<table>
<thead>
<tr>
<th>SAMPLE #</th>
<th>LOCATION</th>
<th>MATERIAL DESCRIPTION</th>
<th>HO #</th>
<th>QA</th>
<th>SPLIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY03-01</td>
<td>OUTSIDE OF UNIT A</td>
<td>STUCCO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY03-02</td>
<td>UNIT J HALLWAY</td>
<td>GREY 12X12 FLOOR TILE AND MASTIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY03-03</td>
<td>UNIT K RM 201</td>
<td>FELT PAPER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY03-04</td>
<td>UNIT K RM 203</td>
<td>FELT PAPER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY03-05</td>
<td>UNIT M RM 401</td>
<td>FELT PAPER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chain of Custody
1. Relinquished By: CAL INC
   Received By: Signature
2. Relinquished By: Signature
   Received By: Signature

Date: 2/28/02 Time: 1600
Date: 2/29/02 Time: 1000
# POLARIZED LIGHT MICROSCOPY (PLM)

Performed by EPA 600/R-93/116 Method*

**Project:** Chico Jr. High School

<table>
<thead>
<tr>
<th>Sample</th>
<th>Location</th>
<th>Appearance</th>
<th>Sample Treatment</th>
<th><strong>ASBESTOS</strong></th>
<th><strong>NON-ASBESTOS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>5403-06-TILE</td>
<td>Unit J Admin Rm.</td>
<td>White Non-Fibrous Homogeneous</td>
<td>Dissolved</td>
<td>None Detected</td>
<td>4% Cellulose</td>
</tr>
<tr>
<td>5403-06-MASTIC</td>
<td>Unit J Admin Rm.</td>
<td>Brown Non-Fibrous Homogeneous</td>
<td>Dissolved</td>
<td>None Detected</td>
<td>10% Cellulose</td>
</tr>
</tbody>
</table>

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

* NY samples analyzed by ELAP 198.1 Method.

---

Dave Raibovsky  
Analyst

Approved  
Signature

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. EMSL suggests that samples reported as <1% or none detected be tested with either SEM or TEM. Detection limit for quantitative 1000 point count technique is 0.1%. The above test report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.
Job #: 5403  
Job Name: CHICO JR HIGH SCHOOL  
Date: 2/28/00

Contact Person: PETE CONNELL  
Turnaround: 2 hr. X 24 hr. 48 hr.  
Fax Results: X

Special Instructions:

Laboratory Analyst: Analyze all samples as composite material unless split box is checked.

<table>
<thead>
<tr>
<th>SAMPLE #</th>
<th>LOCATION</th>
<th>MATERIAL DESCRIPTION</th>
<th>HO#</th>
<th>QA</th>
<th>SPLIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNIT J ADMIN RM.</td>
<td>WHITE 12X12 FLOOR TILE AND MASON</td>
<td>05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chain of Custody
1. Reinquished By: 
   Received By: 
   Date: 2/28/00  
   Time: 4:00 PM
2. Reinquished By: 
   Received By: 
   Date: 
   Time:
### Test Report - CAL Environmental Services, Inc.
#### Polarized Light Analysis Results
##### Project AOC003030

<table>
<thead>
<tr>
<th>Sample Number / Sample Appearance</th>
<th>Sample Number</th>
<th>Client</th>
<th>Sample Number</th>
<th>Chrysotile</th>
<th>Amosite</th>
<th>Crocidolite</th>
<th>Anthophyllite</th>
<th>Tremolite</th>
<th>Actinolite</th>
<th>Cellulose</th>
<th>Mineral</th>
<th>Fibrous</th>
<th>Synthetic Other</th>
<th>NonFibrous</th>
<th>Run Date</th>
<th>Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td>1707690CPL Grey stucco</td>
<td>5403-01Q</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3/2/00</td>
<td>SSY</td>
</tr>
</tbody>
</table>

