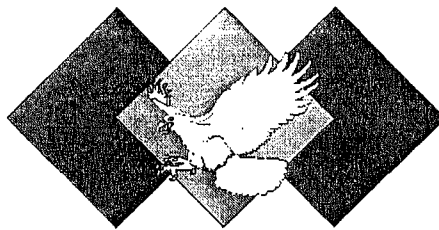


**2008**  
**ASBESTOS ABATEMENT CLOSE-OUT DOCUMENTS**  
**PREPARED BY EAGLE ENVIRONMENTAL**  
**(REFERENCES REMOVAL OF VINYL FLOOR TILE/MASTIC**  
**IN CLASSROOMS AT HIGH SCHOOL-LOCATION NOT PROVIDED)**



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

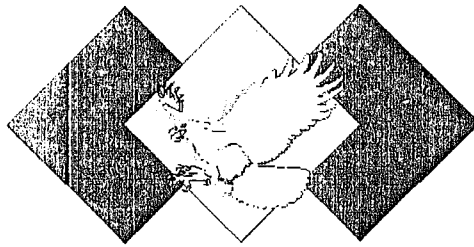
**CLOSE OUT PAPER WORK FOR:  
LOGAN CITY SCHOOL DISTRICT  
PROJECT: LOGAN HIGH FLOOR TILE & MASTIC**

- ☐ 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

FRED A. JOHNSON

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

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

*[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).

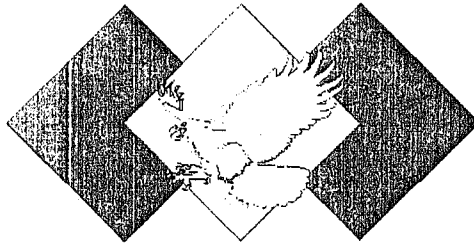
If you have any questions about this letter or your Utah asbestos company certification, please contact Ann Rosser by telephone at (801) 536-4424 or by e-mail at [arosser@utah.gov](mailto:arosser@utah.gov).

Sincerely,

A handwritten signature in cursive script, appearing to read "M. Cheryl Heying".

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
					GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
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 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				
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
	GARAGE LIABILITY				
	ANY AUTO				
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*

ACORD 25-10 (7/97)

## 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 <sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCEDATE (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.

PRODUCER LIC. NO.	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 <input type="checkbox"/> RETAIL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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"/> RENTED 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 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	<input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> 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

☐ Exempt from backup  
withholding

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)

## 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.

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

Social security number

| | | + | | | |

or

Employer identification number

8 | 7 | 0 | 5 | 1 | 5 | 2 | 6 | 2

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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).

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

*Carl H. Lim*

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

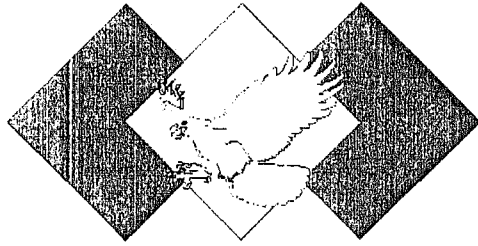
**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

## 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:

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



EAGLE ENVIRONMENTAL INC

## Employee Certs & Physicals

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
 NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH  
 1015 North 17th Avenue, Suite 100  
 Denver, Colorado 80202  
 (303) 334-6400

Form 101-101 (Rev. 10-1-83)

1. Name of Employer: Rockwell International Corp.  
 2. Name of Employee: Leonardo Perez  
 3. Job Title: Asbestos Abatement Worker  
 4. Date of Examination: 6/1/84  
 5. Location: Rockwell International Corp., 1015 North 17th Avenue, Suite 100, Denver, Colorado 80202

6. Name of Examiner: Dr. J. L. Smith  
 7. Title: Physician  
 8. Address: 1015 North 17th Avenue, Suite 100, Denver, Colorado 80202  
 9. Phone: (303) 334-6400


10. Date of Birth: 10/1/45  
 11. Sex: M  
 12. Race: W  
 13. Height: 5' 10"  
 14. Weight: 170  
 15. Blood Pressure: 120/80  
 16. Heart Rate: 72  
 17. Lung Sounds: Clear  
 18. Abdominal Exam: Normal  
 19. Neurological Exam: Normal  
 20. Vision: 20/20  
 21. Hearing: Normal  
 22. Balance: Normal  
 23. Reflexes: Normal  
 24. Sensation: Normal  
 25. Skin: Normal  
 26. Mucous Membranes: Normal  
 27. Lymph Nodes: Normal  
 28. Thyroid: Normal  
 29. Breasts: Normal  
 30. Genitalia: Normal  
 31. Anus: Normal  
 32. Rectum: Normal  
 33. Prostate: Normal  
 34. Uterus: Normal  
 35. Vagina: Normal  
 36. Cervix: Normal  
 37. Vagina: Normal  
 38. Cervix: Normal  
 39. Vagina: Normal  
 40. Cervix: Normal

