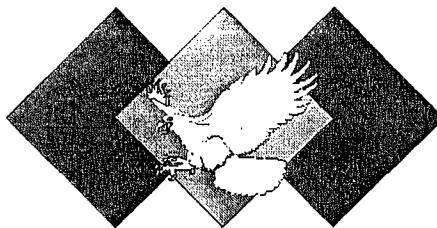


2008  
ASBESTOS ABATEMENT CLOSE-OUT DOCUMENTS  
PREPARED BY EAGLE ENVIRONMENTAL  
(REFERENCES REMOVAL OF VINYL FLOOR TILE/MASTIC  
IN CLASSROOMS AT HIGH SCHOOL-LOCATION NOT PROVIDED)



**EAGLE ENVIRONMENTAL, INC.  
891 WEST ROBINSON DRIVE #4  
NORTH SALT LAKE, UTAH 84054**

**CLOSE OUT PAPER WORK FOR:  
LOGAN CITY SCHOOL DISTRICT**

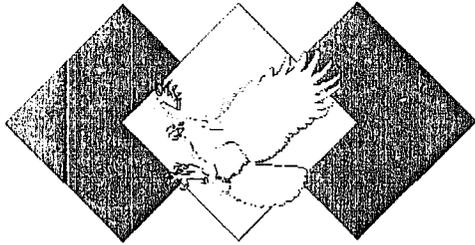
**PROJECT: LOGAN HIGH FLOOR TILE & MASTIC**

- License /Company Certificates
- Insurance Certificates
- Notification
- Employee Certs / Physicals
- Daily Logs
- Manifest
- Invoice

Thank you for your business. If you have any questions or need further assistance, please do not hesitate to call me at (801) 936-1155.

Sincerely,

Steven Nelson  
Accounting Manager



EAGLE ENVIRONMENTAL INC

## License / Company Certificates



# CITY OF NORTH SALT LAKE BUSINESS LICENSE

LICENSE NO. 1747

YEAR: 2008

FREDA A. JOHNSON

is licensed to conduct business within the city limits of North Salt Lake, Utah to the calendar year of the remaining portion of the year.

EAGLE ENVIRONMENTAL INC  
891 W. ROBINSON DRIVE #4  
NORTH SALT LAKE UT 84054

*[Handwritten signature]*  
*[Handwritten signature]*  
*[Handwritten signature]*  
CITY RECORDER

TO BE DISPLAYED IN A CONSPICUOUS PLACE AT ALL TIMES  
NON-TRANSFERABLE



JON M. HUNTSMAN, JR.  
*Governor*

GARY HERBERT  
*Lieutenant Governor*

State of Utah

Department of  
Environmental Quality

Richard W. Sprott  
*Executive Director*

DIVISION OF AIR QUALITY  
Cheryl Heying  
*Director*

December 13, 2007

DAQA-0003-07

Fred Johnson  
Eagle Environmental, Inc.  
891 West Robinson Drive, Suite 4  
North Salt Lake, Utah 84054

Dear Mr. Johnson:

Re: Utah Asbestos Company Certification Approval - Certification Number 172

Your application for Utah asbestos company certification for calendar year 2008 has been reviewed and approved. Eagle Environmental, Inc. is hereby certified as an asbestos company in accordance with the provisions of Utah Administrative Code (UAC) R307-801-5. Eagle Environmental, Inc. is hereby certified as a Utah asbestos company and has been assigned certification number 172.

Asbestos company certification is subject to the following conditions:

1. Certification is valid until December 31, 2008, and,
2. Eagle Environmental, Inc. is certified to perform asbestos projects in accordance with applicable state and federal rules. The use of asbestos certified personnel is mandatory, and,
3. Certification may be revoked or suspended if the asbestos project operator is found to be in violation of the asbestos work practices and contractor certification (UAC R307-801) or the National Emission Standard for Asbestos (40 CFR 61 Subpart M).

To ensure continuous certification for calendar year 2009, please submit your certification application to the Division on or before December 1, 2008. Division forms, asbestos brochures, the Utah asbestos fee calculator for renovation and demolition notifications and lists of approved asbestos laboratories and landfills are available on our web site at [www.airquality.utah.gov/haps/asbestos/index.htm](http://www.airquality.utah.gov/haps/asbestos/index.htm).