NFM: Qtz, Carb, Opaq, Misc. Part.
Homogeneous

---

Samples received on: Wednesday, March 1, 2000

**RJ Lee Group, Inc.**  
*Bay Area Lab*

530 McCormick Street  
San Leandro, CA 94577

Page: 1 of 1
---

**Job #:** 5Y03  
**Job Name:** CHICO JR. HIGH SCHOOL  
**Date:** 2/28/00

**Address:**  
**City:** CHICO  
**State:** CA  
**Zip:**

**Contact Person:** PETE CONNELL  
**Turnaround:**  
- 2 hr.  
- 24 hr.  
- 48 hr.  
**Fax Results:** X

**Special Instructions:**

---

**Laboratory Analyst:** Analyze all samples as composite material unless split box is checked.

---

<table>
<thead>
<tr>
<th>SAMPLE ID</th>
<th>LOCATION</th>
<th>MATERIAL DESCRIPTION</th>
<th>H.O.</th>
<th>QA</th>
<th>SPLIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SY63-D1Q</td>
<td>OUTSIDE UNIT A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Chain of Custody**

1. **Relinquished By:**  
   **Received By:**  
   **Date:** 2/28/00  
   **Time:** 6:00

2. **Relinquished By:**  
   **Received By:**  
   **Date:** 3/1/2000  
   **Time:** 10:00

---
APPENDIX 3

PROJECT REQUIRED FORMS
EXISTING DAMAGE INVENTORY FORM

Project Name: ____________________ Date: ______________

Building: ____________________ Location: __________
Comments: ____________________________________________

Building: ____________________ Location: __________
Comments: ____________________________________________

Building: ____________________ Location: __________
Comments: ____________________________________________

Building: ____________________ Location: __________
Comments: ____________________________________________

CONSULTANT ____________________ CONTRACTOR ____________________
CERTIFICATE OF WORKER'S ACKNOWLEDGEMENT

PROJECT NAME ___________________________ DATE ___________________________

PROJECT ADDRESS ___________________________

CONTRACTOR'S NAME ___________________________

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

Respiratory Protection: You must have been trained in the proper use of respirators, and informed of the type respirator to be used on the above referenced project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above project.

Training Course: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Health hazards associated with asbestos
- Respiratory protection
- Use of protective equipment
- Pressure Differential Systems
- Work practices including hands on or on-job training
- Personal decontamination procedures
- Air monitoring, personal and area

Medical Examination: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to work in has advised you of your rights to training and protection relative to your employer, the Contractor.

Signature ___________________________ Social Security No ___________________________

Printed Name ___________________________ Witness ___________________________
CERTIFICATION OF VISUAL INSPECTION

In accordance with Section 02066 "Project Decontamination" the Contractor hereby certifies that he has visually inspected the Work Area (all surfaces including pipes, beams, ledges, walls, ceiling and floor, Decontamination Unit, sheet plastic, etc.) and has found no dust, debris or residue.

by: (Signature) ______________________________ Date ____________________________

(Print Name) __________________________________________

(Print Title) __________________________________________

PROJECT ADMINISTRATOR CERTIFICATION

The Project Administrator hereby certifies that he has accompanied the contractor on his visual inspection and verifies that this inspection has been thorough and to the best of his knowledge and belief, the Contractor's Certification above is a true and honest one.

by: (Signature) ______________________________ Date ____________________________

(Print Name) __________________________________________

(Print Title) __________________________________________
This is the PUNCH LIST prepared by the Inspector during the check inspection held on __________. All items on this PUNCH LIST MUST BE CORRECTED prior to acceptance of the contract.

<table>
<thead>
<tr>
<th>ITEM NUMBER</th>
<th>LOCATION</th>
<th>DESCRIPTION OF CORRECTIVE ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

cc: Construction Administrator
    Inspector

__________________________
Consultant

__________________________
Contractor

__________________________
Date

CJHS Asbestos Abatement Sheet _____ of _____
There were no Addenda to these Contract Documents.

