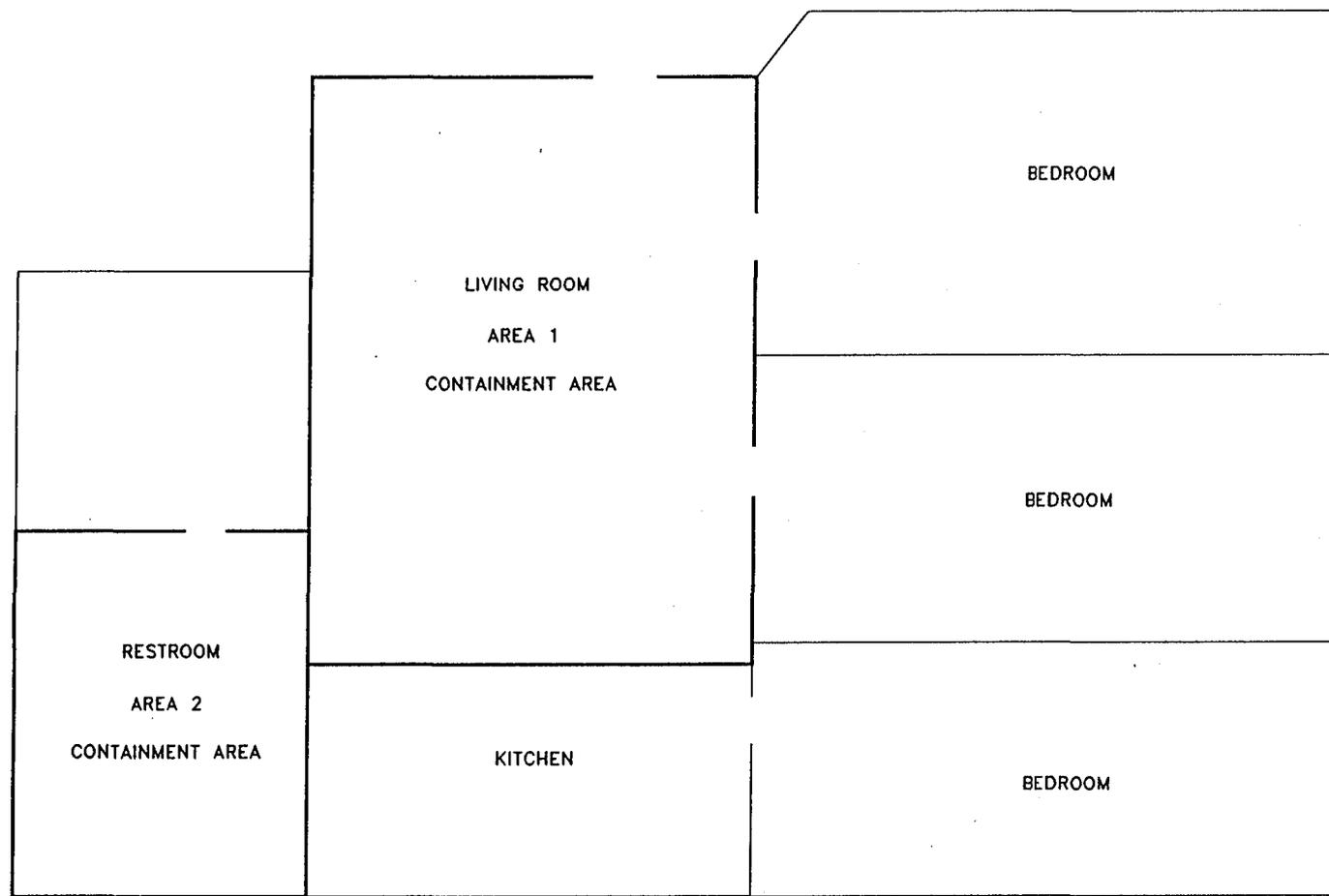
NOT TO SCALE

Reviewed: V. Aviles	Review Date: 07/16/99
Client: Flood Control District of Maricopa County	Prepared: L. Fuentes
<b>Western Technologies Inc.</b>	
Job No. 2189JK005	Figure: 3

Figure 4 - Site Plan

Flood Control District of Maricopa County  
Asbestos Abatement Plan

10045 AKRON

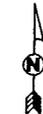


*white text  
3-5% Chrysotile*

ACM LEGEND

AREA 1&2: FLOOR TILE  
AREA 2: BLOCK & MORTAR

*- texture only*

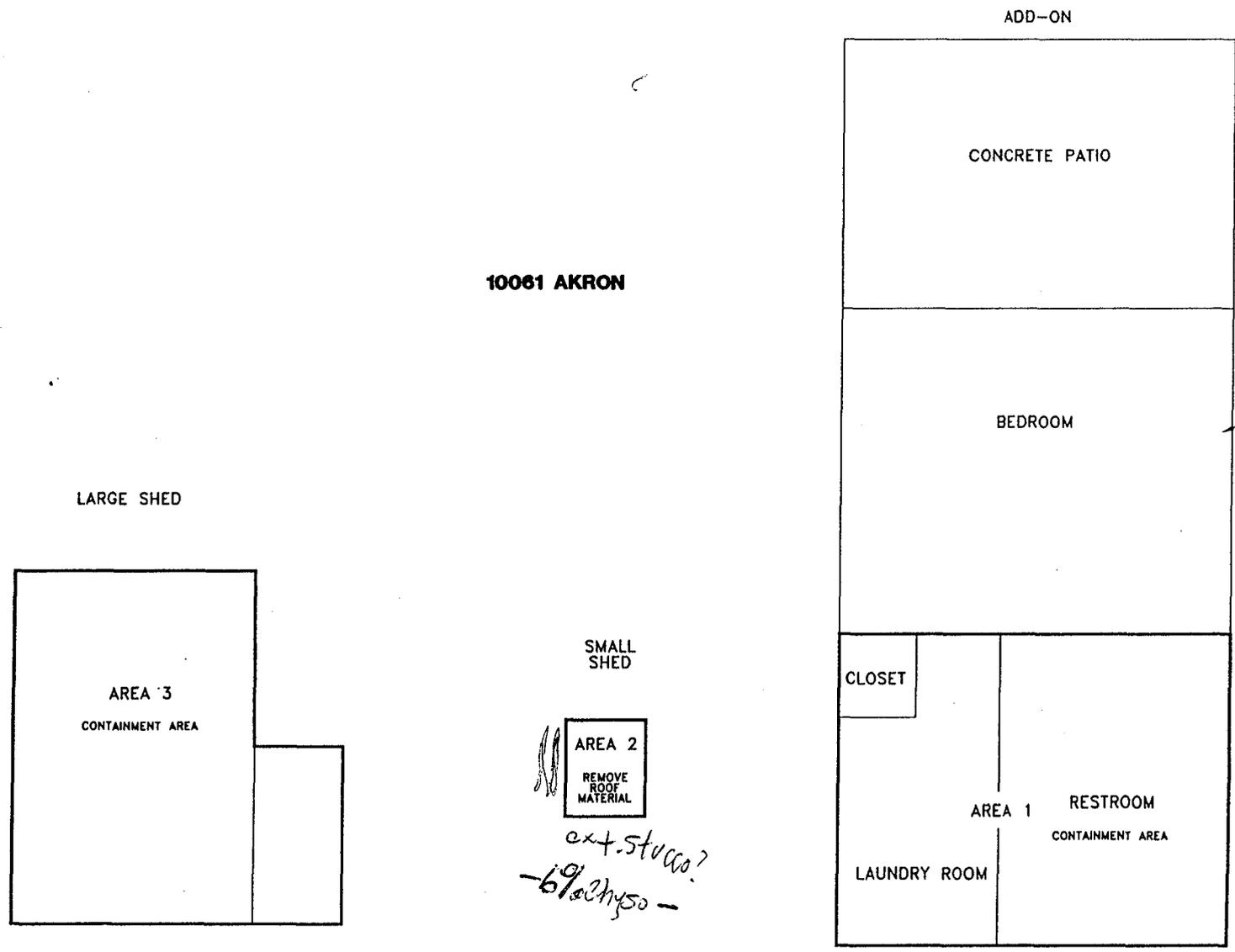


NOT TO SCALE

Reviewed: V. Aviles	Review Date: 07/16/90
Client: Flood Control District of Maricopa County	Prepared: L. Puentes
<b>Western Technologies Inc.</b>	
Job No. 2189JK128	Figure: 4

Figure 5 - Site Plan  
 Flood Control District of Maricopa County  
 Asbestos Abatement Plan

10061 AKRON



ACM LEGEND  
 AREA 1: LINOLEUM & MASTIC  
 AREA 2: ROLLED ROOFING  
 AREA 3: ROLLED ROOFING  
 EXTERIOR STUCCO  
 WALL & CEILING PLASTER/DRYWALL



Reviewed: V. Aviles	Review Date: 07/16/99
Client: Flood Control District of Maricopa County	Prepared: L. Fuentes
<b>Western Technologies Inc.</b>	
Job No. 2189JK128	Figure: 5

Figure 6 - Site Plan

Flood Control District of Maricopa County  
Asbestos Abatement Plan

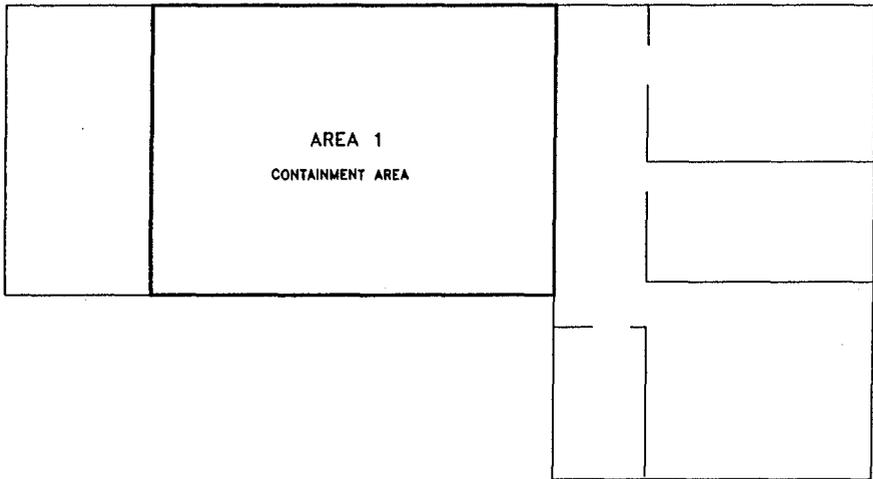


COLLAPSED HOUSE  
BASIN 2

REMOVE DEBRIS AS ACM

*Shingle debris by  
excavated area*

10115 AKRON STREET



AREA 1  
CONTAINMENT AREA

ACM LEGEND

AREA 1: VINYLE FLOORING & MASTIC



NOT TO SCALE

Reviewed: V. Aviles	Review Date: 07/16/99
Client: Flood Control District of Maricopa County	Prepared: L. Fuentes
<b>Western Technologies Inc.</b>	
Job No. 2189JK128	Figure: 0

**SOUTHEAST MESA DRAINAGE BASINS NOS. 2 & 4**

August 31, 1999

ATTENDEES: Teresa Hoff, Floor Control District of Maricopa County (FCDMC); Larry L. Hendershot, FCDMC; Steve Beirl, Spray Systems; Representative from Davids Demolition; and Vicky Aviles, Western Technologies Inc. (WT).

- Contractor is responsible for providing electricity
- Remove only dead vegetation. Avoid removal of live standing trees, etc. Desert Rio Verde Tree Salvage Co. are removing trees, plants, etc.
- Remove concrete pad located south of the main residential property and all debris piles. Do not remove anything within the wash itself. (Re: 404 permit needed by FCDMC)
- FCDMC has given permission to WT to sign all asbestos waste manifest.
- Spray Systems will spray paint all ACM to be removed prior to start of abatement as per Steve Beirl.
- The property located at University and Elsworth requires cutting a barbed wire fence to access the property. Spray Systems is responsible for repair to the fence.
- The project is scheduled to begin September 9, 1999 @ 8:00 AM.
- FCDMC request WT to collect additional material samples of texture on slump block at 10045 and exterior wall material from the small storage building at 10061.
- Spray Systems provided pre-job submittals.

SE Mesa - Asbestos Abatement & Demolition  
Pre-Construction Meeting  
August 31, 1999  
Agenda

Desert Rio Verde  
Tree Salvage Co.

1. Scope of Work

- electricity/water - contractor resp.
- vegetation - remove dead  
avoid removal of live standing trees etc.
- questions - remove concrete pad located south of property  
+ debris piles

2. Work Schedule

October 1 completion date

replace bar wire @ University &  
Escento.

3. Pre-job submittals

4. Access Issues

Basin 2 - can not go across Tom's property

5. Desierto Verde

10061 - test ext. studs on small bldgs.  
sequential analysis

NO4 permit needed by FC

leave all debris in wash - Do Not Remove any thing  
from wash area.

Manifest for waste?  
to be signed by WT

Contractor - will paint

Sept 7th  
8AM  
Security

10045 - ~~lump block~~  
~~straw~~

10061 - ~~straw~~

U.S. DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.





Maricopa County Flood Control District - Basin #2 and #4

r 19			September 26							October 3							October 10							October 17							October 24							October 31								
T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M

Project:  
Date: 8/30/99

Critical   
Noncritical 

Progress   
Milestone 

Summary   
Rolled Up 

## SPRAY SYSTEMS ENVIRONMENTAL, INC.

820 West Fairmont Drive

Tempe, Arizona 85282

Tel (480) 967-8300

Fax (480) 894-1966

Toll free (800) 626-9382

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### PERSONNEL LISTING

Project: Flood Control District of Maricopa County  
Asbestos Abatement / SE Mesa Drainage Area  
Basin 2 & 4 / Residential Facilities  
10013 / 10031 / 10045 / 10039 / 10061 / 10065 / 10115 E. Akon  
246 North 96<sup>th</sup> Street  
Mesa, Arizona SSE Job No. 5294

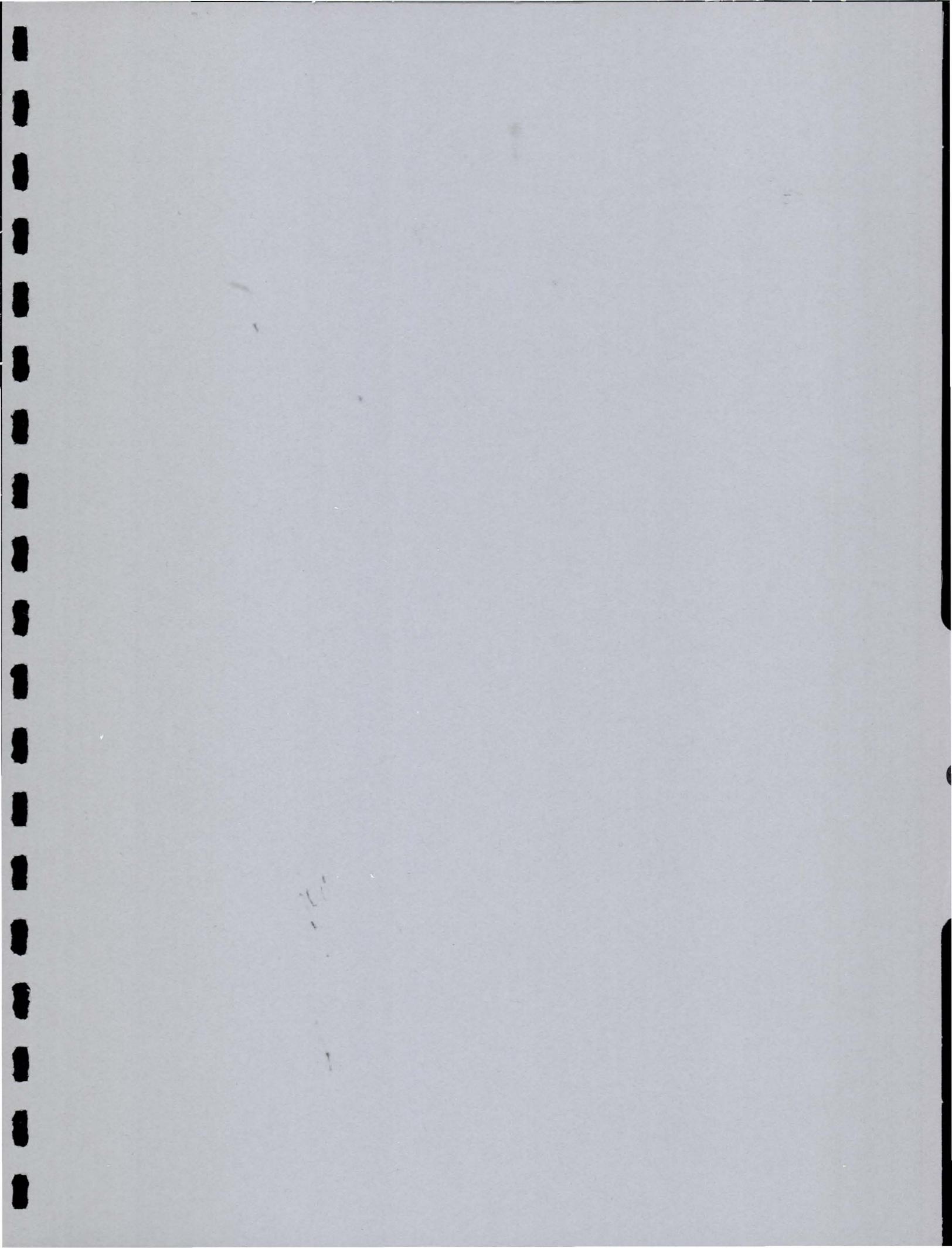
Project Manager: Steve Beirl Mobil: 757-2001  
Pager: 401-9968

Superintendent: Ken Ashfield Mobil: 757-1941  
Pager: 239-9408

Supervisor /  
Competent Person: William "Bobby" Drewek Mobil: 757-1979  
Pager: 519-8993

Abatement Crew: Benitez, Carlos  
Drewek, John  
Galeas, Jorge  
Orellano, Roberto

Owner Contact: Theresa Hoff  
Flood Control District of MC: Office: 506-8561



**APPENDIX C**

**AIR SAMPLE DATA SHEETS**



INDUSTRIAL HYGIENE SAMPLING FIELD LOG

WESTERN TECHNOLOGIES, INC.

Technician: Don Fulton Date: 9-8-99 Job No: 2189JK128

Project Name: FCDMC EAST MESA Sample Location: 10013 AKNOW

Client: FCDMC BASIN 4 Sample Media: 0.8 um 25 mm cassette

Collection Method: NIOSH 7400 Analyze For: Airborne Particulate

SAMPLE DATA

Sample #	10013-01	10013-02	10013-03	10013-04		
Pump #			Blank	Blank		
Time On						
Time Off						
Total Time (min)						
Flow Rate (LPM)						
Volume (L)	1020	1000	-	-		
Employee ID	area	area	blank	blank		
Results f/cc	.006	.004	-	-		
Fibers over Fields	12/100	08/100	0/100	0/100		
Fibers/mm <sup>2</sup>	15.286	10.191	-	-		
Detection Limit	.003	.003	-	-		
Analysis	V. Carles	V. Carles	V. Carles	V. Carles		
QC Analyst						

Sample #	Sample Location	HT	LOC	TYP	PHS	ACM	AG/NAG
10013-01	Decor - East End of Bldg						
02	Mag. Air Kitchen Downway						
03	Field blank					B	
04	Lab blank					B	

- Location (LOC): W = work area P = perimeter A = adjoining space  
 Type: B = background P = personal A = ambient B = field/lab blank  
 Phase: S = pre-start R = removal C = clean-up F = final clearance  
 ACM: FP = fireproof CT = ceiling tile FT = floor tile TSI = pipes/fittings  
 AC = acoustical ceiling material M = mastic R = roofing  
 Technique: AG = aggressive NAG = non-aggressive CAM = cement asbestos matl.





