



Forensic Analytical

San Francisco • Los Angeles • Minneapolis / St. Paul

Bulk Asbestos Analysis

(EPA Method 600/R-93-116, Visual Area Estimation)

Chico Unified School Dist
Ron Jones

2455 Carmichael Drive
Chico, CA 95928

Client ID: 2921
Report Number: B019789
Date Received: 05/09/00
Date Analyzed: 05/10/00
Date Printed: 05/10/00
First Reported: 05/10/00

Job ID / Site: Hooker Oak Elementary School

FASI Job ID: 2921-22

Sample Number	Lab Number	Asbestos Type	Percent in Layer	Asbestos Type	Percent in Layer	Asbestos Type	Layer
	10024999	Chrysotile	3 %				
			ND				

Layer: Tan Semi-Fibrous Material

Layer: Paint

Total Composite Values of Fibrous Components: Asbestos:(3%) Cellulose (Trace%) Fibrous Glass (ND)

James Flores, Laboratory Supervisor, Hayward Laboratory

Note: Limit of Quantification ('LOQ') = 1%. 'Trace' denotes the presence of asbestos below the LOQ. 'ND' = 'None Detected'.

All results and reports are generated by Forensic Analytical at the request of and for the exclusive use of the person or entity (client) named in this report. Results, reports or copies of same will not be released by Forensic Analytical to any third party without prior written request from client. This report applies only to the sample(s) tested. Supporting laboratory documentation is available upon request. This report must not be reproduced except in full, unless approved by Forensic Analytical. The client is solely responsible for the use and interpretation of test results and reports requested from Forensic Analytical. This report must not be used by the client to claim product endorsement by NVLAP or any other agency of the U.S. Government. Forensic Analytical is not able to assess the degree of hazard resulting from materials analyzed. Forensic Analytical reserves the right to dispose of all samples after a period of thirty (30) days, according to all state and federal guidelines, unless otherwise specified.

cc: Proj. File ✓

2921-22

Maintenance and Operations
2455 Carmichael Drive
Chico, CA 95928
Phone: (530) 891-3095
Fax: (530) 891-3190

Chico Unified School District

May 8, 2000

Forensic Analytical Specialties, Inc.
3777 Depot Road, Suite 409
Hayward, CA 94545

Re: Library Window Putty at Hooker Oak Elementary School

To Whom It May Concern:

Please test the enclosed window putty samples for asbestos. Please fax the results to me. My fax number is (530) 891-3190.

Site Sampled:	Hooker Oak Elementary School
Date Sampled:	May 8, 2000
Number of Samples:	One
Samples Taken by:	Rob Peters

Thank you for your prompt response to this request.

