

JANUS CORPORATION

# QUALITATIVE RESPIRATOR FIT

NAME OF RECIPIENT: Razo, L Jose

SOCIAL SECURITY NO: 558 - 94 - 0376

## DESCRIPTION OF TEST:

1. RESPIRATOR IS DONNED AND STRAPS ADJUSTED.
2. VISUAL CHECK IS MADE TO ENSURE TIGHT FIT AROUND FACIAL CONTOURS.
3. EXHALATION/INHALATION AND SIMULATED MOUTH MOVEMENT TEST ARE PERFORMED.
4. IRRITANT SMOKE USED TO CHECK FIT. PROPER FIT IS OBTAINED IF SUBJECT IS NOT MADE TO COUGH BY SMOKE PLUME.

RESPIRATOR MODEL: NORTH X 3M

RESPIRATOR TYPE: PAPR, FULL FACE AND/OR HALF FACE

SUPERVISOR SIGNATURE: Robert D. Antognon

SIZE: S M L

DATE 10-9-02

\*\*EXPIRATION DATE IS ONE YEAR FROM TEST DATE\*\*

State of California Department of Health Services

Lead-Related  
Construction Certificate Worker

Certificate

Expiration Date

08/11/2002

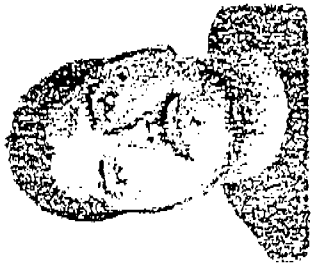


Armando Rodriguez

ID # 6633

# Environmental Safety Training Professionals Ltd

1880 Highway 10, Suite 100  
Scarborough, Ontario M1V 4Y4  
Tel: (416) 291-1111



**Armando Rodriguez**

Asbestos Supervisor

Section 206 of FSCA (Asbestos)

Asbestos Contractor Supervisor Refreshing

03/23/02 03/23/03

Course Date

Expiry Date

03/23/02 03/23/03 03/23/03

Asbestos Contractor Supervisor Refreshing

Asbestos Contractor Supervisor Refreshing

ALL  CARE

9811 Bigge Street  
Oakland, CA 94603  
Phone: 510/569-3720  
Fax: 510/569-0571

## ASBESTOS MEDICAL REPORT

Name: MACARIO RAZO

Date of Exam: AUG 31 2001

Soc. Sec. No.: 715-23-8790

Employer: LOCAL UNION 67

This to certify that the above named employee has been examined in accordance with Federal OSHA rules per 29 CFR Parts 1910 and 1926 for asbestos workers with ANS standards Z88.6 - 1984 and Cal OSHA regulations 5144 (h) for respirator use. The findings and conclusions are as follows:

|                               | No Significant Findings                 | Relevant Abnormality |
|-------------------------------|-----------------------------------------|----------------------|
| MEDICAL HISTORY & EXAMINATION | ( <input checked="" type="checkbox"/> ) | ( )                  |
| CHEST X-RAY                   | ( )                                     | ( )                  |
| PULMONARY FUNCTION TEST       | ( <input checked="" type="checkbox"/> ) | ( )                  |

### CONCLUSIONS:

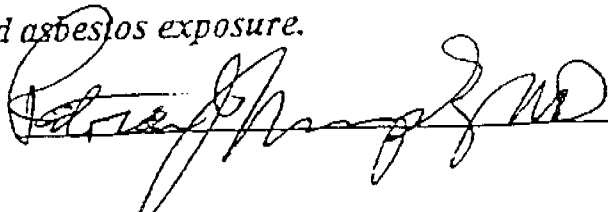
- (☒) No detected medical condition which would place the employee at increased risk of material impairment of health from exposure to asbestos, tremolite, anthophyllite or actinolite.
- ( ) Relevant problems found: \_\_\_\_\_

Employee has been informed of results and particularly of any condition resulting from exposure requiring further medical attention.