**Western Technologies Inc.**

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Since 1955

3737 East Broadway Road  
Phoenix AZ 85040-2966  
(602) 437-3737 • fax 470-1341

**ASBESTOS CHAIN OF CUSTODY**

JOB NO.		PROJECT NAME		NO. OF CONTAINERS	SAMPLE METHOD					ANALYSIS METHOD			LITERS TOTAL VOLUME	COMMENTS TYPE OF MATERIAL, FRIABILITY, ABATEMENT ACTIVITY, ETC.	LABORATORY IDENTIFICATION NO.	
CLIENT / COMPANY		SAMPLER - PLEASE PRINT			BULK	WIPE	PERSONAL AIR	INSIDE / OUTSIDE	AREA AIR	FINAL CLEARANCE	PLM	PCM				TEM
SAMPLER - SIGNATURE		SAMPLER - PLEASE PRINT														
SAMPLE IDENTIFICATION	DATE	TIME	SAMPLE LOCATION													
2189JK128	SEMESA Drainage Asbestos Abatement		FCDMC		Wanda K Sutton		DOD FULTON									
10013-01	9-3-99		Recod - East End of Bldg	1				X		X			1000	12/100		
10013-02	9-3-99		Neg. AIR Kitchen Doorway	1				X		X			1000	5/100		
10013-03			Field blank	1										0/100		
10013-04			Lab blank	1										0/100		
RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED BY - SIGNATURE		RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED BY - SIGNATURE						
Wanda K Sutton		9-8-99	600 P	D. Wells		D. Wells		0630	9/9/99							
RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED FOR LAB BY - SIGNATURE		DATE		TIME	SAMPLE PROCESS TURNAROUND TIME							
									<input type="checkbox"/> ROUTINE 3 - 5 DAYS <input type="checkbox"/> ROUTINE RUSH 24 HOURS <input type="checkbox"/> EMERGENCY RUSH 8 HOURS OR LESS							

**INDUSTRIAL HYGIENE SAMPLING FIELD LOG**  
**WESTERN TECHNOLOGIES, INC.**

Technician: Don Fulton Date: 9-10-99 Job No: 2189JK128  
 Project Name: FCDMC E. MASA Sample Location: 10061 Akron Area 243  
 Client: FCDMC Sample Media: 0.8um 25mm Cassette  
 Collection Method: NIOSH 7400 Analyze For: Airborne Particulates - Asbestos

**SAMPLE DATA**

Sample #	10061-01	10061-02	10061-03	10061-04
Pump #	BP-3	BP-1	-	-
Time On	7:30-7:55	7:42-7:55	-	-
Time Off	2:50-3:50	2:50-3:50	-	-
Total Time (min)	85		-	-
Flow Rate (LPM)	8 LPM 5.0 LPM	10 LPM 5.0 LPM	-	-
Volume (L)	500 L	430 L	Blank	Blank
Employee ID	area	area	blank	blank
Results f/cc	.01	.005	-	-
Fibers over Fields	11/100	4/100	0/100	0/100
Fibers/mm <sup>2</sup>	14.0127	5.0955	-	-
Detection Limit	.0054	.0062	-	-
Analysis	U. Arles	U. Arles	U. Arles	U. Arles
QC Analyst				

Sample #	Sample Location	HT	LOC	TYP	PHS	ACM	AG/NAG
10061-01	Neg Air So of Bldgs			P	A	R	CAM NAG
-02	Decon Entry North of Bldg			P	A	R	CAM NAG
-03	Field Blank				B		
-04	Lab Blank				B		

Location (LOC): W = work area P = perimeter A = adjoining space  
 Type: B = background P = personal A = ambient B = field/lab blank  
 Phase: S = pre-start R = removal C = clean-up F = final clearance  
 ACM: FP = fireproof CT = ceiling tile FT = floor tile TSI = pipes/fittings  
 AC = acoustical ceiling material M = mastic R = roofing  
 Technique: AG = aggressive NAG = non-aggressive CAM = cement asbestos matl.

PUMP NO.	Calibration (L/min)		Rotometer Setting		Date
	Pre-Use	Post-Use	Pre-Use	Post Use	
BP-3			9.0 lpm	5.0 lpm	9-10-99
BP-1			10.0 lpm	5.0 lpm	9-10-99
Name of Calibrator: D FULTON					

Temp: \_\_\_\_\_ Pressure: \_\_\_\_\_ RH: \_\_\_\_\_

8-Hour Time Weighted Average

Individual Samples:  $TWA = \frac{(X1)(T1)}{480}$

Consecutive Samples:  $TWA = \frac{(X1)(T1) + (X2)(T2) + \dots + (XN)(TN)}{480}$

- where:
- X1 = First air sample results in f/cc
  - T1 = First sample time in minutes
  - X2 = Second air sample results in f/cc
  - T2 = Second sample time in minutes
  - XN = The last air sample results in f/cc
  - TN = The last sample time in minutes

Rotometer Flow Correction

$$Q_{actual} = Q_{indicated} \sqrt{\left[ \frac{P_{cal}}{P_{actual}} \right] \left[ \frac{T_{actual}}{T_{cal}} \right]}$$

95% Upper Confidence Limit

$$95\% \text{ UCL} = \frac{\text{measured value} + \text{measured value} (\text{upper boundry}\%)}{100}$$

$$= \frac{f/cc + f/cc (213\%)}{100}$$

QC Recounts

Difference between total number of fibers counted > 2.77 x F x CV = REJECT

Difference between total number of fibers counted < 2.77 x F x CV = ACCEPT

where: F = average of two fiber counts

CV = relative standard deviation from intralaboratory quality control chart

Airborne Fiber Concentration

$$f/cc = \frac{\text{fibers} - \text{fibers(blank)} \times 385 \text{ mm}^2}{\text{fields} - \text{fields(blank)}} \times \frac{1}{1000 \times 1 \text{ pm} \times \text{minutes} \times .00785 \text{ mm}^2}$$

Fibers Per Millimeter Squared

$$\frac{\text{fibers}}{\text{fields}} \times .00785 = f/mm^2$$



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**ASBESTOS CHAIN OF CUSTODY**

JOB NO.		PROJECT NAME		NO. OF CONTAINERS	SAMPLE METHOD						ANALYSIS METHOD			LITERS TOTAL VOLUME	COMMENTS TYPE OF MATERIAL, FRIABILITY, ABATEMENT ACTIVITY, ETC.	LABORATORY IDENTIFICATION NO.
CLIENT / COMPANY					BULK	WIPE	PERSONAL AIR	INSIDE / OUTSIDE	AREA AIR	FINAL CLEARANCE	PLM	PCM	TEM			
SAMPLER - SIGNATURE		SAMPLER - PLEASE PRINT														
2189JK128		SE Mesa Drainage Asbestos Abatement														
DFCD MC																
Donald K Sutter		DON FULTON														
SAMPLE IDENTIFICATION	DATE	TIME	SAMPLE LOCATION													
10061-01	9-10-99		Neg Air Unit - So. of Bldgs	1	X			X	X				500			
10061-02			Decon Area No. of Bldg.	1	X			X	X				430			
10061-03			Field Blank	1	X			-	X				-	Field Blank		
10061-04			Lab Blank	1	X			-	X				-	LAB Blank		
<div style="position: absolute; top: 50px; left: 50px; width: 90%; height: 80%; border: 2px solid black; transform: rotate(-15deg);"></div>																
RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED BY - SIGNATURE				RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED BY - SIGNATURE				
Donald K Sutter		9-10-99	5:15 pm	D. Arles												
RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED FOR LAB BY - SIGNATURE				DATE	TIME	SAMPLE PROCESS TURNAROUND TIME						
				D. Arles				9/13/99		<input type="checkbox"/> ROUTINE 3-5 DAYS <input type="checkbox"/> ROUTINE RUSH 24 HOURS <input type="checkbox"/> EMERGENCY RUSH 8 HOURS OR LESS						



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**ASBESTOS CHAIN OF CUSTODY**

JOB NO.		PROJECT NAME		NO. OF CONTAINERS	SAMPLE METHOD						ANALYSIS METHOD			LITERS TOTAL VOLUME	COMMENTS TYPE OF MATERIAL, FRIABILITY, ABATEMENT ACTIVITY, ETC.	LABORATORY IDENTIFICATION NO.	
CLIENT / COMPANY		SAMPLER - PLEASE PRINT			BULK	WIPE	PERSONAL AIR	INSIDE / OUTSIDE	AREA AIR	FINAL CLEARANCE	PLM	PCM	TEM				
SAMPLER / SIGNATURE		SAMPLER - PLEASE PRINT															
SAMPLE IDENTIFICATION	DATE	TIME	SAMPLE LOCATION														
2189JK128	SEMESA Drainage - 10061 Akron St																
FC DMC		DON FULTON															
10061-05	9-13-99		Decon - No. End of Bldgs	1				X			X		3344				
10061-06	↓		Neg Air - So. End of Bldgs	1				X			X		2664				
10061-07	↓		---	1							X		-	FIELD BLANK			
10061-08	↓		---	1							X		-	LAB BLANK			
RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED BY - SIGNATURE		RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED BY - SIGNATURE							
Donald K Sutton		9-13-99	505P	D. Arcles		9/15/99											
RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED FOR LAB BY - SIGNATURE		DATE	TIME										
												<b>SAMPLE PROCESS TURNAROUND TIME</b>					
												<input type="checkbox"/>	ROUTINE 3 - 5 DAYS	<input type="checkbox"/>	ROUTINE RUSH 24 HOURS	<input type="checkbox"/>	EMERGENCY RUSH 8 HOURS OR LESS

INDUSTRIAL HYGIENE SAMPLING FIELD LOG

WESTERN TECHNOLOGIES, INC.

Technician: DON FULTON Date: 9-13-99 Job No: 2189JK128

Project Name: SE mesa Drainage Asbestos Basin 4 Sample Location: 10061 Akron Area 243

Client: FCDMC Sample Media: 0.8 um 25mm Cassette

Collection Method: NIOSH 7400 Analyze For: Airborne particulates

SAMPLE DATA

Sample #	10061-05	10061-06	10061-07	10061-08		
Pump #	BP-3	BP-1	-	-		
Time On	7:08	7:14				
Time Off	2:43	2:38				
Total Time (min)	455	444				
Flow Rate (LPM)	<del>7.35</del>	<del>5.0</del> 6.0	-	-		
Volume (L)	3344	2664	Blank	Blank		
Employee ID	Area	Area	blank	Blank		
Results f/cc	-					
Fibers over Fields	occured	Corrected further median	%/100	%/100		
Fibers/mm <sup>2</sup>	-					
Detection Limit	1,000,50					
Analysis	V. Asbestos	V. Asbestos	V. Asbestos	V. Asbestos		
QC Analyst						

Sample #	Sample Location	HT	LOC	TYP	PHS	ACM	AG/NAG
10061-05	Decon - No. End of Bldgs		P	A	R	CAM	NAG
10061-06	Neg Air - So. End of Bldgs		P	A	R	CAM	NAG
10061-07	Blank Field			B			
10061-08	Blank LAB			B			

Location (LOC): W = work area P = perimeter A = adjoining space  
 Type: B = background P = personal A = ambient B = field/lab blank  
 Phase: S = pre-start R = removal C = clean-up F = final clearance  
 ACM: FP = fireproof CT = ceiling tile FT = floor tile TSI = pipes/fittings  
 AC = acoustical ceiling material M = mastic R = roofing  
 Technique: AG = aggressive NAG = non-aggressive CAM = cement asbestos mat.

PUMP NO.	Calibration (L/min)		Rotometer Setting		Date
	Pre-Use	Post-Use	Pre-Use	Post Use	
BP-1	<del>5.0</del>	6.4	5.0	6.0	9-13-99
BP-3		8.7	5.0	5.0 7.0	9-13-99
Name of Calibrator: D FULTON					

Temp: \_\_\_\_\_ Pressure: \_\_\_\_\_ RH: \_\_\_\_\_

8-Hour Time Weighted Average

Individual Samples:  $TWA = \frac{(X1)(T1)}{480}$

Consecutive Samples:  $TWA = \frac{(X1)(T1) + (X2)(T2) + \dots + (XN)(TN)}{480}$

- where:
- X1 = First air sample results in f/cc
  - T1 = First sample time in minutes
  - X2 = Second air sample results in f/cc
  - T2 = Second sample time in minutes
  - XN = The last air sample results in f/cc
  - TN = The last sample time in minutes

Rotometer Flow Correction

$$Q_{actual} = Q_{indicated} \left[ \frac{P_{cal}}{P_{actual}} \right] \left[ \frac{T_{actual}}{T_{cal}} \right]$$

95% Upper Confidence Limit

$$95\% \text{ UCL} = \frac{\text{measured value} + \text{measured value (upper boundary\%)}}{(\text{fibers/cc}) \quad (\text{fibers/cc}) \quad 100}$$

$$= \frac{f/cc + f/cc (213\%)}{100}$$

QC Recounts

- Difference between total number of fibers counted  $> 2.77 \times F \times CV = \text{REJECT}$
- Difference between total number of fibers counted  $< 2.77 \times F \times CV = \text{ACCEPT}$
- where F = average of two fiber counts
- CV = relative standard deviation from intralaboratory quality control chart

Airborne Fiber Concentration

$$f/cc = \frac{\text{fibers} - \text{fibers(blank)} \times 385 \text{ mm}^2}{\text{fields} \quad \text{fields(blank)}} \times 1000 \times 1 \text{ pm} \times \text{minutes} \times .00785 \text{ mm}^2$$

Fibers Per Millimeter Squared

$$\frac{\text{fibers}}{\text{fields}} \times .00785 = f/mm^2$$



**Western Technologies Inc.**

The Quality People  
Since 1955

3737 East Broadway Road  
Phoenix AZ 85040-2966  
(602) 437-3737 • fax 470-1341

**ASBESTOS CHAIN OF CUSTODY**

JOB NO.		PROJECT NAME		NO. OF CONTAINERS	SAMPLE METHOD						ANALYSIS METHOD			LITERS TOTAL VOLUME	COMMENTS TYPE OF MATERIAL, FRIABILITY, ABATEMENT ACTIVITY, ETC.	LABORATORY IDENTIFICATION NO.		
CLIENT / COMPANY		SAMPLER - SIGNATURE			SAMPLER - PLEASE PRINT		BULK	WIPE	PERSONAL AIR	INSIDE / OUTSIDE	AREA AIR	FINAL CLEARANCE	PLM				PCM	TEM
SAMPLER - SIGNATURE		SAMPLER - PLEASE PRINT																
SAMPLE IDENTIFICATION	DATE	TIME	SAMPLE LOCATION															
1003A-01	9/14		Dean @ 1003A		1					X		X				Wall texture		
1003A-02	9		Exhaust @ 1003A		1					X		X						
1003A-03	9		Field Blank		1					X		X						
1003A-04	9		Lab Blank		1					X		X						
10045-05	9		Dean @ 10045		1					X		X						
RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED BY - SIGNATURE		RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED BY - SIGNATURE								
RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED FOR LAB BY - SIGNATURE		DATE	TIME	SAMPLE PROCESS TURNAROUND TIME										
RELINQUISHED BY - SIGNATURE		DATE	TIME	RECEIVED FOR LAB BY - SIGNATURE		DATE	TIME	<input type="checkbox"/> ROUTINE 3 - 5 DAYS <input type="checkbox"/> ROUTINE RUSH 24 HOURS <input type="checkbox"/> EMERGENCY RUSH 8 HOURS OR LESS										

INDUSTRIAL HYGIENE SAMPLING FIELD LOG

WESTERN TECHNOLOGIES, INC.

Technician: SUZANNE OBECK Date: 9/14/99 Job No: 21872103

Project Name: FCDMC E. MESA Sample Location: 10039 & 10045 ARKEN

Client: FCDMC Sample Media: 8µm, 25mm cassette

Collection Method: NIOSH 7400 Analyze For: \_\_\_\_\_

SAMPLE DATA

Sample #	10039-01	10039-02	10039-03	10039-04	10045-05
Pump #	BP-3	BP-1	←	←	←
Time On	7:50	7:50	—	←	10am
Time Off	11am	10am	—	←	2pm
Total Time (min)	190	130	—	←	240
Flow Rate (LPM)	7.5	8.5	—	—	8.5
Volume (L)	1425L	1105L	—	—	2040L
Employee ID	area	area	Blank	Blank	area
Results f/cc					
Fibers over Fields	9/100	VOID SAMPLE MEDIA	0/100	0/100	39/100
Fibers/mm <sup>2</sup>					
Detection Limit					
Analysis	U. Asbestos	U. Asbestos	U. Asbestos	U. Asbestos	U. Asbestos
QC Analyst					

Sample #	Sample Location	HT	LOC	TYP	PHS	ACM	AG/NAG
10039-01	Decor @ 10039	4'	A	A	R	Misc	
10039-02	Exhaust @ 10039	4'	A	A	R	Misc	
10039-03	FIELD BLANK	/	/	B	R	Misc	
10039-04	LAB BLANK	/	/	B	R	Misc	
10045-05	Decor @ 10045	4'	A	A	R	Misc	

Location (LOC): W = work area P = perimeter A = adjoining space  
 Type: B = background P = personal A = ambient B = field/lab blank  
 Phase: S = pre-start R = removal C = clean-up F = final clearance  
 ACM: wall misc-texture FP = fireproof CT = ceiling tile FT = floor tile TSI = pipes/fittings  
 Technique: AC = acoustical ceiling material M = mastic R = roofing  
 AG = aggressive NAG = non-aggressive CAM = cement asbestos matl.

PUMP NO.	Calibration (L/min)		Rotometer Setting		Date
	Pre-Use	Post-Use	Pre-Use	Post Use	
BP-3		7.5			9/15/99
BP-1		8.5			9/15/99
Name of Calibrator: <u>S. OSBERG / D. PUCKETT</u>					

Temp: \_\_\_\_\_ Pressure: \_\_\_\_\_ RH: \_\_\_\_\_

8-Hour Time Weighted Average

Individual Samples:  $TWA = \frac{(X1)(T1)}{480}$

Consecutive Samples:  $TWA = \frac{(X1)(T1) + (X2)(T2) + \dots + (XN)(TN)}{480}$

- where:
- X1 = First air sample results in f/cc
  - T1 = First sample time in minutes
  - X2 = Second air sample results in f/cc
  - T2 = Second sample time in minutes
  - XN = The last air sample results in f/cc
  - TN = The last sample time in minutes

Rotometer Flow Correction

$$Q_{actual} = Q_{indicated} \sqrt{\left[ \frac{P_{cal}}{P_{actual}} \right] \left[ \frac{T_{actual}}{T_{cal}} \right]}$$

95% Upper Confidence Limit

$$95\% \text{ UCL} = \text{measured value} + \text{measured value} \frac{\text{upper boundry\%}}{100}$$

$$= \text{f/cc} + \text{f/cc} \frac{(213\%)}{100}$$

QC Recounts

Difference between total number of fibers counted  $> 2.77 \times F \times CV = \text{REJECT}$   
 Difference between total number of fibers counted  $< 2.77 \times F \times CV = \text{ACCEPT}$

where: F = average of two fiber counts

CV = relative standard deviation from intralaboratory quality control chart

Airborne Fiber Concentration

$$f/cc = \frac{\text{fibers} - \text{fibers(blank)}}{\text{fields} - \text{fields(blank)}} \times 385 \text{ mm}^2$$

$$1000 \times 1 \text{ pm} \times \text{minutes} \times .00785 \text{ mm}^2$$

Fibers Per Millimeter Squared

$$\frac{\text{fibers}}{\text{fields}} \times .00785 = f/mm^2$$



**APPENDIX D**

**CONTRACTOR DOCUMENTATION**



REVIEW OF AHERA CERTIFICATION/MEDICALS

CONTRACTOR: *Spray Systems*

PROJECT: *Flood Control West of Marion County - East Meria*

NAME	EXP. CERTIFICATION (CS)contractor super (W)worker	EXP. MEDICAL (date taken) <sup>exp</sup> <sub>1 yr</sub>	DATE OF FIT TEST
<del>CARLOS H. BENITEZ</del>	<del>W 06-19-00</del>	<del>11-17-99</del>	<del>10-26-98</del>
<del>JOHN DREWIK</del>	<del>W 04-08-00</del>	<del>4-9-00</del>	
<del>WILLIAM DREWIK</del>	<del>CS 06-28-00</del>	<del>8-3-00</del>	
<del>JORGE GALIAS</del>	<del>W 10-13-99</del>	<del>10-15-99</del>	<del>10-26-98</del>
<del>JOSE ROBERTO ARELLANO</del>	<del>W 4-7-00</del>	<del>4-9-00</del>	
<del>New Crew</del>			
Lewis Kimbell	CS 1-4-00	5-10-99	5-18-99
Frank Rojas	W 4-23-00	9-9-98*	9-7-99
Francisco C. Rojas	W 6-19-00	7-2-99	6-21-99
Jose G. Perez	W 7-19-00	1-13-99	6-24-99
Romero Gabriel	W 4-23-00	4-16-99	9-7-99
Luis Valdez	CS 8-14-00	1-8-99	9-7-99
Estroberto Garcia	W 5-27-00	4-20-99	5-26-99
Ramon Espinoza	W 5-27-00	4-20-99	5-26-99
Salome Apodaca	W 6-19-00	8-3-99	6-21-99
Cesar Flores	W 1-10-00	2-5-99	6-25-98 exp. 9-7-99
Marvin Noronis	59018723440731098(W)	7-12-99	7-10-99
Norman Perez	60396073740730799	7-12-99	7-10-99
Angel Enriquez	RESC-11791	7-13-99	supervisor *

REVIEWED BY: *D. Aciles* / *D. FULTON*

DATE: *8-31-99* *9-7-99*

\* not inside container

# Asbestos Consulting & Training Systems

3-172-1684 SECURITY

903 N.W. 6TH Avenue, Fort Lauderdale, Florida 33311 (954) 524-7208

**This is to Certify that**

**Cesar Flores**



600-80-8191

1806 N. 30th Drive Phoenix, AZ

Processed By:

**Seagull**

Since 1971

**has successfully completed an English**

**Asbestos Worker Refresher**

10-Jan-99

TO

10-Jan-99

Asbestos courses comply with Section 208 TSCA 15 USC 2646

**Complies with Sec. 206 TSCA 15 USC 2616**

(Training) Richard L. Lamb

Training Address: 955 E. Southern Ave., Apt. 163 Tempe, Az

TEST SCORE: 92%

Examination administered upon course completion.