Bidwell Junior High School
Asbestos Abatement of Plaster from Twenty-one Roof Vents
There were no Change Orders to these Contract Documents.

Bidwell Junior High School
Asbestos Abatement of Plaster from Twenty-one Roof Vents
No formal meetings were necessary; therefore no minutes were recorded.

Bidwell Junior High School
Asbestos Abatement of Plaster from Twenty-one Roof Vents
LICENCES AND PERMITS

California State Contractors License #718733
  Class B - General Contracting
  Class C2 - Insulation and Acoustical
  Class C21 - Demolition
  ASB - Asbestos Certified
  HAZ - Hazardous Substances Removal Certified

Department of Occupational Safety and Health
Registration #633

California Contractors Bond #637810
State of California

Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

WCE INC d/b/a WEST COAST ENVIRONMENTAL

...to engage in the business or act in the capacity of a contractor in the following classification(s):

B - GENERAL BUILDING CONTRACTOR
C-2 - INSULATION AND ACOUSTICAL
C21 - BUILDING MOVING, DEMOLITION
ASB - ASBESTOS

Witness my hand and seal this day,

February 13, 1996

Issued February 9, 1996

Signature of Licensee

Signature of License Qualifier

This license is the property of the Registrar of Contractors, is not transferrable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

Registar of Contractors

718733

License Number
Pursuant to Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

WCE INC dba WEST COAST ENVIRONMENTAL

to engage in the business or act in the capacity of a contractor in the following classification(s):

HAZ - HAZARDOUS SUBSTANCES REMOVAL

Issued February 9, 1996

February 13, 1996

Witnes my hand and seal this day,

Signature of License Qualifier

This license is the property of the Registrar of Contractors and is not transferable, and shall be returned to the Registrar of Contractors in case of revocation, or invalidation for any reason. A license void if not renewed.
ASBESTOS CERTIFICATION

Pursuant to the provisions of Section 7058.5 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the asbestos certification examination:

Qualifier: KEVIN TODD BUSSARD
License No.: 718733
Business Name: WCE, INC. DBA WEST COAST ENVIRONMENTAL

WITNESS my hand and official seal this 9TH day of FEBRUARY 1996

Registrar of Contractors

HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.

Qualifier: KEVIN TODD BUSSARD
License No.: 718733
Business Name: WCE, INC. DBA WEST COAST ENVIRONMENTAL

WITNESS my hand and official seal this 9TH day of FEBRUARY 1996

Registrar of Contractors
Certificate of Registration for Asbestos-related Work

Certificate No. 633

WCE, INC. dba: WEST COAST ENVIRONMENTAL

is duly registered by the Division of Occupational Safety and Health in accordance with the California Administrative Code, Title 8, Article 2.5 for asbestos-related work.

31-Mar-99

Date Of Issuance

04-Mar-00

Effective Date

This registration is valid only when the following requirements and conditions are met:

1. The registered employer shall safely perform asbestos-related work in compliance with relevant occupational safety and health regulations.

2. The registered employer shall notify the Division of changes in work locations or conditions as specified by Section 341.9 of Title 8 of the California Administrative Code.

3. The registered employer shall post a sign readable at 20 feet at the location of any asbestos-related work stating:

   Danger - Asbestos
   Cancer and Lung Hazard
   Authorized Personnel Only

4. A copy of the registration shall be posted at the jobsite beside the Cal/OSHA poster.

5. The registered employer shall provide a copy of this registration certificate to the prime contractor and any other employers at the site before the commencement of any asbestos-related work.

6. The registered employer shall conduct a safety conference prior to the commencement of any asbestos-related work as specified by Section 341.11 of Title 8 of the California Administrative Code.