Sincerely,

Rob Peters
 Rob Peters *ds*
 Maintenance/Operations Supervisor

RP:dlg
Enclosures

5/9 @ 1047a
 ~~~~~  
 Fed Ex

20221540

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

GENERATOR

FACILITY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                           |                                                      |                                                   |                                                                 |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 1. Generator's US EPA ID No.<br><b>CAFP001H4D35621540</b> | Manifest Document No.                                | 2. Page 1<br>of 1                                 | Information in the shaded areas is not required by Federal law. |                                                               |
| 3. Generator's Name and Mailing Address<br><b>MUDKUP TAX ELEMENTARY<br/>1235 ARISTOTLES AVE<br/>MUNIC SA 95921-3546</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                           | A. State Manifest Document Number<br><b>20221540</b> |                                                   |                                                                 |                                                               |
| 4. Generator's Phone<br><b>530 831-3177</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                           | B. State Generator's ID                              |                                                   |                                                                 |                                                               |
| 5. Transporter 1 Company Name<br><b>ALLWASTE TRANSPORTATION &amp; REMEDIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 6. US EPA ID Number<br><b>CA1D083547998</b>               |                                                      | C. State Transporter's ID (Reserved)              |                                                                 |                                                               |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                           | 8. US EPA ID Number                                  |                                                   | D. Transporter's Phone<br><b>(408) 683-0447</b>                 |                                                               |
| 9. Designated Facility Name and Site Address<br><b>CHEMICAL WASTE MANAGEMENT, INC.<br/>35251 OLD SKYLINE ROAD<br/>KETTLEMAN CITY, CA 93239</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                           | 10. US EPA ID Number<br><b>CA1T000646117</b>         |                                                   | E. State Transporter's ID (Reserved)                            |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                           |                                                      |                                                   | F. Transporter's Phone                                          |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                           |                                                      |                                                   | G. State Facility's ID                                          |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                           |                                                      |                                                   | H. Facility's Phone<br><b>800/222-2964</b>                      |                                                               |
| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                           |                                                      | 12. Containers<br>No. Type                        | 13. Total Quantity                                              | 14. Unit<br>Wt/Vol                                            |
| a. <b>AKO, HAZARDOUS WASTE, SOLID<br/>A115, 1, NA3077, III, LD003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                           |                                                      | <b>101</b>                                        | <b>DRUMS</b>                                                    | <b>G</b>                                                      |
| b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                           |                                                      |                                                   |                                                                 | I. Waste Number<br>State: <b>81</b><br>EPA/Other: <b>DR08</b> |
| c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                           |                                                      |                                                   |                                                                 | State<br>EPA/Other                                            |
| d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                           |                                                      |                                                   |                                                                 | State<br>EPA/Other                                            |
| J. Additional Descriptions for Materials Listed Above<br><b>11A ERG #171</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |                                                      | K. Handling Codes for Wastes Listed Above         |                                                                 |                                                               |
| 15. Special Handling Instructions and Additional Information<br><b>INSPECTION CERTIFICATION CHECKED<br/>24 HOUR EMERGENCY CONTACT-ALLWASTE INC./LRR SOARRS 800/221-1030<br/>WEAR PROTECTIVE CLOTHING &amp; EYEWEAR SITE I.D.:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                           |                                                      | E.R.G.#<br><b>11a.<br/>11b.<br/>11c.<br/>11d.</b> |                                                                 |                                                               |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br><br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |                                                           |                                                      |                                                   |                                                                 |                                                               |
