ASBESTOS ANALYSIS LABORATORIES
11026 Ventura Blvd., Ste. 5
Studio City, CA 91604
AALabs@aol.com
www.aalabs.net

GREYHOUND
PROJECT MONITORING

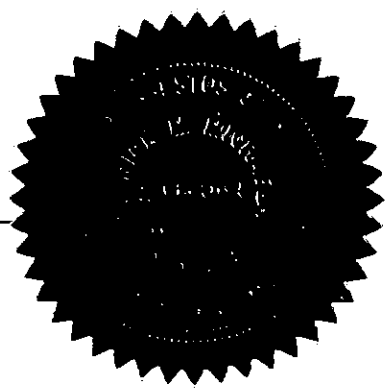
At the location of:
70 S. ALMADEN AVENUE
SAN JOSE, CALIFORNIA 95113

DOCUMENTATION

TEST RESULTS, CORRESPONDENCE, AND OTHER DOCUMENTATION

Project Manager:

Patrick Michaels, REA, CAC, IH



MARCH 2003

Phone 818-761-4712 Phone 323-851-5019 Fax 818-505-9547

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PROJECT INFORMATION

Asbestos Analysis Laboratories was contracted by Greyhound to perform asbestos monitoring services at 70 S. Almaden Avenue, in San Jose, California. The monitoring was performed during an asbestos removal project where thermal systems insulation (TSI) asbestos containing materials were being repaired, flooring tiles and sheet flooring were removed, drywall materials were encapsulated, and acoustic ceiling materials were removed.

This project began on March 12, 2003 with mobilization beginning at approximately 8:00 AM and continued until 4:00pm the same day. At 8:00am on March 12, 2003 the abatement crew of three from Synergy arrived, headed by supervisor Claudio Gonzales. The project continued for the following two days, March 13 and 14, 2003 until completion of Friday March 14, 2003 at 7:00pm in the evening. The notes during the course of each of these days, including the specifics of what was performed and the air testing results analyzed on-site are attached to this report.

During the course of the project there was one abatement contractor working on the project. Synergy Environmental Inc. performed the asbestos abatement at the site.

Asbestos clearance was given to the site after a complete visual inspection and air monitoring interior of the structure utilizing PCM protocols in each of the areas where abatement work was performed. At the completion of the project all areas where abatement was performed passed both the visual and airborne testing methodologies. The waste was manifested, the manifests signed, and the containment and other barriers were removed.

This folder contains the air testing reports, pictures, and notes gathered during the course of the project. These various documents are presented here as a series of appendices. If there are any questions concerning these documents or the project itself please feel free to give us a call at the letterhead address on the cover page.

Asbestos Analysis Laboratories
11026 Ventura Blvd., Suite 5
Studio City, California 91064

APPENDIX A. CONSULTANT'S CERTIFICATES

Asbestos Analysis Laboratories
11026 Ventura Blvd., Suite 5
Studio City, California 91064

American Industrial Hygiene Association

Organized 1939 — Incorporated 1956

Patrick M. Michaels

has been elected a

Affiliate Member

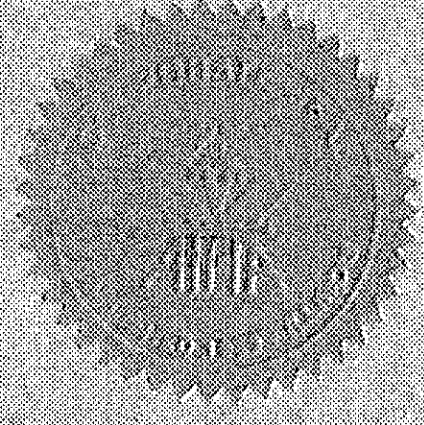
of this Association, organized to promote the advancement of the Industrial Hygiene Profession and foster the professional well-being and development of its members.

Witness the signatures of its authorized officers

Henry B. Lick – President

Terry D. Thedell - Secretary

May 28, 2002
Date



Original Date of Membership
May 24, 2002

State of California
California Environmental Protection Agency
Office of Environmental Health Hazard Assessment

Patrick M. Michaels

has fulfilled the requirements for registration as a
Registered Environmental Assessor I (REA I).

Date Registered: February 1992

Lloyd E. Lueker, Ph.D
Lloyd E. Lueker, Ph.D
Director
Office of Environmental Health Hazard Assessment

REA - Class I Number: 03681

Peter M. Rooney
Secretary for Environmental Protection
California Environmental Protection Agency

State of California
Division of Occupational Safety and Health

Certified Asbestos Consultant

Patrick M. Michael

Name

Certification No. **92-0198**

Expires on **12/11/2003**

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7180 et seq. of the Business and Professions Code

State of California
Division of Occupational Safety and Health

Certified Site Surveillance Technician

Clifford Emanuel Swaby

Name

Certification No. 92-0609

Expires on 9/29/2003

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7180 et seq. of the Business and Professions Code.

State of California
California Environmental Protection Agency
Office of Environmental Health Hazard Assessment

Registered Environmental Assessor I

Issued to: *Clifford Swaby, REA I - 07302*

Expires on: *June 30, 2003*

Signature:

APPENDIX B. AIR TESTING RESULTS

Asbestos Analysis Laboratories
11026 Ventura Blvd., Suite 5
Studio City, California 91064

ASBESTOS ANALYSIS LABORATORIES
CHAIN-OF-CUSTODY
PCM AIR CASSETTE ANALYSIS
AIR SAMPLE ANALYSES UTILIZING NIOSH 7400

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-12-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Chuck Gonzalez

Sample#	Description	Time on:	Time off:	LPM	# of Fibers	F/CC Result	Test Area	
1	Background	0820	1020	10	6/100	0.0024	Mechanical	Room
2	↓	0824	1024	10	4/100	0.0016	"	"
3	Pipe Repair	1030	1330 (180)	5	5/100	0.0027	"	"
4	↓	1032	1335 (183)	5	3/100	0.0016	"	"
5	Blank	\	\	\	0/100		—	

Other Instructions: TURNAROUND TIME: 24 Hours

Submitted by: Clifford Swaby, REA, CSST Analyzed by: Clifford Swaby, REA, CSST

Received by: _____ Date: _____

11026 Ventura Blvd., Suite 5, Studio City, CA 91604-3565 - (818) 761-4712

ASBESTOS ANALYSIS LABORATORIES
CHAIN-OF-CUSTODY
PCM AIR CASSETTE ANALYSIS
AIR SAMPLE ANALYSES UTILIZING NIOSH 7400

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-13-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: CLAUDIO GONZALEZ

