

ASBESTOS ABATEMENT OVERSIGHT REPORT
LOGAN HIGH SCHOOL ROOM 215
100 SOUTH 162 WEST
LOGAN, UTAH

WT JOB NO. 6120JW137



**Western
Technologies
Inc.**

The Quality People
Since 1955

SALT LAKE CITY – UTAH

420 West Lawndale Drive
Salt Lake City, Utah 84115-2917
(801) 972-3650 • fax 972-3653

Prepared For:

**Logan City School District
101 West Center Street
Logan, Utah**

August 16, 2011



Charles Kaleta
Environmental Technician



Vicky L. Aviles, AEP, CIAQM
Environmental Project Manager

ARIZONA

COTTONWOOD LAKESIDE PRESCOTT
FLAGSTAFF LAKE HAVASU CITY SIERRA VISTA
FORT MOHAVE PHOENIX TUCSON

COLORADO

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**ASBESTOS ABATEMENT REPORT
LOGAN HIGH SCHOOL ROOM 215
100 SOUTH 162 WEST
LOGAN, UTAH**

WT JOB NO. 6120JW137

1.0 EXECUTIVE SUMMARY

Western Technologies Inc. (WT) was retained by the Logan City School District (LCSD) to provide contractor oversight during the removal of the asbestos containing materials in Room 215 at Logan High School, 100 South 162 West, Logan, Utah. The asbestos containing building materials (ACBM) consisted of approximately 900 square feet (s.f.) of vinyl floor tile/mastic.

WT provided contractor oversight, work area inspections, and air monitoring throughout the project. Eagle Environmental Inc. (Eagle) conducted the abatement July 26 through 28, 2011. Abatement work was performed in accordance with applicable government regulations.

This report provides LCSD with a summary of WT's records of oversight during this project.

2.0 INDUSTRIAL HYGIENE ACTIVITIES

WT performed a number of industrial hygiene-related activities during the course of this asbestos abatement project for LCSD. This section summarizes those activities.

2.1 Inspections/Approval Activities

WT observed the activities and engineering controls used by Eagle in order to monitor compliance with applicable federal, state, and local asbestos regulations. WT reviewed the contractor's pre-submittal documents that include their worker EPA certifications, medical surveillance and physician's determination, and respiratory fit test documents.

2.1.1 Pre-Abatement Inspection

WT inspected the integrity of the engineering controls established in and around the work areas prior to the start of abatement of the ACBMs. The critical areas in the classroom were covered with two layers of polyethylene and sealed with tape. Two HEPA air filtration units were placed in the classroom area exhausting to the exterior of the building. All entrances to the regulated area were marked with "Danger Asbestos Hazard" signs in English. An enclosed box truck was lined with polyethylene to accept the waste.

Equipment and material brought on-site by Eagle was inspected by WT to determine if the equipment and materials complied with manufacturer's operating recommendations.



2.2 Personnel Protective Equipment

The workers wore one time use coveralls, rubber boots and half face air purifying respirators. A negative exposure assessment (NEA) was not provided and personnel air monitoring was not observed.

3.0 ABATEMENT ACTIVITIES

Work was carried out in general accordance with applicable government regulations. The vinyl floor tile/mastic was removed utilizing wet methods and hand removal methods. The abated materials were sealed in polyethylene bags, placed in fiber drums and the drums were then sealed in polyethylene bags, and transported off-site in an enclosed truck.

3.1 Abatement

The vinyl floor tile was removed using hand scrapers and the mastic was removed using a low odor Soy based chemical remover, and hand methods.

3.1.1 Abatement Inspection

WT inspected Eagle's removal methods and packaging of waste and disposal procedures throughout the project to determine if current industry standards were followed and that no visible emissions were observed

3.1.2 Post-Abatement Inspection

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

3.2 Waste Handling

Waste was placed in clear polyethylene bags labeled with "Danger Asbestos Hazard", the generator information and placed in the prepared enclosed truck for transport off the site. The waste shipment record was provided to WT. Eagle will provide the final waste manifest to LCSD once it is received from the landfill.

3.3 Air Monitoring

At the request of LCSD, work area and perimeter air sampling was performed daily during abatement activities. The air collection pumps utilized for perimeter monitoring were calibrated by primary source (DryCal) not to exceed 2 liters of air per minute. The



sample activities were conducted during abatement activities. The samples were documented onto a chain of custody form along with two blanks (field/lab) and transported to Western Technologies Inc. (WT) for phase contrast microscopy (PCM) analysis. WT reported the results of the samples were below 0.1 f/cc levels.

Clearance air sampling was conducted using air sample collection pumps calibrated by a primary source calibration unit (DryCal) to draw no greater than 10 liters of air per minute (lpm) and no less than a total 1,200 liters per sample. Final air clearance samples were taken in containment after completion of abatement. All final clearance samples collected were below 0.1 f/cc.

4.0 CONCLUSIONS

Eagle Environmental Inc. completed asbestos abatement of the identified asbestos containing materials in Room 215 at Logan High School, 100 South 162 West, Logan, Utah, in general compliance with applicable federal, state, and local regulations. The following deficiencies were observed.