**This Certificate Expires**

10-Jan-00



0700

THE CIVIL AND CRIMINAL PENALTIES OF ANY LAW HAVING OR  
SUBSTANCE OF FORCE OR EFFECT OF A FEDERAL LAW,  
REGULATIONS (F.E.R.) AND STATE AND LOCAL LAWS,  
AND THIS TRAINING COURSE WILL BE VALID FOR ALL  
REQUIREMENTS OF TITLE IV OF THE FEDERAL ASBESTOS  
ACT, 16 CFR PART 74.1 OF FEDERAL AND ALL STATE AND LOCAL  
FEDERAL, STATE, OR LOCAL REQUIREMENTS AT ANY TIME.

James F. Stump, Course Sponsor

Certificate Number.....



94488

Course Number

TR9902

NATIONAL ASBESTOS COUNCIL TRAINING DEPARTMENT

This certifies that

CESAR FLORES

Card No. SSN-600-50-8191

has attended and satisfactorily completed all requirements of:

3-DAY/24 HR/AHERA

Presented as part of the NAC Asbestos Abatement Worker Training Program

05/89

Certification Date

GERALD KARCHES

Field Instructor

8/09/90

Expiration Date

Training Director



NovaCare<sup>™</sup>

*Helping Make Life a Little Better.*

*Physician Statement:*

*Qualification for Respirator Use:*

I have found (Name) Cesar Flores  
to be medically qualified to wear a well-maintained respirator (type  
indicated below) providing manufacturer's instructions are adhered to:

AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators:

Full face

Half face

Quarter mask

Use cartridges with or without "c" container.

AIR SUPPLYING TYPE:

(A)--- Air-line supply:

Full face

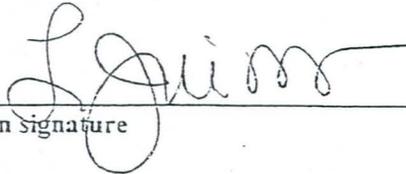
Half face

Quarter mask

(B)--- Self contained supply or self contained breathing  
apparatus (S.C.B.A.)

Closed circuit system

Open circuit system

  
physician signature

2/5/99  
date signed



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face  SCBA
- Full Face  High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: North

Model: 7700

Approval No.: \_\_\_\_\_

Size:  Small  Medium  Large

Subject Exercises:

- Normal Breathing  Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning  Jogging in Place
- Nodding Head
- Pass  Fail

This certifies that Cesar Flores has passed the above OSHA Qualitative Respirator Fit Test.

Cesar Flores  
EMPLOYEE SIGNATURE

Lector Sch  
Supervisor Performing Test

6-25-98  
Date

Luke AFB  
Test Location

*Environmental Health Services  
7290 West Regena Avenue  
Las Vegas, NV 89130  
(702) 645-1521*

*in association with*

*Environmental Training Center  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999*

# *Certificate of Completion*

## **ASBESTOS ABATEMENT WORKER**

*This is to certify that the following individual has been  
trained and is hereby accredited in accordance with  
OSHA (29 CFR 1910.1001 / 1926.1101) and  
EPA regulations (40 CFR 763)*

***RAMON ESPINOZA***

***SS #654 25 1834***

Training Date: 05/24-27/99  
Expiration Date: 05/27/00  
Certificate Number: ETCASBWI01299  
Instructor Name: David O. Cronk  
Signature: *David O. Cronk*



**NovaCare™**

*Helping Make Life a Little Better.*

***Physician Statement:***

***Qualification for Respirator Use:***

MRP TH-alpha  
Espinoza, Ramon  
SSN : 654-25-1834  
EMP : Spray Systems

I have found (Name) \_\_\_\_\_  
to be medically qualified to wear a well-maintained respirator (type  
indicated below) providing manufacturer's instructions are adhered to:

AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators:

Full face

Half face

Quarter mask

Use cartridges with or without "c" container.

AIR SUPPLYING TYPE:

(A)--- Air-line supply:

Full face

Half face

Quarter mask

(B)--- Self contained supply or self contained breathing  
apparatus (S.C.B.A.)

Closed circuit system

Open circuit system

Harley Espinoza M.D.  
physician signature

4/20/99  
date signed



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face                       SCBA
- Full Face                       High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: NORTH

Model: 7700

Approval No.: \_\_\_\_\_

Size:     Small                       Medium                       Large

Subject Exercises:

- Normal Breathing                       Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning                       Jogging in Place
- Nodding Head
- Pass                       Fail

This certifies that RAMON ESPINOZA has passed the above OSHA Qualitative Respirator Fit Test.

Ramon Espinoza  
EMPLOYEE SIGNATURE

David O. Cenz                      May 26, 1999  
Supervisor Performing Test                      Date

\_\_\_\_\_  
Test Location

Environmental Health Services  
7290 West Regena Avenue  
Las Vegas, NV 89130  
(702) 645-1521

in association with

Environmental Training Center  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999

# Certificate of Completion

## ASBESTOS WORKER REFRESHER

*This is to certify that the following individual has been re-trained and is hereby re-accredited in accordance with OSHA (29 CFR 1910.1001 / 1926.1101) and EPA regulations (40 CFR 763)*

**SALOME APODAÇA AGUILAR**

SS # 600 63 1770

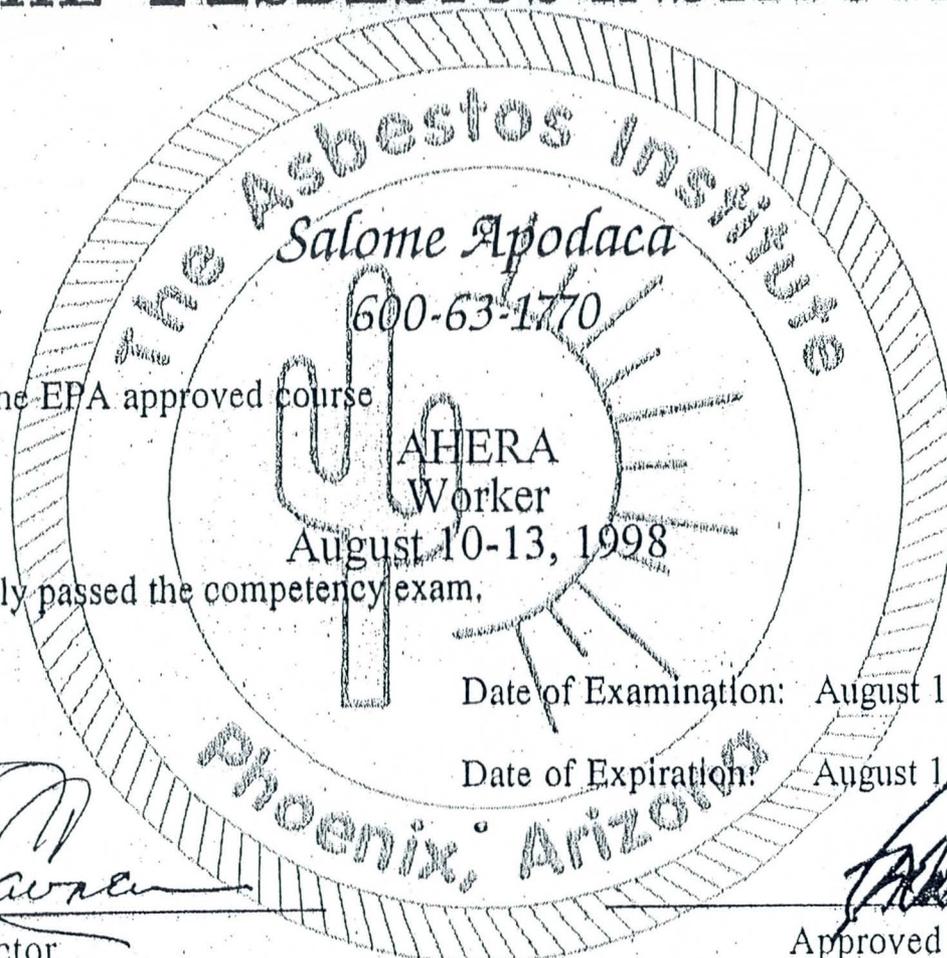
Training Date: 06/19/99  
Expiration Date: 06/19/00  
Certificate Number: ETCASBWR03499  
Instructor Name: David O. Cronk  
Signature: 

# THE ASBESTOS INSTITUTE

Certifies that

has attended the EPA approved course

and successfully passed the competency exam,



Date of Examination: August 13, 1998

Date of Expiration: August 13, 1999

Director

Approved Instructor

THE ASBESTOS INSTITUTE  
 8102 North 23rd Avenue  
 Suite A  
 Phoenix, AZ 85021-4904  
 602-864-6564

*This training meets all requirements for asbestos accreditation under TSCA Title II.*



**NovaCare™**

*Helping Make Life a Little Better.*

***Physician Statement:***

***Qualification for Respirator Use:***

I have found (Name) Salome Apodaca  
to be medically qualified to wear a well-maintained respirator (type  
indicated below) providing manufacturer's instructions are adhered to:

AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators:

Full face

Half face

Quarter mask

Use cartridges with or without "c" container.

AIR SUPPLYING TYPE:

(A)--- Air-line supply:

Full face

Half face

Quarter mask

(B)--- Self contained supply or self contained breathing  
apparatus (S.C.B.A.)

Closed circuit system

Open circuit system

\_\_\_\_\_  
physician signature

8/3/99  
\_\_\_\_\_  
date signed



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face                       SCBA
- Full Face                       High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: North

Model: 7700-L

Approval No.: \_\_\_\_\_

Size:  Small                       Medium                       Large

Subject Exercises:

- Normal Breathing                       Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning                       Jogging in Place
- Nodding Head
- Pass                       Fail

This certifies that SALOME APODACA has passed the above OSHA Qualitative Respirator Fit Test.

SALOME APODACA  
EMPLOYEE SIGNATURE

J. D. COOK                      6/21/99  
Supervisor Performing Test                      Date

PIONEER HOME  
Test Location

# Asbestos Consulting & Training Systems

34711.3683CERT/

903 N.W. 6TH Avenue, Fort Lauderdale, Florida 33311 (954) 524-7208

***This is to Certify that***

**Lewis Kimbell**



5 2 6 - 4 9 - 4 3 5 5

1626 W. Desert Cove #10, Phoenix, AZ

Processed By:

**Seagull**

*Since 1971*

***has successfully completed an English  
Asbestos Contractor/Supervisor Refresher***

4-Jan-99

TO

4-Jan-99

Asbestos courses comply with Section 206 TSCA 15 USC 2646

***Complies with Sec. 206 TSCA 15 USC 2646***

Trainer(s): Richard L. Lamb

TEST SCORE: 92 % Training Address: 955 E. Southern Ave., Apt. 163, Tempe, AZ

Examination administered upon course completion:

***This Certificate Expires***

4-Jan-00



1 7 4 7 0 0

UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR MAKING OR  
SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR  
REPRESENTATIONS (18 U.S.C. 1001 AND 18 U.S.C. 2616), I  
CERTIFY THAT THIS TRAINING COMPLIES WITH ALL APPLICABLE  
REQUIREMENTS OF TITLE IV OF THE TOXIC SUBSTANCES CONTROL  
ACT, 42 CFR PART 746 OR THE AND ANY OTHER APPLICABLE  
FEDERAL, STATE, OR LOCAL REQUIREMENTS AS AMENDED.

James F. Stump, Course Sponsor

Certificate Number.....  9 4 3 6 2

Course Number TE9902

# Asbestos Consulting & Training Systems

903 N.W. 6TH Avenue, Fort Lauderdale, Florida 33311 (305) 524-7208

33639,8969CERT/

*This is to Certify that*  
**Lewis Kimbell**



*has successfully completed*

Asbestos Contractor/Supervisor Course

15-Jan-96 TO 19-Jan-96  
Asbestos courses comply with Section 206 TSCA 15 UCS 2646

*and has passed an Examination*

Trainer(s): Richard Lamb

Training Address: 3210 S. Nu Vista Lane, Tempe, AZ

TEST SCORE: 92 %

Examination administered upon course completion.

***This Certificate Expires***

18-Jan-97



UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS (18 U.S.C. 1008 AND 18 U.S.C. 1014) CERTIFY THAT THIS TRAINING COMPLETES WITH ALL APPLICABLE REQUIREMENTS OF TITLE IV OF THE FEDERAL TOXIC SUBSTANCE CONTROL ACT (40 CFR 301.40) AND ALL OTHER APPLICABLE FEDERAL, STATE AND LOCAL REGULATIONS AS APPLICABLE.

James F. Stump, Course Sponsor

Certificate Number.....



Course Number TR9603



**NovaCare™**

*Helping Make Life a Little Better.*

**Physician Statement:**

**Qualification for Respirator Use:**

I have found (Name) Lewis Kimbell  
to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to:

AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators:

Full face

Half face

Quarter mask

Use cartridges with or without "c" container.

AIR SUPPLYING TYPE:

(A)--- Air-line supply:

Full face

Half face

Quarter mask

(B)--- Self contained supply or self contained breathing apparatus (S.C.B.A.)

Closed circuit system

Open circuit system

\_\_\_\_\_  
physician signature

5/19/99  
date signed



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face                       SCBA
- Full Face                       High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: NORTH

Model: 7700

Approval No.: \_\_\_\_\_

Size:     Small                       Medium                       Large

Subject Exercises:

- Normal Breathing                       Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning                       Jogging in Place
- Nodding Head
- Pass                       Fail

This certifies that Lewis Kimbell has passed the above OSHA Qualitative Respirator Fit Test.

Lewis Kimbell                      7-8-99  
EMPLOYEE SIGNATURE

Michael Jannin                      7/8/99  
Supervisor Performing Test                      Date

Tower Realty  
Test Location

Environmental Health Services  
7290 West Regena Avenue  
Las Vegas, NV 89130  
(702) 645-1521

In association with

Environmental Training Center  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999

# Certificate of Completion

## ASBESTOS WORKER REFRESHER

*This is to certify that the following individual has been re-trained and is hereby re-accredited in accordance with OSHA (29 CFR 1910.1001/1926.1101) and EPA regulations (40 CFR 763)*

**FRANK P. ROJAS**

SS# 527.77.8899

Training Date	04/23/99
Expiration Date	04/23/00
Certificate Number	ETC/ASBWR02399
Instructor Name	David O. Cronk
Signature	

---

---

# THE ASBESTOS INSTITUTE

**Certifies that**  
**FRANK P. ROJAS**  
**527-77-8899**

**Has attended the EPA approved course**  
**AHERA**  
**WORKER**  
**JANUARY 18-20, 1993**

**and successfully passed the competency exam**

**Date of Issuance**      **JANUARY 20, 1993**

**Date of Expiration**      **JANUARY 20, 1994**



**Director**  
**The Asbestos Institute**  
**8102 N. 23rd Ave.**  
**Suite A**  
**Phoenix, AZ 85021**  
**(602) 864-6564**

**PHYSICIAN STATEMENT:  
QUALIFICATION FOR RESPIRATOR USE**

527-77-8879

I have found

FRANK ROSAS

to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to.

AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators: either full face, half or quarter mask. Use cartridges with or without "c" container.

W

AIR SUPPLYING TYPE:

(A) \_\_\_\_\_ Air-Line Supply: either full face, half or quarter mask.

(B) \_\_\_\_\_ Self Contained Supply, or Self Contained Breathing Apparatus (S.C.B.A.). Either closed circuit system or open circuit system.

Frank Rosas  
PHYSICIAN SIGNATURE

9/8/99  
DATE



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face  SCBA
- Full Face  High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: NORTH

Model: 7700

Approval No.: \_\_\_\_\_

Size:  Small  Medium  Large

Subject Exercises:

- Normal Breathing  Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning  Jogging in Place
- Nodding Head
- Pass  Fail

This certifies that FRANK ROSAS has passed the above OSHA Qualitative Respirator Fit Test.

[Signature] EMPLOYEE SIGNATURE 7-8-99

Lewis Kull Supervisor Performing Test 7-8-99 Date

Tower Realty Test Location

# Asbestos Consulting & Training Systems

34717-496CERTV

903 N.W. 67th Avenue, Fort Lauderdale, Florida 33311 (954) 321-7308

**This is to Certify that**  
**Octavio Solano**



5 2 7 - 7 9 - 9 1 6 8

9031 W. Wildflower, Phoenix AZ

Processed By:

**Seagull**

*Since 1977*

**has successfully completed an English**  
**Asbestos Worker Course**

**5-Jan-99 TO 8-Jan-99**

Asbestos courses comply with Section 200 TSCA 15 USC 2646

**and has passed an examination upon course completion**

Trainer(s) Richard L. Lamb

TEST SCORE: 80 %

Training Address: 955 E. Southern Ave., Apt. 163, Tempe, Az

Examination administered upon course completion.

**This Certificate Expires**

**8-Jan-00**



1 1 8 7 2 0

James F. Stump, Course Sponsor

Certificate Number



9 4 4 7 9

Course Number

TE9902

UNDER PENALTY OF CRIMINAL SANCTIONS OF LAW FOR MAKING OR  
SUBMISSION OF FALSE OR MISLEADING INFORMATION OR  
EXERCISE ONLY (15 U.S.C. 2646)  
THIS TRAINING COURSE IS IN COMPLIANCE WITH THE  
FEDERAL ASBESTOS TRAINING REQUIREMENTS TITLE IV OF THE  
ASBESTOS ACT (P.L. 96-510) AND ANY APPLICABLE STATE OR  
FEDERAL STATE OR LOCAL REQUIREMENTS.



**NovaCare™**

*Helping Make Life a Little Better.*

***Physician Statement:***

***Qualification for Respirator Use:***

I have found (Name) OCTAVIO SANCHEZ  
to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to:

AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators:

Full face

Half face

Quarter mask

Use cartridges with or without "c" container.

AIR SUPPLYING TYPE:

(A)--- Air-line supply:

Full face

Half face

Quarter mask

(B)--- Self contained supply or self contained breathing apparatus (S.C.B.A.)

Closed circuit system

Open circuit system

Harley Espinosa M.D.  
physician signature

3/30/99  
date signed



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face                       SCBA
- Full Face                       High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: North

Model: 7700

Approval No.: \_\_\_\_\_

Size:     Small                       Medium                       Large

Subject Exercises:

- Normal Breathing                       Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning                       Jogging in Place
- Nodding Head
- Pass                       Fail

This certifies that Octavio Solano has passed the above OSHA Qualitative Respirator Fit Test.