- (☒) NO MEDICAL RESTRICTIONS ON RESPIRATORY USE
- ( ) SPECIFIC MEDICAL RESTRICTIONS
- ( ) NO RESPIRATORY USE PERMITTED

### RESTRICTIONS: \_\_\_\_\_

Employee has been informed of increased risk of Lung Cancer attributable to the combined effect of smoking and asbestos exposure.

EXAMINER'S SIGNATURE: 

JANUS CORPORATION

# QUALITATIVE RESPIRATOR FIT

NAME OF RECIPIENT: Rodriguez, Armando

SOCIAL SECURITY NO: 550-29-5277

## DESCRIPTION OF TEST:

1. RESPIRATOR IS DONNED AND STRAPS ADJUSTED.
2. VISUAL CHECK IS MADE TO ENSURE TIGHT FIT AROUND FACIAL CONTOURS.
3. EXHALATION/INHALATION AND SIMULATED MOUTH MOVEMENT TEST ARE PERFORMED
4. IRRITANT SMOKE USED TO CHECK FIT. PROPER FIT IS OBTAINED IF SUBJECT IS NOT MADE TO COUGH BY SMOKE PLUME.

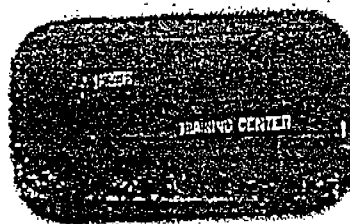
RESPIRATOR MODEL: NORTH X 3M

RESPIRATOR TYPE: PAPR, FULL FACE AND/OR HALF FACE

SUPERVISOR SIGNATURE: C. Uhl SIZE: S M X L  
DATE 4/8/02

\*\*EXPIRATION DATE IS ONE YEAR FROM TEST\*\*

LABORERS TRAINING & RETRAINING  
TRUST FUND FOR NORTHERN CALIFORNIA



1001 Westside Drive  
San Ramon, CA 94583

Phone: (925) 828-2513  
Fax: (925) 828-6142

LABORERS TRAINING & RETRAINING  
TRUST FUND FOR NORTHERN CALIFORNIA

CERTIFIES THAT  
**MAGARIO RAZO**

Social Security Number: 715-23-8790

HAS SUCCESSFULLY MET OR EXCEEDED THE ACCREDITATION STANDARDS  
MANDATED BY THE EPA FOR A HAZARDOUS WASTE WORKER RE-CERTIFICATION  
UNDER THE (TSCA) ACT TITLE III

Card Expires: 09/8/02

CARD NO. 3337R

Training Date: 09/8/01

Provider: CA-012-12

*Robert Raymond*  
Training Center Manager

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
04/13/02

PRODUCER  
Dealey, Renton & Associates  
P. O. Box 12675  
Oakland, CA 94604-2675  
510 465-3090

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  
Janus Corporation  
1081 Shary Circle  
Concord, CA 94518

INSURER A: Zurich American Insurance Co.  
INSURER B: American Guarantee & Liability  
INSURER C: State Compensation Ins. Fund of CA  
INSURER D: Steadfast Ins. Co.  
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<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | GLO521873100  | 07/01/01                         | 07/01/02                          | EACH OCCURRENCE \$5,000,000<br>FIRE DAMAGE (Any one fire) \$100,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$5,000,000<br>GENERAL AGGREGATE \$5,000,000<br>PRODUCTS-COMP/OP AGG \$5,000,000 |
| B        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                           | BAP377647202  | 07/01/01                         | 07/01/02                          | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                          |
|          | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO                                                                                                                                                                                                                                                                      |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$                                                                                                                                           |
|          | EXCESS LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE \$<br>RETENTION \$                                                                                                                                                                                                   |               |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$                                                                                                                                                              |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                                                                                                                                                                                                              | 1633736       | 07/01/01                         | 07/01/02                          | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE-EA EMPLOYEE \$1,000,000<br>E.L. DISEASE-POLICY LIMIT \$1,000,000       |
| D        | OTHER Contractors<br>Pollution<br>Liability                                                                                                                                                                                                                                                                                | CPL522026500  | 07/01/01                         | 07/01/02                          | \$5,000,000 each loss<br>\$5,000,000 all losses                                                                                                                                                                   |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Job #02-107, The certificate holder & HMS, Inc. are named as an additional insured as respects general liability for claims arising from the operations of the named insured.