<i>DATE OBSERVED</i>	<i>DEFICIENCY</i>
7-26-11 to 7-28-11	Personnel air monitoring not performed and negative exposure assessment was not provided. As of the date of this report, WT has not received the waste manifest.



APPENDIX A:
WESTERN TECHNOLOGIES'
PROJECT PERSONNEL CERTIFICATION



THE ASBESTOS INSTITUTE

Certifies that
Charles D Kaleta

has attended the EPA approved course

AHERA
Contractor/Supervisor
October 18-22, 2010
and successfully passed the competency exam.

Date of Examination: **October 22, 2010**

Date of Expiration: **October 22, 2011**



Director



Approved Instructor

THE ASBESTOS INSTITUTE
8102 North 23rd Avenue
Suite A
Phoenix, AZ 85021-4962
602-864-6564

APPENDIX B:
WESTERN TECHNOLOGIES'
PROJECT LOGS
AIR MONITORING DATA





Western Technologies Inc.

The Quality People
Since 1955

3737 East Broadway Road
Phoenix, Arizona 85040-2921
(602) 437-3737 • fax 470-1341

**FIELD REPORT ON
JOB SITE CONDITIONS**

Client Logan School District Report No. _____ Page 1 of 1
 Permit No. _____ Job No. _____
 Project Logan HS. Event / Invoice No. 175
 Location Rm 215 Authorized By _____ Date 7/20/11
 Prime Contractor Eagle Environmental Superintendent R. Boyd
 Code(s) _____ Observations By C. Ege Date 7/26/11

REPORT

OBSERVATIONS & ACTION TAKEN:

0:800 - CARL EGE & CHARLES KALETA Arrived on site
 0:825 - Contractor arrived on site
 0:9:00 - Prep begins on room
 0:9:30 - Workers Physicals not valid, start work tomorrow
 0:11:30 - CARL went to lunch
 0:12:00 - workers + Charles went to lunch
 workers should be back in 1/2 hr.
 0:130 - Prep not finished begin work @ 7:00 A.M.

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

Copies To:

THE SERVICES REFERRED TO HEREIN WERE PERFORMED IN ACCORDANCE WITH THE STANDARD OF CARE PRACTICED LOCALLY FOR THE REFERENCED METHOD(S) AND RELATE ONLY TO THE CONDITION(S) OBSERVED OR SAMPLE(S) TESTED AT THE TIME AND PLACE STATED HEREIN. WESTERN TECHNOLOGIES INC. MAKES NO OTHER WARRANTY OR REPRESENTATION, EXPRESSED OR IMPLIED, AND HAS NOT CONFIRMED INFORMATION INCLUDING SOURCE OR MATERIALS SUBMITTED BY OTHERS.



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Phoenix, Arizona 85040-2921
(602) 437-3737 • fax 470-1341

**OBSERVATION REPORT
ASBESTOS ABATEMENT**

Client Lagon H.S.
Client Project No. _____
Project Rm. 215
Location Lagon H.S. Tech Center
Abatement Contractor Eagle Environmental

Report No. _____ Page 1 of _____
WT Job No. _____
Authorized By _____ Date _____
Observations By Co. Kalesa Date 7/27/11
Contractor's Supervisor R. Boyd

REPORT

AREA OF OBSERVATION				
BUILDING:	<u>Tech Center</u>	FLOOR:	<u>2nd</u>	
		FUNCTIONAL AREA:	<u>Rm. 215</u>	
OBSERVED ITEM	ACCEPTABLE			REMARKS / COMMENTS
	YES	NO	N/A	
A. CONTAINMENT				
1. FLOOR COVERED			X	
2. WALLS COVERED	X			5' high splash guards
3. ISOLATION OF HVAC	X			2 layers of 6 mil poly
4. DECONTAMINATION (THREE-STAGE)	X			
5. PENETRATIONS SEALED	X			
6. "Z" FLAP CONFIGURATION FOR DECONTAMINATION / WASTE BAG OUT	X			
7. GROUND FAULT CIRCUIT INTERRUPT (GFI)s	X			
8. INSPECTION / OBSERVATION WINDOW		X		no acceptable lacar.br
B. NEGATIVE AIR PRESSURE				
1. <input type="checkbox"/> HEPA VACUUM <input checked="" type="checkbox"/> AIR FILTER	X			2 x 2000 CFM neg air machines
A. CONSTANT OPERATION	X			
B. NEGATIVE PRESSURE ACHIEVED	X			
C. PRESSURE DIFFERENTIAL, 0.02 IN. WATER PER COLUMN	X			
C. SIGNS / LABELS				
1. WORK AREA ENTRANCE	X			
2. BAGS LABELED	X			
3. ACM HAZARD (ENGLISH / SPANISH)		X		Contractor does not have spanish signs
D. WORK PRACTICES				
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	
E. PROTECTIVE EQUIPMENT				
1. DISPOSABLE CLOTHING USED ONE TIME	X			
2. PROPER NIOSH-APPROVED RESPIRATORS	X			

White - File; Yellow - Contractor; Pink - Client, Subject To Review

Copies To:

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Phoenix, Arizona 85040-2921
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**FIELD REPORT ON
JOB SITE CONDITIONS**

Client Logan School District

Report No. _____ Page 1 of _____

Permit No. _____

Job No. Co1203W/B7

Project Asbestos Abatement - Technology Building

Event / Invoice No. _____

Location Room 215

Authorized By _____ Date _____

Prime Contractor Eagle Environmental

Superintendent R. Boyd

Code(s) _____

Observations By CARL Ege Date 7/28/11

REPORT

OBSERVATIONS & ACTION TAKEN:

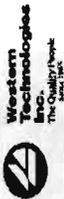
13:00 - Arrived on site. Contractor called said they would be a half hour late due to traffic in Salt Lake City.
13:40 - Contractors begin teardown.
14:30 - Contractor completed teardown. Took PICS of Room.

