GALATI | BLEK LLP

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Sacramento CA 95814
Tel • 916.441.6575
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DOCKET
07-AFC-9
DATE 8/20/2009
RECD. 8/20/2009

August 20, 2009

Mr. Eric Solorio, Project Manager
California Energy Commission
1519 Ninth Street
Sacrament, CA 95814

Subject: ***Response to Information Request***
Demolition Activities
Canyon Power Project (07-AFC-9)

Dear Eric,

Included with this letter are responses to your email dated August 18, 2009 requesting additional information concerning demolition activities that took place at the CPP site on July 15, 2009. As we described in our letter dated July 23, 2009 additional structures were inadvertently demolished prior to CEC authorization. In order to assist Staff in its evaluation we provide this letter which responds directly to each item requested.

1. Copies of Asbestos Demolition Notification forms submitted to the South Coast Air Quality Management District

   The copies of the appropriate notification to the South Coast Air Quality Management District included in Attachment A.

2. Permits obtained for asbestos abatement

   No specific permit is required for asbestos abatement. What is required is that the Contractor notifies the South Coast Air Quality Management District (see Response to Request 1.) and that the Contractor has the appropriate license and training for its workers. Copies of the following demonstrating that the Contractor, A to Z Building Services, held the appropriate authorizations to conduct the asbestos-related work are attached.

   - Contractor's Certification for Asbestos-Related Work and Contractor's License (Attachment B);
   - Temporary Worksite Notification for Asbestos-Related Work to Cal-OSHA (Attachment C);
   - Lead-Work Pre-Job Notification to Cal-OSHA (Attachment D)

- Copies of Individual Worker Training Certificates, Health Clearance and Respirator Fit Test Records (Attachment E)

3. Reports for Asbestos and Lead-Removal from the site as well as the Manifest for Tracking the Transport and Disposal of any Hazardous Waste Removed from the Site

   No reports other than the documents provided above were generated for either asbestos or lead-removal activities. The metal shed did not contain lead paint, lead-containing materials or asbestos. The ice houses did contain asbestos but did not contain lead paint or lead-containing materials. The Waste Manifest Forms are contained in Attachment F.

We trust that the information provided herein will allow Staff to conclude that the activities were conducted in accordance with applicable laws, ordinances, regulations and standards. This should allows Staff to proceed expeditiously to publishing the Final Staff Assessment FSA so that this very important public power project may be brought on-line in time to serve City of Anaheim customers as soon as possible.

Sincerely,

Scott A. Galati
Counsel to SCPPA

ATTACHMENT A

Copies of Asbestos Demolition Notification forms submitted to the South Coast Air Quality Management District

14 calendar DAY - mike HAYNE - RICH - TAMBARA -

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL (909) 396-2319

AQMD

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

AQMD USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #

COMPLETED BY Glenn Barton	COMPANY Glenn Barton	PHONE 323.636.1771	
DATE 07/01/2009	CHECK # 3010	FEE $ 372.51	PROJECT # 2009-0715

NOTIFICATION TYPE	ORIGINAL	REVISION DATES	REVISION OTHER (highlight)	CANCELLATION	
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (removal)	EMERGENCY REMOVAL	PLANNED RENO (annual)
SITE INFORMATION	SITE NAME City Of Anaheim New Power Plant Location				
SITE ADDRESS	3015 East Miraloma Ave		CROSS STREET N Kraemer Blvd		
CITY Anaheim	STATE CA	ZIP 92806	COUNTY Orange		
DESCRIBE WORK AND LOCATION	Remove 2 concrete buildings 36,000 sf and remove 1 wood building 5,560 sf/ Abate acbm from bakery & old garage				
BUILDING SIZE (SQ FT) SEE ABOVE	NUMBER OF FLOORS 1	BUILDING AGE (YRS) 50	NUMBER OF DWELLING UNITS 2		
BLDG PRIOR / PRESENT USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	Other	OFFICE
	PUBLIC BLDG	HOUSE	SCHOOL	SHIP	UNIV/COLLEGE
SITE OWNER City of Anaheim	ADDRESS 201 South Anaheim Blvd, Suite 802				
CITY Anaheim	STATE CA	ZIP 92805	CONTACT Susanna Wilson	PHONE 714.765.4112	

REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? YES NO	[1] ASBESTOS SURVEY? YES NO	ASBESTOS REMOVED? YES NO	BUILDING TO BE DEMOLISHED? YES NO
PROJECT DATES	START 07/15/09	END 08/15/09	WORK SHIFT (day, swing, night)	
*ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE 1775	CLASS I 6195	CLASS II	TOTAL AMOUNT (add row) 7970
*ASBESTOS REMOVAL FROM	SURFACES	PIPES	COMPONENTS	

*AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)	ACOUSTIC CEILING 75	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO	MASTIC 1790

FLOOR TILES (VAT) 640	DRY WALL	PLASTER	TRANSITE 205	ROOF MASTIC 3560	OTHER (describe) Joint Compound 1700

CONTRACTOR INFORMATION	CSLB LICENSE # 734927	OSHA REG # 922	AQMD ID # 154551
NAME A to Z Building Services	ADDRESS 921 W 228th St		
CITY Torrance	STATE CA	ZIP 90502	SITE SUPVR Alberto Giron	PHONE 310-780-5931

WASTE TRANSPORTER #1 BDC Special * Special Waste Services			LANDFILL Azusa Land Reclamation		
ADDRESS 1211 W Gladstone St			ADDRESS 1211 W Gladstone St		
CITY Azusa	STATE CA	ZIP 91702	CITY Azusa	STATE CA	ZIP 91702

* Not required for demolition notifications

[1] asbestos surveys are required prior to Demolition and Renovation.

Forms, instructions, and the Rule 1403 can be obtained from AQMD web site http://www.aqmd.gov

Celesine - (619) 396-2368

SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

WASTE TRANSPORTER #2			* WASTE STORAGE SITE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

*** CONTROLS:** DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # 1, 2, 3, 4, 5 or Other.

For asbestos removals circle the combination of Rule 1403 procedures used. Procedure 4 and 5 submit plans for AQMD prior approval (See procedure 4/5 guidelines)

*** ASBESTOS DETECTION PROCEDURE:** Circle the procedures and analytical methods used to determine the presence of asbestos in the building. Survey, Bulk Sampling, Inspection, PLM, PCM, TEM, Assumed as Asbestos-PACM, Describe Other (See survey guidelines checklist):

FOR **DEMOLITIONS** GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:

FOR **ORDERED DEMOLITION** SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME & PHONE #
AUTHORIZING PERSON: TITLE
DATE OF ORDER: DATE ORDERED TO BEGIN:

* FOR **EMERGENCY ASBESTOS REMOVAL** GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT ***(Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up):***

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR ASBESTOS MATERIAL BECOME DISTURBED, CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. ***(Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up):***
STOP WORK, WET WIPE, HEPA VACUUM

*** TRAINING CERTIFICATION:** I certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Comp Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date
AtoZ Building Services	Nhan Vu		owner	7/01/09

INFORMATION CERTIFICATION: I certify that the above information is correct and I have enclosed any required attachments

Comp Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date
AtoZ Building Services	Nhan Vu		owner	7/01/09

Notifications can not be accepted without the required fee (Rule 301). Asbestos removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the project size. Fees are as follows:

PROJECT SIZE in square feet	DEMOLITION OR REMOVAL	ADDITIONAL SERVICE CHARGES
1,000 or less	$ 52.06	Special Handling Fee — $ 52.06
1,001 to 5,000	$ 160.15	Revision to Notification — $ 52.06
5,001 to 10,000	$ 372.51	Returned Check Fee — $ 25.00
10,001 to 50,000	$ 584.11	Planned Renovation — $ 584.11
50,001 to 100,000	$ 946.62	Procedure 4 or 5 Plan — $ 604.11
100,001 or more	$ 1,410.66	

ATTENTION: Keep a copy of your notification. State law requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Please mail the form and fee to AQMD. Mailing saves time, money and reduces traffic and air pollution