Sample#	Description	Time on:	Time off:	LPM	# of Fibers	F/CC Result	Test Area
6	Background	0715	0915	10	12/100	0.0049	Burger King area
7	Background	0715	0915	10	9/100	0.0036	" "
8	Removal	0930	1400 (270)	5 (1350)	2/100	0.0072	neg air exhaust
9	↓	0933	1402 (269)	5 (1345)	10/100	0.0036	IWA
10		0940	1406 (266)	5 (1330)	2/100	0.0073	OWA
11	↓	0945	1408 (263)	5 (1315)	4/100	0.0014	clean room

Other Instructions: TURNAROUND TIME: 24 Hours

Submitted by: Clifford Swaby, REA, CSST Analyzed by: Clifford Swaby, REA, CSST

Received by: _____ Date: _____

11026 Ventura Blvd., Suite 5, Studio City, CA 91604-3565 - (818) 761-4712

ASBESTOS ANALYSIS LABORATORIES
CHAIN-OF-CUSTODY
PCM AIR CASSETTE ANALYSIS
AIR SAMPLE ANALYSES UTILIZING NIOSH 7400

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-14-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Claudio Gonzalez

Sample#	Description	Time on:	Time off:	LPM	# of Fibers	F/CC Result	Test Area
12	clearances	0715	0915	10	3/100	0.0012	old Burger King
13	↓	0716	0916	10	5/100	0.002	↓
14		0716	0916	10	10/100	0.004	
15		0718	0918	10	4/100	0.0016	
16	↓	0720	0920	10	8/100	0.0032	↓
17	Background	0730	0930	10	12/100	0.0049	South Building
18	↓	0731	0931	10	9/100	0.0036	
19	VFT Removal	1000	1510 (3:10)	5	13/100	0.0041	IWA
20	↓	1003	1511 (3:08)	5	1/100	0.0003	neg air exh
21		1004	1513 (3:09)	5	7/100	0.0022	clean room
22	↓	1007	1515 (3:08)	5	6/100	0.0019	OWA ambient

Other Instructions: TURNAROUND TIME: 24 Hours

Submitted by: Clifford Swaby, REA, CSST Analyzed by: Clifford Swaby, REA, CSST

Received by: _____ Date: _____

11026 Ventura Blvd., Suite 5, Studio City, CA 91604-3565 - (818) 761-4712

ASBESTOS ANALYSIS LABORATORIES
CHAIN-OF-CUSTODY
PCM AIR CASSETTE ANALYSIS
AIR SAMPLE ANALYSES UTILIZING NIOSH 7400

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-14-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Claudio Gonzalez

Sample#	Description	Time on:	Time off:	LPM	# of Fibers	F/CC Result	Test Area
23	clearance	1600	1800	10	6/100	0.0024	South Bldg IWA
24	↓	1600	1800	10	4/100	0.0016	↓ ↓
25		1601	1801	10	7/100	0.0028	
26		1602	1802	10	5/100	0.002	
27		1603	1803	10	9/100	0.0036	

Other Instructions: TURNAROUND TIME: 24 Hours

Submitted by: Clifford Swaby, REA, CSST Analyzed by: Clifford Swaby, REA, CSST

Received by: _____ Date: _____

11026 Ventura Blvd., Suite 5, Studio City, CA 91604-3565 - (818) 761-4712

APPENDIX C. MONITORING LOGS AND NOTES

Asbestos Analysis Laboratories
11026 Ventura Blvd., Suite 5
Studio City, California 91064

ASBESTOS ABATEMENT PROJECT TRACKING

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-12-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Claudio Gonzalez

TYPE OF MATERIALS BEING REMOVED: VFT, Acoustic Ceiling

Day	Hours	# of Air Samples	Consultant	Location and Work Performed
3-12-03	8	5	C. Swaby	mech Room Pipe Repair
3-13-03	8			Old Burger King Acoustic ceiling
3-14-03	8			South Bldg VFT Removal

Notes:

Project Manager: Clifford Swaby, REA, CSST

11026 Ventura Blvd., Suite 5, Studio City, CA 91604-3565 - (818) 761-4712

ASBESTOS ANALYSIS LABORATORIES

GENERAL LOG AND NOTES

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-12-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: _____

PROJECT NOTES

0800	I ARRIVED ON SITE AND MET WITH SYNERGY SUPERVISOR
	TO DISCUSS THE WORK FOR TODAY
0900	WE TOURED THE WORK AREAS WITH THE STATION
	MANAGER. THE SOUTH BUILDING HAD A LOT OF MATERIALS
	STORED IN IT.
1000	SYNERGY PERSONNEL STARTED TO MOBILIZE EQUIPMENT
	IN THE MECHANICAL ROOM TO REPAIR THE PIPE ELBOW
	INSULATIONS.
1030	PERSONNEL WERE LAYING SIX MIL POLY DROP CLOTH
	ON THE FLOOR.
1145	I OBSERVED PERSONNEL USING A REPAIR PATCH
	MIXTURE AND CANVAS TAPE TO REPAIR THE ELBOWS AND
	THE DAMAGE AREAS. THEY ALSO LOOKED INSIDE THE
	CRAWLSPACE BUT FOUND NO DAMAGE INSULATION.
1330	SYNERGY PERSONNEL COMPLETED THE REPAIRS IN THE
	MECHANICAL ROOM.
1345	PERSONNEL STARTED TO PICK UP BROKEN PIECES
	OF 9X9 SUSPECT FLOOR TILES IN AN AREA ADJACENT TO
	THE OLD BURGER KING BUT WAS NOT IN THE SCOPE
	OF WORK.
1600	ALL WORK IS COMPLETED AND SYNERGY PERSONNEL
	AND I DEPART SITE.

CONSULTANT: Clifford Swaby, REA, CSST

ASBESTOS ABATEMENT COMPLIANCE RECORD CHECKLIST

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-12-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Claudio Gonzalez

Worker's Name	SS Number	Training Exp. Date	Medical Exp. Date	Fit test Exp. Date	DL, CAL/I.D., or Green Card
Claudio Gonzalez	625 14 9576	11-16-03	3-21-03	6-10-03	
Hector Ruano	675 43 7523	6-9-03	7-26-03	9-10-03	
Guillermo Aquilar	610 24 7925	6-9-03	7-24-03	9-10-03	

I CERTIFY THAT I HAVE CHECKED THE TRAINING, MEDICAL, AND FIT TESTING CERTIFICATIONS FOR ALL WORKERS LISTED ABOVE, AND I HAVE ACCURATELY COMPLETED THE INFORMATION IN THE SPACES ABOVE.