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

Copies To:

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INDUSTRIAL HYGIENE SAMPLING FILED LOG
AIHA LAB NO. 101588



Technician: Charles Kalcyn Date: 7/27/11 Job No. 620JW137 Project Name: Logan H.S. Tech R-1110
 Sample Location: 2nd Floor Client: Logan H.S.
 Sample Media: (circle one) PCM SUM Collection Method: (circle one) MOSH/400 Analyzed For: (circle one) Asbestos Fiber
 TEM .45um AHERA

SAMPLE DATA

Sample #	Pump ID	Time On	Time Off	Total Time (minutes)	Flow Rate (LPM)	Volume(L)	Results f/cc	Fibers/Fields	Fibers/mm ²	Detection Limit
P-1	P-5	0744	1520	456	2.041	930.7	.006	11/100	1.401	.00011
P-2	P-6	0746	1523	457	2.028	926.8	.004	7/100	8.917	.0029
P-3		1520-005								
P-4		1523-000								

Sample #	Sample Location	HT	LOC	TYP	PHY	ACM	A/NA
P-1	Con. roomment Exhaust	5'	P	W	R	VFT/m	NA
P-2	Neg air exhaust	6'	P	W	R	VFT/m	NA
P-3	Sealed Blank						
P-4	Field Blank						

Analyst Signature: [Signature]
 QC Analyst Signature: 7/28/2011

HT = Height Above Floor
 LOC = W = work area, P = perimeter, A = adjoining area
 TYP = B = background, PR = personal, AM = ambient, W = work area, F = final
 PHS = S = pre-start, R = removal, C = clean-up, F = final
 ACM: FP = fire-proofing, ACS = acoustical ceiling spray, TSI = pipe insulation, VFT = vinyl floor tile, R = roofing, CT = ceiling tile,
 M = mastic, CAM = cement asbestos materials

INDUSTRIAL HYGIENE SAMPLING FILED LOG
AIHA LAB NO. 101588



Technician: C. Kuleta Date: 7/27/11 Job No. 61205W177 Project Name: Logan H.S. Tech Center

Sample Location: Rm. 215 Client: Logan H.S.

Sample Media: (circle one) PCM .8um Collection Method: (circle one) AHERA Analyzed For: (circle one) Airborne Fiber
Asbestos Fiber

SAMPLE DATA

Sample #	Pump ID	Time On	Time Off	Total Time (minutes)	Flow Rate (LPM)	Volume(L)	Results f/cc	Fibers/Fields	Fibers/mm ²	Detection Limit
F-1	P-1	1530	1731	121	9.955	1209.4	.0012	3/100	3.821	.0022
F-2	P-2	1532	1734	122	9.869	1204.0	.0020	5/100	6.369	.0072
F-3										
F-4										

Sample #	Sample Location	HT	LOC	TYP	PHY	ACM	A/A
F-1	In Con. treatment	4'	W	F	F	VFT/M	NA
F-2	In Con. treatment	4'	W	F	F	VFT/M	NA
F-3	Sealed Blank						
F-4	Field Blank						

Analyst Signature: [Signature]
 7/28/2011

QC Analyst Signature:

HT = Height Above Floor
 LOC = W = work area, P = perimeter, A = adjoining area
 TYP = B = background, PR = personal, AM = ambient, W = work area, F = final
 PHS = S = pre-start, R = removal, C = clean-up, F = final
 ACM: FP = fire-proofing, ACS = acoustical ceiling spray, TSI = pipe insulation, VFT = vinyl floor tile, R = roofing, CT = ceiling tile,
 M = mastic, CAM = cement asbestos materials



Western Technologies Inc.
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www.wt-us.com

- Flagstaff • (928) 774-8700 • f 774-6469 • 2400 East Huntington Drive • AZ 86004
- Phoenix • (602) 437-3737 • f 470-1341 • 3737 East Broadway Road • AZ 85040
- Prescott • (928) 443-5010 • f 443-7392 • 1040 Sandretto Drive, Suite C • AZ 86305
- Tucson • (520) 748-2262 • f 748-0435 • 3480 South Dodge Boulevard • AZ 85713
- Durango • (970) 375-9033 • f 375-9034 • 278 Sawyer Drive, No. 2 • CO 81303
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- Albuquerque • (505) 823-4488 • f 821-2963 • 8305 Washington Place, N.E. • NM 87113
- Farmington • (505) 327-4966 • f 327-5293 • 400 South Lorena Avenue • NM 87401
- Salt Lake City • (801) 972-3650 • f 972-3653 • 420 West Lawndale Drive • UT 84115