Octavio Solano  
EMPLOYEE SIGNATURE

JUSTIN THOMPSON                      2-10-99  
Supervisor Performing Test                      Date

St. Mary's Hospital #5018  
Test Location

*Environmental Health Services*  
7290 West Regent Avenue  
Las Vegas, NV 89130  
(702) 645-1521

*in association with*

*Environmental Training Center*  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999

# *Certificate of Completion*

## **ASBESTOS WORKER REFRESHER**

*This is to certify that the following individual has been re-trained and is hereby re-accredited in accordance with OSHA (29 CFR 1910.1001 / 1926.1101) and EPA regulations (40 CFR 763)*

**JORGE GASTELUM**

SS# 600 68 8934

Training Date: 04/23/99  
Expiration Date: 04/23/00  
Certificate Number: ETCASBWR01999  
Instructor Name: David O. Cronk  
Signature: *David O. Cronk*

---

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# THE ASBESTOS INSTITUTE

**Certifies that**

**JORGE ALEJANDRO GASTELU**

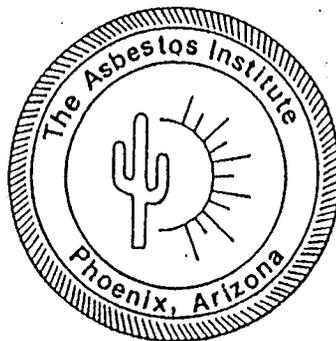
**Has attended the EPA approved course**

**AHERA  
PRACTICES & PROCEDURES FOR ASBESTOS ABATEMENT WORKERS**

**and successfully passed the competency exam**

**Date of Issuance      JUNE 17, 1989**

**Date of Expiration      JUNE 17, 1990**



A handwritten signature in black ink, appearing to read "M. Rivera", is written over a horizontal line.

**Director  
The Asbestos Institute**



**Physician Statement:  
Qualification for Respirator Use:**

I have found (Name) Serge Gorbelen  
to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to:

**AIR PURIFYING TYPE (FOR ASBESTOS)**

To include power or non-power respirators:

- Full face
- Half face
- Quarter mask

Use cartridges with or without "c" container.

*Paper mask*

**AIR SUPPLYING TYPE:**

(A)--- Air-line supply:

- Full face
- Half face
- Quarter mask

(B)--- Self contained supply or self contained breathing apparatus (S.C.B.A.)

- Closed circuit system
- Open circuit system

*Eduardo Aenlle*

\_\_\_\_\_  
physician signature

*4-23-99*

date signed  
EDUARDO AENLLE M.D.  
AABSP



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

Irritant Fume Protocol

Ventilation Smoke Tube (stannic oxychloride)

Other \_\_\_\_\_

Other Protocol \_\_\_\_\_

Respirator Type:

1/2 Face  SCBA

Full Face  High-Efficiency and Acid Gas Cartridge

Other: P.A.P.R.

Manufacturer: Ra Cal

Model: \_\_\_\_\_

Approval No.: \_\_\_\_\_

Size:  Small  Medium  Large

Subject Exercises:

Normal Breathing

Talking (read rainbow passage or equivalent)

Deep Breathing

Head Turning

Jogging in Place

Nodding Head

Pass  Fail

This certifies that Jorge Castelum has passed the above OSHA Qualitative Respirator Fit Test.

Jorge Castelum  
EMPLOYEE SIGNATURE

[Signature]  
Supervisor Performing Test

8/31/99  
Date

Maricopa Medical Center  
Test Location

**G & R Environmental  
955 E. Southern, Apt.163  
Tempe, Arizona 85282  
480-775-1347**

---

August 31, 1999

Spray Systems  
820 W. Fairmont  
Tempe, AZ 85282

Ms Butler,

This letter is to confirm that:

Francisco M. Blaine SSN: 527-53-4058

Has attended and completed the Asbestos Worker Course as required under the ASHARA and OSHA-1101 regulations. This Asbestos Worker Course was held on August 23 thru August 26, 1999. A certificate of completion will be issued from our office in Ft. Lauderdale, FL.

If you have any questions regarding this course please contact me at 1-602-775-1347.

Sincerely,



Richard L. Lamb

PHYSICIAN STATEMENT:  
QUALIFICATION FOR RESPIRATOR USE



I have found

Francisco Blaine

to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to.

AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators: either full face, half or quarter mask. Use cartridges with or without "c" container.

AIR SUPPLYING TYPE:

(A) \_\_\_\_\_ Air-Line Supply: either full face, half or quarter mask.

(B) \_\_\_\_\_ Self Contained Supply, or Self Contained Breathing Apparatus (S.C.B.A.).

Either closed circuit system or open circuit system.

PHYSICIAN SIGNATURE

5/13/99

DATE SIGNED

*Environmental Health Services*  
7290 West Regena Avenue  
Las Vegas, NV 89130  
(702) 645-1521

*in association with*

*Environmental Training Center*  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999

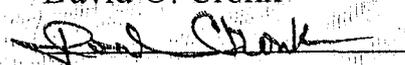
# *Certificate of Completion*

## **ASBESTOS WORKER**

*This is to certify that the following individual has been  
trained and is hereby accredited in accordance with  
OSHA (29 CFR 1910.1001 / 1926.1101) and  
EPA regulations (40 CFR 763)*

**ESTROBERTO GARCIA**

SS #600 59 0865

Training Date:	05/24-27/99
Expiration Date:	05/27/00
Certificate Number:	ETCASBWI01399
Instructor Name:	David O. Cronk
Signature:	





1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face                       SCBA
- Full Face                       High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: NORTH

Model: 7700

Approval No.: \_\_\_\_\_

Size:  Small                       Medium                       Large

Subject Exercises:

- Normal Breathing                       Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning                       Jogging in Place
- Nodding Head
- Pass                       Fail

This certifies that Estroberto Garcia has passed the above OSHA Qualitative Respirator Fit Test.

Estroberto Garcia  
EMPLOYEE SIGNATURE

David O. Clark                      May 26, 1998  
Supervisor Performing Test                      Date

\_\_\_\_\_  
Test Location

Environmental Health Services  
7290 West Regena Avenue  
Las Vegas, NV 89130  
(702) 645-1521

in association with

Environmental Training Center  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999

# Certificate of Completion

## ASBESTOS WORKER REFRESHER

*This is to certify that the following individual has been re-trained and is hereby re-accredited in accordance with OSHA (29 CFR 1910.1001 / 1926.1101) and EPA regulations (40 CFR 763)*

**FRANCISCO CARRASCO ROJO**

SS:# 601 72 1207

Training Date: 06/19/99

Expiration Date: 06/19/00

Certificate Number: ETCASBWR03299

Instructor Name: David O. Cronk

Signature: 

---

---

# THE ASBESTOS INSTITUTE

COPY

Certifies that  
FRANCISCO CARRASCO ROJO  
601-72-1207

Has attended the EPA approved course  
AHERA  
WORKER  
JULY 6-8, 1992

and successfully passed the competency exam

Date of Issuance                      JULY 8, 1992

Date of Expiration                    JULY 8, 1993



---

Director  
The Asbestos Institute  
8102 N. 23rd Ave.  
Suite A  
Phoenix, AZ 85021  
(602) 864-6564

**PHYSICIAN STATEMENT:  
QUALIFICATION FOR RESPIRATOR USE**

I have found  
Francisco Rejo 1001-72-1207

to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to.



AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators: either full face, half or quarter mask. Use cartridges with or without "c" container.

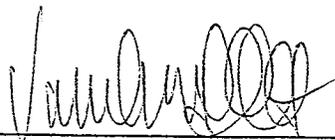
OK



AIR SUPPLYING TYPE:

(A) \_\_\_\_\_ Air-Line Supply: either full face, half or quarter mask.

(B) \_\_\_\_\_ Self Contained Supply, or Self Contained Breathing Apparatus (S.C.B.A.). Either closed circuit system or open circuit system.



PHYSICIAN SIGNATURE

7/2/99

DATE

(Return to Employer)



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face                       SCBA
- Full Face                       High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: North

Model: 7700-K

Approval No.: \_\_\_\_\_

Size:  Small                       Medium                       Large

Subject Exercises:

- Normal Breathing                       Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning                       Jogging in Place
- Nodding Head
- Pass                       Fail

This certifies that Francisco Rojo has passed the above OSHA Qualitative Respirator Fit Test.

Francisco Rojo  
EMPLOYEE SIGNATURE

J. N. Cook                      6/21/99  
Supervisor Performing Test                      Date

Pioneer Home  
Test Location

*Environmental Health Services  
7290 West Regena Avenue  
Las Vegas, NV 89130  
(702) 645-1521*

*in association with*

*Environmental Training Center  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999*

# *Certificate of Completion*

## **ASBESTOS WORKER REFRESHER**

*This is to certify that the following individual has been  
re-trained and is hereby re-accredited in accordance with  
OSHA (29 CFR 1910.1001 / 1926.1101) and  
EPA regulations (40 CFR 763)*

**JOSE GUADALUPE PEREZ**

SS # 613 18 8104

Training Date:	07/19/99
Expiration Date:	07/19/00
Certificate Number:	ETCASBWR04399
Instructor Name:	David O. Cronk
Signature:	

---

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THE ASBESTOS INSTITUTE

Certifies that

JOSE GUADALUPE PEREZ

613-18-8104

Has attended the EPA approved course

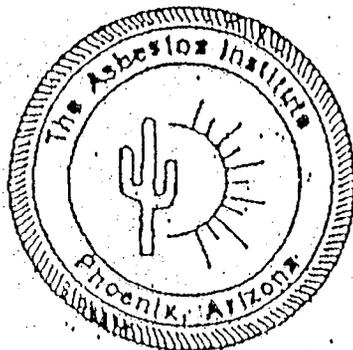
AHERA  
WORKER

AUGUST 4-6, 1993

and successfully passed the competency exam

Date of Issuance            AUGUST 6, 1993

Date of Expiration        AUGUST 6, 1994



  
\_\_\_\_\_  
Director  
The Asbestos Institute  
8102 N. 23rd Ave.  
Suite A  
Phoenix, AZ 85021  
(602) 864-6564



**NovaCare™**

*Helping Make Life a Little Better.*

**Physician Statement:**

**Qualification for Respirator Use:**

I have found (Name) \_\_\_\_\_

*JOSE PEREZ # 613-18-8104*

to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to:

AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators:

Full face

Half face

Quarter mask

Use cartridges with or without "c" container.

AIR SUPPLYING TYPE:

(A)--- Air-line supply:

Full face

Half face

Quarter mask

(B)--- Self contained supply or self contained breathing apparatus (S.C.B.A.)

Closed circuit system

Open circuit system

*[Handwritten Signature]*

\_\_\_\_\_  
physician signature

*4/13/99*

\_\_\_\_\_  
date signed



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face                       SCBA
- Full Face                       High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: North

Model: 7700-h

Approval No.: \_\_\_\_\_

Size:     Small                       Medium                       Large

Subject Exercises:

- Normal Breathing                       Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning                       Jogging in Place
- Nodding Head
- Pass                       Fail

This certifies that JOSE PEREZ has passed the above OSHA Qualitative Respirator Fit Test.

Joe Perez  
EMPLOYEE SIGNATURE

J. Cook                      6-25-99  
Supervisor Performing Test                      Date

PIONEER HOME  
Test Location

# Asbestos Consulting & Training Systems

34710.6918CERT/

903 N.W. 6TH Avenue, Fort Lauderdale, Florida 33311 (954) 524-7208

**This is to Certify that**  
**George E. Robinson**



4 2 6 - 1 5 - 1 9 3 5

3308 N. El Dorado Drive, Chandler, AZ

**has successfully completed an English**  
**Asbestos Worker Refresher**

4-Dec-98 TO 4-Dec-98

Asbestos courses comply with Section 206 TSCA 15 USC 2646

**Complies with Sec. 206 TSCA 15 USC 2646**

Trainer(s): Richard L. Lamb

TEST SCORE: 84 %

Training Address: 955 E. Southern Ave., Apt. 163, Tempe, Az

Examination administered upon course completion.

**This Certificate Expires**

4-Dec-99



1 2 / 4 / 9 9

Processed By:

**Seagull**

*Since 1971*

UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS (18 U.S.C. 1001 AND 18 U.S.C. 2616), I CERTIFY THAT THIS TRAINING COMPLIES WITH ALL APPLICABLE REQUIREMENTS OF TITLE IV OF THE TOXIC SUBSTANCES CONTROL ACT, 42 U.S.C. PART 745 OR WITH ANY OTHER APPLICABLE FEDERAL, STATE, OR LOCAL REQUIREMENTS AS AMENDED.

James F. Stump, Course Sponsor

Certificate Number.....



9 4 3 5 0

Course Number

TE9849

EnviromD

CERTIFICATE OF ACCREDITATION

George E. Robinson

*Has Satisfactorily Completed All Requirements  
of the Environmental Protection Agency Approved Course*

Practices and Procedures in Asbestos Abatement

*Has Been Examined and is Hereby Accredited as*

ASBESTOS ABATEMENT WORKER

*This Course was Conducted at*

EnviromD, Inc. on Nov. 12, 1989

Division of Instruction  
Asbestos Related Issues

3443 E. Fort Lowell Road  
Tucson, Arizona 85716

Examiner J. McManus  
Expiration Date November 13, 1990  
Certificate Number 891112-28

**PHYSICIAN STATEMENT:  
QUALIFICATION FOR RESPIRATOR USE**

Robinson, George  
SSN : 426-15-1935  
EMP : Spray Systems

I have found

---

to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to.

AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators: either full face, half or quarter mask. Use cartridges with or without "c" container.

AIR SUPPLYING TYPE:

(A) \_\_\_\_\_ Air-Line Supply: either full face, half or quarter mask.

(B) \_\_\_\_\_ Self Contained Supply, or Self Contained Breathing Apparatus (S.C.B.A.). Either closed circuit system or open circuit system.

  
\_\_\_\_\_  
PHYSICIAN SIGNATURE

7/28/99  
\_\_\_\_\_  
DATE

(Return to Employer)

*Environmental Health Services*  
7290 West Regena Avenue  
Las Vegas, NV 89130  
(702) 645-1521

*in association with*

*Environmental Training Center*  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999

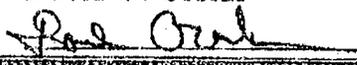
## *Certificate of Completion*

### **ASBESTOS WORKER REFRESHER**

*This is to certify that the following individual has been  
re-trained and is hereby re-accredited in accordance with  
OSHA (29 CFR 1910.1001 / 1926.1101) and  
EPA regulations (40 CFR 763)*

**MIGUEL RODRIGUEZ**

SS # 614 20 9466

Training Date:	04/23/99
Expiration Date:	04/23/00
Certificate Number:	ETCASBWR02299
Instructor Name:	David O. Cronk
Signature:	

# Asbestos Consulting & Training Systems

903 N.W. 6TH Avenue, Fort Lauderdale, Florida 33311 (305) 524-7208

*This is to Certify that*  
**Miguel Rodriguez**



*has successfully completed*

Asbestos Worker Course

21-May-92

TO

23-May-92

*and has passed an Examination*

Trainer(s): Fred D. White

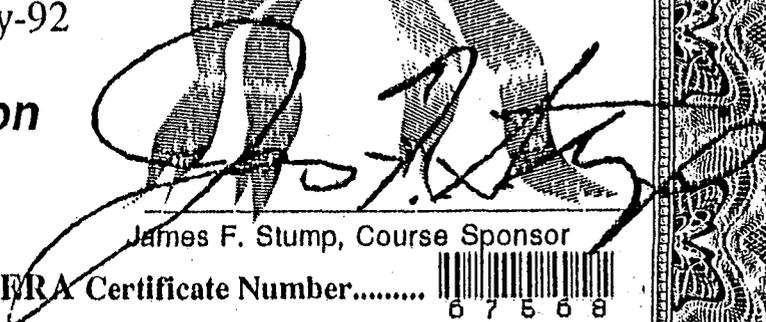
Training Address: Navajo Nation, Tuba City, AZ

***This Certificate Expires***

22-May-93



QUALITY  
**Seagull**  
SINCE 1971



James F. Stump, Course Sponsor

AHERA Certificate Number.....



Course Number

S921268

**PHYSICIAN STATEMENT:  
QUALIFICATION FOR RESPIRATOR USE**



I have found

Miguel Rodriguez

to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to.

AIR PURIFYING TYPE (FOR ASBESTOS)

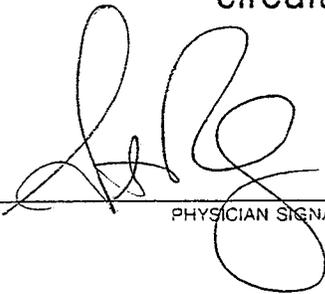
To include power or non-power respirators: either full face, half or quarter mask. Use cartridges with or without "c" container.

AIR SUPPLYING TYPE:

(A)  Air-Line Supply: either full face, half or quarter mask.

(B)  Self Contained Supply, or Self Contained Breathing Apparatus (S.C.B.A.).

Either closed circuit system or open circuit system.



PHYSICIAN SIGNATURE

4/23/99

DATE SIGNED

*Environmental Health Services*  
7290 West Regena Avenue  
Las Vegas, NV 89130  
(702) 645-1521

*in association with*

*Environmental Training Center*  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999

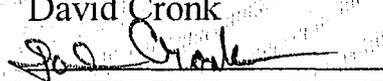
## *Certificate of Completion*

### **ASBESTOS CONTRACTOR/SUPERVISOR REFRESHER**

*This is to certify that the following individual has been  
re-trained and is hereby re-accredited in accordance with  
OSHA (29 CFR 1910.1001 / 1926.1101) and  
EPA regulations (40 CFR 763)*

***LUIS ALBERTO VALDEZ***

SS #601 62 7507

Training Date:	08/14/99
Expiration Date:	08/14/00
Certificate Number:	ETCASBCSR09099
Instructor Name:	David Cronk
Signature:	

# THE ASBESTOS INSTITUTE

Certifies that

Luis Alberto Valdez

601-62-7507

has attended the EPA approved course

AHERA

Contractor/Supervisor

August 18-22, 1997

and successfully passed the competency exam.

Date of Examination: August 22, 1997

Date of Expiration: August 22, 1998

Director

Approved Instructor

THE ASBESTOS INSTITUTE

8102 North 23rd Avenue

Suite A

Phoenix, AZ, 85021-4904

602-864-6564



**NovaCare™**

*Helping Make Life a Little Better.*

**Physician Statement:**

**Qualification for Respirator Use:**

I have found (Name) Luis Valdez  
to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to:

AIR PURIFYING TYPE (FOR ASBESTOS)

To include power or non-power respirators:

Full face

Half face

Quarter mask

Use cartridges with or without "c" container.

AIR SUPPLYING TYPE:

(A)— Air-line supply:

Full face

Half face

Quarter mask

(B)— Self contained supply or self contained breathing apparatus (S.C.B.A.)

Closed circuit system

Open circuit system

Hale, Spencer, MD  
physician signature

1/8/99  
date signed

*Environmental Health Services  
7290 West Regena Avenue  
Las Vegas, NV 89130  
(702) 645-1521*

*in association with*

*Environmental Training Center  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999*

# *Certificate of Completion*

## **ASBESTOS WORKER REFRESHER**

*This is to certify that the following individual has been  
re-trained and is hereby re-accredited in accordance with  
OSHA (29 CFR 1910.1001 / 1926.1101) and  
EPA regulations (40 CFR 763)*

**FRANK P. ROJAS**

SS # 527 77 8899

Training Date: 04/23/99  
Expiration Date: 04/23/00  
Certificate Number: ETCASBWR02399  
Instructor Name: David O. Cronk  
Signature: *David O. Cronk*

---

---

# THE ASBESTOS INSTITUTE

**Certifies that**

**FRANK P. ROJAS**  
527-77-8899

**Has attended the EPA approved course**  
AHERA  
WORKER  
JANUARY 18-20, 1993

**and successfully passed the competency exam**

**Date of Issuance**      JANUARY 20, 1993

**Date of Expiration**      JANUARY 20, 1994



**Director**  
**The Asbestos Institute**  
8102 N. 23rd Ave.  
Suite A  
Phoenix, AZ 85021  
(602) 864-6564

# The Environmental Group

## MEDICAL SURVEILLANCE EXAMINATION FOR ASBESTOS WORKERS / RESPIRATOR USERS

Name: FRANK P ROSAS

Examination Date: 9/9/98

Sex:  Male  Female

Age: 29 yrs.