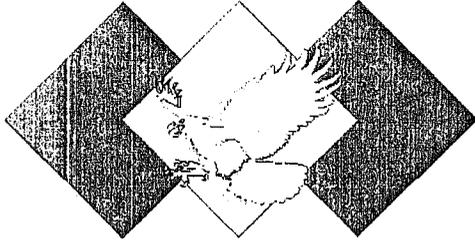
If you have any questions about this letter or your Utah asbestos company certification, please contact Ann Rosser by telephone at (801) 536-4424 or by e-mail at [arosser@utah.gov](mailto:arosser@utah.gov).

Sincerely,

A handwritten signature in cursive script that reads "Rusty Kerby".

M. Cheryl Heying, Executive Secretary  
Utah Air Quality Board

MCH:AR:lgt



EAGLE ENVIRONMENTAL INC

# Insurance Certificates

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
1/23/2008

PRODUCER (801) 308-1500  
Grant-Hatch & Associates Inc  
Member of the Leavitt Group  
Box 9950  
Lake City, UT 84109-9950

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

INSURERS AFFORDING COVERAGE

INSURED Eagle Environmental Inc.  
891 W Robinson Drive, #4  
North Salt Lake, UT 84054

- INSURER A: Westchester Surplus Lines Insurance Co
- INSURER B: The Travelers Indemnity Co
- INSURER C: American International Cos
- INSURER D: Ace Fire Underwriters Insurance Company
- INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	G23829897001	1/14/2008	1/14/2009	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
					Pollution Liability 1,000,000
B	AUTOMOBILE LIABILITY	BA2976C62908SEL	1/14/2008	1/14/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
C	EXCESS LIABILITY	G23829903-001	1/14/2008	1/14/2009	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
D	Commercial Automobile	H08416576001	1/14/2008	1/14/2009	Asbestos Auto 1,000,000
	Professional Liability	G23829897001	1/14/2008	1/14/2009	\$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Insured Copy

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

CANCELLATION

Eagle Environmental Inc.  
891 W Robinson Drive, #4  
North Salt Lake, UT 84054-

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

AUTHORIZED REPRESENTATIVE

*Teri Hamann*

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

EAGLENY-01 SMAN

DATE (MM/DD/YYYY)  
6/5/2007

PRODUCER (801) 937-6700

The Buckner Company  
6550 South Millrock Dr. Suite #300  
Salt Lake City, UT 84121

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

INSURED Eagle Environmental, Inc.  
891 W Robinson #4  
North Salt Lake, UT 84054

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Workers Compensation Fund	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	INDCL	LIB	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS												
				<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  NETW. AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EO Occurrence) \$ MED EXP. (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$												
				<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HYBRID AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EO Occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
				<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY VEH				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AUTO ONLY AGG \$												
				<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
A				<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED If yes, describe under SPECIAL PROVISIONS below	1699967	6/1/2007	6/1/2008	<table border="1"> <tr> <td>W/C STATUTORY LIMITS</td> <td>X</td> <td>OTHER</td> </tr> <tr> <td>E L EACH ACCIDENT</td> <td>\$</td> <td>1,000,000</td> </tr> <tr> <td>E L DISEASE - EA EMPLOYEE</td> <td>\$</td> <td>1,000,000</td> </tr> <tr> <td>E L DISEASE - POLICY LIMIT</td> <td>\$</td> <td>1,000,000</td> </tr> </table>	W/C STATUTORY LIMITS	X	OTHER	E L EACH ACCIDENT	\$	1,000,000	E L DISEASE - EA EMPLOYEE	\$	1,000,000	E L DISEASE - POLICY LIMIT	\$	1,000,000
W/C STATUTORY LIMITS	X	OTHER																		
E L EACH ACCIDENT	\$	1,000,000																		
E L DISEASE - EA EMPLOYEE	\$	1,000,000																		
E L DISEASE - POLICY LIMIT	\$	1,000,000																		
				OTHER																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

For Info Only

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*Robert Smith*

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name  
**Eagle Environmental, Inc.**

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other

Address (number, street, and apt. or suite no.)  
**891 W Robinson Drive #4**

City, state, and ZIP code  
**North Salt Lake UT 84054**

List account number(s) here (optional)

Requester's name and address (optional)

Exempt from backup withholding

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number								
or								
Employer identification number								
8	7	0	5	1	5	2	6	2

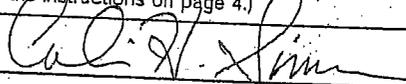
Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. person (including a U.S. resident alien).