CHAIN OF CUSTODY

- INDUSTRIAL HYGIENE MICROBIAL
- ASBESTOS LEAD

PROJECT NAME	PROJECT ADDRESS		DATE	TIME	RECEIVED BY - SIGNATURE	DATE	TIME	RECEIVED BY - SIGNATURE	VOLUME / AREA	PROJECT MANAGER	TEST METHOD	SAMPLE TYPE						NO. OF CONTAINERS	DATE	TIME	RECEIVED BY - SIGNATURE	REQUESTED TURNAROUND TIME								
	WT. JOB NO.	PURCHASE ORDER NO.										SAMPLER - SIGNATURE	SAMPLER - PLEASE PRINT NAME	SAMPLE LOCATION	BULK	WIPF	SWAB						AIR	WATER	SOIL	RELINQUISHED BY - SIGNATURE	DATE	TIME	RECEIVED BY - SIGNATURE	DAYS
R.M. 215 Logyn H.S.			7/27/11	1530					1261.4		PCM								0.002	3/100	3.821	0.002								
6120 JW137				1532					1209.0		PCM								0.002	5/100	6.369	0.002								
			7/27/11																											

REVIEW OF CONTRACTORS/WORKER

CONTRACTOR: Eagle Environmental Inc.

CERTIFICATION/MEDICAL RELEASE

PROJECT NAME: Logan H.S. Am-215

WESTERN TECHNOLOGIES REVIEWER: *CPH*

WT PROJECT NO: 6120Jw137

Photo ID (X)	Name	CS/W (Contractor Supervisor/Worker)	Training Provider/Expiration	Cert. No.	Medical Expiration	Fit Test (Date)	Cert. Verified
1 X	Marco Garcia	W	Seagull	146737	8/26/11	7/26/11	✓
2 X	Sergio Gumbon	CS	Seagull	149932	6/27/12	6/27/11	✓
3 X	Guillermo Ibanez	CS	Seagull	144355	4/6/12	3/24/11	✓
4 X	Richard Boyd	CS	Seagull	149296	7/26/12	7/26/11	✓
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

APPENDIX C:
CONTRACTOR WORKER CERTIFICATIONS



MSK Ambiental

39099.6477CERT/LWR

900 N.W. 5TH Avenue, Fort Lauderdale, Florida 33311

(954) 524-7208

This is to Certify that
Marco Garcia



X X X - X X - 8 2 5 4

3225 Childs Ave. , Ogden, UT

has successfully completed a Spanish

Asbestos Worker Refresher

15-Jan-11

TO

15-Jan-11

Individual above has completed the requisite training for accreditation under TSCA Title II

Complies with Sec. 206 TSCA 15 USC 2646 and FL49-0003092/CN-0006285.

NDAAC Provider #1119

Trainer(s): Jorge Rojas

TEST SCORE: 76 % Training Address: 10101 South State Street, Sandy, UT, 84070

Successful course completion based on exam score on: 01/15/11

This Certificate Expires:



15-Jan-12

01 / 15 / 12

Processed By:

Seagull

To Authenticate Certificate
www.seagulltraining.com

1-800-966-9933



INVESTIGATE AND CRIMINAL PROSECUTE VIOLATIONS OF TSCA FOR MAKING OR
SUSPECTED OF FALSE OR MISLEADING STATEMENTS TO THE AGENCY OR
OTHER PERSONS (18 USC 1001 AND 1003). (5) I
STATE THIS TRAINING DOES NOT QUALIFY FOR CREDIT
REQUIREMENTS OF TITLE 40 CFR PART 70 OR 76
CONDUCTED UNDER FEDERAL STATE OR LOCAL REGULATIONS
APPLICABLE TO THE LOCAL AGENCY.

James F. Stump, Course Sponsor



Certificate Number..... 1 4 6 7 3 7

Course Number US1102

Work Care Clearance

Salt Lake City
2390 South Redwood Rd.
Salt Lake City, UT 84119
Phone: (801) 975-1600
Fax: (801) 975-1666

Orem
601 North 1200 West
Orem, UT 84057
Phone: (801) 224-4211
Fax: (801) 226-3482

Draper
12422 South
Draper, Utah
Phone: (801) 744-1111
Fax: (801) 744-1111

WORKCARE

Name: Marco Garcia
ID#: [REDACTED]
Employer: Eagle Environmental

The above named person has been examined by me and has been determined to be medically cleared to wear respiratory protection without restrictions.
 The OSHA Mandatory history has been reviewed and is cleared to wear respiratory protection without restrictions.
 Medically cleared with restrictions:

Provider Signature: [Signature]
Provider Print: CARLA OLSEN, M.D. 5414758-1205

FITNESS FOR DUTY

Haz/Mat Physical _____	Asbestos Physical <u>X</u>	Respirator Certification <u>X</u>
29 CFR 1910.120	29 CFR 196.1001	29 CFR 1910.134, ANSI 288.2-1991

Company: Eagle Environmental
Employee Name: Marco Garcia
Date of Examination: 7-26-11
Job Description: _____

CLEARANCES

The following clearances are based on:

- Physical Examination plus review of mandatory OSHA Respirator Medical Evaluation Questionnaire
- Review of mandatory OSHA Respirator Medical Evaluation Questionnaire alone

The above named employee is fit for duty for the job description listed above.