MAIL FORM AND FEE TO: SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641 Pg 2 of 2
FORMS, INSTRUCTIONS, AND THE RULE 1403 CAN BE OBTAINED FROM AQMD WEB SITE AT HTTP://WWW.AQMD.GOV
SCAQMD is located at 21865 Copley Drive, Diamond Bar, CA 91765-4182 PHONE: (909) 396-2336 FAX: (909) 396-3342 REV20000022

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

AQMD

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

AQMD USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #

COMPLETED BY Glenn Barton	COMPANY Glenn Barton	PHONE 323.636.1771	
DATE 07/01/2009	CHECK # 3039	FEE $ 52.06	PROJECT # 2009-0715

NOTIFICATION TYPE	ORIGINAL	REVISION DATES	REVISION OTHER Typo on address Please REF: 3015 East Miraloma Ave	CANCELLATION	
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (removal)	EMERGENCY REMOVAL	PLANNED RENO (annual)
SITE INFORMATION	SITE NAME City Of Anaheim New Power Plant Location				
SITE ADDRESS 3071 East Miraloma Ave			CROSS STREET N Kraemer Blvd		
CITY Anaheim	STATE CA	ZIP 92806	COUNTY Orange		
DESCRIBE WORK AND LOCATION	Remove 2 concrete buildings 36,000 sf and remove 1 wood building 6,500 sf/ Abate acbm from bakery & old garage				
BUILDING SIZE (SQ FT) SEE ABOVE	NUMBER OF FLOORS 1	BUILDING AGE (YRS) 50	NUMBER OF DWELLING UNITS 2		
BLDG PRIOR / PRESENT USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	Other	OFFICE
	PUBLIC BLDG.	HOUSE	SCHOOL	SHIP	UNIV/COLLEGE
SITE OWNER City of Anaheim	ADDRESS 201 South Anaheim Blvd. Suite 802				
CITY Anaheim	STATE CA	ZIP 92805	CONTACT Susanne Wilson	PHONE 714.765.4112	

REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? YES NO	[1] ASBESTOS SURVEY? YES NO	ASBESTOS REMOVED? YES NO	BUILDING TO BE DEMOLISHED? YES NO
PROJECT DATES	START 07/15/09	END 08/15/09	WORK SHIFT (day, swing, night)	
*ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE 1775	CLASS I 6195	CLASS II	TOTAL AMOUNT (add row) 7970
*ASBESTOS REMOVAL FROM	SURFACES	PIPES	COMPONENTS	

*AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)	ACOUSTIC CEILING 75	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO	MASTIC 1790

FLOOR TILES (VAT) 640	DRY WALL	PLASTER	TRANSITE 205	ROOF MASTIC 3560	OTHER (describe) Joint Compound 1700

CONTRACTOR INFORMATION	CSLB LICENSE # 734937	OSHA REG # 052	AQMD ID # 154664
NAME A to Z Building Services	ADDRESS 921 W 223rd St		
CITY Torrance	STATE CA	ZIP 90502	SITE SUPVR Alberto Giron	PHONE 310-780-5931

WASTE TRANSPORTER #1 BDC Special * Special Waste Services			LANDFILL Azusa Land Reclamation		
ADDRESS 1211 W Gladstone St			ADDRESS 1211 W Gladstone St		
CITY Azusa	STATE CA	ZIP 91702	CITY Azusa	STATE CA	ZIP 91702

* Not required for demolition notifications

[1] asbestos surveys are required prior to Demolition and Renovation.

Forms, Instructions, and the Rule 1403 can be obtained from AQMD web site **http://www.aqmd.gov**

08/19/2009 09:11 FAX 008/011

SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

WASTE TRANSPORTER #2			* WASTE STORAGE SITE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

*** CONTROLS:** DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # 1, 2, 3, 4, 5 or Other.

For asbestos removals circle the combination of Rule 1403 procedures used. Procedure 4 and 5 submit plans for AQMD prior approval (See procedure 4/5 guidelines)

*** ASBESTOS DETECTION PROCEDURE:** Circle the procedures and analytical methods used to determine the presence of asbestos in the building. Survey, Bulk Sampling, Inspection, PLM, PCM, TEM, Assumed as Asbestos-PACM, Describe Other (See survey guidelines checklist):