7. The registered employer acknowledges the Division's right to revoke or suspend this registration as provided by Section 341.14 of Title 8 of the California Administrative Code.
STATE OF CALIFORNIA
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE

License Number: 718733
Type: CORP

Business Name: WCE INC DBA WEST COAST ENVIRONMENTAL
Classification: B C-2 C21 ASB HAZ HIC

Expiration Date: 02/28/2002

[Signature]
GENERAL LIABILITY INSURANCE AND WORKERS COMPENSATION INSURANCE CERTIFICATES
## Certificate of Liability Insurance

**Issuer:** Zurich American Insurance Co.
**Insured:** WCE, Inc.
**Address:** West Coast Environmental
3151 Fitzgerald Road
Rancho Cordova CA 95742

### 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.

<table>
<thead>
<tr>
<th>ITEM LTR</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>DATE (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>GENERAL LIABILITY</td>
<td>AAO-3628789-00</td>
<td>02/28/00</td>
<td>FIRE DAMAGE: Any one (1) Occurrence $1,000,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>02/28/02</td>
<td>MED EXP (Any one (1) Claim) $5,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV DREY INJURY $2,000,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GENERAL AGGREGATE $1,000,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PRODUCTS &amp; COND PROD AGG $1,000,000.00</td>
</tr>
<tr>
<td>B</td>
<td>AUTOMOBILE LIABILITY</td>
<td>BAF-3628793-00</td>
<td>02/28/00</td>
<td>COMBINED SINGLE LIMIT (Per occurrence) $1,000,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>02/28/01</td>
<td>BODILY INJURY (Per person) $0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AUTO ONLY - EA ACCIDENT $0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROPERTY DAMAGE (Per occurrence) $0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OTHER THAN AUTO ONLY - EA ACCIDENT $0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AGGREGATE $0.00</td>
</tr>
</tbody>
</table>
|          |                   |               |          | EXCESS LIABILITY |}

### Workers Compensation and Employers' Liability

**Policy Number:** WC-3628802-00
**Date Effective:** 02/28/00
**Date Expiration:** 02/28/01

- **Each Accident:** $1,000,000.00
- **Each Disease - EA Employee:** $1,000,000.00
- **Each Disease - Policy Limit:** $1,000,000.00

### Description of Operations/Locations/vehicles/Exclusions Added by Endorsement/Special Provisions
- 10 days notice of cancellation for non-payment. Project: Removal of asbestos at Chico Jr. High School, 280 Memorial Way, Chico, CA - Certificate holder is herein named as additional insured for GL only.

### Certificate Holder

**Name:** Chico Unified School District
**Address:** Mary Leary
2455 Carmichael Dr.
Chico, CA 95928

### Cancellation

Should any of the above described policies be cancelled prior to the expiration date, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named above. Failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

**Signature:**

Howard Folmar

© ACORD CORPORATION 1989
INDUSTRY REFERENCES
PARTIAL LIST OF COMPLETED PROJECTS

Sacramento City Unified School District
Elder Creek Elementary School
7934 Lemon Hill Avenue
Sacramento, CA 95824
Contact: Ted Hunting (Curtis Roofing)
Phone: (916) 451-7286

State of California
Department of Water Resources
1416 9th Street Room #304-10
Sacramento, CA 95814
Contact: Tim Bennet
Phone: (916) 653-3322

Sacramento Housing and Redevelopment
Western Avenue Duplexes
3177-3349 Western Avenue
Sacramento, CA 95814
Contact: Chris Eatough (Sequoia Pacific Builders, Inc.)
Phone: (916) 784-8400

Woodland Joint Unified School District
Douglas Junior High School
525 Granada Drive
Woodland, CA 95695
Contact: Vic Fechter
Phone: (916) 662-0201

California State University Sacramento
Chemistry Lab Steam Lines
6000 J Street
Sacramento, CA 95819-6008
Contact: Arthur L. Reed (F&R Construction)
Phone:(916) 362-3148
County of Sacramento
SRWTP Plant
8521 Laguna Station Road
Sacramento, CA 95758
Contact: Duane Graves
Phone: (916) 847-6651