Notes:

ASBESTOS ANALYSIS LABORATORIES

ASBESTOS ABATEMENT SIGN-IN SHEET

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-12-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Claudio Gonzalez

TIME IN	NAME	TIME UT
8am	Claudio Gonzalez	4 pm
8 AM	Guillermo Aguilar	4 pm
8 AM	Juan Rios	4 pm

Notes:

ASBESTOS HYGIENIST: Clifford Swaby, REA, CSST Page _____ of _____

ASBESTOS ANALYSIS LABORATORIES

GENERAL LOG AND NOTES

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-13-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Claudio Gonzalez

PROJECT NOTES

0700	I ARRIVED ON SITE AND MET WITH SYNERGY SUPERVISOR TO DISCUSS THE WORK FOR TODAY. THEY WILL POLY PREP THE OLD BURGER KING AREA AND REMOVE
0715	I STARTED BACKGROUND AIR TESTING INSIDE THE BURGER KING AREA. PERSONNEL WHERE ALSO POLY PREPPING THE WALLS AND FLOOR.
0915	I RETRIEVED BACKGROUND AIR SAMPLES
0930	SYNERGY PERSONNEL STARTED TO REMOVE THE LOOSE ACOUSTIC CEILING. PERSONNEL WERE DRESSED IN PROTECTIVE CLOTHING AND ½ FACE RESPIRATORS.
1030	REMOVAL OF THE LOOSE ACOUSTIC CEILING IS STILL IN PROGRESS PERSONNEL WHERE KEEPING THE MATERIAL WET DURING THE REMOVAL
1130	ALL WORK IS STILL IN PROGRESS.
1330	PERSONNEL COMPLETE THE WORK INSIDE THE BURGER KING AREA. I OBSERVED THAT THE LOOSE CEILING ACOUSTIC WAS REMOVED AND ENCAPSULATED AND THE AREA CLEANED. I PASSED THE VISUAL INSPECTION.
1400	PERSONNEL WILL NOW ENCAPSULATE THE DRYWALL JOINT COMPOUND IN THE MAINTENANCE ROOM
1500	ENCAPSULATION COMPLETED. PERSONNEL STOP WORK FOR TODAY.

CONSULTANT: Clifford Swaby, REA, CSST

ASBESTOS ANALYSIS LABORATORIES

ASBESTOS ABATEMENT SIGN-IN SHEET

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-13-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Claudio Gonzalez

TIME IN	NAME	TIME UT
7 AM	Claudio Gonzalez	3 pm
7 AM	Guillermo Aguilar	3 pm
7 AM	Hector Armando Reano	3 pm

Notes:

ASBESTOS HYGIENIST: Clifford Swaby, REA, CSST

11026 Ventura Blvd., Suite 5, Studio City, CA 91604-3565 - (818) 761-4712

ASBESTOS ANALYSIS LABORATORIES

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-13-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: _____

ASBESTOS REMOVAL CHECKLIST

	Yes	No
I. Work site barrier		
• Floor covered	☑	☐
• Walls covered	☐	☐
• Area ventilation off	☑	☐
• All edges sealed	☑	☐
• Penetrations sealed	☑	☐
• Entry curtains	☑	☐
II. Negative Air Pressure		
• HEPA Vac	☑	☐
• Ventilation system	☐	☐
• Constant operation	☑	☐
• Negative pressure achieved	☑	☐
III. Signs		
• Work area entrance	☑	☐
• Bags labeled	☑	☐
IV. Work Practices		
• Removed material promptly bagged	☑	☐
• Material worked wet	☑	☐
• HEPA vacuum used	☑	☐
• No smoking	☑	☐
• No eating. Drinking	☑	☐
• Work area cleaned after completion	☑	☐
• Personnel decontaminated each departure	☑	☐
V. Protective Equipment		
• Disposable clothing used one time	☑	☐
• Proper NIOSH-approved respirators	☑	☐
VII. Showers		
• On site	☑	☐
• Functioning	☑	☐
• Soap and towels	☐	☐
• Used by all personnel	☑	☐

Comments: _____

Inspected By: Clifford Swaby, REA, CSST Date: _____ Page 1 of 1

ASBESTOS ANALYSIS LABORATORIES

GENERAL LOG AND NOTES

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-14-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Claudio Gonzalez

PROJECT NOTES

0700	I arrived on site and met with Synergy Supervisor
	To discuss the work for today.
0715	I started final air clearances in the Burger King area
0730	Personnel I started background air sampling in the
	South Building. Personnel were also poly prepping the
	area and sealing all critical barriers
0830	Poly prep is still in progress
1000	Personnel started to remove the floor tiles using metal
	scrapers
1100	Removal is still in progress
1200	I observed personnel loading out bags of floor tile debris
	in double six mil plastic bags
1300	Personnel in the process of removing the mastic using
	a liquid mastic remover and an electric buffer
1400	Removal still in progress
1500	Removal of the mastic is completed
1600	I started air clearances
1800	I retrieve air samples and analyse them. All
	below 0.01f/cc
1900	Tear down completed. I depart site.

CONSULTANT: Clifford Swaby, REA, CSST

ASBESTOS ANALYSIS LABORATORIES

ASBESTOS ABATEMENT SIGN-IN SHEET

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-14-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Claudio Gonzalez

TIME IN	NAME	TIME OUT
7 AM	Claudio Gonzalez	4 PM
7 AM	Hector Armando Ruano	4 PM
7 AM	Guillermo Aguilar	4 PM.

Notes:

ASBESTOS HYGIENIST: Clifford Swaby, REA, CSST

11026 Ventura Blvd., Suite 5, Studio City, CA 91604-3565 - (818) 761-4712

ASBESTOS ANALYSIS LABORATORIES

PROJECT NAME: San Jose Greyhound Terminal **DATE:** 3-14-03

PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR: Claudio Gonzalez

ASBESTOS REMOVAL CHECKLIST

	Yes	No
I. Work site barrier		
• Floor covered	☐	☒
• Walls covered	☒	☐
• Area ventilation off	☒	☐
• All edges sealed	☒	☐
• Penetrations sealed	☒	☐
• Entry curtains	☒	☐
II. Negative Air Pressure		
• HEPA Vac	☐	☐
• Ventilation system	☐	☐
• Constant operation	☒	☐
• Negative pressure achieved	☒	☐
III. Signs		
• Work area entrance	☒	☐
• Bags labeled	☒	☐
IV. Work Practices		
• Removed material promptly bagged	☒	☐
• Material worked wet	☒	☐
• HEPA vacuum used	☒	☐
• No smoking	☒	☐
• No eating. Drinking	☒	☐
• Work area cleaned after completion	☒	☐
• Personnel decontaminated each departure	☒	☐
V. Protective Equipment		
• Disposable clothing used one time	☒	☐
• Proper NIOSH-approved respirators	☒	☐
VII. Showers		
• On site	☒	☐
• Functioning	☒	☐
• Soap and towels	☒	☐
• Used by all personnel	☒	☐