If you are not a U.S. person, see the certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the Instructions on page 4.)

Sign Here Signature of U.S. person  Date **1/2/08**

## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

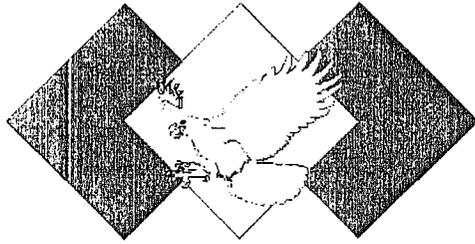
**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

## Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.



EAGLE ENVIRONMENTAL INC

## Employee Certs & Physicals



This is to Certify that

has successfully completed air English



Serial No. 5, Job No. 123

18-Aug-07 TO 21-Aug-08

This Certificate Expires: 21-Aug-08



State of Utah

Department of Environmental Quality

18-Aug-07

Work Data Sheet

Table with columns: Date, Time, Name, Location, Activity, Duration, Remarks

CLEARANCE

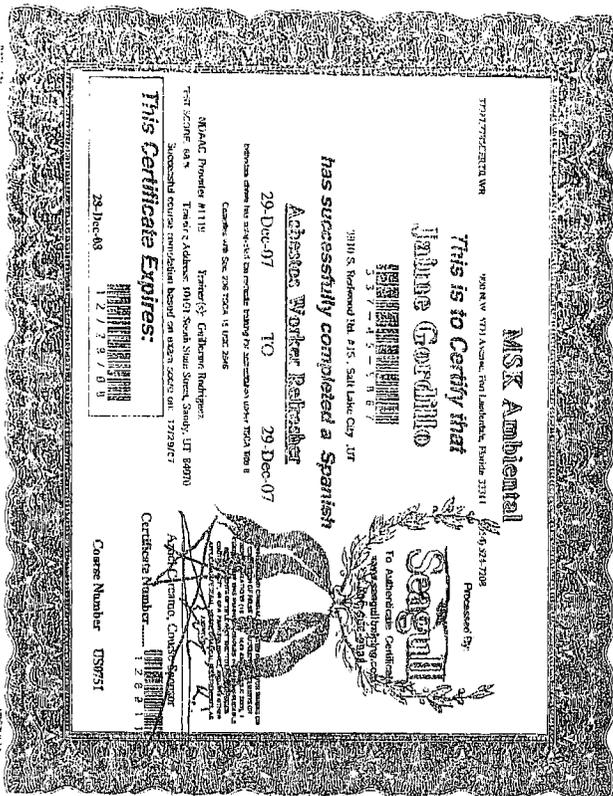
Clearance form text: I hereby certify that the above information is true and correct...



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

QUALITATIVE FIT TEST

Qualitative Fit Test form with fields for Date, Employee Name, Respirator Model/Size/Protector Factor, Test Conductor Name, Test Conductor Signature, Condition of Respirator, and Test Subject Signature.



State of Utah  
Department of  
Environmental Quality

Richard W. Sporn  
Executive Director  
DIVISION OF AIR QUALITY  
Cindy Hays  
Secretary

ANNIE BUNYANIAN, JR.  
GOVERNOR  
GARY HERBERT  
Lieutenant Governor

January 14, 2008

DAQA-0001-08

Jaime Gordillo  
Eagle Environmental, Inc.  
891 West Robinson Drive #4  
North Salt Lake, Utah 84054

Dear Mr. Gordillo

Re: Utah Asbestos Program Individual Certification Card

The Utah Division of Air Quality (Division) has reviewed your Utah Asbestos Program Certification Application for Individuals and we are pleased to inform you that your application has been approved. Your new asbestos program individual certification card is enclosed with this letter and this card is the sole method of individual certification documentation that you will receive from the Division.

Please check the information on your asbestos program certification card carefully. Please confirm that the photograph, name and certification discipline(s) are correct. Also, please remember to keep your current asbestos program certification card with you at all times when you are performing regulated asbestos work activities.