1. Name of Employer: Rockwell International Corp.  
 2. Name of Employee: Leonardo Perez  
 3. Job Title: Asbestos Abatement Worker  
 4. Date of Examination: 6/1/84  
 5. Location: Rockwell International Corp., 1015 North 17th Avenue, Suite 100, Denver, Colorado 80202

6. Name of Examiner: Dr. J. L. Smith  
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 33. Prostate: Normal  
 34. Uterus: Normal  
 35. Vagina: Normal  
 36. Cervix: Normal  
 37. Vagina: Normal  
 38. Cervix: Normal  
 39. Vagina: Normal  
 40. Cervix: Normal

**Utah Asbestos Certification**  
**Daniel Leonardo Perez**  
**ASB-3887**  
 (Valid until 06/29/85)



Examiner: Dr. J. L. Smith  
 Title: Physician  
 Address: 1015 North 17th Avenue, Suite 100, Denver, Colorado 80202  
 Phone: (303) 334-6400

**WORK CARD SUMMARY**

1. Name of Employer: Rockwell International Corp.  
 2. Name of Employee: Leonardo Perez  
 3. Job Title: Asbestos Abatement Worker  
 4. Date of Examination: 6/1/84  
 5. Location: Rockwell International Corp., 1015 North 17th Avenue, Suite 100, Denver, Colorado 80202

6. Name of Examiner: Dr. J. L. Smith  
 7. Title: Physician  
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 36. Cervix: Normal  
 37. Vagina: Normal  
 38. Cervix: Normal  
 39. Vagina: Normal  
 40. Cervix: Normal

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

**QUALITATIVE FIT TEST**

DATE: 6/1/84

EMPLOYEE NAME: Leonardo Perez

RESPIRATOR: Model: 1 Size: Small Protector Factor: 10

TEST CONDUCTOR NAME: Dr. J. L. Smith

TEST CONDUCTOR SIGNATURE: Dr. J. L. Smith

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: Leonardo Perez

2. *Journal of the American Statistical Association*, 1991, 86, 1001-1011.

$\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

[illegible]
$$\begin{aligned} & \mathcal{C}(\mathcal{C}_1, \mathcal{C}_2) = \{(\mathcal{C}_1, \mathcal{C}_2)\} \\ & \mathcal{C}(\mathcal{C}_1, \mathcal{C}_2) = \{(\mathcal{C}_1, \mathcal{C}_2), (\mathcal{C}_2, \mathcal{C}_1)\} \\ & \mathcal{C}(\mathcal{C}_1, \mathcal{C}_2) = \{(\mathcal{C}_1, \mathcal{C}_2), (\mathcal{C}_2, \mathcal{C}_1), (\mathcal{C}_1, \mathcal{C}_1), (\mathcal{C}_2, \mathcal{C}_2)\} \\ & \mathcal{C}(\mathcal{C}_1, \mathcal{C}_2) = \{(\mathcal{C}_1, \mathcal{C}_2), (\mathcal{C}_2, \mathcal{C}_1), (\mathcal{C}_1, \mathcal{C}_1), (\mathcal{C}_2, \mathcal{C}_2), (\mathcal{C}_1, \mathcal{C}_2), (\mathcal{C}_2, \mathcal{C}_1)\} \end{aligned}$$
$$[r_{\text{c},\text{c}}] = \text{Mb}^{-1} \text{ s}^{-1}$$