Comments: _____

Inspected By: Clifford Swaby, REA, CSST Date: _____ Page 1 of 1

FAX TO CONSULTANT

SYNERGY ENVIRONMENTAL
28436 SATELLITE STREET
HAYWARD, CA 94545
(510) 259-1700

DAILY LOB/JOB ACTIVITY REPORT

Job # SR SC 8496 Day Friday Date 3/14/03. Foreman Claudio Gonzalez

Job Name Greyhound Terminal Address 70 So Almaden San Jose CA 95113

WORKERS ON JOB

Employee	Hrs.	Employee	Hrs.	Employee	Hrs.
Claudio Gonzalez	12				
Guillermo Aguilar	12				
Hector Amando Rivera	12				

WORK SHIFT 7AM am/pm to 7PM am/pm

INSPECTORS/VISITORS

Agency	Name	Brief Description of findings

WEATHER CONDITIONS OUTSIDE Raining

WORK COMPLETED (Be specific-includes areas, quantities, type of work etc.)

SYNERGY CREW arrived to jobsite AT 7AM. CREW started Seting up criticals Neg Air Decon posted warning Sings CREW Suit up and started removing 9x9 tile from South Bldg and storage at South pick up debri and put in to Clear bags we also mastic the all Room we also did maintanace Room three Square feet of Asbestos containing wall material joant Compound finish everything pick up any debri and Encapsulate work Area

APPENDIX D. ABATEMENT CONTRACTOR INFORMATION

Asbestos Analysis Laboratories
11026 Ventura Blvd., Suite 5
Studio City, California 91064

State of California

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Certificate of Registration for Asbestos-related Work

Certificate No. 077 Expiration Date 12-Apr-03

AMERICAN SYNERGY ASBESTOS REMOVAL SERVICE dba: SYNERGY ENVIRONMENTAL

(Name of Employer)

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.

05-Aug-02
Date Of Issuance

Division of Occupational Safety and Health

Effective Date 13-Apr-02 Contractor's License No. 516185

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 Adminstrative 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.

CONTRACTORS STATE LICENSE BOARD

Building Quality

ISSUED 08-17-87

No. 516185

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

Contractor's License

Pursuant to the provisions of 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:

A S C * AMERICAN SYNERGY ASBESTOS REMOVAL SERVICES INC

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

B GENERAL BUILDING CONTRACTOR

WITNESS *my hand and seal this* 27TH *day of* AUGUST 1987.

Registrar of Contractors

Signature of Licensee

Signature of person who qualified on behalf of the licensee

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS

13L-24 (Rev. 11-83)

121697

State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE

License Number 516185 Entity CORP

Business name AMERICAN SYNERGY ASBESTOS
REMOVAL SERVICES INC DBA
SYNERGY ENVIRONMENTAL

Classification(s) C-2 ASB B C17 C10 HIC

Expiration Date 08/31/2003

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
CONTRACTORS STATE LICENSE BOARD

EXPIRES ON
MO. DAY YR.
08 31 03

LICENSE NO.
516185

SYNERGY ENVIRENMENTAL * AMERICAN
SYNERGY ASBESTOS REMOVAL SERVICES
2829 WHIPPEE ROAD
UNION CITY, CA 94587

CLASS
B C-2
ASBESTOS CERTIFIED

SIGNATURE

FOLD FOLD

RECEIPT NO.

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF
Consumer Affairs

CONTRACTORS STATE LICENSE BOARD

Building Quality

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: DAVID C CLARK

License No.: 516105

Namestyle: AMERICAN SYNERGY ASBESTOS REMOVAL SERVICES INC

REGISTRAR OF CONTRACTORS
STATE OF CALIFORNIA

WITNESS my hand and official seal this
22ND day of SEPTEMBER 1987

Registrar of Contractors

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER → CAD982029250

ASC INC
PO BOX 57075
HAYWARD CA 94545

INSTALLATION ADDRESS →

2401 INVESTMENT BLVD #1
HAYWARD CA 94545

EPA Form 8700-12A (4-80)

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID RU SYNER-F

DATE (MM/DD/YY) 10/03/02

PRODUCER
Crosby Insurance
C. Hopper Ins.Service, Inc.
8181 E. KAISER BLVD.
ANAHEIM HILLS CA 92808
Phone: 714-221-5200 Fax: 714-221-5210

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

INSURERS AFFORDING COVERAGE

INSURED
American Synergy Asbestos Removal Services Inc.,
dba: Synergy Environmental
American Synergy Corporation of California
28436 Satellite Street
Hayward CA 94545

INSURER A:	AMERICAN ZURICH INS.CO.
INSURER B:	Amer.Guarantee and Liability
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE [X] OCCUR X Incl Pollution for Asbestos/Lead GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	AAO 3690594-01	05/01/02	10/01/03	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	BAP3864889-00	05/01/02	10/01/03	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
	EXCESS LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC3781861-02	10/01/02	10/01/03	X WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 2,000,000 $ 2,000,000 $ 2,000,000
	OTHER					

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

* Except ten days for nonpayment of premium.

CERTIFICATE HOLDER | N | ADDITIONAL INSURED; INSURER LETTER: ___

BIDDING

Bidding and Information Only

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

NATEC INT'L

Hector Armando Ruano

Name

Hector Armando Ruano

Signature

Course Date: 06/12-06/8,9/02 Certification #OAK-17824

Exam Date: 06/09/02 S.S.N: 676-43-7583

Expires: 06/09/03

Authorized Signature: Moises Rojas, Training Coordinator

Valid

3/11/03 JET

HT: 5'11 WT: 170 AGE: 25
SEX: M HAIR: Brn EYES: Brn

This Card Certifies that Hector Armando Ruano has attended and satisfactorily passed mandated course requirements for:

Asbestos Worker Initial In Spanish Per 40 CFR 763
Course Approval Number: (P) CA - 0 15 - 1 1

Cal-OSHA Worker Initial Course Per 8 CCR 1529
(AHERA Section 206 under Title II on the TSCA,
15 U.S.C 2646)

NATEC INTERNATIONAL, INC.,
416 Pendleton Way, Oakland, CA 94621 (510) 430-1224

SYNERGY ENVIRONMENTAL INC
Asbestos Removal Division

...rtifies that Hector Armando Ruano *has been made aware of the hazards ...ed in working with asbestos and has received training in and understands the care ... of the following respirator(s) and has been given a qualitative fit test using ... smoke:*

/ *Dual Cartridge Negative Pressure Respirator* *Type:* North *Size:* M

/ *Power Air Purifier Respirator* *Type:* Survivair *Size:* M/L

By: AA Burg

Date: 13/10/03

...e received training and instruction in the selection, use and care of a respirator ...ble for protection against airborne contaminants in my work assignment. I ...rstand the elements of this respiratory protection program and will apply them in the ...se, care and safekeeping of the respirator assigned to me.