- 1. ASBESTOS MEDICAL HISTORY  Normal  Abnormal
- 2. PHYSICAL EXAMINATION  Normal  Abnormal
- 3. VISION [Corrected] (20/40 or better)  Normal  Abnormal
- 4. SPIROMETRY (PFT): FVC: \_\_\_\_\_% FEV<sub>1</sub>: \_\_\_\_\_  Normal  Abnormal
- 5. CHEST RADIOGRAPH / B-READER (Report attached)  Normal  Abnormal
- 6. URINALYSIS (Dipstick)  Normal  Abnormal
- 7. STOOL HEMOCULT  Declined  Normal  Abnormal

### DISCUSSION OF ABNORMAL RESULTS

Item #	Condition Noted	Recommendation

### CERTIFICATION FOR THE USE OF RESPIRATORS (Per CFR 29-1910.134)

- Medically qualified for the use of both positive and negative pressure respirators.
- Medically qualified for the use of only positive pressure respirators (Pos./Supplied air only).
- Not medically qualified for the use of respirators. Use: \_\_\_\_\_

### MEDICAL STATUS FOR WORK EXPOSED TO ASBESTOS

- No medical condition was found that would place the aforementioned employee at an increased risk of material health impairment due to asbestos exposure.
- Based on the medical condition(s) discussed above, the employee is restricted from working as follows:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

*Frank P. Rosas* 9-9-98

*Environmental Health Services*  
7290 West Regena Avenue  
Las Vegas, NV 89130  
(702) 645-1521

*in association with*

*Environmental Training Center*  
3323 N. Campbell, Suite 6  
Tucson, AZ 85719  
(520) 321-1999

# *Certificate of Completion*

## **ASBESTOS WORKER REFRESHER**

*This is to certify that the following individual has been re-trained and is hereby re-accredited in accordance with OSHA (29 CFR 1910.1001 / 1926.1101) and EPA regulations (40 CFR 763)*

***GABRIEL ROMERO***

SS # 555 53 0354

Training Date:	04/23/99
Expiration Date:	04/23/00
Certificate Number:	ETCASBWR02499
Instructor Name:	David O. Cronk
Signature:	

---

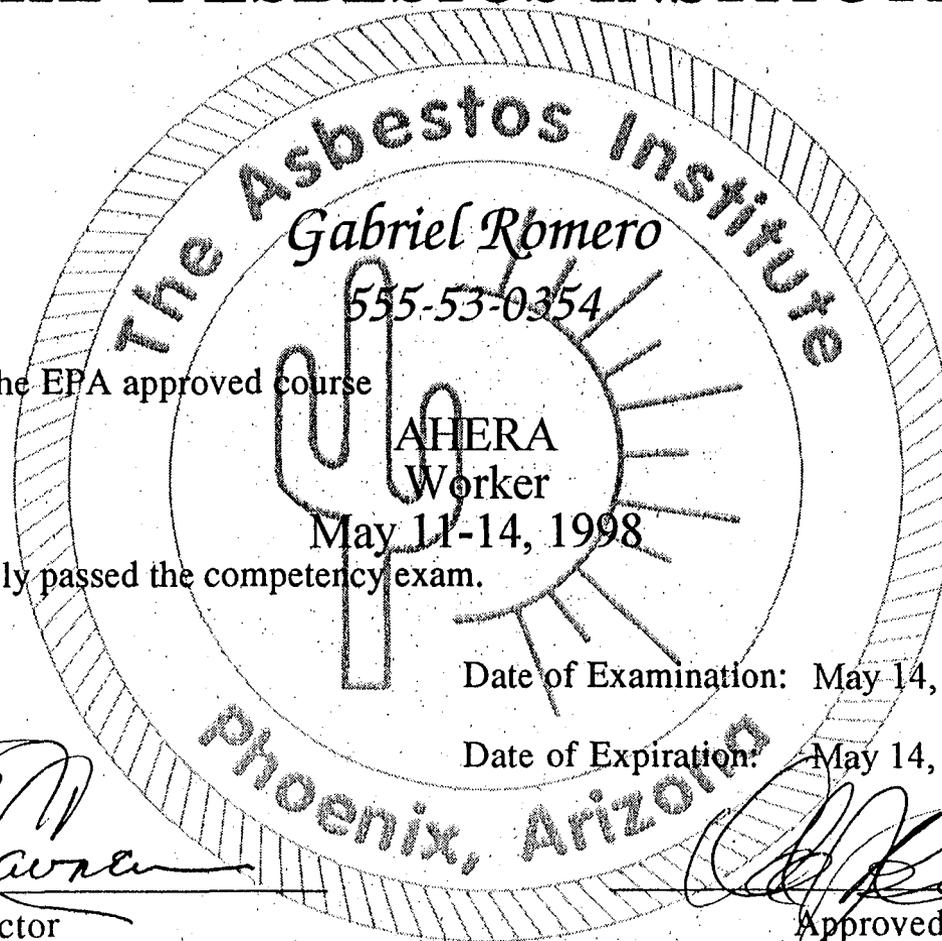
---

# THE ASBESTOS INSTITUTE

Certifies that

has attended the EPA approved course

and successfully passed the competency exam.



Director

Approved Instructor

THE ASBESTOS INSTITUTE  
8102 North 23rd Avenue  
Suite A  
Phoenix, AZ 85021-4904  
602-864-6564

**PHYSICIAN STATEMENT:  
QUALIFICATION FOR RESPIRATOR USE**



I have found

Gabriel Romero

to be medically qualified to wear a well-maintained respirator (type indicated below) providing manufacturer's instructions are adhered to.

**AIR PURIFYING TYPE (FOR ASBESTOS)**  
To include power or non-power respirators: either full face, half or quarter mask. Use cartridges with or without "c" container.

**AIR SUPPLYING TYPE:**  
(A) \_\_\_\_\_ Air-Line Supply: either full face, half or quarter mask.  
(B) \_\_\_\_\_ Self Contained Supply, or Self Contained Breathing Apparatus (S.C.B.A.).  
Either closed circuit system or open circuit system.

Vandana M. D. M.D.  
PHYSICIAN SIGNATURE

4/16/99  
DATE SIGNED

Thomas Road Center  
5302 W. Thomas Road  
Phoenix, AZ 85017  
(602) 233-2300

24th Street Center  
2406 S. 24th Street  
Phoenix, AZ 85034  
(602) 220-0806

Jesse Owens Memorial  
Medical Center  
325 E Baseline  
Phoenix, AZ 85040  
(602) 220-1000

Phoenix Memorial Hospital  
Emergency Department  
1201 S. 7th Avenue  
Phoenix, AZ 85007



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face  SCBA
- Full Face  High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: NORTH

Model: 7700

Approval No.: \_\_\_\_\_

Size:  Small  Medium  Large

Subject Exercises:

- Normal Breathing  Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning  Jogging in Place
- Nodding Head
- Pass  Fail

This certifies that FRANCISCO M BLAINE has passed the above OSHA Qualitative Respirator Fit Test.

[Signature]  
EMPLOYEE SIGNATURE

[Signature]  
Supervisor Performing Test

9-8-99  
Date

\_\_\_\_\_  
Test Location



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face  SCBA
- Full Face  High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: NORTH

Model: 7700

Approval No.: \_\_\_\_\_

Size:  Small  Medium  Large

Subject Exercises:

- Normal Breathing  Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning  Jogging in Place
- Nodding Head
- Pass  Fail

This certifies that Miguel A Rodriguez has passed the above OSHA Qualitative Respirator Fit Test.

[Signature]  
EMPLOYEE SIGNATURE

[Signature] 9-8-99  
Supervisor Performing Test Date

\_\_\_\_\_  
Test Location



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
  - Ventilation Smoke Tube (stannic oxychloride)
  - Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face  SCBA
- Full Face  High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: NORTH

Model: 7700

Approval No.: \_\_\_\_\_

Size:  Small  Medium  Large

Subject Exercises:

- Normal Breathing  Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning  Jogging in Place
- Nodding Head
- Pass  Fail

This certifies that George E. Robinson has passed the above OSHA Qualitative Respirator Fit Test.

George E. Robinson  
EMPLOYEE SIGNATURE

Sam Kbell 9-8-99  
Supervisor Performing Test Date

\_\_\_\_\_  
Test Location





1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_

Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face  SCBA
- Full Face  High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: 7700 NORTH

Model: 7700 300-L 304

Approval No.: \_\_\_\_\_

Size:  Small  Medium  Large

Subject Exercises:

- Normal Breathing  Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning  Jogging in Place
- Nodding Head
- Pass  Fail

This certifies that Luis Valdez has passed the above OSHA Qualitative Respirator Fit Test.

Luis A. Valdez  
EMPLOYEE SIGNATURE

Jim M. Marshall  
Supervisor Performing Test

9-759911  
Date

CO/1011  
Test Location



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face                       SCBA
- Full Face                       High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: 3M NORTH

Model: 7700-30-L

Approval No.: \_\_\_\_\_

Size:     Small                       Medium                       Large

Subject Exercises:

- Normal Breathing                       Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning                       Jogging in Place
- Nodding Head
- Pass                       Fail

This certifies that CESAR FLORES has passed the above OSHA Qualitative Respirator Fit Test.

[Signature]  
EMPLOYEE SIGNATURE

[Signature]                      9-7-99  
Supervisor Performing Test                      Date

\_\_\_\_\_  
Test Location



1616 S. EDWARD • TEMPE, AZ 85281

QUALITATIVE RESPIRATOR FIT TEST

This qualitative respirator fit test was performed according to the procedures outlined in OSHA 29CFR 1910.1001 and 1926.58 standards.

Protocol:

- Irritant Fume Protocol
- Ventilation Smoke Tube (stannic oxychloride)
- Other \_\_\_\_\_
- Other Protocol \_\_\_\_\_

Respirator Type:

- 1/2 Face                       SCBA
- Full Face                       High-Efficiency and Acid Gas Cartridge
- Other: \_\_\_\_\_

Manufacturer: NORTH

Model: 7700                      30-AA

Approval No.: \_\_\_\_\_

Size:     Small                       Medium                       Large

Subject Exercises:

- Normal Breathing                       Talking (read rainbow passage or equivalent)
- Deep Breathing
- Head Turning                       Jogging in Place
- Nodding Head
- Pass                       Fail

This certifies that Gabriel Romero has passed the above OSHA Qualitative Respirator Fit Test.

Gabriel Romero  
EMPLOYEE SIGNATURE

Lewis K Bell  
Supervisor Performing Test

9-7-99

Date

Test Location



Arizona Lic. #099303
California Lic. #599946 (CAL OSHA 329)
Colorado Lic. #81-0443330
Nevada Lic. #30862
New Mexico Lic. #60610

DAILY FIELD REPORT

JOB NO. 5294
JOB NAME Flood Control
DATE 9-7-99 TIME 6:00 AM WEATHER Clear

WORK IN PROGRESS mobile, prep, pre-clean
PERSONS PRESENT AT SITE

OBSERVATIONS I Arrived AT the office AT 5:00 AM TO pick up paper-work on Job.

Crew Arrived & we set off for Job Site.

We Arrived on Job Site.

I met with Ken Ashfield & Steve Beirl of Spray Systems They will go over Scope of work to be done.

Crew will START TO demo-out ANYTHING THAT CAN BE SAFELY TAKEN OUT OF THE WAY.

prep will began on floor tile areas.

All Areas will get A prep Inspection before work STARTS.

Crew will Suit up in proper PPE before Any work begins.

All work will be wet down & kept wet while work is in progress

Crew Decanned out For lunch

Lunch 11:00-12:00

Crew Returned & Resumed with Their Tasks.

Those doing Removal will suit up in proper PPE.

work continued until end of shift.

AT THAT TIME crew will decan out properly

Area will be picked up & All tools & supplies will be locked up

OFF SITE AT 3:00 pm.



ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. #099303  
California Lic. #599946  
(CAL OSHA 329)  
Colorado Lic. #81-0443330  
Nevada Lic. #30862  
New Mexico Lic. #60610

DAILY FIELD REPORT

JOB NO. 5249  
JOB NAME Flood Control  
DATE 9-8-99 TIME 5:30 Am WEATHER clear

WORK IN PROGRESS Various  
PERSONS PRESENT AT SITE See Sign in Sheet

OBSERVATIONS I ARRIVED ON SITE AT 5:00 AM.  
CREW ARRIVED AT 5:30 AM.  
CREW WILL FINISH WITH WHAT EVER TASK THEY WERE  
PERFORMING THE DAY BEFORE.  
ANY REMOVAL WILL BE DONE IN PROPER PITS & WET  
AS SOON AS A AREA IS FINISHED IT WILL BE RE-CHECKED & INSPECTED.  
ANY THING THAT IS NEEDED TO BE FINISHED WILL BE DONE &  
THEN THE AREAS WILL BE ENCLOSED.  
WORK WILL CONTINUE UNTIL LUNCH.  
CREW WILL DECON OUT FOR LUNCH.  
LUNCH 11:00 - 12:00.  
CREW RETURNED & RE-SUITED, WORK SITE WAS  
WET DOWN & REMOVAL RESUMED.  
ALL WASTE WILL BE BAGGED UP & PUT INTO POLY LINED  
DUMP SITE.  
WORK AREA WILL BE PICKED UP OF ANY DEBRIS THAT  
BELONGS TO SPRAY SYSTEM.  
CREW DECONED OUT PROPERLY.  
ALL TOOLS & SUPPLIES PICKED UP & SECURED.  
ALL EQUIPMENT SECURED  
OFF SITE AT 3:30

NUMBER OF BAGS REMOVED \_\_\_\_\_  
REPORT GIVEN BY: Lewis Krambell Page 1 of 1 pages.



Arizona Lic. #099303
California Lic. #599946 (CAL OSHA 329)
Colorado Lic. #81-0443330
Nevada Lic. #30862
New Mexico Lic. #60610

DAILY FIELD REPORT

JOB NO. 5294
JOB NAME Flood Control
DATE 9-9-99 TIME 5:00 AM WEATHER Cloudy
WORK IN PROGRESS Various houses
PERSONS PRESENT AT SITE See Sign in Sheet

OBSERVATIONS I Arrived on Site AT 5:00 AM. I began To unlock Equipment & Supplies.
Crew Arrived & began To Set up For Today's work.
Workers doing ACM Removal will Suit up in proper PPE.
Work AT ACM AREAS will be wet down prior To Removal beginning.
All waste will be bagged up & TAKEN To poly lined dumpster on SITE & put inside.
work will continue until lunch.
Crew in p.p.e will decon out for lunch.
lunch 11:00-12:00
Crew returned & Resumed with work THAT They were doing.
Workers doing ACM Removal will ReSuit up in proper PPE. Area was Re-wet & Removal began.
work will continue until End of work Shift.
Any Tools & Supplies Not in use will be put INTO bin.
Crew deconed out.
Any Equipment will be put INTO bin.
Area was picked up & Clean.
OFF Site AT 4:00 pm.



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. #099303  
California Lic. #599946  
(CAL OSHA 329)  
Colorado Lic. #81-0443330  
Nevada Lic. #30862  
New Mexico Lic. #60610

### DAILY FIELD REPORT

JOB NO. 5294  
JOB NAME Flood Control  
DATE 9-10-99 TIME 5:00 AM WEATHER Cloudy

WORK IN PROGRESS Various houses  
PERSONS PRESENT AT SITE See Sign in Sheet

OBSERVATIONS I ARRIVED on SITE AT 5:00 AM. I began to  
unlock bin & set up for today's work.  
Crew Arrival & began to suit up in proper PPE.  
WORK will START on ACM AREAS.  
Areas will be wet down before work STARTS.  
Any Area needed will be given prep Inspections.  
All waste will be bagged up properly.  
WORK continued until lunch  
Crew deconed out for lunch  
lunch 11:30-12:30.  
Crew returned & re suited in proper PPE.  
work will continue  
Any tools not in use will be put into bin  
Area will be picked up & site will be clean.  
All waste will be put into waste bin  
Crew deconed out.  
WORK Site was picked up.  
All Tools & Equipment will be locked up  
OFF SITE AT 4:00 PM

NUMBER OF BAGS REMOVED \_\_\_\_\_  
REPORT GIVEN BY: Lewis Kimbell Page 1 of 1 pages.



ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303
California Lic. # 599946 (CAL OSHA 329)
Colorado Lic. # 81-0443330
Nevada Lic. # 30862
New Mexico Lic. # 60610

DAILY FIELD REPORT

JOB NO. 5294
JOB NAME Flood Control
DATE 9-13-99 TIME 6:00 am WEATHER Cloudy
WORK IN PROGRESS Plaster Removal.
PERSONS PRESENT AT SITE See Sign in Sheet

OBSERVATIONS I ARRIVED ON SITE AT 6:00 AM.
CREW ARRIVED ON SITE & BEGAN TO SUIT UP IN PROPER PPE.
WORK WILL CONTINUE ON PLASTER REMOVAL.
AREA WAS WET DOWN & WORK STARTED.
ALL WASTE WILL BE PUT INTO BARRITO.
WORK WILL CONTINUE UNTIL LUNCH.
CREW DECONED OUT FOR LUNCH.
Lunch 1100-1200
CREW RETURNED & RE-SUITED IN PROPER PPE.
THE AREA WAS RE-WET & WORK CONTINUED.
ANY DEBRIS REMOVED WILL BE PICKED UP & PUT INTO DUMPSTER.
THE DUMPSTER WILL BE SEALED AT THE END OF WORK SHIFT.
CREW PICKED UP AREA.
CREW DECONED OUT PROPERLY.
OUTSIDE AREA WAS PICKED UP OFF SITE AT 3:00 PM

NUMBER OF BAGS REMOVED
REPORT GIVEN BY: Lewis Kimbell Page 1 of 1 pages.