If you have any questions regarding this letter or the enclosed asbestos program certification card, please contact Ann Rosser by telephone at (801) 536-4424 or by e-mail at [arosser@utah.gov](mailto:arosser@utah.gov)

Sincerely,

Robert W. Ford, Manager  
Air Toxics, Lead and Asbestos Section

RWF:ar

Utah Asbestos Certification

Jaime F. Gordillo  
ASB-3436

Worker (Exp. 12/29/08)



*Cindy Hays*  
Executive Secretary Utah Air Quality Board

150 North 1950 West • PO Box 144820 • Salt Lake City, UT 84114-4820 • phone (801) 536-4000 • fax (801) 536-4099  
TDD: (801) 536-4414 • [www.deq.utah.gov](http://www.deq.utah.gov)

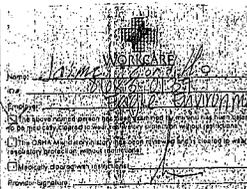
9044/008 07/03/2008 12 40 FAX 14356135501

Work Care Clinic

Salt Lake City  
290 South Parkmaine  
Salt Lake City, UT 84119  
Phone: (801) 754-1500  
Fax: (801) 975-1000

Creml  
601 West 19th, West  
Crem, UT 84072  
Phone: (801) 221-4211  
Fax: (801) 221-4002

Drapet  
12425 South 450 East  
Draper, UT 84020  
Phone: (801) 745-1500  
Fax: (801) 746-1601



Haz/Mat Physical	Asbestos Physical	<input checked="" type="checkbox"/>	Certification
29 CFR 1910.134	29 CFR 192.1021		29 CFR 1910.134 AND 29.2 1591
Company: <u>Eagle Environmental</u>			
Employee Name: <u>Jaime Gordillo</u>			
Date of Certification: <u>01-07-08</u>			
Job Description	CLEARANCES		
The following clearances are based on:			
<input type="checkbox"/> Physical Examination plus review of mandatory OSHA Respirator Medical Evaluation Questionnaire			
<input type="checkbox"/> Review of mandatory OSHA Respirator Medical Evaluation Questionnaire alone			
<input type="checkbox"/> The above named employee is fit for duty for the job description listed above.			
<input checked="" type="checkbox"/> 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"/> Simple use filter mask	<input type="checkbox"/> Full-face powered cartridge-type (PAPF)		
<input type="checkbox"/> Full-face cartridge, negative pressure	<input type="checkbox"/> Hood/helmet powered cartridge type (PAPR)		
<input type="checkbox"/> Half-face powered cartridge-type (PAPF)	<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:			
<input type="checkbox"/> No respirator use under any circumstances			
<input type="checkbox"/> Restrictions on other work activities:			
Expiration date for this test: 2 years <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> other <input type="checkbox"/>	Signature: <u>[Signature]</u>	Date: <u>1-7-08</u>	
A copy of this form has been mailed to the employee at the address they provided.			
I have provided a copy of this qualitative form in accordance with 29 CFR 1910.134.			
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Date: <u>01-07-08</u>	

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

QUALITATIVE FIT TEST

DATE: 1-7-08

EMPLOYEE NAME: \_\_\_\_\_

RESPIRATOR: Model: \_\_\_\_\_ Size: \_\_\_\_\_ Protector Factor: \_\_\_\_\_

TEST CONDUCTOR NAME: \_\_\_\_\_

TEST CONDUCTOR SIGNATURE: \_\_\_\_\_

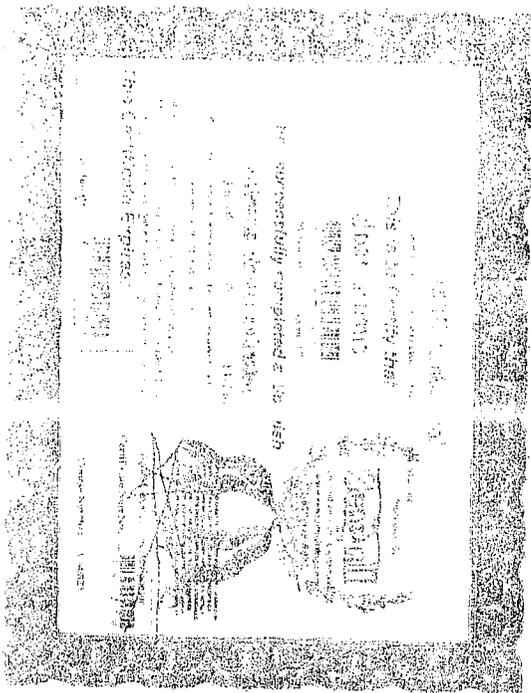
CONDITION OF RESPIRATOR: Poor: \_\_\_\_\_ Good: \_\_\_\_\_ Excellent: \_\_\_\_\_ New: \_\_\_\_\_