This employee has been medically cleared for ALL respirator use pending successful fit testing.

This employee is limited to the following respirator types:

<input checked="" type="checkbox"/> Single use, filter mask	<input type="checkbox"/> Full-face powered cartridge-type (PAPR)
<input checked="" type="checkbox"/> Half-faced cartridge, negative pressure	<input type="checkbox"/> Hood/helmet powered cartridge-type (PAPR)
<input checked="" type="checkbox"/> Half-faced powered cartridge-type (PAPR)	<input type="checkbox"/> Self-contained breathing apparatus (SCBA)
<input type="checkbox"/> Full-face cartridge, negative pressure	<input type="checkbox"/> Positive pressure airline respirator

Restrictions on respirator use:
cleared for 1 month Must return to clinic

No respirator use under any circumstances.

Restrictions on other work/activities:
for HYPERTENSION extended clearance to 1 year

Reviewer name: CARLA OLSEN, M.D. 5414758-1205
Signature: [Signature]
Date: 7/26/11

A copy of this form has been mailed to the employee at the address they provided.

I have received a copy of this clearance form in accordance with 29 CFR 1910.134.

Marco Garcia Employee Name Marco Garcia Employee Signature 7/26/11 Date



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 7-26-11

EMPLOYEE NAME: MARCO GARCIA

RESPIRATOR: Model: NORTH Size: L Protector Factor: 10

TEST CONDUCTOR NAME: Todd Hunter

TEST CONDUCTOR SIGNATURE: [Signature]

CONDITION OF RESPIRATOR: Poor: Good: Excellent: New:

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? NO

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? NO

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST? NO

TEST: PASS: FAIL:

TEST SUBJECT SIGNATURE: Marco Garcia

Asbestos Consulting & Training Systems

34282.5588CERT/5

900 N.W. 5TH Avenue, Fort Lauderdale, Florida 33311

(954) 524-7208

**This is to Certify that
Sergio Gamboa**



X X X - X X - 8 8 8

1983 Heatherton, Salt Lake City, UT

Processed By:

Seagull

To Authenticate Certificate
www.seagulltraining.com

1-800-966-9933



has successfully completed an English

Asbestos Contractor/Supervisor Course

16-Jul-11 TO 20-Jul-11

Individual above has completed the requisite training for accreditation under TSCA Title II

Meets state requirements of 326 IAC (IDEM) and FL49-0001020(CN-0006270).

NDAAC Provider #451

Trainer(s): Robert Barclay

Training Address: 10101 South State Street, Sandy, UT, 84070

Successful course completion based on exam score on: 20-Jul-11

This Certificate Expires:

OSHA TRAINING: 19-Jul-12

19-Jul-12



8 7 / 1 9 / 1 2

James F. Stump, Course Sponsor

Certificate Number..... 1 4 9 9 3 2

Course Number UT1128

CRIMINAL RECORDS DIVISION
DEPARTMENT OF PUBLIC SAFETY
STATE OF ILLINOIS
JUL 20 2011 10 52 AM
CHICAGO, ILLINOIS
UNIT 1000
ST. ANTHONY
FEDERAL STATE BANK
CHICAGO, ILLINOIS

Work Care Clinic

Salt Lake City
 2390 South Redwood Rd.
 Salt Lake City, UT 84119
 Phone: (801) 975-1600
 Fax: (801) 975-1666

Orem
 601 North 1200 West
 Orem, UT 84057
 Phone: (801) 224-4211
 Fax: (801) 226-3482

Draper
 12422 South 450 E
 Draper, Utah 84020
 Phone: (801) 748-1111
 Fax: (801) 748-1600

WORKCARE

Name: Sergio Gamboa
 ID#: [REDACTED]
 Employer: Energy Environmental, Inc.
 The above named person has been examined by me and has been determined to be medically cleared to wear respiratory protection without restrictions.
 The OSHA Mandatory history has been reviewed and is cleared to wear respiratory protection without restrictions.
 Medically cleared with restrictions:
 Provider Signature: [Signature]
 Provider Print: KIRSTEN CALLARI, PA-C 6724153-1206

FITNESS FOR DUTY

Haz/Mat Physical	Asbestos Physical	Certification
29 CFR 1910.120	29 CFR 196.1001	29 CFR 1910.134, ANSI 288.2-1991

Company: Energy Solutions
 Employee Name: Sergio Gamboa
 Date of Examination: 6-27-2011
 Job Description: _____

CLEARANCES

The following clearances are based on:
 Physical Examination plus review of mandatory OSHA Respirator Medical Evaluation Questionnaire
 Review of mandatory OSHA Respirator Medical Evaluation Questionnaire alone

The above named employee is fit for duty for the job description listed above.
 This employee has been medically cleared for ALL respirator use pending successful fit-testing.
 This employee is limited to the following respirator types:

<input type="checkbox"/> Single use, filter mask	<input type="checkbox"/> Full-face powered cartridge-type (PAPR)
<input type="checkbox"/> Half-faced cartridge, negative pressure	<input type="checkbox"/> Hood/helmet powered cartridge-type (PAPR)
<input type="checkbox"/> Half-faced powered cartridge-type (PAPR)	<input type="checkbox"/> Self-contained breathing apparatus (SCBA)
<input type="checkbox"/> Full-face cartridge, negative pressure	<input type="checkbox"/> Positive pressure airline respirator

Restrictions on respirator use:
 No respirator use under any circumstances.