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

### DAILY FIELD REPORT

JOB NO. 5294  
JOB NAME Flood Control  
DATE 9-14-99 TIME 6:00 WEATHER Cloudy

WORK IN PROGRESS Plaster Removal.  
PERSONS PRESENT AT SITE See Sign in Sheet

OBSERVATIONS I Arrived on Site at 6:00 AM  
Crew Arrived and Suited up in proper ppe.  
The work Area will be final cleaned.  
AS soon as Area passes Visual it will be Encaped  
Area passed Visuals.  
Crew decond out & began work on other two  
Areas of plaster.  
Each will be done properly-  
The Area that had passed Visuals was Encaped.  
Work Continued on other Areas.  
Crew decond out for lunch.  
lunch 1100 1200  
Crew Returned & Resuited in proper ppe  
Work Continued on plaster Removal  
AS soon AS All plaster was The Areas will be  
given A Visual.  
Crew decond out.  
The Areas passed Visuals & will be Encaped.  
Crew began to Tean down work Site & Demoblize  
Area  
All tools & supplys will be put into bin & locked  
up.  
work Site was picked up & Clean  
off Site at 5:30 pm



SUPERVISOR: Lewis Kimbell

### DAILY SIGN-IN LOG

JOB NUMBER: 5294

JOB SITE: Flood Control

DATE: 9-2-89

EMPLOYEE NAME PRINT	EMPLOYEE SIGNATURE AND SSN	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Lewis Kimbell	<i>L Kimbe</i> 526 494355	5:00	11:00 <sup>L</sup>	11:30	4:30 <sup>5</sup>		
FRANK ROJAS	<i>FRANK -</i>	5:30	11:00 <sup>5.5</sup>	12:00	4:00 <sup>4</sup>		
Francisco C. Rojo	Francisco C. Rojo	6:30	11:00 <sup>4.5</sup>	12:00	3:00 <sup>3</sup>		
Jose Perez	<i>Jose Perez</i> 613-18-8104	6:30	11:00	12:00	3:00		
Domeno Gabriel	Gabriel Domero 555-53-0554	6:30	11:00	12:00	3:00		
Luis Valdez	Luis A. Valdez	6:30	11:00	12:00	3:00		
Estroberto Garcia	Estroberto Garcia 600 590865	6:30	11:00	12:00	3:00		
Ramon Espinoza	Ramon Espinoza 654251834	6:30	11:00	12:00	3:00		
SALOME APORACA	SALOME APORACA 600 631770	6:30	11:00	12:00	3:00		
CESAR FLORES	<i>Cesar Flores</i> 600 508191	6:30	11:00	12:00	3:00		
Angel Enriquez	<i>Angel Enriquez</i> 611-34-8577	11:00	<del>11:00</del>	<del>12:00</del>	3:00		
Norman Perez	<i>Norman Perez</i> 603-96-0737	11:00	<del>11:00</del>	<del>12:00</del>	3:00		
Marvin Horrois	<i>Marvin Horrois</i> 540-18-7234	11:00	<del>11:00</del>	<del>12:00</del>	3:00		

*Lewis Kimbell*  
SUPERVISOR SIGNATURE

153  
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SUPERVISOR: Lewis Kimbell

**DAILY SIGN-IN LOG**

JOB NUMBER: 5294      JOB SITE: Flood Control / Basin 244      DATE: 9-8-99

EMPLOYEE NAME PRINT	EMPLOYEE SIGNATURE AND SSN	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Lewis Kimbell	<i>Lewis Kimbell</i> 526 49 4355	500	1100	1200	400		
FRANK ROSAS	<i>F071-</i> 567 77 8899	500	1100 <sup>6</sup>	1200	330		
Estroberto Garcia	<i>E G C-</i> 600 5908 65	530	1100 <sup>5.5</sup>	1200	330 <sup>3.5</sup>		
Ramon Espinoza	<i>RE</i> 654 25 1834	530	1100	1200	330		
Gabriel Romero	<i>Romero Gabriel</i> 555-53-0354	530	1100	1200	330		
Miguel Rodriguez	<i>M-</i> 614-20-9466	530	1100	1200	330		
Octavio Solano	<i>Octavio Solano</i> 527-79-9168	530	1100	1200	330		
FRANCISCO M. BLAINZ	<i>F M Blainz</i> 527-53-4058	530	1100	1200	330		
Jorge Gestelu	<i>Jorge Gestelu</i> 6006 889 34	530	1100	1200	330		
CESAR FLORES	<i>Cesar Flores</i> 600 50 8191	530	1100	1200	330		
Luis Valdez	<i>Luis A. Valdez</i>	530	1100	1200	330		
George Robinson	<i>G E Robinson</i> 426-15-1935	530	1100	1200	330		

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*Lewis Kimbell*  
SUPERVISOR SIGNATURE





SUPERVISOR: Lewis Kimbell

**DAILY SIGN-IN LOG**

JOB NUMBER: 5294

JOB SITE: Flood Control

DATE: 9-10-99

EMPLOYEE NAME PRINT	EMPLOYEE SIGNATURE AND SSN	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Lewis Kimbell	Lewis Kimbell 526 49 4355	500	400				
FRANK ROSAS	<i>[Signature]</i>	500	400				
Jorge Castelum	Jorge Castelum 600 688 9 34	600	1130 <sup>5.5</sup>	1230	400 <sup>9.5</sup>		
Estroberto Garcia	Estroberto Garcia 600590865	600	930	/	/		
Ramon Espinoza	Ramon <del>Espinoza</del> 654 251834	600	930	/	/		
CESAR FLORES	Ramon <del>Flora</del> 600 50 8191	600	1130	1230	400		
FRANCISCO M. BLAINÉ	<del>Francisco</del> 527-53-4058	600	1130	1230	400		
GABRIEL RANCO	GABRIEL R 555-53-0354	600	1130	1230	400		
Miguel Rodriguez	<i>[Signature]</i> 624 20 9466	600	1130	1230	400		

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Lewis Kimbell  
SUPERVISOR SIGNATURE





SUPERVISOR: Lewis Kimbell

### DAILY SIGN-IN LOG

JOB NUMBER: 5294      JOB SITE: Flood Control      DATE: 9-14-99

EMPLOYEE NAME PRINT	EMPLOYEE SIGNATURE AND SSN	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Lewis Kimbell		500	1100 <sup>6</sup>	1200	700 <sup>7</sup>		12
FRANK ROSAS	<u>Frank Rosas</u> 527-77-8899	530	1100 <sup>5.5</sup>	1200	700 <sup>7</sup>		12.5
FRANCISCO M. BLAINÉ	<del>Francisco Blaine</del> 527-53-4058	600	1100 <sup>5</sup>	1200	530 <sup>5.5</sup>		10.5
Gabriel Romero	<u>Gabriel Romero</u> 55553-0259	600	1100	1200	530		10.5
CESAR FLORES	<u>Cesar Flores</u> 6000 508191	600	1100	1200	530		10.5
Jorge Castellón	<u>Jorge Castellón</u> 600 688934	600	1100	1200	530		10.5
Estroberto Garcia	<u>Estroberto Garcia</u> 60059 0865	600	1100	1200	530		10.5
Ramon Espinoza	<u>Ramon Espinoza</u> 654251834	600	1100	1200	530		10.5
Luis Valdez	<u>Luis A. Valdez</u>	600	1100	1200	530		10.5

LK  
SUPERVISOR SIGNATURE



Containment Area  
Employee Sign-Sheet

Supervisor: Henry Kala

JOB NUMBER: 5294

JOB SITE: flood Control

ADDRESS: \_\_\_\_\_

DATE: 9-13-99

EMPLOYEE NAME PRINT	EMPLOYEE SIGNATURE AND SSN	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	PROTECTION DEVICE
FRANK ROSAS	<u>Frank</u> 527-77-8859	625	1051	1215	251			Y2 ftc
Jorge Gutierrez	<u>Jorge Gutierrez</u> 600 68 87 34	627	1049	1217	247			
FRANCISCO M. BLAIN	<del>San Juan</del> 527-53-4058	629	1047	1218	249			
CESAR FLORES	<u>Nelson</u> 600 50 82 1	628	1048	1219	250			
Gabriel RAMIRO	<u>Ramiro Gabriel</u> 555-5308	630	1050	<del>1220</del>	<del>250</del>			
George Robinson	<u>G.E. Robinson</u> 426-15-1935	1225	250					

\_\_\_\_\_  
SUPERVISOR SIGNATURE



Containment Area  
Employee Sign-Sheet

Supervisor: Lewis Kimbel

JOB NUMBER: 5294

JOB SITE: Flood Control

ADDRESS: \_\_\_\_\_

DATE: 9-14-99

EMPLOYEE NAME PRINT	EMPLOYEE SIGNATURE AND SSN	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	PROTECTION DEVICE
Frank Rojas	<i>FR</i> - - 527-728890	631	945					1/2 face
FRANCISCO M. BLAINE	<i>Sm Blaine</i> 527-53-4058	632	940					
Romero Gabriel	Gabriel Romero 555-53058	633	941					
Jorge Gustelun	Jorge Gustelun 600688734	632	942					
Estroberto Garcia	Estroberto Garcia 60590865	633	943					
Ramon Espinoza	Ramon Espinoza 654251834	634	944					

*LK*  
SUPERVISOR SIGNATURE



SAFETY MEETING

Date: 9-14-99 Time: 6:00 p.m. Location: Flood Control

Chairman: L. Kimbell Area: Tailgate Members Present:

Approval of Minutes:

Wear proper ppe

Decom properly

FM-
Estroberto Garcia
Ramon Espinoza
Luis Valdez
Lewy Kuhole

Table with 4 columns: AREA, BOSS, SAFETY SUGGESTIONS, NAME. Rows contain names like FRANCISCO M. BUAINA, Haroldo Lasso, Oscar Luna, Jorge Custelum.

Meeting Adjourned: 6:05 Signed: [Signature]





**SAFETY MEETING**

Date: 9-10-99 Time: 6:00 AM Location: Flood Control

Chairman: L. Kimbell Area: Tailgate Members Present: \_\_\_\_\_

Approval of Minutes: \_\_\_\_\_

Wear proper PPE  
Decon properly

FOR  
Gabriel Ranco  
Miguel Rodriguez  
FRANCISCO M. BLANK  
Cesar Luna

AREA	BOSS	SAFETY SUGGESTIONS	NAME
			Estroberto Garcia
			Ramon Espinoza
			Jorge Restelun
			L. Kimbell

Meeting Adjourned: \_\_\_\_\_ Signed: L. Kimbell



**SAFETY MEETING**

Date: 9-8-99 Time: 5:30 AM Location: Crimson & Arken

Chairman: L. Kimbell Area: Tailgate Members Present: 12

Approval of Minutes: \_\_\_\_\_

*wear proper ppe  
Decon properly*

*Oscar Stone  
Lori  
Estroberto Garcia  
Ramon Espinoza  
Gerberd Romero  
Miguel Rodriguez  
FRANCISCO M. BLAINÉ  
Jory [unclear]*

AREA	BOSS	SAFETY SUGGESTIONS	NAME
			<i>Osar Flores</i>
			<i>Luis Valdez</i>
			<i>George Robinson</i>
			<i>[Signature]</i>

Meeting Adjourned: 5:30 Signed: [Signature]



**SAFETY MEETING**

Date: 9-9-99 Time: 6:00 AM Location: flood control

Chairman: L. Kimbell Area: Tailgate Members Present: 8

Approval of Minutes: \_\_\_\_\_

Decon properly  
wear proper PPE.  
Tape up used prep knife blades

Frank Rojas  
Jorge Cristelun  
Deson Flores

AREA	BOSS	SAFETY SUGGESTIONS	NAME
			Luis Valdez
			Ramon Espinoza
			Estroberto Garcia
			Lewis Kimbell
			FRANCISCO BLAINÉ

Meeting Adjourned: 6:04 Signed: L. Kimbell



**SAFETY MEETING**

Date: 9-7-99 Time: 6:30 Location: Flood Control

Chairman: L. Kimbell Area: TALGATE Members Present: 13

Approval of Minutes: \_\_\_\_\_

When pre-cleaning WATCH OUT FOR  
NAILS, glass, + Any TRIP hazards

Wear proper PPE  
Decon properly

Lewis Kimbell  
Marvin Honoris  
Norman Perez  
Angel Enriquez  
Rancro Gabriel  
M-  
Francisco Lopez  
Jose C. Perez  
Luis Valdez

AREA	BOSS	SAFETY SUGGESTIONS	NAME
			Estroberto Garcia
			Ramon Espinoza
			SALOME APODACA
			Maria Hernandez

Meeting Adjourned: 6:37 Signed: L. Kimbell







ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. #89301  
Nevada Lic. #30862  
Colorado Lic. #81-0443330  
California Lic. #599946  
(CAL OSHA 329)

RESPIRATOR MAINTENANCE LOG

JOB NO. 5294  
JOB NAME Flood Control  
DATES 9-9-99

DATE	NAME PRINT	SIGNATURE	INSPEC TED	CLEAN ED	RESPONSIBLE PERSON
9-9-99	Lewis Kimball	<i>[Signature]</i>	✓	✓	LK
	Frank Rosas	<i>[Signature]</i>	-	-	R
	Estroberto Garcia	Estroberto Garcia	✓	✓	EG
	Ramon Espinoza	Ramon Espinoza	✓	✓	RE
	Luis Valdez	Luis A. Valdez	✓	✓	L.V.
	CESAR FLORES	Cesar Flores	✓	✓	C.F.
	Jorge Gastelum	Jorge Gastelum	-	-	JG
	FRANCISCO BLAIN	<i>[Signature]</i>	-	-	F.M.B.
9-10	Lewis Kimball	<i>[Signature]</i>	✓	✓	LK
	FRANK ROSAS	<i>[Signature]</i>	-	-	R
	Estroberto G.	Estroberto Garcia	✓	✓	EG
	Ramon Espinoza	Ramon Espinoza	✓	✓	RE
	Jorge Gastelum	Jorge Gastelum	-	-	JG
	CESAR FLORES	Cesar Flores	✓	✓	C.F.
	FRANCISCO BLAIN	<i>[Signature]</i>	-	-	F.M.B.
	Habriel Rojas	Romero Habra	-	-	GR
	Miguel Rodriguez	<i>[Signature]</i>	-	-	MR



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. #89301  
Nevada Lic. #30862  
Colorado Lic. #81-0443330  
California Lic. #599946  
(CAL OSHA 329)

RESPIRATOR MAINTENANCE LOG

JOB NO. 5294  
JOB NAME Flood Control  
DATES 9-13-99

DATE	NAME PRINT	SIGNATURE	INSPEC TED	CLEAN ED	RESPONSIBLE PERSON
9-13	FRANCISCO BLAIN	<i>[Signature]</i>	✓	✓	FMB
	Luis Valdez	<i>[Signature]</i>	✓	✓	L.V.
	CESAR Flores	<i>[Signature]</i>	✓	✓	C.F.
	Jorge Gastelum	<i>[Signature]</i>	✓	✓	JG
	FRANK ROSAS	<i>[Signature]</i>	✓	✓	FR
	Ramon bobuel	<i>[Signature]</i>	✓	✓	R.B.
	George Robinson	<i>[Signature]</i>	✓	✓	GER
	Lewis				
9-14	FRANK ROSAS	<i>[Signature]</i>	✓	✓	FR
	FRANCISCO BLAIN	<i>[Signature]</i>	✓	✓	FMB
	Ramon bobuel	<i>[Signature]</i>	✓	✓	R.B.
	CESAR FLORES	<i>[Signature]</i>	✓	✓	C.F.
	Jorge Gastelum	<i>[Signature]</i>	✓	✓	JG
	Estoberto Garcia	<i>[Signature]</i>	✓	✓	EG
	Ramon Espinoza	<i>[Signature]</i>	✓	✓	R.E.
	Luis Valdez	<i>[Signature]</i>	✓	✓	L.V.







ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. #099303
California Lic. #599946 (CAL OSHA 329)
Colorado Lic. #81-0443330
Nevada Lic. #30862
New Mexico Lic. #029781

HEPA VACUUM MAINTENANCE LOG

JOB NO. 5294
JOB NAME Flood Control
DATES

Table with 6 columns: DATE, MACHINE #, PRE-FILTER, BAG, HEPA, SIGNATURE. Contains handwritten entries for maintenance on 9-13-99 and 9-14-99.





ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303
California Lic. # 599946 (CAL OSHA 329)
Colorado Lic. # 81-0443330
Nevada Lic. # 30862
New Mexico Lic. # 60610

INSPECTION REPORT

DATE: 9-7-99
PROJECT: Flood Control
AREA: 10013 Akron St Area 1+2 Floor Tile

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Visual Inspection Completed

OWNER'S REPRESENTATIVE
Signature: Donald R. Fulton
Name: DON FULTON
Title: Industrial Hygienist
Date: 9-13-99

SPRAY SYSTEMS
Signature: Lewis Kimbell
Name: Lewis Kimbell
Title: Supervisor
Date: 9-13-99



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-7-99  
PROJECT: Flood Control  
AREA: 10013 Akron st Area 1st Floor Tile

TYPE OF INSPECTION: PRE-JOB  PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Inspection of Area Completed

**OWNER'S REPRESENTATIVE**

Donald K Fulton  
SIGNATURE  
DON FULTON  
NAME  
INDUSTRIAL Hygienist  
TITLE  
9-13-99  
DATE

**SPRAY SYSTEMS**

Lewis Kimbell  
SIGNATURE  
Lewis Kimbell  
NAME  
Supervisor  
TITLE  
9-13-99  
DATE



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-7-99  
PROJECT: Flood Control  
AREA: 10115 AKRON ST. - AREA 1

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Inspection of Area Completed

**OWNER'S REPRESENTATIVE**

Donald R. Fulton  
SIGNATURE

DON FULTON  
NAME

Industrial Hygienist  
TITLE

9-13-99  
DATE

**SPRAY SYSTEMS**

Lewis K. Bell  
SIGNATURE

Lewis K. Bell  
NAME

Supervisor  
TITLE

9-13-99  
DATE



ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303
California Lic. # 599946 (CAL OSHA 329)
Colorado Lic. # 81-0443330
Nevada Lic. # 30862
New Mexico Lic. # 60610

INSPECTION REPORT

DATE: 9-8-99
PROJECT: Flood Control-
AREA: 10115 AKRON ST Area 1

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray stems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Visual Inspection of Area Completed

OWNER'S REPRESENTATIVE

SPRAY SYSTEMS

Signature: Donald K Fulton
NAME: DON FULTON
TITLE: Industrial Hygienist
DATE: 9-13-99

Signature: Lewis Kimbell
NAME: Lewis Kimbell
TITLE: Supervisor
DATE: 9-13-99



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-9-99  
PROJECT: Flood Control  
AREA: 10039 Akron St - Area 1

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Inspection of Area Completed

**OWNER'S REPRESENTATIVE**

Donald K. Gupta  
SIGNATURE  
Don FULTON  
NAME  
Industrial Hygienist - WT  
TITLE  
9-13-99  
DATE

**SPRAY SYSTEMS**

Lewis Kimbell  
SIGNATURE  
Lewis Kimbell  
NAME  
Supervisor  
TITLE  
9-13-99  
DATE



ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303
California Lic. # 599946 (CAL OSHA 329)
Colorado Lic. # 81-0443330
Nevada Lic. # 30862
New Mexico Lic. # 60610

INSPECTION REPORT

DATE: 9-9-99
PROJECT: Flood Control
AREA: 10061 Akron ST Area 2 + 3 Rolled Roofing

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Visual Inspection Completed

OWNER'S REPRESENTATIVE

SPRAY SYSTEMS

Signature of Don Fulton

Signature of Lewis Kimbell

SIGNATURE

SIGNATURE

DON FULTON

Lewis Kimbell

NAME

NAME

Industrial Hygienist

Supervisor

TITLE

TITLE

9-13-99

9-13-99

DATE

DATE



ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303
California Lic. # 599946 (CAL OSHA 329)
Colorado Lic. # 81-0443330
Nevada Lic. # 30862
New Mexico Lic. # 60610

INSPECTION REPORT

DATE: 9-9-99
PROJECT: Flood Control
AREA: 10061 ARRON ST. Area 1 - Lind

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Inspection of Area Completed

OWNER'S REPRESENTATIVE

SPRAY SYSTEMS

Signature of Don Fulton

Signature of Lewis Kimbell

SIGNATURE

SIGNATURE

Don Fulton

Lewis Kimbell

NAME

NAME

Industrial Hygienist - WT

Supervisor

TITLE

TITLE

9-13-99

9-13-99

DATE

DATE



ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303
California Lic. # 599946 (CAL OSHA 329)
Colorado Lic. # 81-0443330
Nevada Lic. # 30862
New Mexico Lic. # 60610

INSPECTION REPORT

DATE: 9-8-99
PROJECT: Flood Control
AREA: 10013 Akron St - Area 1 - Plaster

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Visual inspection completed

OWNER'S REPRESENTATIVE

SPRAY SYSTEMS

Signature: Donald R. Fulton
NAME: DON FULTON
TITLE: INDUSTRIAL Hygienist - WT
DATE: 9-13-99

Signature: Lewis Kimbell
NAME: Lewis Kimbell
TITLE: Supervisor
DATE: 9-13-99



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-9-99  
PROJECT: Flood Control  
AREA: 10061 Alton ST - Areas 2 & 3 Rolled Roofing

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Inspection of Area Completed

**OWNER'S REPRESENTATIVE**

Donald R. Fulton  
SIGNATURE  
Don FULTON  
NAME  
Industrial Hygienist  
TITLE  
9-13-99  
DATE

**SPRAY SYSTEMS**

Lewis Kimbell  
SIGNATURE  
Lewis Kimbell  
NAME  
Supervisor  
TITLE  
9-13-99  
DATE



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-10-99  
PROJECT: Flood Control  
AREA: 10013 AKRON ST Area 1 - plaster

TYPE OF INSPECTION: PRE-JOB (PREP) PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Inspection of Area completed

**OWNER'S REPRESENTATIVE**

Ronald K. Fulton  
SIGNATURE

Don Fulton  
NAME

Industrial Hygienist - WT  
TITLE

9-13-99  
DATE

DATE

**SPRAY SYSTEMS**

Lewis Kimbell  
SIGNATURE

Lewis Kimbell  
NAME

Supervisor  
TITLE

9-13-99  
DATE

DATE



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-10-98  
PROJECT: Flood Control  
AREA: 10061 AKRON ST Area 1

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Visual Inspection of Area Completed

**OWNER'S REPRESENTATIVE**

Donald K. Fulton  
SIGNATURE  
DON FULTON  
NAME  
Industrial Hygienist - WT  
TITLE  
9-13-98  
DATE