| Printed/Typed Name<br><b>ROBERT PETERS FOSD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Signature<br><i>Robert Peters</i>                         |                                                      | Month Day Year<br><b>08   08   00</b>             |                                                                 |                                                               |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br><b>PU TAG# JRS#</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |                                                      |                                                   |                                                                 |                                                               |
| Printed/Typed Name<br><i>David Smith</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Signature<br><i>David Smith</i>                           |                                                      | Month Day Year<br><b>08   14   00</b>             |                                                                 |                                                               |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                           |                                                      |                                                   |                                                                 |                                                               |
| Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Signature                                                 |                                                      | Month Day Year                                    |                                                                 |                                                               |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |                                                      |                                                   |                                                                 |                                                               |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                           |                                                      |                                                   |                                                                 |                                                               |
| Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Signature                                                 |                                                      | Month Day Year                                    |                                                                 |                                                               |

DO NOT WRITE BELOW THIS LINE.

*Cas Residuos Unidos*

20221540  
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550  
 GENERATOR  
 TRANSPORTER  
 FACILITY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                         |  |                                                      |  |                                                                   |  |                                                                 |  |                             |  |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|------------------------------------------------------|--|-------------------------------------------------------------------|--|-----------------------------------------------------------------|--|-----------------------------|--|-----------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 1. Generator's US EPA ID No.<br><b>CA001H4035621540</b> |  | Manifest Document No.                                |  | 2. Page 1<br>of 1                                                 |  | Information in the shaded areas is not required by Federal law. |  |                             |  |           |  |
| 3. Generator's Name and Mailing Address<br><b>HOOVER OAK ELEMENTARY<br/>1233 ARBUTUS AVE<br/>CHICO CA 95921-3546</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                         |  |                                                      |  | A. State Manifest Document Number<br><b>20221540</b>              |  |                                                                 |  |                             |  |           |  |
| 4. Generator's Phone<br><b>530-891-3119</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                         |  |                                                      |  | B. State Generator's ID                                           |  |                                                                 |  |                             |  |           |  |
| 5. Transporter 1 Company Name<br><b>ALLWASTE TRANSPORTATION &amp; REMEDIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                         |  | 6. US EPA ID Number<br><b>CA D 0 6 3 5 4 7 9 9 6</b> |  | C. State Transporter's ID [Reserved]                              |  |                                                                 |  |                             |  |           |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                         |  |                                                      |  | D. Transporter's Phone<br><b>(408) 683-0447</b>                   |  |                                                                 |  |                             |  |           |  |
| 8. US EPA ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                         |  |                                                      |  | E. State Transporter's ID [Reserved]                              |  |                                                                 |  |                             |  |           |  |
| 9. Designated Facility Name and Site Address<br><b>CHEMICAL WASTE MANAGEMENT, INC.<br/>35251 OLD SKYLINE ROAD<br/>KETILMAN CITY, CA 93239</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                         |  |                                                      |  | F. Transporter's Phone                                            |  |                                                                 |  |                             |  |           |  |