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? \_\_\_\_\_

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? \_\_\_\_\_

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY COMPLAIN TO THE IRRITANT SMOKE DURING TEST? \_\_\_\_\_

TEST SUBJECT SIGNATURE: \_\_\_\_\_



OSHA 3090 (Rev. 10-10-95)

STATE OF UTAH DEPARTMENT OF LABOR

SAFETY DIVISION

RESPIRATORY PROTECTION

RESPIRATOR FITTING REPORT

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Fitting: \_\_\_\_\_

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

Respirator Size: \_\_\_\_\_

Protector Factor: \_\_\_\_\_

Test Conductor Name: \_\_\_\_\_

Test Conductor Signature: \_\_\_\_\_

Condition of Respirator: Poor: \_\_\_\_\_ Good: \_\_\_\_\_ Excellent: \_\_\_\_\_ New: \_\_\_\_\_

Does the test subject have facial hair growth? \_\_\_\_\_

Did test subject exhibit difficulty in breathing during test? \_\_\_\_\_

Did test subject show signs or express any irritation to the irritant smoke during test? \_\_\_\_\_

Test: PASS: \_\_\_\_\_ FAIL: \_\_\_\_\_

Test Subject Signature: \_\_\_\_\_

Salt Lake City  
2390 South Parkwood Rd  
Salt Lake City, UT 84116  
Phone: (801) 975-1500  
Fax: (801) 975-0565

Orem  
601 North 1200 West  
Orem, UT 84057  
Phone: (801) 224-4211  
Fax: (801) 226-3402

Draper  
12422 South 456 East  
Draper, Utah 84020  
Phone: (801) 742-1414  
Fax: (801) 742-1501



Work Care Clinic

**PHYSICAL EXAMINATION**

HazMat Physical Asbestos Physical  Certification

29 CFR 1910.120 29 CFR 1016.1001 29 CFR 1910.134 ANSI Z89.2-1991

Company: Eagle Environmental

Employee Name: Jose Rosas

Date of Examination: Jan 07, 2008

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

Restrictions on respirator use:

No respirator use under any circumstances

Restrictions on other work activities: \_\_\_\_\_

Expiration of Certification: 2 years  year  other

Reviewed By: JOYSA HARWARD, Ph.D. 6911122-1206 Signature: \_\_\_\_\_ Date: 1/7/08

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: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: 01/07/08

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

QUALITATIVE FIT TEST

DATE: 1/7/08

EMPLOYEE NAME: Jose Rosas

RESPIRATOR: Model: North Size: 2 Protector Factor: 100

TEST CONDUCTOR NAME: North, Lutz

TEST CONDUCTOR SIGNATURE: \_\_\_\_\_

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

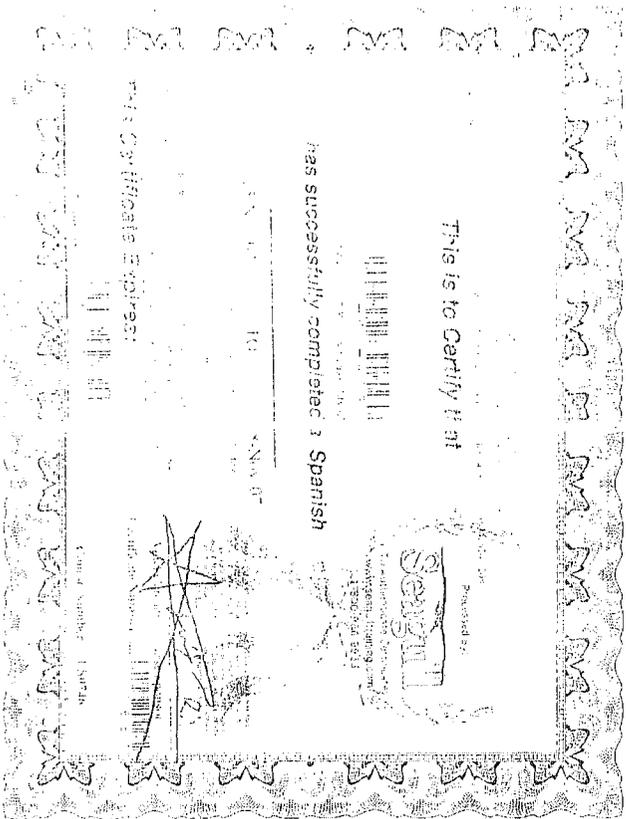
DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? \_\_\_\_\_