RECEIVED APR 11 2002

## CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

## CANCELLATION Ten Day Notice for Non-Payment of Premium

Chico Unified  
School District  
1163 East 4th Street  
Chico, CA 95928

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO WILL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Steve Bohan

JANUS CORPORATION

# QUALITATIVE RESPIRATOR FIT

NAME OF RECIPIENT: MACARIO RAZO

SOCIAL SECURITY NO: 315-23-2790

## DESCRIPTION OF TEST:

1. RESPIRATOR IS DONNED AND STRAPS ADJUSTED.
2. VISUAL CHECK IS MADE TO ENSURE TIGHT FIT ABOUTED FACIAL PERIPHERY.
3. EXHALATION/INHALATION AND SIMULATED MOUTH MOVEMENT TEST ARE PERFORMED.
4. IRRITANT SMOKE USED TO CHECK FIT. PROPER FIT IS OBTAINED IF COUGH  
IS NOT MADE TO COUGH BY SMOKE PUFF.

RESPIRATOR MODEL: NORTH X 3M

RESPIRATOR TYPE: PAPR, FULL FACE AND/OR HALF FACE

SUPERVISOR SIGNATURE: C. Mhle SIZE: S M / L DATE 4/8/02

\*\*EXPIRATION DATE IS ONE YEAR FROM TEST DATE\*\*



**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1

1 of

02-107

Generator's Name and Mailing Address

**CHICO UNIFIED SCHOOL DISTRICT** **SITE: 901 THE ESPLANADE**  
**1163 EAST 4<sup>TH</sup> ST, CHICO, CA 95928** **CHICO, CA 95926**

4. Generator's Phone ( 530-891-3195

5. Transporter 1 Company Name  
**JANUS CORPORATION**

6. US EPA ID Number

C A L 0 0 0 1 9 0 7 5

A. Transporter's Phone

925 969-9200

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address  
**B & J LANDFILL**  
**6426 BAY ROAD**

10. US EPA ID Number

C A D 9 8 2 0 4 2 4 7 5

C. Facility's Phone

707 451-3276

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

a. **NON FRIABLE WASTE:**

001 CM 500.15 Y

b.

c.

d.

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

**JANUS CORP., 1081 SHARY CIRCLE, CONCORD, CA 94518 - 24 HR EMER. # 925-969-9200**  
**EPA REGION IX**  
**BAAQMD, 939 ELLIS STREET, S.F., CA**

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

ROBERT A MICHAEL

Signature

Robert A. Michael

Month Day Year

6 5 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GARY MORGAN

Signature

Gary Morgan

Month Day Year

06 07 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Fern Sousa

Signature

Fern Sousa

Month Day Year

06 07 02

TRANSPORTER #1

Revised print or type  
(Form designed for use on class (12-pitch) typewriter.)