San Juan Unified School District
El Camino High School
4300 El Camino
Carmichael, CA 95609
Contact: John Nichols (Delta Development)
Phone: (916) 978-9999

Manteca Unified School District
Manteca High School
450 E. Yosemite Avenue
Manteca, CA 95336
Contact: Tim Balbi (Royal Roofing Co., Inc.)
Phone: (916) 452-7291

Del Paso Heights School District
North Avenue Elementary School
1281 North Avenue
Sacramento, CA 95838
Contact: Jess Coffer, Sr.
Phone: (916) 641-5322

Quail Point Executive Park Association
2155 West March
Stockton, CA 95207
Contact: Don Widner (Widner Roofing)
Phone: (209) 951-4008

Sacramento City Unified School District
3051 Redding Avenue
Sacramento, CA 95820
Contact: Bob Graham (Gudgel/Yancey Roofing, Inc.)
Phone: (916) 387-6900

Asbestos Acoustical Ceiling
Lead Paint Abatement
Asbestos Roofing
Asbestos Plaster Ceiling
Asbestos Pipe Lagging
Asbestos Floor Tile & Mastic
Asbestos Roofing
Asbestos Roofing
University of California Davis  
UC Davis Campus (Steam Pits)  
Davis, CA 95616-8675  
Contact: Bob Ouzts  
Phone: (916) 752-5571  

Shasta-Tehama-Trinity Joint Community College District  
Shasta College Building #300  
11555 Old Oregon Trail  
Redding, CA 96049-6006  
Contact: Donald F. Gallino (Gallino Construction)  
Phone: (916) 246-7671  

Federal Aviation Administration  
FAA Tower  
Sacramento, CA 95670  
Contact: Virginia R. Smyth (Shephard Mechanical Contractors, Inc.)  
Phone: (916) 631-7840  

Stockton Unified School District  
Edison High School/Nightingale Elementary School  
Stockton, CA 95206  
Contact: Mike Bartilson (Summit Roofing)  
Phone: (209) 825-3042
EMPLOYEE TRAINING CERTIFICATES
EMPLOYEE MEDICAL REPORTS
EMPLOYEE RESPIRATOR FIT TESTS
EMPLOYEE BLOOD LEAD TESTS
This is an annual certification. It must be renewed by: 01/08/01

Exam Date: N/A
Course Date: 01/08/00
Certificate #100CSFR6893

By

Training Center
Design For Health

Phone: (619) 291-1777 Fax: (619) 291-4318
San Diego, CA 92101
3574 Keelner Blvd.

AHERA Contractor Supervisor Refresher

has successfully completed 8 hours of formal training entitled

585-38-8683

Anthony B. Royal

This is to certify that

Certificate of Training
Respiratory Compliance Letter for Asbestos Physicals

Date of Examination: 05/24/99
Name of Employer: WEST COAST ENVIRONMENT
Name of Employee: Royce, Anthony
Social Security Number: S 85-38-8683
Date of Birth: 8-13-51

In accordance with Federal OSHA 29 CFR 1910.134 "Respiratory Protection" and 29 CFR 1926.1101 "Asbestos, persons should not be assigned to tasks requiring the use of respirators unless it has been determined that they are physically able to perform the work while using the required respiratory equipment.

(A) This employee does not have any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, tremolite, anthophyllite, or actinolite.

(B) There is no limitation on the employee or upon the use of personal protective equipment such as clothing or respirators.

(C) The employee has been informed by the physician of the results of the medical examination and of any medical conditions that may result from exposure to asbestos, tremolite, anthophyllite, or actinolite.

(D) The employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos.