**SPRAY SYSTEMS**

Lewis Kimbell  
SIGNATURE  
Lewis Kimbell  
NAME  
Supervisor  
TITLE  
9-13-98  
DATE



ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303
California Lic. # 599946 (CAL OSHA 329)
Colorado Lic. # 81-0443330
Nevada Lic. # 30862
New Mexico Lic. # 60610

INSPECTION REPORT

DATE: 9-10-99
PROJECT: Flood Control
AREA: 10061 AKRON ST. Area #2+3 plaster

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Inspection of Area Completed

OWNER'S REPRESENTATIVE

Signature: Don Fulton
NAME: DON FULTON
TITLE: Industrial Hygienist-WT
DATE: 9-13-99

SPRAY SYSTEMS

Signature: Lewis Kimbell
NAME: Lewis Kimbell
TITLE: Supervisor
DATE: 9-13-99



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-10-99  
PROJECT: Flood Control  
AREA: 10045 AKRON ST - Area 1+2-Floor Tile

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Visual Inspection completed

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OWNER'S REPRESENTATIVE

Donald R. Fulton  
SIGNATURE  
DON FULTON  
NAME  
Industrial Hygienist  
TITLE  
9-13-99  
DATE

SPRAY SYSTEMS

Lewis Kimbell  
SIGNATURE  
Lewis Kimbell  
NAME  
Supervisor  
TITLE  
DATE



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-10-99  
PROJECT: Flood Control  
AREA: 100 45 AKRON ST. AREA 1 & 2 Floor Tile

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Inspection of Area Completed

**OWNER'S REPRESENTATIVE**

Ronald R. Butler

SIGNATURE

DOD FULTON

NAME

Industrial Hygienist

TITLE

9-13-99

DATE

**SPRAY SYSTEMS**

Lewis Kimbell

SIGNATURE

Lewis Kimbell

NAME

Supervisor

TITLE

9-10-99

DATE



ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303
California Lic. # 599946 (CAL OSHA 329)
Colorado Lic. # 81-0443330
Nevada Lic. # 30862
New Mexico Lic. # 60610

INSPECTION REPORT

DATE: 9-13-99
PROJECT: Flood Control
AREA: 10013 Akron St Window Removal

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Visual Inspection of Area Completed

OWNER'S REPRESENTATIVE

Signature: Donald R. Fulton
NAME: DON FULTON
TITLE: INDUSTRIAL Hygienist
DATE: 9-13-99

SPRAY SYSTEMS

Signature: Lewis Kimbell
NAME: Lewis Kimbell
TITLE: Supervisor
DATE: 9-13-99



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-13-99  
PROJECT: Flood Control  
AREA: 10013 AKRON ST - Window Removal

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Completed Inspection of Area

**OWNER'S REPRESENTATIVE**

**SPRAY SYSTEMS**

Don Fulton  
SIGNATURE

Lewis Kimbell  
SIGNATURE

DON FULTON  
NAME

Lewis Kimbell  
NAME

Industrial Hygienist-WT  
TITLE

Supervisor  
TITLE

9-13-99  
DATE

9-13-99  
DATE



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-13-99  
PROJECT: Flood Control  
AREA: 10039 A Kron St. Area-1 Lino

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL **FINAL**

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Visual Inspection Completed

**OWNER'S REPRESENTATIVE**

Donald R. Fulton  
SIGNATURE  
Don Fulton  
NAME  
Industrial Hygienist - WT  
TITLE  
9-13-99  
DATE

**SPRAY SYSTEMS**

Lewis Khell  
SIGNATURE  
Lewis Kambell  
NAME  
Supervisor  
TITLE  
9-13-99  
DATE



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-14-99  
PROJECT: Flood Control  
AREA: 10039 AKRON ST AREA 2

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL (FINAL)

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: inspected vacuumed area  
and passed inspections

OWNER'S REPRESENTATIVE

SPRAY SYSTEMS

[Signature]  
SIGNATURE

[Signature]  
SIGNATURE

SWANNE [Signature]  
NAME

Lewis Kimbell  
NAME

Environmental Scientist  
TITLE

Supervisor  
TITLE

September 14, 1999  
DATE

9-14-99  
DATE



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-14-99  
PROJECT: Flood Control  
AREA: 10045 Akron St - Area 2

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: inspected & passed cleaned removal area

OWNER'S REPRESENTATIVE  
[Signature]  
SIGNATURE  
SPRANNE [Signature]  
NAME  
ENVIRONMENTAL SCIENTIST  
TITLE  
9/14/99  
DATE

SPRAY SYSTEMS  
[Signature]  
SIGNATURE  
Lewis Kambell  
NAME  
Supervisor  
TITLE  
9-14-99  
DATE



ASBESTOS REMOVAL  
ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303  
California Lic. # 599946  
(CAL OSHA 329)  
Colorado Lic. # 81-0443330  
Nevada Lic. # 30862  
New Mexico Lic. # 60610

# INSPECTION REPORT

DATE: 9-14-99  
PROJECT: Flood Control  
AREA: 10061 AKRON ST. AREA # 243 PLASTER

TYPE OF INSPECTION: PRE-JOB PREP PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: inspected + passed cleaned removal area.

**OWNER'S REPRESENTATIVE**

**SPRAY SYSTEMS**

[Signature]

Lewis Kimbell

SIGNATURE

SIGNATURE

SUZANNE COBECK

Lewis Kimbell

NAME

NAME

ENVIRONMENTAL SCIENTIST

Supervisor

TITLE

TITLE

5 SEPTEMBER 19, 99

9-14-99

DATE

DATE



ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303
California Lic. # 599946 (CAL OSHA 329)
Colorado Lic. # 81-0443330
Nevada Lic. # 30862
New Mexico Lic. # 60610

INSPECTION REPORT

DATE: 9/14/99
PROJECT: Flood Control
AREA: 10039 Akron St Area 2

TYPE OF INSPECTION: PRE-JOB (PREP) PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray tems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: area has passed visual inspection.

OWNER'S REPRESENTATIVE
Signature: Suzanne Oberk
NAME: SUZANNE OBERK
ENVIRONMENTAL SCIENTIST
TITLE: ENVIRONMENTAL SCIENTIST
DATE: 14 SEPTEMBER 1999

SPRAY SYSTEMS
Signature: Lewis Kimbell
NAME: Lewis Kimbell
SUPERVISOR
TITLE: SUPERVISOR
DATE: 9-17-99



ASBESTOS REMOVAL ENVIRONMENTAL REMEDIATION

Arizona Lic. # 099303
California Lic. # 599946 (CAL OSHA 329)
Colorado Lic. # 81-0443330
Nevada Lic. # 30862
New Mexico Lic. # 60610

INSPECTION REPORT

DATE:
PROJECT: Flood Control
AREA: 10045 Akron St - Area 2

TYPE OF INSPECTION: PRE-JOB (PREP) PRE-ENCAPSULATION PRE-FINAL FINAL

Having inspected the above area, I authorize Spray Systems to begin the next phase of work. In the case of the pre-final inspection, the area is now ready for final air samples. The final inspection clearance verifies that Spray Systems has completed its on-site contractual obligations. Any punch list items are listed below.

Notes: Inspection of area completed

OWNER'S REPRESENTATIVE

Signature of Donald R. Fulton

SIGNATURE

Don Fulton

NAME

Industrial Hygienist

TITLE

9-13-99

DATE

SPRAY SYSTEMS

Signature of Lewis Kimbell

SIGNATURE

Lewis Kimbell

NAME

Supervisor

TITLE

DATE



**AGRA** Earth & Environmental  
ENGINEERING GLOBAL SOLUTIONS

## Phase Contrast Microscope (PCM) Analysis of Fibers in Air

Batch Number:	<u>99-293</u>	No. of Samples:	<u>44</u>
Client:	Spray Systems	Method:	<u>NIOSH 7400 Issue 2 (1994) A-rules</u>
	820 West Fairmont Drive	P.O. #	<u></u>
	Tempe, AZ 85282-3313	Client Job #:	<u>5294</u>
		Received Date:	<u>10/07/99</u>
		AEE Job #	<u>9-11F-003028</u>

### Sample Preparation and Analization

Each sample batch is logged in immediately upon arrival. Samples are then checked for possible contamination. A cut wedge (approximately 25% of the filter area) is placed on a dust free glass slide. The filter wedge is then prepared by collapsing it with acetone vapor from a "hot block." 0.3 ml of triacetin is placed on the wedge and a cover slip is gently placed on the sample to complete preparation. An Olympus CH30 Phase Contrast Microscope is used to analyze the sample under the NIOSH 7400 Methodology. Using the NIOSH 7400, Revision 3, Issue 2 (1994), A-Rules, all fibers within set guidelines are counted. Asbestos fibers cannot be distinguished from other fibers, all fibers are assumed to be asbestos. To positively identify asbestos fibers, samples need to be analyzed by a TEM Method, such as NIOSH 7402.

Before use, each microscope alignment is checked, and monthly each microscope resolution is checked using the HSE/NPL Phase Contrast test slide. Each day a lab blank is taken to shown background contamination. Each analyst has attended a 5-day NIOSH 582 training course, or it's equivalent. They have also analyzed reference slides to a degree that satisfies our internal QA/QC program.

Ten percent of the samples are re-analyzed for QA/QC purposes, half of that amount by another analyst. All analysts participate in the AIHA/NIOSH Pat Program for PCM counting. The lab also periodically sends out Round Robin samples to other labs.

Batch Number: 99-293

**ANALYSIS RESULTS**

Lab Number	Client Number	Employee SS #	Sample Date	Val(L)	Counts	Fields	f/cc	F/min <sup>2</sup>	8 Hour TWA
A1-1640	5294-01	526-77-7792	9/7/99	240	68	100	0.14	84.71	0.03
A1-1641	5294-02	526-77-7792	9/7/99	60	94	100	0.76	117.83	0.05
A1-1642	5294-03	N/A	9/7/99	N/a	2	100	N/A		
A1-1643	5294-04	N/A	9/7/99	N/A	1	100	N/A		
A1-1644	5294-05	600-59-0865	9/7/99	60	88	100	0.71	110.83	0.04
A1-1645	5294-06	600-59-0865	9/7/99	60	72	100	0.58	90.45	0.04
A1-1646	5294-07	N/A	9/7/99	N/A	1	100	N/A		
A1-1647	5294-08	N/A	9/7/99	N/A	1	100	N/A		
A1-1648	5294-09	600-59-0865	9/8/99	60	19	100	0.14	22.29	<0.01
A1-1649	5294-10	600-59-0865	9/8/99	60	28	100	0.22	33.76	0.01
A1-1650	5294-11	N/A	9/8/99	N/A	1	100	N/A		
A1-1651	5294-12	N/A	9/8/99	N/A	2	100	N/A		
A1-1652	5294-13	527-77-8899	9/9/99	120	4	100	0.01	3.82	<0.01
A1-1653	5294-14	527-77-8899	9/9/99	60	20	10	0.16	24.20	<0.01
A1-1654	5294-15	N/A	9/9/99	N/A	1	100	N/A		
A1-1655	5294-16	N/A	9/9/99	N/A	1	100	N/A		
A1-1656	5294-17	655-25-1834	9/9/99	240	70	100	0.14	87.58	0.04



ENGINEERING GLOBAL SOLUTIONS

3232 West Virginia Avenue  
 Phoenix, Arizona 85009  
 Phone: (602) 272-6848  
 Fax: (602) 272-7239

Batch Number: 99-293

### ANALYSIS RESULTS

Lab Number	Client Number	Employee SS #	Sample Date	Vol (L)	Counts	Fields	f/cc	f/mm <sup>2</sup>	8 Hour TWA
A1-1657	5294-18	655-25-1834	9/9/99	60	36	100	0.28	44.27	0.02
A1-1658	5294-19	N/A	9/9/99	N/A	1.5	100	N/A		
A1-1659	5294-20	N/A	9/9/99	N/A	1	100	N/A		
A1-1660	5294-21	600-54-0865	9/10/99	240	17	100	0.03	21.02	<0.01
A1-1661	5294-22	600-54-0865	9/10/99	120	16	100	0.06	19.74	<0.01
A1-1662	5294-23	N/A	9/10/99	N/A	1	100	N/A		
A1-1663	5294-24	N/A	9/10/99	N/A	0	100	N/A		
A1-1664	5294-25	555-53-0354	9/10/99	120	28	100	0.11	33.12	0.01
A1-1665	5294-26	527-53-4058	9/10/99	60	42	100	0.33	50.96	0.02
A1-1666	5294-27	N/A	9/10/99	N/A	2	100	N/A		
A1-1667	5294-28	N/A	9/10/99	N/A	2	100	N/A		
A1-1668	5294-29	527-77-8899	9/10/99	120	54	100	0.22	67.83	0.03
A1-1669	5294-30	527-77-8899	9/10/99	60	20	100	0.16	24.52	0.01
A1-1670	5294-31	N/A	9/10/99	N/A	1.5	100	N/A		
A1-1671	5294-32	N/A	9/10/99	N/A	0	100	N/A		
A1-1672	5294-33	527-77-8899	9/13/99	240	106	92	0.23	144.70	0.06



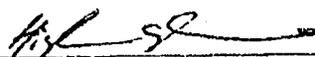
ENGINEERING GLOBAL SOLUTIONS

3232 West Virginia Avenue  
 Phoenix, Arizona 85009  
 Phone: (602) 272-6848  
 Fax: (602) 272-7239

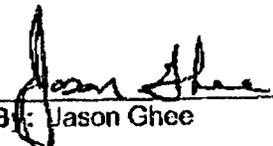
NO. 263 P. 1

**ANALYSIS RESULTS**

Lab Number	Client Number	Employee SS #	Sample Date	Vol (L)	Counts	Fields	f/cc	F/mm <sup>2</sup>	8-Hour TWA
A1-1673	5294-34	527-77-8899	9/13/99	60	22	100	0.17	26.11	0.01
A1-1674	5294-35	N/A	9/13/99	N/A	2	100	N/A		
A1-1675	5294-36	N/A	9/13/99	N/A	1	100	N/A		
A1-1676	5294-37	527-53-4058	9/14/99	240	20	100	0.04	24.84	<0.01
A1-1677	5294-38	527-53-4058	9/14/99	60	12	100	0.09	14.65	<0.01
A1-1678	5294-39	N/A	9/14/99	N/A	1	100	N/A		
A1-1679	5294-40	N/A	9/14/99	N/A	0	100	N/A		
A1-1680	5294-41	600-50-8195	9/14/99	240	20	100	0.04	23.57	0.01
A1-1681	5294-42	600-50-8195	9/14/99	60	0.8	100	0.13	21.02	<0.01
A1-1682	5294-43	N/A	9/14/99	N/A	2	100	N/A		
A1-1683	5294-44	N/A	9/14/99	N/A	1	100	N/A		

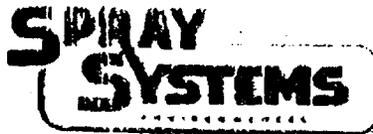
  
**Analyst:** Hisham Shorno

10/07/99  
**Date**

  
**QA By:** Jason Ghee



3232 West Virginia Avenue  
 Phoenix, Arizona 85009  
 Phone: (602) 272-6848  
 Fax: (602) 272-7239



(603)470-0017

Sample Transmittal Form

Project Name: Flood Control - 10013 E Akron - Tile Contact Person: Heidi Butler Special Notes: Tile Removal

Project Number: 5294 Date: 9-7-99 Contact Phone Number: 470 0017

ANALYSIS TYPE (Please Check):  PCM-Air  PLM-Bulk TEM: GC  
 NIOSH 7400 Method  Standard EPA Method Air Water  
 Other Method  Point Count Method Bulk Other

Turn Around Time:  RUSH  24 Hours  2 Days  1 Week If PLM Sample, Test to First Positive:  YES  NO

Requested:  Verbal  Fax Samples Collected By: L. Kimbell Sample Type:  Background  Pre-Abatement  During  Clearance Page 1 of 1

LABORATORY NUMBER	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DESCRIPTION	TYPE RESPIR	TYPE PUMP	TIME STARTED	TIME ENDED	TOTAL MINUTES	FLOW RATE	VOLUME (Liters)	ANALYST	FIBERS FIELDS	Fibers/CC	ACC
	1 5294-01	Louisvaldez	Tile Removal	1/2 FACE	2116	900	1100	120	2.0	240				
	2 5294-02	Louisvaldez	Bagout	↓	2116	100	130	30	2.0	60 126				
	3 5294-03	Field Sample												
	4 5294-04	Box Blank												
	5													
	6													
	7													
	8													
	9													
	10													

Relinquished By: _____				
Date/Time: _____				
Received By: _____				

011-7-1999 5:15PM  
 RHR SMITH & ENVIRONMENTAL INC  
 NO. 253 P. 5



(602)470-0017

### Sample Transmittal Form

Project Name: <u>Flood Control - 10th SEAKrain-hino</u>		Contact Person: <u>Leda Butler</u>		Special Notes <del>hino</del> <u>hinoLexum</u> <u>Scrape</u>
Project Number: <u>5294</u>		Date: <u>9-7-99</u>		
Contact Phone Number: <u>470 0017</u>				
ANALYSIS TYPE (Please Check)	<input type="checkbox"/> PCM Air	<input type="checkbox"/> PLM Bulk	TEM:	
	<input type="checkbox"/> NIOSH 17400 Method	<input type="checkbox"/> Standard EPA Method	Air	Water
	<input type="checkbox"/> Other Method	<input type="checkbox"/> Point Count Method	Bulk	Other
Turn A Round Time: <input type="checkbox"/> RUSH <input type="checkbox"/> 24 Hours <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Week		If PLM Sample, Test to First Positive: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Requested: <input type="checkbox"/> Verbals <input type="checkbox"/> Fax		Samples Collected By: _____		Sample Type: <input type="checkbox"/> Background <input type="checkbox"/> Pre-Abatement <input checked="" type="checkbox"/> During <input type="checkbox"/> Clearance
				Page <u>1</u> of <u>1</u>

LABORATORY NUMBER	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DESCRIPTION	TYPE RESP.	TYPE PUMPS	TIME STARTED	TIME ENDED	TOTAL MINUTES	FLOW RATE	VOLUME (liters)	ANALYST	FIBERS FIELDS	Fmm2	floc
	1 5294-05	EST Roberto Garcia 600 59 0865	hino Scrape	1/2 FACE	2116	730	800	30	2.0	60				
	2 5294-06	EST Roberto Garcia 600 59 0865	BAG OUT	↓	2116	810	840	30	2.0	60				
	3 5294-07	Field Sample	-----											
	4 5294-08	Box Blank	-----											
	5													
	6													
	7													
	8													
	9													
	10													

Relinquished By: _____				
Date/Time: _____				
Received By: _____				

01/1999 3:15PM HSRH EARTH & ENVIRONMENTAL INC NO. 263 P.7



(602)470-0017

### Sample Transmittal Form

Project Name: <u>Flood Control - 10115 E AKAON - Lino</u>		Contact Person: <u>Ledo Butler</u>		Special Notes <u>Lino Scrape</u>
Project Number: <u>5294</u>		Date: <u>9-8-99</u>		
Contact Phone Number: <u>470 0817</u>				
ANALYSIS TYPE (Please Check)	<input checked="" type="checkbox"/> PCM Air	<input type="checkbox"/> PLM Bulk	TEM	
	<input type="checkbox"/> NIOSH 7400 Method	<input type="checkbox"/> Standard EPA Method	Air	Water
	<input type="checkbox"/> Other Method	<input type="checkbox"/> Point Count Method	Bulk	Other
Turn A Round Time <input type="checkbox"/> RUSH <input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Week		If PLM Sample Test to First Positive: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Requested <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Fax		Samples Collected By: <u>L. Kimbell</u>		Sample Type: <input type="checkbox"/> Background <input type="checkbox"/> Pre-Abatement <input type="checkbox"/> During <input type="checkbox"/> Clearance
Page <u>1</u> of <u>1</u>				