1880-1881, 1882-1883, 1884-1885, 1886-1887, 1888-1889, 1890-1891, 1892-1893, 1894-1895, 1896-1897, 1898-1899, 1900-1901, 1902-1903, 1904-1905, 1906-1907, 1908-1909, 1910-1911, 1912-1913, 1914-1915, 1916-1917, 1918-1919, 1920-1921, 1922-1923, 1924-1925, 1926-1927, 1928-1929, 1930-1931, 1932-1933, 1934-1935, 1936-1937, 1938-1939, 1940-1941, 1942-1943, 1944-1945, 1946-1947, 1948-1949, 1950-1951, 1952-1953, 1954-1955, 1956-1957, 1958-1959, 1960-1961, 1962-1963, 1964-1965, 1966-1967, 1968-1969, 1970-1971, 1972-1973, 1974-1975, 1976-1977, 1978-1979, 1980-1981, 1982-1983, 1984-1985, 1986-1987, 1988-1989, 1990-1991, 1992-1993, 1994-1995, 1996-1997, 1998-1999, 2000-2001, 2002-2003, 2004-2005, 2006-2007, 2008-2009, 2010-2011, 2012-2013, 2014-2015, 2016-2017, 2018-2019, 2020-2021, 2022-2023, 2024-2025, 2026-2027, 2028-2029, 2030-2031, 2032-2033, 2034-2035, 2036-2037, 2038-2039, 2040-2041, 2042-2043, 2044-2045, 2046-2047, 2048-2049, 2050-2051, 2052-2053, 2054-2055, 2056-2057, 2058-2059, 2060-2061, 2062-2063, 2064-2065, 2066-2067, 2068-2069, 2070-2071, 2072-2073, 2074-2075, 2076-2077, 2078-2079, 2080-2081, 2082-2083, 2084-2085, 2086-2087, 2088-2089, 2090-2091, 2092-2093, 2094-2095, 2096-2097, 2098-2099, 2100-2101, 2102-2103, 2104-2105, 2106-2107, 2108-2109, 2110-2111, 2112-2113, 2114-2115, 2116-2117, 2118-2119, 2120-2121, 2122-2123, 2124-2125, 2126-2127, 2128-2129, 2130-2131, 2132-2133, 2134-2135, 2136-2137, 2138-2139, 2140-2141, 2142-2143, 2144-2145, 2146-2147, 2148-2149, 2150-2151, 2152-2153, 2154-2155, 2156-2157, 2158-2159, 2160-2161, 2162-2163, 2164-2165, 2166-2167, 2168-2169, 2170-2171, 2172-2173, 2174-2175, 2176-2177, 2178-2179, 2180-2181, 2182-2183, 2184-2185, 2186-2187, 2188-2189, 2190-2191, 2192-2193, 2194-2195, 2196-2197, 2198-2199, 2200-2201, 2202-2203, 2204-2205, 2206-2207, 2208-2209, 2210-2211, 2212-2213, 2214-2215, 2216-2217, 2218-2219, 2220-2221, 2222-2223, 2224-2225, 2226-2227, 2228-2229, 2230-2231, 2232-2233, 2234-2235, 2236-2237, 2238-2239, 2240-2241, 2242-2243, 2244-2245, 2246-2247, 2248-2249, 2250-2251, 2252-2253, 2254-2255, 2256-2257, 2258-2259, 2260-2261, 2262-2263, 2264-2265, 2266-2267, 2268-2269, 2270-2271, 2272-2273, 2274-2275, 2276-2277, 2278-2279, 2280-2281, 2282-2283, 2284-2285, 2286-2287, 2288-2289, 2290-2291, 2292-2293, 2294-2295, 2296-2297, 2298-2299, 2300-2301, 2302-2303, 2304-2305, 2306-2307, 2308-2309, 2310-2311, 2312-2313, 2314-2315, 2316-2317, 2318-2319, 2320-2321, 2322-2323, 2324-2325, 2326-2327, 2328-2329, 2330-2331, 2332-2333, 2334-2335, 2336-2337, 2338-2339, 2340-2341, 2342-2343, 2344-2345, 2346-2347, 2348-2349, 2350-2351, 2352-2353, 2354-2355, 2356-2357, 2358-2359, 2360-2361, 2362-2363, 2364-2365, 2366-2367, 2368-2369, 2370-2371, 2372-2373, 2374-2375, 2376-2377, 2378-2379, 2380-2381, 2382-2383, 2384-2385, 2386-2387, 2388-2389, 2390-2391, 2392-2393, 2394-2395, 2396-2397, 2398-2399, 2400-2401, 2402-2403, 2404-2405, 2406-2407, 2408-2409, 2410-2411, 2412-2413, 2414-2415, 2416-2417, 2418-2419, 2420-2421, 2422-2423, 2424-2425, 2426-2427, 2428-2429, 2430-2431, 2432-2433, 2434-2435, 2436-2437, 2438-2439, 2440-2441, 2442-2443, 2444-2445, 2446-2447, 2448-2449, 2450-2451, 2452-2453, 2454-2455, 2456-2457, 2458-2459, 2460-2461, 2462-2463, 2464-2465, 2466-2467, 2468-2469, 2470-2471, 2472-2473, 2474-2475, 2476-2477, 2478-2479, 2480-2481, 2482-2483, 2484-2485, 2486-2487, 2488-2489, 2490-2491, 2492-2493, 2494-2495, 2496-2497, 2498-2499, 2500-2501, 2502-2503, 2504-2505, 2506-2507, 2508-2509, 2510-2511, 2512-2513, 2514-2515, 2516-2517, 2518-2519, 2520-2521, 2522-2523, 2524-2525, 2526-2527, 2528-2529, 2530-2531, 2532-2533, 2534-2535, 2536-2537, 2538-2539, 2540-2541, 2542-2543, 2544-2545, 2546-2547, 2548-2549, 2550-2551, 2552-2553, 2554-2555, 2556-2557, 2558-2559, 2560-2561, 2562-2563, 2564-2565, 2566-2567, 2568-2569, 2570-2571, 2572-2573, 2574-2575, 2576-2577, 2578-2579, 2580-2581, 2582-2583, 2584-2585, 2586-2587, 2588-2589, 2590-2591, 2592-2593, 2594-2595, 2596-2597, 2598-2599, 2600-2601, 2602-2603, 2604-2605, 2606-2607, 2608-2609, 2610-2611, 2612-2613, 2614-2615, 2616-2617, 2618-2619, 2620-2621, 2622-2623, 26