Restrictions on other work activities: _____

KIRSTEN CALLARI, PA-C 6724153-1206	<u>[Signature]</u>	6/27/11
Reviewer name	Signature	Date

A copy of this form has been mailed to the employee at the address they provided.

I have received a copy of this clearance form in accordance with 29 CFR 1910.134.

<u>Sergio Gamboa</u>	<u>[Signature]</u>	<u>June 27 2011</u>
Employee Name	Employee Signature	Date



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 6-27-10
EMPLOYEE NAME: STABLO RAMBOA
RESPIRATOR: Model: North Size: M Protector Factor: 10
TEST CONDUCTOR NAME: Todd Hunter
TEST CONDUCTOR SIGNATURE: [Signature]
CONDITION OF RESPIRATOR: Poor: Good: Excellent: New:
DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? NO
DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? NO
DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST? NO
TEST: PASS: FAIL:
TEST SUBJECT SIGNATURE: [Signature]

Asbestos Consulting & Training Systems

38960 5723CERTFS 900 N.W. 5TH Avenue, Fort Lauderdale, Florida 33311 9541524-7208

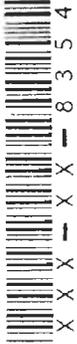
Processed By:



To Authenticate Certificate:
www.seagulltraining.com
1-800-966-9933

This is to Certify that

Guillermo Ibanez



X X X - X X - 8 3 5 4

1431 W. Van Buren Ave. . Salt Lake City, UT

has successfully completed an English

Asbestos Contractor/Supervisor Course

2-Sep-10 TO 6-Sep-10

Individual above has completed the requisite training for accreditation under TSCA Title II

Meets state requirements of 326 IAC (IDEM) and FL49-0001020-CN-0000270

NDAAC Provider #451

Trainer(s): Robert Barclay

TEST SCORE 90% Training Address: 10101 South State Street, Sandy, UT 84070

Successful course completion based on exam score on: 09/06/10

This Certificate Expires:

OSHA TRAINING: 6-Sep-11

6-Sep-11



0 9 / 0 6 / 1 1

James F. Stump, Course Sponsor

Certificate Number..... 1 4 4 3 5 5

Course Number UT1035

UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS FOR REPRESENTATIONS (18 U.S.C. 1001 AND 16 U.S.C. 1515), I CERTIFY THAT THIS TRAINING COURSE'S WITH ALL APPLICABLE REQUIREMENTS OF TITLE 19, CHAPTER 100, SUBCHAPTER 1, CONTROL ACT, 40 CFR PART 77, JOB 100, WITH ALL OTHER APPLICABLE FEDERAL STATE OR LOCAL REQUIREMENTS, IS AN APPROVED VIDEO.

Work Care Clinic

Salt Lake City
2390 South Redwood Rd.
Salt Lake City, UT 84119
Phone: (801) 975-1600
Fax: (801) 975-1666

Orem
601 North 1200 West
Orem, UT 84057
Phone: (801) 224-4211
Fax: (801) 226-3482

Draper
12422 South 450 E.
Draper, Utah 84020
Phone: (801) 748-1111
Fax: (801) 748-1600


WORKCARE

Name: Guillermo Ibanez
ID#: [REDACTED]
Employer: Eagle Environmental

The above named person has been examined by me and has been determined to be medically cleared to wear respiratory protection without restrictions.
 The OSHA Mandatory history has been reviewed and is cleared to wear respiratory protection without restrictions.
 Medically cleared with restrictions.

Provider Signature: [Signature]
Provider: Michelle Bennett APRN, FNP 4967934-4405

FITNESS FOR DUTY		
Haz/Mat Physical _____ 29 CFR 1910.120	Asbestos Physical <u>✓</u> 29 CFR 196.1001	Certification _____ 29 CFR 1910.134, ANSI 288.2-1991

Company: Eagle Environmental

Employee Name: Guillermo Ibanez

Date of Examination: 4/6/11

Job Description: _____

CLEARANCES

The following clearances are based on:

Physical Examination plus review of mandatory OSHA Respirator Medical Evaluation Questionnaire

Review of mandatory OSHA Respirator Medical Evaluation Questionnaire alone

The above named employee is fit for duty for the job description listed above.

This employee has been medically cleared for ALL respirator use pending successful fit testing.

This employee is limited to the following respirator types:

Single use, filter mask	Full-face powered cartridge-type (PAPR)
Half-faced cartridge, negative pressure	Hood/helmet powered cartridge-type (PAPR)
Half-faced powered cartridge-type (PAPR)	Self-contained breathing apparatus (SCBA)
Full-face cartridge, negative pressure	Positive pressure airline respirator

Restrictions on respirator use:

No respirator use under any circumstances.

Restrictions on other work activities: _____

Michelle Bennett APRN, FNP 4967934-4405 Reviewer name	<u>[Signature]</u> Signature	<u>4/6/11</u> Date
----------------------------------------------------------	---------------------------------	-----------------------

A copy of this form has been mailed to the employee at the address they provided.