|                                                                                                                                                                                                                                |  |                                             |                   |                                                        |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|-------------------|--------------------------------------------------------|-----------------------|
| <b>NON-HAZARDOUS<br/>WASTE MANIFEST</b>                                                                                                                                                                                        |  | 1. Generator's US EPA ID No.                | Manifest Doc. No. | 2. Page 1<br>1 of 2                                    | 02-107                |
| 3. Generator's Name and Mailing Address<br><b>CHICO UNIFIED SCHOOL DISTRICT</b> <b>SITE: 901 THE ESPLANADE</b><br><b>1163 EAST 4<sup>TH</sup> ST, CHICO, CA 95928</b> <b>CHICO, CA 95926</b>                                   |  |                                             |                   |                                                        |                       |
| 4. Generator's Phone ( 530-891-3195                                                                                                                                                                                            |  |                                             |                   |                                                        |                       |
| 5. Transporter 1 Company Name<br><b>JANUS CORPORATION</b>                                                                                                                                                                      |  | 6. US EPA ID Number<br><b>CAL00019075</b>   |                   | A. Transporter's Phone<br><b>925 969-9200</b>          |                       |
| 7. Transporter 2 Company Name<br><b>E &amp; J LANDFILL</b>                                                                                                                                                                     |  | 8. US EPA ID Number                         |                   | B. Transporter's Phone                                 |                       |
| 9. Designated Facility Name and Site Address<br><b>6425 HAY ROAD</b><br><b>VACAVILLE, CA, 95687</b>                                                                                                                            |  | 10. US EPA ID Number<br><b>CAD982042475</b> |                   | C. Facility's Phone<br><b>707 451-3276</b>             |                       |
| 11. Waste Shipping Name and Description                                                                                                                                                                                        |  |                                             |                   | 12. Containers<br>No.                                  | 13. Total<br>Quantity |
| a. <b>NON ERIABLE WASTE:</b>                                                                                                                                                                                                   |  |                                             |                   |                                                        |                       |
| b.                                                                                                                                                                                                                             |  |                                             |                   |                                                        |                       |
| c.                                                                                                                                                                                                                             |  |                                             |                   |                                                        |                       |
| d.                                                                                                                                                                                                                             |  |                                             |                   |                                                        |                       |
| D. Additional Descriptions for Materials Listed Above                                                                                                                                                                          |  |                                             |                   | E. Handling Codes for Wastes Listed Above<br><b>03</b> |                       |
| 15. Special Handling Instructions and Additional Information<br><br><b>JANUS CORP., 1081 SHARY CIRCLE, CONCORD, CA 94518 - 24 HR EMER. # 925-969-9200</b><br><b>EPA REGION IX</b><br><b>BAAQMD, 939 ELLIS STREET, S.F., CA</b> |  |                                             |                   |                                                        |                       |
| 16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.                                               |  |                                             |                   |                                                        |                       |
| Printed/Typed Name<br><b>ROBERT A. MICHAEL</b>                                                                                                                                                                                 |  | Signature<br><i>Robert A. Michael</i>       |                   | Month<br><b>6</b>                                      | Day<br><b>5</b>       |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                      |  | Signature<br><i>Gary Morgan</i>             |                   | Month<br><b>06</b>                                     | Day<br><b>07</b>      |
| Printed/Typed Name<br><b>GARY MORGAN</b>                                                                                                                                                                                       |  | Signature                                   |                   | Year<br><b>02</b>                                      |                       |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                      |  | Signature                                   |                   | Month                                                  | Day                   |
| Printed/Typed Name                                                                                                                                                                                                             |  | Signature                                   |                   | Year                                                   |                       |
| 19. Discrepancy Indication Space                                                                                                                                                                                               |  |                                             |                   |                                                        |                       |
| 20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.                                                                                               |  |                                             |                   |                                                        |                       |
| Printed/Typed Name<br><b>LARRY SOUSA</b>                                                                                                                                                                                       |  | Signature<br><i>Larry Sousa</i>             |                   | Month<br><b>06</b>                                     | Day<br><b>07</b>      |
|                                                                                                                                                                                                                                |  |                                             |                   | Year<br><b>02</b>                                      |                       |

TRANSPORTER #2

# JANUS CORPORATION

1081 SHARY CIRCLE, CONCORD, CA 94518-2407  
925 969-9200 925 969-9290 FAX

JOB# 02-107

JOB NAME Chico High School

35.784, 5764 U

P.O. NUMBER 02-107

ANALYSIS TYPE PCM

NUMBER OF SAMPLES 4

TURN-AROUND TIME 24 hrs

FILTER 25 m.m.