PETER PHILBIN, M.D.  5/24/99  
Name of Physician (Print)  Date  Signature of Physician

9261 Folsom Blvd., Suite 200 • Sacramento, CA 95826 • 916 364-1733 • Fax 916 364-5255
WEST COAST ENVIRONMENTAL

RESPIRATOR FIT TEST

EMPLOYEE NAME Anthony Royale DATE 5/28/00
SOCIAL SECURITY NUMBER

RESPIRATORS TESTED
Make/Model North 7700 Size NIOSH/MSHA # TC-21C-152
Make/Model __________________________ Size __________________________

QUANTITATIVE RESULTS

TYPE OF TEST
Quantitative
Qualitative x
Isoamyl Acetate
Irritant Smoke x

TEST EXERCISES
√ Positive/Negative Pressure Test
√ Normal Breathing
√ Deep Breathing
√ Turn Head Side to Side
√ Nod Head Up and Down
√ Reading (Rainbow Passage)
√ Grimace
√ Bend Over and Touch Toes
√ Jogging in Place
√ Breathe Normally

THIS CERTIFIES THAT THE ABOVE NAMED TEST SUBJECT HAS BEEN INFORMED OF THE HAZARDS INVOLVED IN WORKING WITH ASBESTOS, AND HAS BEEN GIVEN INSTRUCTION IN THE USE AND CARE OF THE RESPIRATOR SELECTED.

Employee Signature Anthony Royale
Witnessed By Amadeo Royale
The following information is necessary for the Office of Public School Construction (OPSC) to register or renew your registration as an Asbestos Hazard Emergency Response Act (AHERA) accredited inspector, management planner, project designer, abatement contractor, supervisor or worker.

PART I

FIRM NAME
West Coast Environmental

APPLICANT NAME
Anthony

ADDRESS
3181 Fitzgerald Road

CITY/ZIP CODE
Rancho Cordova 95742

COUNTY
Sacramento

STATE
CA

PHONE NUMBER
(916) 852-7200

E-MAIL ADDRESS


PART II

<table>
<thead>
<tr>
<th>DISCIPLINE</th>
<th>REGISTRATION REQUEST</th>
<th>TRAINING PROVIDER CERTIFICATE NUMBER</th>
<th>TRAINING PROVIDER CERTIFICATE EXPIRATION DATE</th>
<th>(OPSC USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Inspector</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Management Planner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Project Designer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Abatement Contractor*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Abatement Supervisor</td>
<td></td>
<td>1234567890 1/3/61</td>
<td>2000-104 3-3-00</td>
<td></td>
</tr>
<tr>
<td>f. Abatement Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*PART III

Must be completed by abatement contractor for registration to be valid.

DESK-CHECK REGISTRATION NUMBER
633

CONTRACTOR'S STATE LICENSE BOARD LICENSE NUMBER
713733

I certify that I have met all the requirements for accreditation and registration, and the statements I have made are true and correct. The attached Training Provider's Certificate is a copy of the original certificate.

SIGNATURE (Original signature of applicant is required)

DATE
2/25/CC

(Rev) 08/96
This is to certify that
AMADO ROYBAL*
585-38-8399
is a Hazardous Materials Contractor/Supervisor
under the Toxic Substances Control Act, Section 206 (TSCA)
complies with the requirements of NESHAP
on site representative will act as.

Conducted by
S

Hazardous Environmental Education Services

This Certificate is invalid without HEE-16919 picture.UO.

At Sacramento, California on July 23, 1999

This certificate is issued with

Certificate No.

Hees-16919

*Refresher Course

Director of Training

This certificate is issued with

Certificate No.

Hees-16919

*Refresher Course

Director of Training
MEDICAL EXAMINATION CERTIFICATE

ASBESTOS MEDICAL CLEARANCE LETTER

I certify that I have examined the below named employee in accordance with the provisions of Title 29 Code of Federal Regulations 1926.58 (m) (ii). I have provided their employer with the results of the medical examination and included as part of a written opinion that I have not detected any medical health conditions that 1) would place any of these employees at an increased risk of material health impairment from exposure to airborne asbestos fibers, and 2) would not limit their use of negative pressure respirators. I have informed the employee of the results of the medical examination. I also certify that the employer provided me with all of the information required in 29 CFR 1926.58 (m) (3).