I have received a copy of this clearance form in accordance with 29 CFR 1910.134.

<u>Guillermo Ibanez</u> Employee Name	<u>[Signature]</u> Employee Signature	<u>4-6-11</u> Date
------------------------------------------	------------------------------------------	-----------------------



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 3/21/2011

EMPLOYEE NAME: Guillermo Ibanez

RESPIRATOR: Model: 7700 Size: Medium Protector Factor: 10

TEST CONDUCTOR NAME: Nick Chouros

TEST CONDUCTOR SIGNATURE: [Signature]

CONDITION OF RESPIRATOR: Poor: Good: Excellent: X New:

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? No

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? No

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST? No

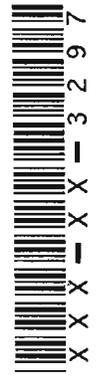
TEST: PASS: ✓ FAIL:

TEST SUBJECT SIGNATURE: [Signature]

Asbestos Consulting & Training Systems

39245.6848CERT/SR 900 N.W. 5TH Avenue, Fort Lauderdale, Florida 33311 (954) 524-7208

This is to Certify that
Richard Boyd



X X X - X X - 3 2 9 7

1947 W. General Dr. , Salt Lake City, UT

has successfully completed an English
Asbestos Contractor/Supervisor Refresher

12-Jun-11 TO 12-Jun-11

Individual above has completed the requisite training for accreditation under TSCA Title II

Meets state requirements of 326 IAC (IDEM) and FL49-0001020/CN-0006271.

NDAAC Provider #451 Trainer(s): Robert Barclay
TEST SCORE: 80 % Training Address: 10101 South State Street, Sandy, UT, 84070
Successful course completion based on exam score on: 06/12/11

This Certificate Expires:

OSHA TRAINING: 11-Jun-12

11-Jun-12

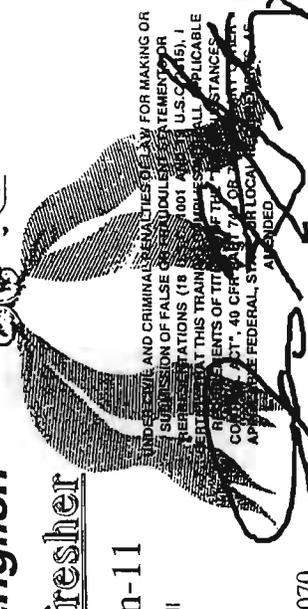


0 6 / 1 1 1 / 1 2



Processed By:

Seagull
To Authenticate Certificate
www.seagulltraining.com
1-800-966-9933



James F. Stump, Course Sponsor

Certificate Number..... 1 4 9 2 9 6

Course Number UT1124

UNDESIRABLE AND CRIMINAL PRACTICES SHALL BE FOR MAKING OR
SUBMISSION OF FALSE OR FRAUDULENT INFORMATION FOR
REPRESENTATIONS (18 U.S.C. 1001) AND FOR ALL APPLICABLE
REGULATIONS THAT THIS TRAINING COURSE IS NOT APPLICABLE
TO THE COURSE. THE COURSE IS NOT APPLICABLE TO THE COURSE
COMPLIANCE WITH 40 CFR 171.7 OR LOCAL, STATE OR FEDERAL
APPLICABLE FEDERAL, STATE OR LOCAL REGULATIONS.

Work Care Clinic



Salt Lake City
 2390 South Redwood Rd.
 Salt Lake City, UT 84119
 Phone: (801) 975-1600
 Fax: (801) 975-1666

Orem
 601 North 1200 West
 Orem, UT 84057
 Phone: (801) 224-4211
 Fax: (801) 226-3482

Draper
 12422 South 4500
 Draper, Utah 84020
 Phone: (801) 748-1111
 Fax: (801) 748-1111

Name: Richard Boyd
 ID #: [REDACTED]
 Employer: Eagle Environmental
 The above named person has been examined by me and has been determined to be medically cleared to wear respiratory protection without restrictions.
 The OSHA Mandatory history has been reviewed and is cleared to wear respiratory protection without restrictions.
 Medically cleared with restrictions.
 Provider Signature: [Signature]
 Provider Print: KIRSTEN CALLARI, PA-C 6724153-1206

FITNESS FOR DUTY

Haz/Mat Physical _____	Asbestos Physical <u>X</u>	Certification <u>X</u>
29 CFR 1910.120	29 CFR 196.1001	29 CFR 1910.134, ANSI 288.2-1991

Company: Eagle Environmental
 Employee Name: Richard Boyd
 Date of Examination: 7-26-11
 Job Description: _____

CLEARANCES

The following clearances are based on:
 Physical Examination plus review of mandatory OSHA Respirator Medical Evaluation Questionnaire
 Review of mandatory OSHA Respirator Medical Evaluation Questionnaire alone

The above named employee is fit for duty for the job description listed above.
 This employee has been medically cleared for ALL respirator use pending successful fit testing.
 This employee is limited to the following respirator types:

<input type="checkbox"/>	Single use, filter mask	<input type="checkbox"/>	Full-face powered cartridge-type (PAPR)
<input type="checkbox"/>	Half-faced cartridge, negative pressure	<input type="checkbox"/>	Hood/helmet powered cartridge-type (PAPR)
<input type="checkbox"/>	Half-faced powered cartridge-type (PAPR)	<input type="checkbox"/>	Self-contained breathing apparatus (SCBA)
<input type="checkbox"/>	Full-face cartridge, negative pressure	<input type="checkbox"/>	Positive pressure airline respirator

Restrictions on respirator use:
 No respirator use under any circumstances.