...rstand that it is my right (in accordance with CFR 126.58 (h) (3) (ii) to leave the ...rea at any time that I feel it is necessary to clean my respirator or wash my face to ...nt irritation that is common in respirator use. I also understand that it is my right ...cordance with CFR 1916.58 (h) (3) to change my respirator filter whenever there is ...crease in breathing resistance.

Hector Armando Ruano / 3/10/03
Employee Signature *Date*

Hector Armando Ruano /
Please print full name AND Social Security Number

jc 03-24-99

JAIME R. CORTES M.D.
JAIME O. CORTES M.D.
2647 INTERNATIONAL BLVD., SUITE #404
OAKLAND, CALIFORNIA 94601
510-532-1070

ASBESTOS MEDICAL REPORT

NAME OF EXAMINEE: Hector Rivera

DATE OF BIRTH: 4/04/71

SOCIAL SECURITY #: 575-43-7587

	no significant problem found / revelant abnormality	
X MEDICAL HISTORY AND EXAMINATION	X	( )
X PULMONARY EXAMINATION	X	( )
X CHEST X-RAY	X	( )
X SERUM LEAD LEVELS	X	( )

CONCLUSION

( ) NORMAL PHYSICAL EXAMINATION; ( ) CHEST X-RAY NOT DONE ( ) SERUM LEAD NOT DONE
X NO DETECTED MEDICAL CONDITION WHICH WOULD PLACE THIS EMPLOYEE AT INCREASED RISK OF MATERIAL IMPAIRMENT OF HEALTH FROM EXPOSURE TO ASBESTOS, TREMOLITE, ANTHOPYLLITE, OR ACTINOLITE
( ) REVELANT PROBLEM FOUND: _____

EMPLOYEE HAS BEEN INFORMED OF RESULTS AND PARTICULARLY OF ANY CONDITION RESULTING FROM EXPOSURE REQUIRING FUTHER MEDICAL ATTENTION.

X SERUM LEAD LEVELS WITHIN NORMAL RANGE MRH 2791

( ) SPECIFIC MEDICAL RESTRICTIONS: _____
EMPLOYEE HAS BEEN INFORMED OF INCREASED RISK OF LUNG CANCER ATTRIBUTABLE TO THE COMBINED EFFECT OF SMOKING AND ASBESTOS EXPOSURE.

DOCTORS SIGNATURE: _____ DATE: 7/26/02

NATEC INT'L

Guillermo Aguilar
Name

Signature

Course Date: 06/1,2-
06/8,9/02 Certification #OAK-17823

Exam Date: 06/09/02 S.S.N: 610-24-7925
Expires: 06/09/03

Authorized Signature: Moises Rojas. Training Coordinator

Valid
3/11/03
IET

HT: 6' WT: 180 AGE: 19
SEX: M HAIR: Blk EYES: Blk

This Card Certifies that Guillermo Aguilar has attended and satisfactorily passed mandated course requirements for:

Asbestos Worker Initial In Spanish Per 40 CFR 763
Course Approval Number: (P) CA - 0 15 - 1 1

Cal-OSHA Worker Initial Course Per 8 CCR 1529
(AHERA Section 206 under Title II on the TSCA,
15 U.S.C 2646)

NATEC INTERNATIONAL, INC.,
416 Pendleton Way, Oakland, CA 94621 (510) 430-1224

JAIME R. CORTES M.D.
JAIME O. CORTES M.D.
2647 INTERNATIONAL BLVD., SUITE #404
OAKLAND, CALIFORNIA 94601
510-532-1070

ASBESTOS MEDICAL REPORT

NAME OF EXAMINEE: Guillermino Aguilar

DATE OF BIRTH: 4/16/83

SOCIAL SECURITY # 610-24-7925

	no significant problem found / revelant abnormality	
(X) MEDICAL HISTORY AND EXAMINATION	(X)	( )
(X) PULMONARY EXAMINATION	(X)	( )
(X) CHEST X-RAY	(X)	( )
(X) SERUM LEAD LEVELS	(X)	( )

CONCLUSION

(X) NORMAL PHYSICAL EXAMINATION; ( ) CHEST X-RAY NOT DONE ( ) SERUM LEAD NOT DONE
(X) NO DETECTED MEDICAL CONDITION WHICH WOULD PLACE THIS EMPLOYEE AT INCREASED RISK OF MATERIAL IMPAIRMENT OF HEALTH FROM EXPOSURE TO ASBESTOS, TREMOLITE, ANTHOPYLLITE, OR ACTINOLITE
( ) REVELANT PROBLEM FOUND: _____

EMPLOYEE HAS BEEN INFORMED OF RESULTS AND PARTICULARLY OF ANY CONDITION RESULTING FROM EXPOSURE REQUIRING FUTHER MEDICAL ATTENTION.

(X) SERUM LEAD LEVELS WITHIN NORMAL RANGE

( ) SPECIFIC MEDICAL RESTRICTIONS: _____
EMPLOYEE HAS BEEN INFORMED OF INCREASED RISK OF LUNG CANCER ATTRIBUTABLE TO THE COMBINED EFFECT OF SMOKING AND ASBESTOS EXPOSURE.

#2792

DOCTORS SIGNATURE: _____ DATE: 7/24/02

SYNERGY ENVIRONMENTAL INC.
Asbestos Removal Division

...certifies that Guillermo Aguilar has been made aware of the hazards ...ed in working with asbestos and has received training in and understands the care ...se of the following respirator(s) and has been given a qualitative fit test using ...ive smoke:

✓ Dual Cartridge Negative Pressure Respirator Type: North Size: M

✓ Power Air Purifer Respirator Type: Sundstrom Size: M/L

By: A A Burg

Date: 3/10/03

...ve received training and instruction in the selection, use and care of a respirator ...able for protection against airborne contaminants in my work assignment. I ...erstand the elements of this respiratory protection program and will apply them in the ... use, care and safekeeping of the respirator assigned to me.