Company: West Coast Env
Employee Name: Areado Payhue
Social Security Number: 585-38-8299
Expiration Date: 10-7-00

[Physician Signature]

[Name/Stamp] 9/3/99
WEST COAST ENVIRONMENTAL

RESPIRATOR FIT TEST

EMPLOYEE NAME: Amado Rafael
SOCIAL SECURITY NUMBER: 585-38-8399
DATE: 8/8/99

RESPIRATORS TESTED

Make/Model: North 7700
Size: M
NIOSH/MSHA #: TC-21C-152

QUANTITATIVE RESULTS

Make/Model:
Size:
NIOSH/MSHA #:

TYPE OF TEST

Quantitative
Qualitative X
  Isoamyl Acetate
  Irritant Smoke X

TEST EXERCISES

- Positive/Negative Pressure Test
- Normal Breathing
- Deep Breathing
- Turn Head Side to Side
- Nod Head Up and Down
- Reading (Rainbow Passage)
- Grimace
- Bend Over and Touch Toes
- Jogging in Place
- Breathe Normally

THIS CERTIFIES THAT THE ABOVE NAMED TEST SUBJECT HAS BEEN INFORMED OF THE HAZARDS INVOLVED IN WORKING WITH ASBESTOS, AND HAS BEEN GIVEN INSTRUCTION IN THE USE AND CARE OF THE RESPIRATOR SELECTED.

Employee Signature: Amado Rafael

Witnessed By: Anthony "B" Rafael
**PART I**

<table>
<thead>
<tr>
<th>FIRM NAME</th>
<th>APPLICANT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Coast Environmental</td>
<td>Amado Roybal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5181 Fitzgerald Road</td>
<td>3181 Fitzgerald Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY/ZIP CODE</th>
<th>CITY/ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rancho Cordova</td>
<td>Rancho Cordova</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento</td>
<td>CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(916) 852-7200</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(916) 852-7200</td>
<td></td>
</tr>
</tbody>
</table>

**PART II**

<table>
<thead>
<tr>
<th>DISCIPLINE</th>
<th>REGISTRATION REQUEST</th>
<th>TRAINING PROVIDER CERTIFICATE NUMBER</th>
<th>TRAINING PROVIDER CERTIFICATE EXPIRATION DATE</th>
<th>(OPSC USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Inspector</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Management Planner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Project Designer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Abatement Contractor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Abatement Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Abatement Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART III**

Must be completed by abatement contractor for registration to be valid.

<table>
<thead>
<tr>
<th>OCR 745 REGISTRATION NUMBER</th>
<th>CONTRACTOR &amp; STATE LICENSE BOARD LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>633</td>
<td>718733</td>
</tr>
</tbody>
</table>

I certify that I have met all the requirements for accreditation and registration, and the statements I have made are true and correct. The attached Training Provider's Certificate is a copy of the original certificate.

**SIGNATURE** (Original signature of applicant is required)

Amado Roybal  

**DATE**  

10 5 99
MEDICAL EXAMINATION CERTIFICATE

Final Report

I certify that I have examined the below named employee in accordance with the provisions of Title 29 Code of Federal Regulations 1926.58 (m) (ii). I have provided their employer with the results of the medical examination and included as part of a written opinion that I have not detected any medical health conditions that 1) would place any of these employees at an increased risk of material health impairment from exposure to airborne asbestos fibers, and 2) would not limit their use of negative pressure respirators. I have informed the employee of the results of the medical examination. I also certify that the employer provided me with all of the information required in 29 CFR 1926.58 (m) (3).

Company

Employee Name

Social Security Number

Expiration Date

[Signature]

Physician Signature

DONN ERICKSON, M.D.
MED CENTER MEDICAL CLINIC
6651 MADISON AVE.
CARMICHAEL, CA 95608
LIC. G084627

Date

Name/Stamp