Restrictions on other work activities: _____

Reviewer name: <u>KIRSTEN CALLARI, PA-C 6724153-1206</u>	Signature: <u>[Signature]</u>	Date: <u>7/26/11</u>
----------------------------------------------------------	-------------------------------	----------------------

A copy of this form has been mailed to the employee at the address they provided.

I have received a copy of this clearance form in accordance with 29 CFR 1910.134.
 Employee Name: Richard Boyd
 Employee Signature: [Signature]
 Date: 07-26-11



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 07/26/2011

EMPLOYEE NAME: Richard Boyd

RESPIRATOR: Model: 7700 Size: Medium Protector Factor: 10

TEST CONDUCTOR NAME: Nick Chavros

TEST CONDUCTOR SIGNATURE: [Signature]

CONDITION OF RESPIRATOR: Poor: Good: Excellent: New:

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? No

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? No

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST? No

TEST: PASS: FAIL:

TEST SUBJECT SIGNATURE: [Signature]

APPENDIX D:
CONTRACTOR SUBMITTAL



Eagle Environmental, Inc.
Daily Project Log

Job Name: Logan High School Room E215

Job #: 06702

Foreman: Richard Boyd

Date: 7/26/2011

Day #: Tuesday

Note: Fill in general comments on routine progress for this project on the above date.
DETAIL any major problems and actions taken, injuries, equipment breakdown, unusual condition or situations, inspections, hiring or firing of personnel and any other occurrence which may affect the project. (This log may be utilized as a legal document.)

1 Day's Plan Goals

Load truck, prep and remove aprox 1170 SF of tile and mastic and carpet.

2 Completed Work Description & Actual Quantities Removed:

Loaded equipment in the truck and drove to Logan and unloaded the truck. Started to prep containment and for preping completed.

3 Problems / Delays / Unusual Events / Accidents:

We did not have all the paperwork that we needed for the hygenist and we also did not have our up to date medical certificates so Marcos and I had to go back to Salt Lake to have our physicals done.

4 Next Day's Plan / Goals:

Pull carpet, pop tile and remove mastic.

5 Record of Job Site Communications / Add-Ons:

Romero, Carl, and Charles

Signature: _____

?

Eagle Environmental, Inc.

Daily Project Log

Job Name: Logan High School Room E215

Job #: 06702

Foreman: Richard Boyd

Date: 7/27/2011

Day #: Wednesday

Note: Fill in general comments on routine progress for this project on the above date. DETAIL any major problems and actions taken, injuries, equipment breakdown, unusual condition or situations, inspections, hiring or firing of personnel and any other occurrence which may affect the project. (This log may be utilized as a legal document.)

1 Day's Plan Goals

Pull carpet, pop tile and remove mastic

2 Completed Work Description & Actual Quantities Removed:

the carpet came up with the tile so we bagged carpet and tile into bags. We had 51 bags and 5 barrels. We used chemical to remove the mastic. Squeegied the floors and bagged up the mastic. We moped the floors with soap and odor neutralizer. The hygenist passed our containment off and so we loaded the truck of all non nessesary equipment and went back to the shop.

3 Problems / Delays / Unusual Events / Accidents:

NA

4 Next Day's Plan / Goals:

Tear down once air samples are passed.

5 Record of Job Site Communications / Add-Ons:

Romero, Carl and Charles.

Signature

?

Eagle Environmental, Inc.

Daily Project Log

Job Name: Logan High School Room E215

Job #: 06702

Foreman: Richard Boyd

Date: 7/28/2011

Day #: Thursday

Note: Fill in general comments on routine progress for this project on the above date.
DETAIL any major problems and actions taken, injuries, equipment breakdown, unusual condition or situations, inspections, hiring or firing of personnel and any other occurrence which may affect the project. (This log may be utilized as a legal document.)

1 Day's Plan Goals

Tear down once air samples are passed.

2 Completed Work Description & Actual Quantities Removed:

we tore down and loaded equipment in to the truck and came back to the shop and unloaded.

3 Problems / Delays / Unusual Events / Accidents:

NA

4 Next Day's Plan / Goals:

NA

5 Record of Job Site Communications / Add-Ons:

Romero and Carl

Signature: _____

APPENDIX E:

PHOTO LOG

Logan City School District
Logan High School Room 215
100 South 162 West
Logan, Utah
Photographic Log
WESTERN TECHNOLOGIES INC.

WT Job No.: 6120JW137

Date: August 16, 2011



Picture 1 – Room 215 view to the southeast prior to abatement



Picture 2 – Room 215 closet view to the east prior to abatement



Picture 3 – Room 215 view to the north after abatement



Picture 4 – Room 215 view to the southwest after abatement



Picture 5 - Room 215 view to the north after abatement



Picture 6 - Room 215 closet view to the east after abatement