...derstand that it is my right (in accordance with CFR 126.58 (h) (3) (ii) to leave the ...k area at any time that I feel it is necessary to clean my respirator or wash my face to ...ent irritation that is common in respirator use. I also understand that it is my right ...accordance with CFR 1916.58 (h) (3) to change my respirator filter whenever there is ...increase in breathing resistance.

Guillermo Aguilar 3/10/03
Employee Signature Date

Guillermo Aguilar /
Please print full name AND Social Security Number

jc 03-24-99

Valid
3/11/03
JEL

NATEC INT'L

Claudio Gonzalez
Name
Claudio Gonzalez
Signature

Course Date: 11/18/02 Certification: OAK-18201
Exam Date: N/A S.S.N: 525-14-8676
Expires: 11/18/03

Authorized Signature: Melissa Rojas Training Coordinator

HT: 5'8" WT: 205 AGE: 33
SEX: M HAIR: Blk EYES: Blk

This Card Certifies that Claudio Gonzalez *has attended and satisfactorily passed mandated course requirements for:*

Asbestos Contractor Supervisor Refresher Per 40 CFR 763

Course Approval Number: CA – 0 15 – 0 4

Cal-OSHA Competent Person Refresher Course Per 8 CCR 1529 (AHERA Section 206 under Title II on the TSCA, 15 U.S.C 2645)

NATEC INTERNATIONAL, INC.,
416 Pendleton Way, Oakland, CA 94621 (510) 430-1224

SYNERGY
ENVIRONMENTAL, INC
Asbestos Removal Division

This certifies that Claudia Gonzalez *has been made aware of the hazards involved in working with asbestos and has received training in and understands the care and use of the following respirator(s) and has been given a qualitative fit test using irritative smoke:*

✓ _____ *Dual Cartridge Negative Pressure Respirator* *Type:* NORTH 1/2 F *Size:* M

✓ _____ *Power Air Purifer Respirator* *Type:* SURVIVAIR PAPR *Size:* M/L

By: J Ornelas

Date 12/10/02

I have received training and instruction in the selection, use and care of a respirator suitable for protection against airborne contaminants in my work assignment. I understand the elements of this respiratory protection program and will apply them in the daily use, care and safekeeping of the respirator assigned to me.

I understand that it is my right (in accordance with CFR 126.58 (h) (3) (ii) to leave the work area at my time that I feel it is necessary to clean my respirator or wash my face to prevent irritation that is common in respirator use. I also understand that it is my right in accordance with CFR 1916.58 (h) (3) to change my respirator filter whenever there is an increase in breathing resistance.

Claudia Gonzalez 12/10/02

Employee Signature *Date*

Claudia Gonzalez /

Please print full name AND *Social Security Number*

pm 06-17-02

JAIME R. CORTES M.D.
JAIME O. CORTES M.D.
2647 INTERNATIONAL BLVD., SUITE #404
OAKLAND, CALIFORNIA 94601
510-532-1070

ASBESTOS MEDICAL REPORT

NAME OF EXAMINEE: Claudi Gonzalez

DATE OF BIRTH: 8/09/69

SOCIAL SECURITY #625-14-9576

	no significant problem found / revelant abnormality	
X MEDICAL HISTORY AND EXAMINATION	X	( )
X PULMONARY EXAMINATION	X	( )
X CHEST X-RAY	X	( )
X SERUM LEAD LEVELS	X	( )

CONCLUSION

X NORMAL PHYSICAL EXAMINATION; ( )CHEST X-RAY NOT DONE ( )SERUM LEAD NOT DONE
X NO DETECTED MEDICAL CONDITION WHICH WOULD PLACE THIS EMPLOYEE AT INCREASED RISK OF MATERIAL IMPAIRMENT OF HEALTH FROM EXPOSURE TO ASBESTOS, TREMOLITE, ANTHOPYLLITE, OR ACTINOLITE
( ) REVELANT PROBLEM FOUND:_____

EMPLOYEE HAS BEEN INFORMED OF RESULTS AND PARTICULARLY OF ANY CONDITION RESULTING FROM EXPOSURE REQUIRING FUTHER MEDICAL ATTENTION.

( ) SERUM LEAD LEVELS WITHIN NORMAL RANGE

( ) SPECIFIC MEDICAL RESTRICTIONS:_____
EMPLOYEE HAS BEEN INFORMED OF INCREASED RISK OF LUNG CANCER ATTRIBUTABLE TO THE COMBINED EFFECT OF SMOKING AND ASBESTOS EXPOSURE.

DOCTORS SIGNATURE: _____ DATE: 3/21/02

APPENDIX E. WASTE MANIFESTS

Asbestos Analysis Laboratories
11026 Ventura Blvd., Suite 5
Studio City, California 91064

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-99)
Please print or type. *Form designed for use on elite (12-pitch) typewriter.*

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD982528612 — Manifest Document No. 21698 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Program Consultant, Environmental Dept, 3M, St Paul, MN 55144-1000, Dallas, TX. 75201 — ATTN: Ted Hyman — SR2496 — REMOVAL ADDRESS: Greyhound Terminal, 70 So. Almaden Ave, San Jose, CA. 95113

4. Generator's Phone (214) 340-8796

A. State Manifest Document Number: 22221698

B. State Generator's ID:

5. Transporter 1 Company Name: SYNERGY ENVIRONMENTAL, INC.

6. US EPA ID Number: CAD982029252

C. State Transporter's ID [Reserved.]:

D. Transporter's Phone: 510-259-1700

7. Transporter 2 Company Name: CLEARWATER ENVIRONMENTAL

8. US EPA ID Number: CAR000007013

E. State Transporter's ID [Reserved.]:

F. Transporter's Phone: 800-499-3676

9. Designated Facility Name and Site Address: ALVISO INDEPENDENT OIL, 5002 ARCHER STREET, ALVISO, CA 95002

10. US EPA ID Number: CAL000161743

G. State Facility's ID: CAL000161743

H. Facility's Phone: 800-499-3676

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
NON RCRA HAZARDOUS WASTE SOLID (MASTIC SOLVENT)	003				State 352 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above: TILE MASTIC

K. Handling Codes for Wastes Listed Above: a. 14.05 b. c. d.

15. Special Handling Instructions and Additional Information: 24 HRS, EMERGENCY 1-800-499-3676
CLEARWATER ENVIRONMENTAL, 33204 WESTERN AVE, UNION CITY, CA 94587 1-800-499-3676
WEAR PROPER PROTECTIVE GEAR, EPA REGION, IX BAAQMD, 939 ELLIS ST, SAN FRANCISCO, CA 94109
SYNERGY ENVIRONMENTAL, INC. 28436 SATELLITE STREET, HAYWARD, CA 94545

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.