## AIR MONITORING LOG

### REQUEST FOR ANALYSIS

#### LOCATION

#### WORKER NAME

#### DATE

#### TIME

#### ON/OFF

#### AVG

#### TOTAL SAMPLE

#### MINUTES

#### PERCENT

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JANUS CORPORATION  
1081 SHARY CIRCLE, CONCORE, CA 94518-2407  
925 969-9200; 925 969-9290 FAX

P.O. NUMBER 02-107  
ANALYSIS TYPE PCR  
NUMBER OF SAMPLES 4  
TURN-AROUND TIME 24 hrs  
FILTER 25 mm.

02-107  
#207  
Chico High School

35. 7584. 3746A

# AIR MONITORING LOG

REQUEST FOR ANALYSIS

[illegible][illegible]

TRY A

RETURN SAMPLES TO JANUS CORPORATI

DATE/TIME  
09/17/02

Nelson B.  
REINQUISHED BY

30 DATE/TIME

4/19/02 1030  
DATE

~~SECRET~~

Q&A TIME

3800

DATE TIME

SECRET

U.S. FORMS AIR MONITORING

**MANAGEMENT PLAN**

**FOR**

\* CHICO UNIFIED SCHOOL DISTRICT

\* CHICO HIGH SCHOOL

\* 901 ESPLANADE

CHICO, CA 95926

**LEA Superintendent:** ROBERT W. PURVIS

**LEA AHERA Designee:** PAUL B. GRAVES

**PREPARED BY:**

  
Management Planner (accreditation attached)  
Hazard Management Services, Inc.  
P. O. Box 7012  
Modesto, CA 95355-7012  
(209) 577-8209

cc: Mary  
Kip  
But  
Rob  
Sindus (3)  
Jill

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1

of 1

02-107

Generator's Name and Mailing Address

CHICO UNIFIED SCHOOL DIST  
1163 EAST 4<sup>TH</sup> ST, CHICO, CA 95926  
530-891-3195SITE: CHICO HIGH SCH  
901 THE ESPRANASS

4. Generator's Phone ( )

5. Transporter 1 Company Name

6. US EPA ID Number

A. Transporter's Phone

925 969-9200

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

B & J LANDFILL  
6426 HAY ROAD  
VACAVILLE, CA, 95687

10. US EPA ID Number

C. Facility's Phone

C.A.D. 9.8.2.0.4.2.4.7.5

707 451-3276

11. Waste Shipping Name and Description

12. Containers

No.

Type

13.  
Total  
Quantity14.  
Unit  
Wt/Vol

a.

NON FRIABLE WASTE:

001 CM 00027 Y

b.

c.

d.

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

JANUS CORP., 1061 SHART CIRCLE, CONCORD, CA 94516 - 24 HR EMER. # 925-969-9200  
EPA REGION IX  
EPA-JMD, 939 ELLIS STREET, S.F., CA

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

cc: Mary  
Kip  
Bob  
Bender (3)  
Jes  
GENERATOR'S COPY

GENERATOR

TRANSPORTER

FACILITY

Y



**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1

1 of 1

62-305

Generator's Name and Mailing Address

**CHICO UNIFIED SCH DISTRICT****SITE: CHICO HIGH****1163 EAST 4<sup>TH</sup> ST, CHICO, CA 5928****901 THE ESPLANADE, CHICO**4. Generator's Phone  
**936-891-3195**

5. Transporter 1 Company Name

**JANUS CORPORATION**

6. US EPA ID Number

**CAL000190758**

A. Transporter's Phone

**925-969-9200**

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

**B & J LANDFILL****6426 HAY ROAD****VACAVILLE, CA, 95687**

10. US EPA ID Number

**CAD982042475**

C. Facility's Phone

**707 451-3276**

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity14. Unit  
Wt/Vol

a.