| 10. US EPA ID Number<br><b>CA T 0 0 0 6 4 6 1 1 7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                         |  |                                                      |  | G. State Facility's ID                                            |  |                                                                 |  |                             |  |           |  |
| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)<br><b>RD, HAZARDOUS WASTE, SOLID<br/>A.D.S., I, NA3077, III, LD008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                         |  |                                                      |  | 12. Containers<br>No. Type<br><b>101 D11 4 4 4 5 0 G</b>          |  | 13. Total Quantity                                              |  | 14. Unit Wt/Vol<br><b>G</b> |  |           |  |
| J. Additional Descriptions for Materials Listed Above<br><b>11a. 1983<br/>11b.<br/>11c.<br/>11d. 11A ERG 171</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                         |  |                                                      |  | I. Waste Number<br>State <b>181</b><br>EPA/Other <b>D-078</b>     |  | State                                                           |  | EPA/Other                   |  |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                         |  |                                                      |  | State                                                             |  | EPA/Other                                                       |  | State                       |  | EPA/Other |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                         |  |                                                      |  | State                                                             |  | EPA/Other                                                       |  | State                       |  | EPA/Other |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                         |  |                                                      |  | State                                                             |  | EPA/Other                                                       |  | State                       |  | EPA/Other |  |
| 15. Special Handling Instructions and Additional Information<br><b>INSPECTION CERTIFICATION CHECKED<br/>24 HOUR EMERGENCY CONTACT-ALLWASTE INC./LEE SOARES 800/321-1030<br/>WEAR PROTECTIVE CLOTHING &amp; EYEWEAR SITE I.D.:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                         |  |                                                      |  | K. Handling Codes for Wastes Listed Above<br>a.<br>b.<br>c.<br>d. |  |                                                                 |  |                             |  |           |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br><br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |                                                         |  |                                                      |  | K.R.G.#<br>11a.<br>11b.<br>11c.<br>11d.                           |  |                                                                 |  |                             |  |           |  |
| Printed/Typed Name<br><b>ROBERT PETERS CUSID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Signature<br><i>Robert Peters</i>                       |  | Month<br><b>08</b>                                   |  | Day<br><b>08</b>                                                  |  | Year<br><b>00</b>                                               |  |                             |  |           |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br><b>PO TAG# JRS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                         |  |                                                      |  | Printed/Typed Name<br><b>Darryl Steinh</b>                        |  |                                                                 |  |                             |  |           |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                         |  |                                                      |  | Signature<br><i>Darryl Steinh</i>                                 |  |                                                                 |  |                             |  |           |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                         |  |                                                      |  | Month Day Year                                                    |  |                                                                 |  |                             |  |           |  |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                         |  |                                                      |  | Printed/Typed Name                                                |  |                                                                 |  |                             |  |           |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                         |  |                                                      |  | Month Day Year                                                    |  |                                                                 |  |                             |  |           |  |

DO NOT WRITE BELOW THIS LINE.

DRIVER: \_\_\_\_\_  
 TRK#: \_\_\_\_\_ TLR#: \_\_\_\_\_

**Allwaste Transportation & Remediation Inc.**  
 Benicia, CA Phoenix, AZ San Ardo, CA San Martin, CA  
 707/746-8287 602/252-1186 408/627-2595 408/683-0447

INDIVIDUAL VEHICLE MILEAGE RECORD

178-39899

|               |                           |  |  |  |                    |                 |  |  |  |
|---------------|---------------------------|--|--|--|--------------------|-----------------|--|--|--|
| <b>ORIGIN</b> | DATE: _____               |  |  |  | <b>DESTINATION</b> | DATE: _____     |  |  |  |
|               | LOCATION: _____           |  |  |  |                    | LOCATION: _____ |  |  |  |
|               | BEGINNING ODOMETER: _____ |  |  |  |                    | TRIP#: _____    |  |  |  |

  