Do you have an Air Quality ID number associated with your vehicle? Please print your name, address, vehicle identification and we will provide information about your application to have approval. Air quality asbestos problem areas, school certification and schools with this letter will be required to fully inspect and submit an inspection certificate to the state. If you are interested please call:

Please check the information on your asbestos program certification and carefully. Please return the completed photograph and information discrepancy in correct. Also, please remember to keep your current asbestos program certification and with you at all times when performing asbestos-related activities.

If you have any questions regarding this letter or the enclosed asbestos program certification, and please contact: Air Resources by telephone at (866) 536-4124 or by e-mail at [ar@dsr.state.or.us](mailto:ar@dsr.state.or.us).

## Synopsis

### Utah Asbestos Certification

Francisco Batalla  
ASB-3479

Гендерный климат 03/2-27/2019

Robert W. Ford, Member  
Air Force, Land and Ashurst Section

RWI AR 121

Executive Secretary: **Wafar Ali**, Chairman Board

[illegible]

This is to Certify that

has successfully completed an English

18-Aug-07	To	20-Aug-07
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100

**This Certificate Expires:**

C53A TRAINING: 21-AUG-08

21-450-115

Work Care Clinic:

[illegible]

NAME	Address	Registration	Signature	Stamp
...	...	...	...	...

CL=CLACES

$$e^{\frac{1}{2}(\pi - \theta)} = \frac{1}{2} \left( \frac{1 + \cos \theta}{1 - \cos \theta} \right)^{\frac{1}{2}} = \frac{1}{2} \left( \frac{1 + \cos \theta}{1 - \cos \theta} \right)^{\frac{1}{2}} = \frac{1}{2} \left( \frac{1 + \cos \theta}{1 - \cos \theta} \right)^{\frac{1}{2}}$$

10. *How many different ways can the letters of the word "MATHEMATICS" be arranged so that the vowels always come together?* (1999)

$$f_{\text{eff}} = \frac{\sum_{i=1}^n f_i}{n} = \frac{0.0006 + 0.0007 + 0.0008 + 0.0009 + 0.0010 + 0.0011 + 0.0012 + 0.0013 + 0.0014 + 0.0015 + 0.0016 + 0.0017 + 0.0018 + 0.0019 + 0.0020}{15} = 0.0012$$

1. 1990年12月15日，在《中国日报》刊登广告，内容为：

$$P = \frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \quad (1)$$
[illegible]

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

### QUALITATIVE FIT TEST

DATE / /

EMPLOYEE NAME: /

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

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

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

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

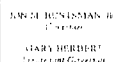
DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH?

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST?

Q11. TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE  
IRRILANT SMOKE DURING TEST?