**NON FRIABLE WASTE:****001 CM 00025 Y**

b.

c.

d.

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

**JANUS CORP., 1081 SHARY CIRCLE, CONCORD, CA 94518 - 24 HR  
EPA REGION IX****EMER. # 925-969-9200**15. Special Handling Instructions and Conditions  
**EMER. # 925-969-9200****SEP 16 2002**16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1

of 1

02-305

Generator's Name and Mailing Address

**CHICO UNIFIED SCH DISTRICT**  
**1163 EAST 4<sup>TH</sup> ST, CHICO, CA 5928****SITE: CHICO HIGH**  
**901 THE ESPLANADE, CHICO**

SEP 17 2002

4. Generator's Phone

936-891-3195

5. Transporter 1 Company Name

**JANUS CORPORATION**

6. US EPA ID Number

**CAL000190758**

A. Transporter's Phone

**925 969-9200**

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

**B & J LANDFILL**  
**6426 HAY ROAD**  
**VACAVILLE, CA, 95687**

10. US EPA ID Number

**CAD982042475**

C. Facility's Phone

**707 451-3276**

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity14. Unit  
Wt/Vol

a.

**NON FRIABLE WASTE:**

001 CM 00.018 Y

b.

c.

d.

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

**JANUS CORP., 1081 SHARY CIRCLE, CONCORD, CA 94518 - 24 HR EMER. # 925-969-9200**  
**EPA REGION IX**  
**BAAQMD, 939 ELLIS STREET, S.F., CA**

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1

1 of

02-305

Generator's Name and Mailing Address

**CHICO UNIFIED SCH DISTRICT****SITE: CHICO HIGH****1163 EAST 4TH ST, CHICO, CA 9528****901 THE ESPLANADE, CHICO**

4. Generator's Phone

**530-891-3195**

5. Transporter 1 Company Name

**DANOS CORPORATION**

6. CAL # EPA ID Number

**CAL # 0001750**

A. Transporter's Phone

**925-969-9200**

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

**B & J LANDFILL****6426 BAY ROAD****VACAVILLE, CA, 95687**

10. US EPA ID Number

**CAD982042475**

C. Facility's Phone

**707 451-3276**

11. Waste Shipping Name and Description

a. **NON FRIABLE WASTE:**

b.

c.

d.

12. Containers

No.

Type

13. Total

Quantity

14. Unit

Wt/Vol

10-025

COICM

Additional Descriptions for Materials Listed Above

**EPA REGION IX****BAAQMD, 939 ELLIS STREET, S.F., CA**

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

SEP 13 2002

Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1

of 1

02-305

Generator's Name and Mailing Address

**CHICO UNIFIED SCH DISTRICT****SITE: CHICO HIGH****1163 EAST 4<sup>TH</sup> ST, CHICO, CA 5928****901 THE ESPLANADE, CHICO**4. Generator's Phone  
**936-891-3195**

5. Transporter 1 Company Name

**JANUS CORPORATION**

6. US EPA ID Number

**CAL000190758**

A. Transporter's Phone

**925 969-9200**

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

**B & J LANDFILL****6426 HAY ROAD****VACAVILLE, CA, 95687**

10. US EPA ID Number

**CAD982042475**

C. Facility's Phone

**707 451-3276**

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity14. Unit  
Wt/Vol

a.

**NON FRIABLE WASTE:****001 KM 0025 Y**

b.

c.

d.