| DATE EXIT              | STATE | HWYS. USED | MILES  |       | ODOMETER READING | FUEL PURCHASES |         |     |          |  |  |  |  |  |  |  |  |  |  |  |
|------------------------|-------|------------|--------|-------|------------------|----------------|---------|-----|----------|--|--|--|--|--|--|--|--|--|--|--|
|                        |       |            | LOADED | EMPTY |                  | DATE           | INVOICE | GAL | LOCATION |  |  |  |  |  |  |  |  |  |  |  |
|                        |       |            |        |       |                  |                |         |     |          |  |  |  |  |  |  |  |  |  |  |  |
|                        |       |            |        |       |                  |                |         |     |          |  |  |  |  |  |  |  |  |  |  |  |
|                        |       |            |        |       |                  |                |         |     |          |  |  |  |  |  |  |  |  |  |  |  |
|                        |       |            |        |       |                  |                |         |     |          |  |  |  |  |  |  |  |  |  |  |  |
| ENDING ODOMETER: _____ |       |            |        |       |                  |                |         |     |          |  |  |  |  |  |  |  |  |  |  |  |
| SIGNATURE: _____       |       |            |        |       |                  |                |         |     |          |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL MILES: _____     |       |            |        |       |                  |                |         |     |          |  |  |  |  |  |  |  |  |  |  |  |



- ▲ Environmental Services
- ▲ Hazardous Waste Transportation
- ▲ Hazardous Materials Management
- ▲ General Engineering Construction

**Allwaste Transportation & Remediation, Inc.**

Benicia, CA Phoenix, AZ San Ardo, CA San Martin, CA  
 707/746-8287 602/252-1186 408/627-2595 408/683-0447

178-39899

PO: \_\_\_\_\_  
 DATE: 8-8-00

|                                       |                          |
|---------------------------------------|--------------------------|
| SHIPPER ADDRESS: <u>various sites</u> | CONSIGNEE: <u>ewm</u>    |
| CONTACT: _____                        | ADDRESS: <u>PSC Yard</u> |
| CUST. PHONE: _____                    | CITY: _____              |
|                                       | CONTACT: _____           |
|                                       | CUST. PHONE: _____       |

| SPECIAL EQUIP. INSTRUCTIONS: |     | (FORKLIFT, PLACARDS, ADD'L STOPS, ETC.)           | MANIFEST NO. |     |       |      |        |
|------------------------------|-----|---------------------------------------------------|--------------|-----|-------|------|--------|
| QTY.                         | HAZ | DESCRIPTION                                       | WT           | HRS | MILES | RATE | AMOUNT |
| 1                            | DM  | Rose Dale # 20221539                              |              |     |       |      |        |
| 1                            | DM  | Hooker school # 20221540                          |              |     |       |      |        |
| 1                            | DM  | Chico Parks 20221541 - This one not cusd but card |              |     |       |      |        |
|                              |     |                                                   |              |     |       |      |        |
|                              |     |                                                   |              |     |       |      |        |
|                              |     |                                                   |              |     |       |      |        |
|                              |     |                                                   |              |     |       |      |        |
|                              |     |                                                   |              |     |       |      |        |
|                              |     |                                                   |              |     |       |      |        |

|                                                      |                                            |                    |
|------------------------------------------------------|--------------------------------------------|--------------------|
| DRIVER NAME: <u>A. Sterba</u>                        | TRK NO.: <u>830</u>                        | TLR NO.: <u>90</u> |
| BEGINNING TIME: _____ / ARRIVAL TIME: _____          | ARRIVAL TIME: _____                        |                    |
| LOADING TIME: (START) <u>1:30</u> (STOP) <u>2:45</u> | UNLOADING TIME: (START) _____ (STOP) _____ |                    |
| LEAVE SITE: _____                                    | PAPERWORK DELAY _____                      |                    |
| SIGNATURE: <u>[Signature]</u>                        | LEAVE SITE: _____ ENDING TIME: _____       |                    |
|                                                      | RECEIVED BY: _____                         |                    |

**TERMS:** Net 30 days. Consignee to pay any legal fees for collection of delinquent accounts, plus the legal rate of interest of 1 1/2% per month or 18% per year will be charged for all past due accounts. We make all deliveries inside curb and on lot at customer's risk only and accept no responsibility for damages resulting from such deliveries. Claims for short or damage or overcharge must be filed with this receipt within 10 days.

DISTRICT Chico Unified School District DATE 8/9/00

SCHOOL Hooker Oak Elementary INSPECTOR Robert Peters

| BLDG. | HOMOG.<br>MAT.# | ASBESTOS<br>MATERIAL | LOCATION             | CONDITION: CODE & COMMENTS |
|-------|-----------------|----------------------|----------------------|----------------------------|
| A     | 9" VFT          | 1-5                  | Classrooms           | (1) (4)                    |
| B     | 9" VFT          | 1-5                  | Classrooms           | (7)                        |
| C     | 9" VFT          | 1-5                  | Classrooms           | (7)                        |
| C     | PW Str          | 20-25                | Basement             | (7)                        |
| B     | 9" VFT          | 1-5                  | Room 3               | (1) (4)                    |
| B     | PW Str          | 20-25                | Basement             | (7)                        |