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.

GENERATOR

Printed/Typed Name: CLIFF SWAN of ML Agent For Greyhound — Signature: [signature] — Month 03 Day 14 Year 03

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Pablo Montes — Signature: [signature] — Month 03 Day 14 Year 03

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: — Signature: — Month Day Year

FACILITY

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.

DTSC 8022A (1/99)
EPA 8700—22

Yellow: GENERATOR RETAINS

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-99)
Please print or type. *Form designed for use on elite (12-pitch) typewriter.*

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law.
CA9012516286		1 of 1	

3. Generator's Name and Mailing Address
AGM Program Consultant ATTN: Ted Wyman
Environmental Corp.
250 N. St. Paul, Suite 2084
Dallas, TX 75201
4. Generator's Phone (214) 540-8796

REMOVAL ADDRESS:
Greyhound Terminal
70 So. Almaden Ave.
San Jose, CA. 95113

A. State Manifest Document Number: 2681814

B. State Generator's ID:

5. Transporter 1 Company Name: SYNERGY ENVIRONMENTAL, INC.
6. US EPA ID Number: CAD055202528

C. State Transporter's ID [Reserved.]:

D. Transporter's Phone: 510-259-1700

7. Transporter 2 Company Name: CLEARWATER ENVIRONMENTAL
8. US EPA ID Number: CAR000007013

E. State Transporter's ID [Reserved.]:

F. Transporter's Phone: 800-499-3676

9. Designated Facility Name and Site Address:
PACHECO PASS LANDFILL
3675 PACHECO PASS HWY
GILROY, CA 95020
10. US EPA ID Number: CAL000115302B

G. State Facility's ID: CAL000153023

H. Facility's Phone: 1-408-847-4142

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ ASBESTOS, 9, NA2212, PGIII	998	B A		Y	State 151 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above:
#1.1. ASBESTOS
CALIFORNIA REGULATED WASTE ONLY

K. Handling Codes for Wastes Listed Above:
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information: B.A.A.Q.M.D.,939 ELLIS ST., SAN FRANCISCO, CA 415-771-6000
CLEARWATER ENVIRONMENTAL, 33204 WESTERN AVE., UNION CITY, CA 94587 1-800-499-3676
ASBESTOS REMOVAL REQUIREMENT 40 CFR 61 (BAGGED, SEALED AND LABELED) EPA REGION IX
SYNERGY ENVIRONMENTAL, INC. 28436 SATELLITE ST., HAYWARD CA 94545 B/A P

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.

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.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
CLIFF SWABY OF AAL Agent for Greyhound		03	14	03

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name: Claudio Gonzalez	Signature: Claudio Gonzalez	Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name	Signature	Month	Day	Year

FACILITY

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.

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

DTSC 8022A (1/99)
EPA 8700—22

Yellow: GENERATOR RETAINS

SYNERGY ENVIRONMENTAL
28436 SATELLITE STREET
HAYWARD, CA 94545
TEL: (510) 259-1700
FAX: (510) 259-1715

NO. 00362

NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME ACM Program Consultant SC9496
Environmental Dept. ATTN: Ted Wyman
ADDRESS 350 N. St. Paul M.S. 0084
EPA ID NO. NOT REQUIRED
CITY, STATE, ZIP Dallas, TX. 75201
PHONE NO. (214)849-8796
CONTAINER No. 70 bags VOLUME/CY WEIGHT/TONS
TYPE: ☐ TANK TRUCK ☐ DUMP TRUCK ☐ DRUMS ☐ CARTONS ☒ OTHER ROLLOFF / FLASH CUBE VAN
WASTE DESCRIPTION GENERATING PROCESS

COMPONENTS OF WASTE	RPM %	COMPONENTS OF WASTE	RPM %
1.		3.	
2.		4.	

VOC-OVA READINGS
SITE VERIFICATION Greyhound Terminal 70 So. Almaden Ave. San Jose, CA. 95113
PROPERTIES: pH ☒ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ OTHER
HANDLING INSTRUCTIONS USE PROPER RESPIRATORY EQUIPMENT SYNERGY

THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.

Cliff Swney of AAL Agent for Greyhound — TYPE OR PRINTED FULL NAME & SIGNATURE — 3-14-03 DATE

TRANSPORTER I

NAME SYNERGY ENVIRONMENTAL, INC.
ADDRES 28436 SATELLITE STREET
CITY, STATE, ZIP HAYWARD, CA 94545
PHONE NO. (510) 259-1700
EPA ID NO. CAL 000 812 129 215 8
SERVICE ORDER NO.
PICK UP DATE
Claudia Gonzalez — TYPED OR PRINTED FULL NAME & SIGNATURE — DATEE 3/14/03
TRUCK, UMIT, I.D. NO.

TRANSPORTER II

NAME CLEARWATER ENVIRONMENTAL MANAGEMENT, INC.
ADDRES 33204 WESTERN AVE.
CITY, STATE, ZIP UNION CITY, CA 94587
PHONE NO. (800) 499-3676
EPA ID NO. CAD 009 463 713
SERVICE ORDER NO.
PICK UP DATE.
TYPED OR PRINTED FULL NAME & SIGNATURE — DATEE
TRUCK, UMIT, I.D. NO.

TSD FACILITY

NAME PACHECO PASS LANDFILL
ADDRES 3675 PACHECO PASS HWY
CITY, STATE, ZIP GILROY, CA 95020
PHONE NO. (408) 847-4142
EPA ID NO. CAL 000 153 023
DISPOSAL METHOD
☐ LANDFILL ☐ OTHER
TYPED OR PRINTED FULL NAME & SIGNATURE — DATE

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/O		RT.CD		HWDF NONE

DISCREPANCY

White & Yellow - TSD COPY Pink - GENERATOR COPY Blue - TRANSPORTER COPY I Goldenrod - TRANSPORTER COPY II

MATERIAL SAFETY DATA SHEET

Manufactured For:
Safety Environmental Control, Inc.
P.O. Box 382
Keene, NH 03431

PRODUCT NAME: SAFETY BLUE LOW ODOR MASTIC REMOVER

HMIS CODES: H:1 F:2 R:0 P:H

EFFECTIVE DATE: 6/8/99 **CHEMTREC EMERGENCY TELEPHONE: 800-424-9300**

I. HAZARDOUS INGREDIENTS:

	CAS #	PEL	TLV
Aliphatic Hydrocarbon	64742-47-8	100ppm	100ppm
Aromatic Hydrocarbons	64742-94-5	100ppm	100ppm
Ethylene Glycol Monobutyl Ether*	111-76-2	25ppm	25ppm skin

"All chemical compounds marked with an asterisk (*) are chemicals subject to the reporting requirements of Section 313 of SARA Title III. You must notify each person to whom this mixture or trade name product is sold."