LABORATORY NUMBER	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DESCRIPTION	TYPE RESPIR	TYPE PUMPS	TIME STARTED	TIME ENDED	TOTAL MINUTES	FLOW RATE	VOLUME (Liters)	ANALYST	FIBERS FIELDS	Fmm2	f/cc
	1 <u>5294-09</u>	<u>ESTABERTO GARCIA</u> <u>600 59 0865</u>	<u>Lino Scrape</u>	<u>1/2</u> <u>FACE</u>		<u>600</u>	<u>630</u>	<u>30</u>	<u>2.0</u>	<u>60</u>				
	2 <u>5294-10</u>	<u>ESTABERTO GARCIA</u> <u>600 59 0865</u>	<u>BAGOUT</u>	<u>↓</u>		<u>635</u>	<u>705</u>	<u>30</u>	<u>2.0</u>	<u>60</u>				
	3 <u>5294-11</u>	<u>Field Sample</u>												
	4 <u>5294-12</u>	<u>Box Blank</u>												
	5													
	6													
	7													
	8													
	9													
	10													

Relinquished By: _____				
Date/Time: _____				
Received By: _____				

NORTH BRITAIN & COMPANY INDUSTRIAL, INC. NO. 253 P. 3



(602)470-0017

### Sample Transmittal Form

Project Name: <u>Flood Control - 10039 EAKRm - Tile</u>		Contact Person: <u>Leda Butler</u>		Special Notes <u>Tile Removal</u>
Project Number: <u>5294</u>		Date: <u>9-9-99</u>		
ANALYSIS TYPE (Please Check) <input checked="" type="checkbox"/> PLM Air <input type="checkbox"/> PLM Bulk <input checked="" type="checkbox"/> NIOSH 7400 Method <input type="checkbox"/> Standard EPA Method <input type="checkbox"/> Other Method <input type="checkbox"/> Point Count Method		TEM: <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> GC <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/> AA <input type="checkbox"/> Others		
Turn A Round Time: <input type="checkbox"/> RUSH <input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Week		If PLM Sample, Test to First Positive: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Requested: <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Fax		Samples Collected By: <u>L. Kimbell</u>		Sample Type: <input type="checkbox"/> Background <input type="checkbox"/> Pre-Abatement <input type="checkbox"/> During <input type="checkbox"/> Clearance
Page 1 of 1				

LABORATORY NUMBER	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DESCRIPTION	TYPE RESPIR	TYPE PUMPS	TIME STARTED	TIME ENDED	TOTAL MINUTES	FLOW RATE	VOLUME (Liters)	ANALYST	FIBERS FIELDS	FibersZ	Fibers
	1	<u>FRANK ROSAS</u>	<u>Tile Removal</u>	<u>1/2</u>										
	<u>5294-13</u>	<u>527-77-8899</u>	<u>Tile Removal</u>	<u>face</u>	<u>217C</u>	<u>700</u>	<u>800</u>	<u>60</u>	<u>2.0</u>	<u>120</u>				
	2	<u>FRANK ROSAS</u>	<u>Bagout</u>	<u>↓</u>										
	<u>5294-14</u>	<u>527-77-8899</u>	<u>Bagout</u>		<u>217C</u>	<u>810</u>	<u>840</u>	<u>30</u>	<u>2.0</u>	<u>60</u>				
	3	<u>field sample</u>												
	<u>5294-15</u>	<u>field sample</u>												
	4	<u>Box Blank</u>												
	<u>5295-16</u>	<u>Box Blank</u>												
	5													
	6													
	7													
	8													
	9													
	10													

Relinquished By: _____				
Date/Time: _____				
Received By: _____				

HARRIS SMITH & ENVIRONMENTAL, INC.    NO. 253    P. 3



(602)470-0017

### Sample Transmittal Form

Project Name: <u>Flood Control - 1006 LEA Ken-Lino</u>		Contact Person: <u>Keda Butler</u>		Special Notes <u>Linalum Scape</u>
Project Number: <u>5294</u>		Date: <u>9-9-99</u>		
Contact Phone Number: <u>470 0017</u>				
ANALYSIS TYPE (Please Check)	<input type="checkbox"/> PCM Air	<input type="checkbox"/> PLM Bulk	TEM:	
	<input type="checkbox"/> NIOSH 7400 Method	<input type="checkbox"/> Standard EPA Method	Air	Water
	<input type="checkbox"/> Other Method	<input type="checkbox"/> Point Count Method	Bulk	Other
Turn A Round Time: <input type="checkbox"/> RUSH <input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Week		If PLM Sample, Test to First Positive: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Requested: <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Fax		Samples Collected By: <u>L. Kimbell</u>		Sample Type: <input type="checkbox"/> Background <input type="checkbox"/> Pre-Abatement <input checked="" type="checkbox"/> During <input type="checkbox"/> Clearance
Page 1 of 1				

LABORATORY NUMBER	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DESCRIPTION	TYPE RESPIR	TYPE PUMPS	TIME STARTED	TIME ENDED	TOTAL MINUTES	FLOW RATE	VOLUME (Liters)	ANALYST	FIBERS FIELDS	Fmm2	Fcc
	1 5294-17	Ramon Espinoza 654 25 1834	Lino SCAPE	1/2		7:00	9:00	120	2.0	240				
	2 5294-18	Ramon Espinoza 655 25 1831	Bayout	↓		9:10	9:40	30	2.0	60				
	3 5294-19	Field Sample												
	4 5294-20	Box Blank												
	5													
	6													
	7													
	8													
	9													
	10													

Relinquished By: _____				
Date/Time: _____				
Received By: _____				

FISH KILLING & ENVIRONMENTAL, INC. NO. 263 P. 10



(602)470-0017

Sample Transmittal Form

Project Name: Flood Control-10013EAKron-Plaster Contact Person: Leda Boxler Special Notes: Plaster Removal

Project Number: 5294 Date: 9/10/99 Contact Phone Number: 4700017

ANALYSIS TYPE (Please Check):  PCM Air  PLM-Bulk TEM: GC  
 NIOSH 7400 Method  Standard EPA Method Air Water AA  
 Other Method  Point Count Method Bulk Other Others

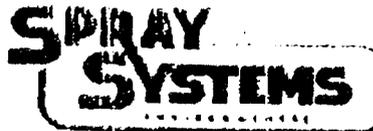
Turn A Round Time:  RUSH  24 Hours  2 Days  1 Week If PLM Sample, Test to First Positive:  YES  NO

Requested:  Verbal  Fax Samples Collected By: L. Kimbell Sample Type:  Background  Pre-Abatement  During  Clearance Page 1 of 1

LABORATORY NUMBER	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DESCRIPTION	TYPE RESPIR	TYPE PUMP	TIME STARTED	TIME ENDED	TOTAL MINUTES	FLOW RATE	VOLUME (Liters)	ANALYST	FIBERS FIELDS	Fiber2	Fiber
	1 5294-21	EST Roberto GARCIA 600540865	Plaster Removal	Full Face	2178 <del>2178</del>	620	820	120	2.0					
	2 5294-22	EST Roberto GARCIA 600540865	BA900T	↓	2178	830	930	60	2.0					
	3 5294-23	Field Sample												
	4 5294-24	Box Blank												
	5													
	6													
	7													
	8													
	9													
	10													

Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Received By: \_\_\_\_\_

NO. 265 P. 11



(601)470-0017

### Sample Transmittal Form

Project Name: <u>Flood Control - 10045 E ARROW - Tile</u>		Contact Person: <u>Leda Butler</u>		Special Notes <u>Tile Removal</u>
Project Number: <u>5294</u>		Date: <u>9-10-99</u>		
Contact Phone Number: <u>470 0017</u>				
ANALYSIS TYPE (Please Check)		TEM:		GC
<input type="checkbox"/> PCM Air		<input type="checkbox"/> PLM-Bulk:		AA
<input type="checkbox"/> NIOSH 7400 Method		<input type="checkbox"/> Standard EPA Method		Other
<input type="checkbox"/> Other Method		<input type="checkbox"/> Point Count Method		
Turn Around Time		If PLM Sample, Test to First Positive:		
<input type="checkbox"/> RUSH <input type="checkbox"/> 24 Hours <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Week		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Requested <input type="checkbox"/> Verbal <input type="checkbox"/> Fax		Samples Collected By:		Sample Type: <input type="checkbox"/> Background <input type="checkbox"/> Pre-Abatement <input type="checkbox"/> During <input type="checkbox"/> Clearance
				Page <u>1</u> of <u>1</u>

LABORATORY NUMBER	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DESCRIPTION	TYPE RESPIN	TYPE** PLUMPS	TIME STARTED	TIME ENDED	TOTAL MINUTES	FLOW RATE	VOLUME (Liters)	ANALYST	FIBERS FIELDS	F/min2	F/cc
	1	GABRIEL	Tile	Y2										
	5294-25	Removal 555 530324	Removal	face	2886	800	900	60	2.0	120				
	2	Francisco	Blowout	↓	2887	900	930	30	2.0	60				
	3	5294-26												
	4	5294-27	Field Sample											
	5	5294-28	Boy Blank											
	6													
	7													
	8													
	9													
	10													

Relinquished By: _____				
Date/Time: _____				
Received By: _____				

HIGH EARTH & ENVIRONMENTAL INC  
 NO. 253 P. 12



(603)470-0017

### Sample Transmittal Form

Project Name: Flood Control-1006 E Aken-Plaster Contact Person: Leda Butler Special Notes: Plaster Removal

Project Number: 5294 Date: 9-10-99 Contact Phone Number: 4700017

ANALYSIS TYPE (Please Check):  PCM Air  PLM-Bulk  NIOSH MOD Method  Standard EPA Method  Other Method  Plate Count Method

TEM: Air  Water  Bulk  Other  GC  AA  Others

Turn Around Time:  RUSH  24 Hours  2 Days  1 Week  2 Weeks

PLM Sample, Test to First Positive:  YES  NO

Requested:  Verbal  Fax Samples Collected By: L. Kimbell Sample Type:  Background  Pre-Abatement  During  Clearance Page 1 of 1

LABORATORY NUMBER	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DESCRIPTION	TYPE RESPIR	TYPE** PLMP#	TIME STARTED	TIME ENDED	TOTAL MINUTES	FLOW RATE	VOLUME (Liters)	ANALYST	FIBERS FIELDS	Fmm2	f/cc
	1	FRANK ROSAS	PLASTER Removal	Full face		700	900	60		120				
	5294-29	527-778899	PLASTER Removal	face	2116	<del>775</del>	<del>2000</del>	<del>10</del>	2.0	<del>100</del>				
	2	FRANK ROSAS	BAZOUT			815	845							
	5294-30	527-778899	BAZOUT		2116	<del>815</del>	<del>845</del>	30	2.0	60				
	3	Field Sample												
	5294-31	Field Sample												
	4	Box Blank												
	5294-32	Box Blank												
	5													
	6													
	7													
	8													
	9													
	10													

Relinquished By: _____				
Date/Time: _____				
Received By: _____				

FISH CHINA & ENVIRONMENTAL INC. NO. 269 P. 13



(602)470-0017

Sample Transmittal Form

Project Name: Flood Control - 1006 LEAK - PLASTER Contact Person: Leda Butler Special Notes: Plaster Removal  
 Project Number: 5294 Date: 9-13-99 Contact Phone Number: 470 0017  
 ANALYSIS TYPE (Please Check):  TEM Air  PLM-Bulk TEM: GC  
 NIOSH HOD Method  Standard EPA Method Air Water AA  
 Other Method  Point Count Method Bulk Other Others  
 Turn A Round Time:  RUSH  24 Hours  2 Days  1 Week If PLM Sample, Test to First Positive:  YES  NO  
 Requested:  Verbal  Fax Samples Collected By: L. Kimbell Sample Type:  Background  Pre-Abatement  During  Clearance Page 1 of 1

LABORATORY NUMBER	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DESCRIPTION	TYPE RESPIR	TYPE** PUMPS	TIME STARTED	TIME ENDED	TOTAL MINUTES	FLOW RATE	VOLUME (Liters)	ANALYST	FIBERS FIELDS	Fmm2	FAC
	1 5294-33	FRANK ROJAS	Plaster Removal	Full Face	2116	700	900	120	2.0	240				
	2 5294-34	FRANK ROJAS	BAGOUT	↓	2116	1000	1030	30	2.0	60				
	3 5294-35	Field Sample												
	4 5294-36	Box Blank												
	5													
	6													
	7													
	8													
	9													
	10													

Relinquished By: _____				
Date/Time: _____				
Received By: _____				

OCT 17 1999 5:15PM HSBH EARTH & ENVIRONMENTAL INC NO. 263 P.14





(602)470-0017

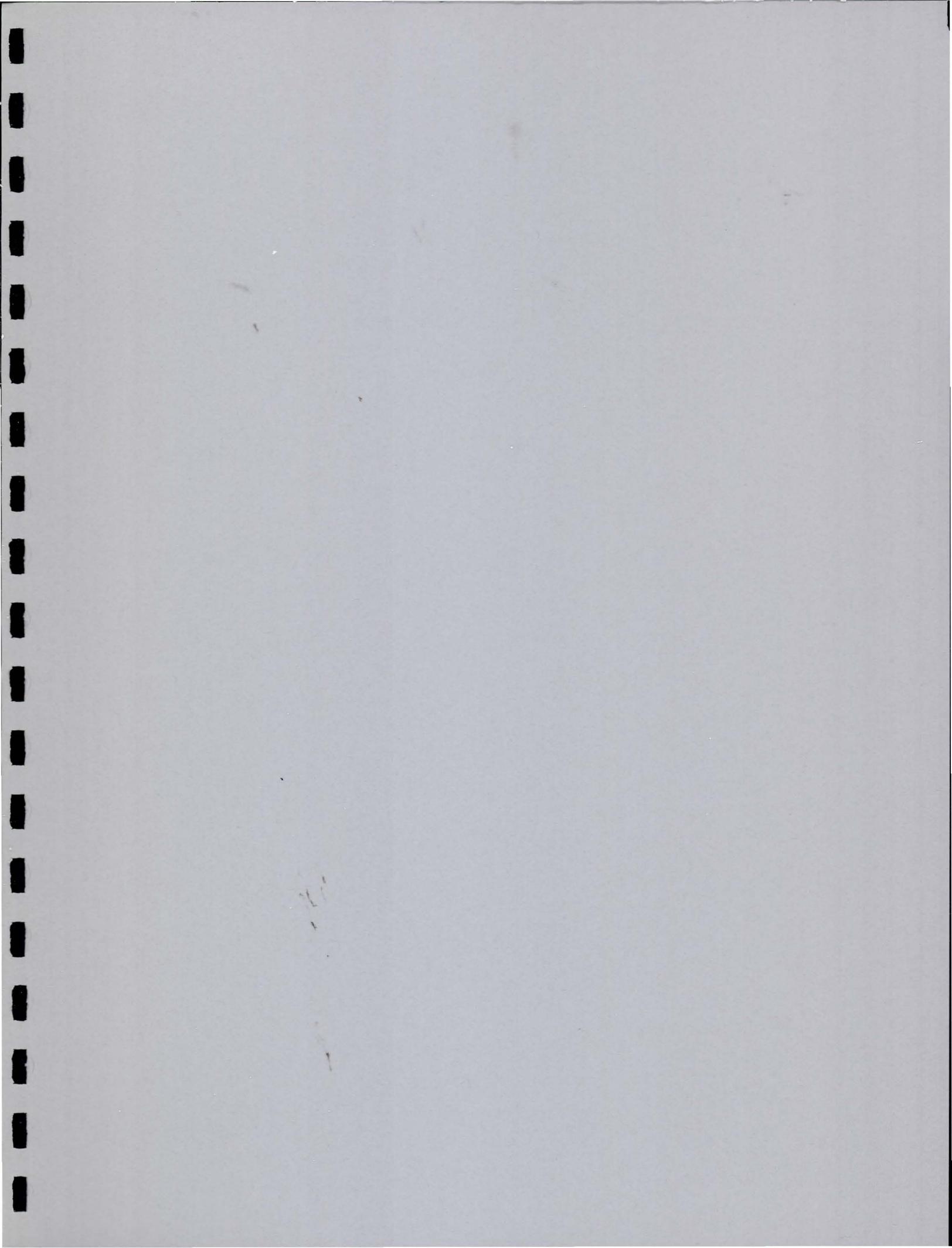
### Sample Transmittal Form

Project Name: Flood Control - 10045 E AKR - PLASTER Contact Person: Leda Butler Special Notes: Plaster Removal  
 Project Number: 5294 Date: 9-14-99 Contact Phone Number: 470 0017  
 ANALYSIS TYPE (Please Check):  PCM Air  PLM Bulk:  Standard EPA Method  Point Count Method  
 NIOSH 7400 Method  Other Method  
 TEM:  Air  Water  Bulk  GC  AA  Others  
 Turn Around Time:  RUSH  24 Hours  2 Days  1 Week If PLM Sample, Test to First Positive:  YES  NO  
 Requested:  Verbal  Fax Samples Collected By: L. Kimball Sample Type:  Background  Pre-Abatement  During  Clearance Page 1 of 1

LABORATORY NUMBER	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DESCRIPTION	TYPE RESPIR	TYPE PUMPS	TIME STARTED	TIME ENDED	TOTAL MINUTES	FLOW RATE	VOLUME (Liters)	ANALYST	FIBERS FIELDS	Fmm2	fbc
	5294-41	CESAR Flores	Plaster Removal	Full Face	2178	1200	220	120	2.0	240				
	5294-42	CESAR Flores	Bagout	✓	2178	230	300	30	2.0	60				
	5294-43	Field Sample												
	5294-44	Box Blank												

Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Received By: \_\_\_\_\_

OCT 17 1999 5:20PM HERR EARTH & ENVIRONMENTAL INC NO 263 P.16



**APPENDIX E**  
**WASTE MANIFEST**







WASTE MANAGEMENT, INC.

ONE MANIFEST PER LOAD, CALL FACILITY 24 HOURS  
IN ADVANCE TO SCHEDULE AND CONFIRM.

WM 9056

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

AIR QUALITY DIVISION - COMPLIANCE SECTION

Bin #  
52541

3033 North Central Avenue • Phoenix, Arizona 85012

Job # 5294

ASBESTOS NESHAP WASTE SHIPMENT RECORD

GENERATOR	1a Work Site Name, Address & County Flood Control / Basin 244 10039 E AKRON MESA AZ 85207		1b Owner's Name and Mailing Address Flood DIST of MARICOPA County 2801 W DURANGO ST PHX AZ 85009 Owner's Telephone No. Theresa 506 8561		
	2 Operator's Name & Mailing Address SPRAY SYSTEM 820 W FAIRMONT DR Tempe AZ 85282 Operator's Telephone No. 602 470 0017		3 Waste Disposal Site (WDS) Name, Address and Physical Location Butterfield STATION 4040 S 99TH Ave MobiL AZ		
	4a Asbestos NESHAP Regulatory Agency Name & Address for Work Site ADEQ 3033 N Central Ave PHX AZ 85012 Jon D MARTINEZ 602 207 2333		4b Asbestos NESHAP Regulatory Agency for WDS: Name & Address MARICOPA County DEPT. OF ENVI. SERV 2406 S 24TH ST PHX, AZ 85034		
	5 Description of Materials Plaster on BRICKS PPE, WATER TAPE POLY	6. Containers: Number	Containers: Type	7. Total Quantity Removed in m <sup>3</sup> (yd <sup>3</sup> )	
Friable Asbestos Material	RQ, ASBESTOS, 9, NA2212, III	1	burrito	18 CY	
Nonfriable Asbestos Material					
8a Special Transportation, Treatment, Storage or Disposal Information		PROFILE APPROVAL NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 265961			
8b Bill of Lading Information		NORTH AMERICAN EMERGENCY RESPONSE GUIDE 171, OR NAERG 171			
8c Alternate Waste Disposal Site Information					
8d. Emergency Response Telephone No. 602 470 0017					
9. OPERATOR'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 government regulations.					
NOTE: the waste generator/operator must retain a copy of this form.					
Printed/Typed Name & Title Lewis Kimbell, supervisor		Signature Lewis Kimbell	MO 9	DAY 14	YR 99
10 Transporter 1 (Acknowledgement of Receipt of Materials) ERI 820 W FAIRMONT DR TEMPE AZ 85282 602 470 0017		Signature [Signature]	MO 9	DAY 15	YR 99
11 Transporter 2 (Acknowledgement of Receipt of Materials)		Signature	MO	DAY	YR
12 Discrepancy Indication Space					
DISPOSAL SITE	13 Waste Disposal site Owner or Operator of receipt of Asbestos materials covered by this manifest except as noted in Item 12		Printed, Typed Name & Title Lore Suttfield		
	Signature Lore Suttfield		MO 9	DAY 15	YR 99