| D     | PW Str          | 15-20                | Boiler Room          | (7)                        |
| D     | Boiler<br>liner | 50-55                | Boiler Room          | (1) (4)                    |
| D     | PW Str          | 15-20                | MPR Stage Attic      | (7)                        |
| D     | Duct Wrap       | 10-15                | MPR Stage Attic West | (7)                        |
| D     | PW Str          | 20-25                | Stage Basement       | (7)                        |

CONDITION CODES

GENERAL CONDITION: (1) GOOD (2) DAMAGED (3) SIGNIFICANTLY DAMAGED (25% OR MORE)  
CHANGE IN CONDITION: (4) NO (5) YES (IF YES, EXPLAIN UNDER COMMENTS)  
ABATED: (6) REPAIRED (7) REMOVED (8) ENCAPSULATED (9) ENCLOSED (10) ISOLATED & RESTRICTED  
MISC: (11) INACCESSIBLE, NO SURVEILLANCE DATA (12) OTHER (EXPLAIN UNDER COMMENTS)

DISTRICT Chico Unified School District

DATE 8/9/00

SCHOOL Hooker Oak Elementary

INSPECTOR Robert Peters

HOMOG. ASBESTOS MATERIAL LOCATION CONDITION: CODE & COMMENTS

| BLDG. | MAT.#      | MATERIAL | LOCATION                         | CONDITION: CODE & COMMENTS |
|-------|------------|----------|----------------------------------|----------------------------|
| D     | Mud Jnt    | 20-25    | Boiler Room                      | (7)                        |
| D     | T-O-C      | 1-5      | Front of Stage MPR               | (7)                        |
| D     | T-O-C      | 1-5      | Boiler Room                      | (7)                        |
| D     | T-O-C      | 1-5      | MP                               | (7)                        |
| D     | Lino       | 5-10     | Admin. Office                    | (1) (4) 3/4 carpeted       |
| D     | 9" VFT     | 1-5      | MPR                              | (7)                        |
| D     | 9" Red VFT | Assumed  | Admin and Nurse's Closet Storage | (1) (4)                    |
|       |            |          |                                  |                            |
|       |            |          |                                  |                            |
|       |            |          |                                  |                            |

CONDITION CODES

GENERAL CONDITION: (1) GOOD (2) DAMAGED (3) SIGNIFICANTLY DAMAGED (25% OR MORE)  
CHANGE IN CONDITION: (4) NO (5) YES (IF YES, EXPLAIN UNDER COMMENTS)  
ABATED: (6) REPAIRED (7) REMOVED (8) ENCAPSULATED (9) ENCLOSED (10) ISOLATED & RESTRICTED  
MISC: (11) INACCESSIBLE, NO SURVEILLANCE DATA (12) OTHER (EXPLAIN UNDER COMMENTS)

DISTRICT Chico Unified School District DATE February 2, 2000

SCHOOL Hooker Oak Elementary INSPECTOR Robert Peters

| BLDG. | HOMOG.<br>MAT.# | ASBESTOS<br>MATERIAL | LOCATION             | CONDITION: CODE & COMMENTS |
|-------|-----------------|----------------------|----------------------|----------------------------|
| A     | 9" VFT          | 1-5                  | Classrooms           | (1) (4)                    |
| B     | 9" VFT          | 1-5                  | Classrooms           | (7)                        |
| C     | 9" VFT          | 1-5                  | Classrooms           | (7)                        |
| C     | PW Str          | 20-25                | Basement             | (7)                        |
| B     | 9" VFT          | 1-5                  | Room 3               | (1) (4)                    |
| B     | PW Str          | 20-25                | Basement             | (7)                        |
| D     | PW Str          | 15-20                | Boiler Room          | (7)                        |
| D     | Boiler<br>liner | 50-55                | Boiler Room          | (1) (4)                    |
| D     | PW Str          | 15-20                | MPR Stage Attic      | (7)                        |
| D     | Duct Wrap       | 10-15                | MPR Stage Attic West | (7)                        |
| D     | PW Str          | 20-25                | Stage Basement       | (7)                        |

CONDITION CODES

GENERAL CONDITION: (1) GOOD (2) DAMAGED (3) SIGNIFICANTLY DAMAGED (25% OR MORE)  
CHANGE IN CONDITION: (4) NO (5) YES (IF YES, EXPLAIN UNDER COMMENTS)  
ABATED: (6) REPAIRED (7) REMOVED (8) ENCAPSULATED (9) ENCLOSED (10) ISOLATED & RESTRICTED  
MISC: (11) INACCESSIBLE, NO SURVEILLANCE DATA (12) OTHER (EXPLAIN UNDER COMMENTS)



SIX-MONTH SURVEILLANCE

DISTRICT Chico Unified School District DATE February 2, 2000

SCHOOL Hooker Oak Elementary INSPECTOR Robert Peters

| BLDG. | HOMOG.        | ASBESTOS<br>MAT.# | MATERIAL | LOCATION                            | CONDITION: CODE & COMMENTS |
|-------|---------------|-------------------|----------|-------------------------------------|----------------------------|
| D     | Mud Jnt       | 20-25             |          | Boiler Room                         | (7)                        |
| D     | T-O-C         | 1-5               |          | Front of Stage MPR                  | (7)                        |
| D     | T-O-C         | 1-5               |          | Boiler Room                         | (7)                        |
| D     | T-O-C         | 1-5               |          | MP                                  | (7)                        |
| D     | Lino          | 5-10              |          | Admin. Office                       | (1) (4) 3/4 carpeted       |
| D     | 9" VFT        | 1-5               |          | MPR                                 | (7)                        |
| D     | 9" Red<br>VFT | Assumed           |          | Admin and Nurse's Closet<br>Storage | (1) (4)                    |
|       |               |                   |          |                                     |                            |
|       |               |                   |          |                                     |                            |
|       |               |                   |          |                                     |                            |

CONDITION CODES

GENERAL CONDITION: (1) GOOD (2) DAMAGED (3) SIGNIFICANTLY DAMAGED (25% OR MORE)

CHANGE IN CONDITION: (4) NO (5) YES (IF YES, EXPLAIN UNDER COMMENTS)

ABATED: (6) REPAIRED (7) REMOVED (8) ENCAPSULATED (9) ENCLOSED (10) ISOLATED & RESTRICTED

MISC: (11) INACCESSIBLE, NO SURVEILLANCE DATA (12) OTHER (EXPLAIN UNDER COMMENTS)