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

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

Department of  
Environmental Quality

Richard W. Sprout  
*Law and Politics*

DIVISION OF AIR QUALITY  
County Hearing  
Room

January 14, 2008

DAOA-0001-08

James 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,

### Utah Asbestos Certification

Jaime F. Gordillo

ASB-3436

Worker (Exp. 12/29/08)

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

RWFA: ar



*m. Cheryl Hix*  
Executive Secretary Utah Air Quality Board

150 North 1950 West • P.O. Box 144820 • Salt Lake City, UT 84114-4820 • phone (801) 576-4000 • fax (801) 536-4099  
T.12.12. (801) 536-4414 • [www.dcr.utah.gov](http://www.dcr.utah.gov)

01/03/2008 12:40 FAX VETIC 14356135501 004/006

Work Care Clinic		
<b>Salt Lake City</b> 2190 South Riverdale Salt Lake City, UT 84119 Phone: (801) 745-1561 Fax: (801) 745-1562	<b>Gram</b> 201 North 1700, West Gram, UT 84007 Phone: (801) 224-4211 Fax: (801) 224-1022	<b>Draper</b> 12422 South 450 East Draper, Utah 84020 Phone: (801) 745-1000 Fax: (801) 745-1001
<b>WORKCARE</b> Occupational Health Services		
<b>EMPLOYEE'S SCHEDULE</b>		
<b>Raz/Mat</b> <b>Physical</b>	<b>Asbestos</b> <b>Physical</b>	<b>X</b>
29 CFR 1910.134	29 CFR 195.1021	29 CFR 1010.134 ANSI Z89.2 1991
<b>Company:</b> <u>Eagle Environmental</u>		
<b>Employee Name:</b> <u>Jaime Gordillo</u>		
<b>Date of Examination:</b> <u>01-07-08</u>		
<b>Job Description:</b>		
<b>CLEARANCES</b>		
The following clearances are based on:		
<input checked="" 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"/> Single use, filter mask	<input type="checkbox"/> Full-face powered cartridge-type (PAPR)	
<input type="checkbox"/> Inflator Cartridge, negative pressure	<input type="checkbox"/> Non-heatmat powered cartridge-type (PAPR)	
<input type="checkbox"/> High-flow 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: <u>25</u>		
<input type="checkbox"/> No respirator use under any circumstances		
<input type="checkbox"/> Restrictions on other work activities:		
expiration of certification 2 years	1 year	other
<b>Physician Initial:</b> <u>ANDREAO</u>	<b>Signature:</b>	<b>Date:</b> <u>1-7-08</u>
A copy of the form has been mailed to the employee at the address they provided.		
I have attached a copy of this clearance form in accordance with 29 CFR 1910.134.		
<b>Signature:</b> <u>[Signature]</u>		
<b>Date:</b> <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: \_\_\_\_\_

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 OF EXCESSIVE VENTILATION TO THE BREATHING DEVICE DURING TEST? \_\_\_\_\_

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

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

UNITED STATES DEPARTMENT OF AGRICULTURE		BUREAU OF PLANT INDUSTRY	
PLANT INDUSTRY REPORT		PLANT INDUSTRY REPORT	
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3. SUMMARY		4. ABSTRACT	
5. INTRODUCTION		6. MATERIALS AND METHODS	
7. RESULTS AND DISCUSSION		8. CONCLUSIONS	
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97. PLANT INDUSTRY REPORT		98. PLANT INDUSTRY REPORT	
99. PLANT INDUSTRY REPORT		100. PLANT INDUSTRY REPORT	

**Work Care Clinic**

Salt Lake City  
290 South Redhawk Rd.  
Salt Lake City, UT 84119  
Phone: (801) 775-1600  
Fax: (801) 907-1066

Crem  
Rd. North 1200 West  
Crem, UT 84037  
Phone: (408) 224-4211  
Fax: (801) 226-3462

Draper  
1742 South 456 St.  
Draper, Utah 84026  
Phone: (801) 747-1414  
Fax: (801) 746-1501

**WORKCARE** Occupational Health Services  
Name: JOSÉ ROSAS  
Address: 290 SOUTH REDHAWK RD.  
SALT LAKE CITY, UT 84119  
Employer:  
Occupational Safety & Health Administration  
Department of Labor  
Washington, D.C. 20540  
Contract #  
Date of Exam: Jan 17, 2008

**FITNESS FOR DUTY**

Haz/Mat Asbestos  
Physical X Certification X

29 CFR 1910.134  
29 CFR 1910.134, ANSI Z359.1-1991

Company: Eagle Environmental  
Employee Name: José Rosas  
Date of Examination: Jan 17, 2008  
Job Description:

**CLEARANCES**

The following clearances are based on:

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

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

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

☐ Restriction: no respirator use

☐ No respirator use under any circumstances

☐ Restrictions on other work activities:

Expiration of Certification: \_\_\_\_\_ years      1 year (X) other \_\_\_\_\_

OSHA FORM 304A-CA-EN11122-1206 | Signature: [Signature] Date: 1/1/08

Reviewer Name: \_\_\_\_\_

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

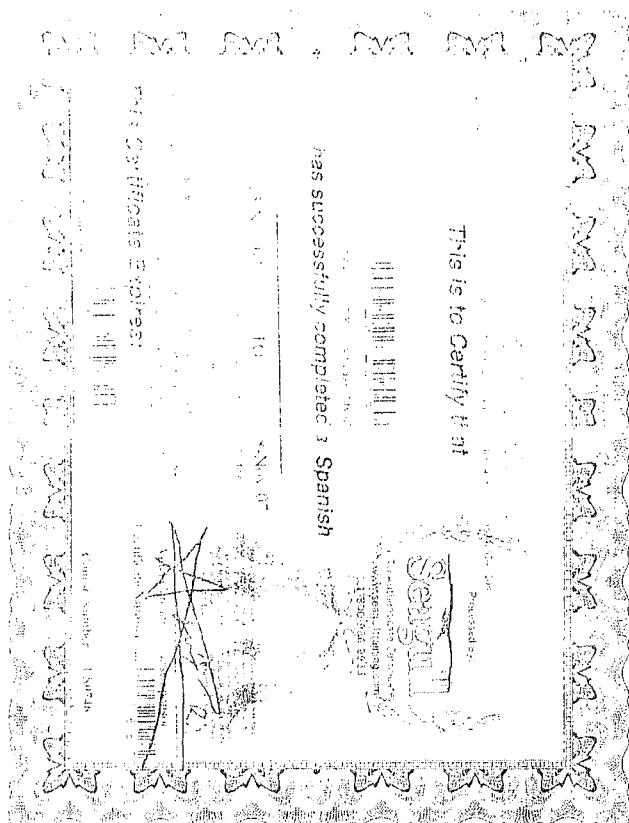
I have retained a copy of this clearance form in accordance with 29 CFR 1910.134.

[Signature] Date: 01/21/08  
(on behalf of employer)

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

### QUALITATIVE FIT TEST

DATE: 2/22/83  
EMPLOYEE NAME: Steve Brown  
RESPIRATOR: Model: Model Size: 2 Protector Factor: 100  
TEST CONDUCTOR NAME: Keith L. Lott  
TEST CONDUCTOR SIGNATURE: Keith L. Lott  
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: \_\_\_\_\_



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Utah Asbestos Certification  
Walter Penate Rivera  
ASB-3868



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WORKCARE  
RESPIRATORY CLEARANCE UNIT  
Name: Walter Penate Rivera  
Address: 391 West Robinson Dr #4  
City: North Salt Lake  
State: Utah Zip: 84054  
Phone: 936-1155  
Fax: 936-1505

Work Care Clinic

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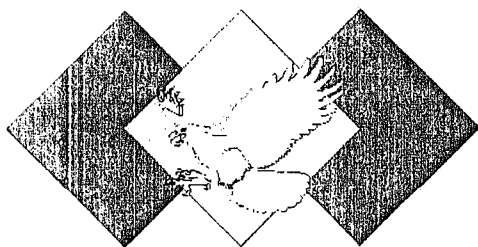
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Eagle Environmental, Inc.  
391 West Robinson Dr #4  
North Salt Lake, Utah 84054  
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 10/10/06  
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 HERE  
AND MASTIC FROM ROOM 101

3

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

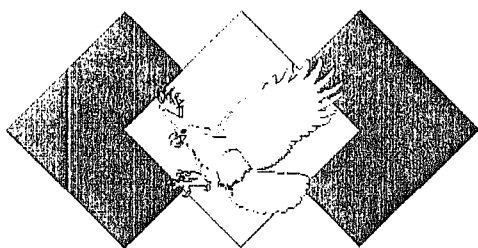
4

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

5

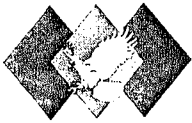
Record of Job Site Communications / Add-Ons: CLYDE WALKED  
TAW SCHOOL WITH J.C.

Signature: Francisco Benalla



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