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? \_\_\_\_\_

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST? \_\_\_\_\_

TEST: PASS: \_\_\_\_\_ FAIL: \_\_\_\_\_

TEST SUBJECT SIGNATURE: \_\_\_\_\_



Utah Asbestos Certification  
 Walter Penate Rivera  
 ASB-3868  
 Expires 12/31/2004

Utah Asbestos Certification  
 Walter Penate Rivera  
 ASB-3868  
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 Walter Penate Rivera  
 ASB-3868  
 Expires 12/31/2004

WORKCARE Respiratory Clearance Card  
 Name: Walter Penate Rivera  
 Date: 5/10/06  
 Work Care Clinic  
 1000 S. 1000 E. Salt Lake City, UT 84143  
 Phone: (801) 467-1111  
 Fax: (801) 467-1112

Respirator	Model	Size	Protector Factor

CLEARANCES

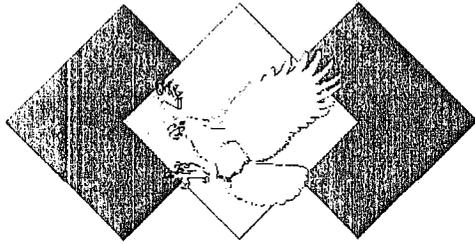
Result: Pass



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

QUALITATIVE FIT TEST

DATE: 5/10/06  
 EMPLOYEE NAME: Walter Penate Rivera  
 RESPIRATOR Model: 3M Size: Large Protector Factor: 100  
 TEST CONDUCTOR NAME: Walter Penate Rivera  
 TEST CONDUCTOR SIGNATURE: Walter Penate Rivera  
 CONDITION OF RESPIRATOR: Poor  Good  Excellent  New   
 DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH?   
 DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST?   
 DID TEST SUBJECT SHOW SIGNS OR FEEL ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST?   
 TEST: PASS  FAIL   
 TEST SUBJECT SIGNATURE: Walter Penate Rivera



EAGLE ENVIRONMENTAL INC

# Daily Logs

Eagle Environmental, Inc.  
Daily Project Log

Job Name: Logan High School Tile & Mastic

Job #: 0805340

Foreman: Francisco Benalla

Date: 5/9/08

Day #: 1

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: OUR PLAN ARE TO REMOVE CARPET  
TILE AND MASTIC FROM THIS CLASSROOM  
SO THEY COULD RUN SAMPLE

2

Completed Work Description & Actual Quantities Removed: \_\_\_\_\_  
WE REMOVED CARPET TILE  
AND MASTIC FROM ROOM 101

3

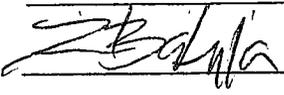
Problems / Delays / Unusual Events / Accidents: WE HAD A PROBLEM  
WITH BOX TRUCK ED HAD TO JURE  
IT FOR HIS JOB.

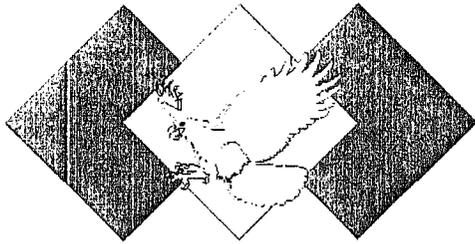
4

Next Day's Plan / Goals: NO TEAR DOWN.

5

Record of Job Site Communications / Add-Ons: CLYDE WALKED  
TAW SCHOOL WITH J.C.

Signature: 



EAGLE ENVIRONMENTAL INC

# Manifest



## EAGLE ENVIRONMENTAL, INC.

Asbestos Abatement \* Lead Abatement \* Mold Remediation \* Environmental Clean-up  
891 W Robinson Drive Suite 4, North Salt Lake, UT 84054 Phone: 801-936-1155 Fax: 801-936-1505

June 24, 2008

To Whom It May Concern:

Re: Logan High School Floor Tile

The asbestos containing material from the project has not reached its final destination at this time. Following its final disposal, we will send you the signed manifest.

If you have any questions, please do not hesitate to call.

Sincerely,



Steven Nelson  
Accounting Manager