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

**JANUS CORP., 1081 SHARY CIRCLE, CONCORD, CA 94518 - 24 HR EMER. # 925-969-9200**  
**EPA REGION IX**  
**BAAQMD, 939 ELLIS STREET, S.F., CA**

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

**Gary Morgan****Gary Morgan****09/09/02**

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

**Gary Morgan****Gary Morgan****09/09/02**

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

**SEP 13 2002**

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

|                                                                                                                                                                                                                                |  |                                             |                   |                                               |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|-------------------|-----------------------------------------------|-----------------------|
| <b>NON-HAZARDOUS<br/>WASTE MANIFEST</b>                                                                                                                                                                                        |  | 1. Generator's US EPA ID No.                | Manifest Doc. No. | 2. Page 1<br>1 of 1                           | 305<br>02-107         |
| Generator's Name and Mailing Address<br><b>CHICO UNIFIED SCHOOL DISTRICT</b> <b>SITE: 901 THE ESPLANADE</b><br><b>1163 EAST 4<sup>TH</sup> ST, CHICO, CA 95928</b> <b>CHICO, CA 95926</b>                                      |  |                                             |                   |                                               |                       |
| 4. Generator's Phone ( <b>530-891-3195</b> )                                                                                                                                                                                   |  |                                             |                   |                                               |                       |
| 5. Transporter 1 Company Name<br><b>JANUS CORPORATION</b>                                                                                                                                                                      |  | 6. US EPA ID Number<br><b>CAL000019075</b>  |                   | A. Transporter's Phone<br><b>925 969-9200</b> |                       |
| 7. Transporter 2 Company Name<br><b>R &amp; J LANDFILL</b>                                                                                                                                                                     |  | 8. US EPA ID Number                         |                   | B. Transporter's Phone                        |                       |
| 9. Designated Facility Name and Site Address<br><b>5420 BAY ROAD</b><br><b>VACAVILLE, CA, 95687</b>                                                                                                                            |  | 10. US EPA ID Number<br><b>CAD962042475</b> |                   | C. Facility's Phone<br><b>707 451-3276</b>    |                       |
| 11. Waste Shipping Name and Description                                                                                                                                                                                        |  |                                             |                   | 12. Containers<br>No. Type                    | 13. Total<br>Quantity |
| a. <b>NON FRIABLE WASTE:</b>                                                                                                                                                                                                   |  |                                             |                   | b. 001 CM000204                               |                       |
| b.                                                                                                                                                                                                                             |  |                                             |                   |                                               |                       |
| c.                                                                                                                                                                                                                             |  |                                             |                   |                                               |                       |
| d.                                                                                                                                                                                                                             |  |                                             |                   |                                               |                       |
| Additional Descriptions for Materials Listed Above                                                                                                                                                                             |  |                                             |                   | E. Handling Codes for Wastes Listed Above     |                       |
| 15. Special Handling Instructions and Additional Information<br><br><b>JANUS CORP., 1081 SHART CIRCLE, CONCORD, CA 94518 - 24 HR EMER. # 925-969-9200</b><br><b>EPA REGION IX</b><br><b>BAAQMD, 939 ELLIS STREET, S.F., CA</b> |  |                                             |                   |                                               |                       |
| 16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.                                               |  |                                             |                   |                                               |                       |
| Printed/Typed Name<br><i>John Doe</i>                                                                                                                                                                                          |  | Signature<br><i>John Doe</i>                |                   | Month Day Year<br>.  .  .                     |                       |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                      |  |                                             |                   |                                               |                       |
| Printed/Typed Name<br><i>Gary Meyer</i>                                                                                                                                                                                        |  | Signature<br><i>Gary Meyer</i>              |                   | Month Day Year<br>09/05/02                    |                       |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                      |  |                                             |                   |                                               |                       |
| Printed/Typed Name                                                                                                                                                                                                             |  | Signature                                   |                   | Month Day Year                                |                       |
| 19. Discrepancy Indication Space                                                                                                                                                                                               |  |                                             |                   |                                               |                       |
| SEP 10 2002                                                                                                                                                                                                                    |  |                                             |                   |                                               |                       |
| Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.                                                                                                   |  |                                             |                   |                                               |                       |
| Printed/Typed Name                                                                                                                                                                                                             |  | Signature                                   |                   | Month Day Year                                |                       |

GENERATOR'S COPY