II. PHYSICAL DATA:

MELTING POINT:NA
BOILING POINT:375-520 F
VAPOR PRESSURE(mm Hg): ND
VAPOR DENSITY (Air=1): 5.48
ODOR: Mild
APPEARANCE: Clear Colorless Liquid

SPECIFIC GRAVITY: 0.790
SOLUBILITY IN WATER: Forms Emulsion
EVAPORATION RATE: 2:7
pH: Neutral

III. FIRE AND EXPLOSION HAZARD DATA:

FLASH POINT: 150 F METHOD USED: Tag Closed Cup
AUTOIGNITION TEMPERATURE: 440 F
FLAMMABLE LIMITS: UPPER: 6.0 LOWER: 1.0
EXTINGUISHING MEDIA: Dry Chemical, Foam, or Carbon Dioxide
DO NOT USE WATER, could create floating fire.

FIRE AND EXPLOSION HAZARDS:
This material may produce a floating fire hazard. Extinguish all nearby sources of ignition. A vapor accumulation would flash and/or explode if ignited. Containers exposed to intense heat from fires should be cooled with water to prevent vapor pressure buildup which could result in container rupture. Container areas exposed to direct flame contact should be cooled with large quantities of water as needed to prevent weakening of container structure.

SPECIAL FIRE FIGHTING PROCEDURES:
Wear goggles and self-contained breathing apparatus. Use water to keep fire-exposed containers cool and to flush spills away from fire. In the case of large fires also cool surrounding equipment and structures with water.

IV. REACTIVITY:

STABILITY: Stable
CONDITIONS TO AVOID: Heat, Flames and sparks
HAZARDOUS POLYMERIZATION: Will not occur
INCOMPATIBILITY: Strong oxidizing and reducing agents. Reactive metals
HAZARDOUS DECOMPOSITION PRODUCTS: Toxic fumes of carbon oxides and nitrogen oxides on combustion. Thermal decomposition products are highly dependent on the combustion conditions.

PRODUCT NAME: SAFETY BLUE LOW ODOR MASTIC REMOVER

V. ENVIRONMENTAL AND DISPOSAL INFORMATION:

CAUTION: Use appropriate protective and safety equipment. See Section VIII of this Material Safety Data Sheet for handling precautions.

SMALL SPILL: Eliminate possible sources of ignition. Mop up or soak with non-combustible absorbent inorganic material. Transfer to DOT-approved container

LARGE SPILL: Eliminate possible sources of ignition. Contain by diking with a non-combustible absorbent inorganic material. Prevent runoff from entering sewers, storm drains, surface water, and soil. Transfer contaminated absorbent to a DOT-approved container.

WASTE DISPOSAL INFORMATION: Consult appropriate federal, state and local regulatory agencies to ascertain proper disposal procedures.

NOTE: Comply with all applicable government regulations on spill reporting and handling and disposal of waste. Empty containers can have residues, gases, and mists, and are subject to proper disposal.

VI. REACTIVITY HAZARD DATA:

BREATHED: In high concentrations, anesthetic or narcotic effects. Excessive inhalation of vapor causes nasal and respiratory irritation. A component in very high concentrations causes headache, giddiness, mental confusion, nausea. Breathing high concentrations may result in *CENTRAL NERVOUS SYSTEM depression and/or chemical pneumonitis.*

SKIN CONTACT: Moderately irritating to the skin. Prolonged and repeated contact can cause defatting and drying of the skin which may result in severe skin irritation and dermatitis.

EYE CONTACT: Component(s) of this product may cause severe irritation with corneal injury which may result in permanent impairment of vision or even blindness.

SWALLOWED: If aspirated (liquid enters lungs), a component may be rapidly absorbed through lungs and may result in injuries to other body systems. Swallowing the liquid may result in vomiting. If vomiting occurs Spontaneously, do not allow vomit to be breathed into lungs, as even a small quantity may cause lung damage (chemical pneumonitis and pulmonary edema/hemorrhage).

MEDICAL CONDITIONS AGGRAVATED: Preexisting skin and respiratory disorders may be aggravated by exposure to this product.

PRODUCT NAME: SAFETY BLUE LOW ODOR MASTIC REMOVER

SUSPECTED CANCER AGENT:

FEDERAL OSHA	CA OSHA	NTP	IARC
No	No	No	No

TARGET ORGANS, OTHER THAN THOSE IMPLIED BY ROUTES OF ENTRY (I.E., BREATHED, INCLUDES RESPIRATORY TRACT AND LUNGS) ARE CAPITALIZED.
This product DOES NOT contain chemicals known to the State of California to cause cancer or reproductive toxicity.

VII. FIRST AID:

BREATHED: Remove victim to fresh air at once. If not breathing, give mouth-to-mouth resuscitation. If breathing is difficult, give oxygen. Keep victim warm and at rest. GET IMMEDIATE MEDICAL ATTENTION.

SKIN: Wash skin immediately with lots of soap and water. If clothes and shoes are contaminated, remove and wash before reuse. Get medical attention if ill effect or irritation develops.

EYES: Wash eyes immediately with running water for at least 15 minutes. Use fingers to assure that eyelids are separated and that eye is being washed. Lift the lower and upper lid occasionally. GET IMMEDIATE MEDICAL ATTENTION.

SWALLOWED: DO NOT INDUCE VOMITING. If victim is conscious, give large amounts of water. If vomiting occurs spontaneously, keep head below hips to prevent aspiration of liquid into lungs. Do not attempt to give fluids to unconscious victim. GET IMMEDIATE MEDICAL ATTENTION.

NOTE TO PHYSICIAN:
Supportive care: Treatment based on judgment of physician in response to reactions of patient.

VIII. HANDLING PRECAUTIONS:

VENTILATION: Control airborne concentrations below exposure guidelines (Section I) with MECHANICAL VENTILATION, if necessary. Local explosion-proof EXHAUST VENTILATION may be necessary for some operations

RESPIRATORY PROTECTION: Atmospheric levels should be maintained below exposure guidelines. When respiratory protection is required for certain operations, use a NIOSH-approved canister-type respirator. In confined or poorly ventilated areas or for emergency and other conditions where the exposure guidelines may be greatly exceeded, use an approved positive-pressure, self-contained breathing apparatus