FOR **DEMOLITIONS** GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:

FOR **ORDERED DEMOLITION** SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME & PHONE #
AUTHORIZING PERSON: TITLE
DATE OF ORDER: DATE ORDERED TO BEGIN:

*** FOR EMERGENCY ASBESTOS REMOVAL** GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT (***Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up***):

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR ASBESTOS MATERIAL BECOME DISTURBED, CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. (***Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up***):
STOP WORK, WET WIPE, HEPA VACUUM

*** TRAINING CERTIFICATION:** I certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Comp Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date
AtoZ Building Services	Nhan Vu		owner	7/01/09

INFORMATION CERTIFICATION: I certify that the above information is correct and I have enclosed any required attachments.

Comp Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date
AtoZ Building Services	Nhan Vu		owner	7/01/09

Notifications can not be accepted without the required fee (Rule 301). Asbestos removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the project size. Fees are as follows:

PROJECT SIZE in square feet	DEMOLITION OR REMOVAL	ADDITIONAL SERVICE CHARGES	
1,000 or less	$ 52.06	Special Handling Fee	$ 52.06
1,001 to 5,000	$ 159.15	Revision to Notification	$ 52.06
5,001 to 10,000	$ 372.51	Returned Check Fee	$ 25.00
10,001 to 50,000	$ 584.11	Planned Renovation	$ 584.11
50,001 to 100,000	$ 846.52	Procedure 4 or 5 Plan	$ 584.11
100,001 or more	$ 1,410.86		

ATTENTION: Keep a copy of your notification. State law requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Please mail the form and fee to AQMD. Mailing saves time, money and reduces traffic and air pollution

MAIL FORM AND FEE TO: SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

FORMS, INSTRUCTIONS, AND THE RULE 1403 CAN BE OBTAINED FROM AQMD WEB SITE AT HTTP://WWW.AQMD.GOV

SCAQMD is located at 21865 Copley Drive, Diamond Bar, CA 91765-4182 PHONE: (909) 396-2336 FAX: (909) 396-3342

REV20060522

08/19/2009 09:11 FAX 009/011

"Revision of Project TYPE"

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

AQMD USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #

COMPLETED BY	Phil Young	COMPANY A to Z Building Services	PHONE (310) 320-0009
DATE 7/17/09	CHECK # 3082	FEE $ 52.06	PROJECT # 2009-0715

NOTIFICATION TYPE	ORIGINAL REVISION DATES REVISION TYPE (highlight) CANCELLATION
PROJECT TYPE	DEMOLITION ORDERED DEMOLITION ASBESTOS (removal) EMERGENCY REMOVAL PLANNED RENO (annual)
SITE INFORMATION	SITE NAME City of Anaheim New Power Plant Location
SITE ADDRESS	3071 East Miraloma Ave CROSS STREET N.Kraemer Blvd
CITY Anaheim	STATE CA ZIP 92806 COUNTY Orange
DESCRIBE WORK AND LOCATION	Remove ACM from 2 concrete bldgs And from bakery & old garage
BUILDING SIZE (SQ FT) 36,000 & 6,500	NUMBER OF FLOORS 1 BUILDING AGE (YEARS) 50 NUMBER OF DWELLING UNITS 2
BLDG PRIOR / PRESENT USE	COMMERCIAL HOSPITAL INDUSTRIAL Other OFFICE PUBLIC BLDG. HOUSE SCHOOL SHIP UNIV/COLLEGE
SITE OWNER City of Anaheim	ADDRESS 201 South Anaheim Blvd, Suite 802
CITY Anaheim	STATE CA ZIP 92805 CONTACT Susanne Wilson PHONE 714-765-4112

REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? YES NO	*ASBESTOS SURVEY? YES NO	ASBESTOS REMOVED? YES NO	BUILDING TO BE DEMOLISHED? YES NO
PROJECT DATES	START 07/15/09	END 08/15/09	WORK SHIFT (day, swing, night)	

***ASBESTOS AMOUNT TO BE REMOVED** (in square feet)	FRIABLE	CLASS I	CLASS II	**TOTAL AMOUNT** (add row)
	1775	6195		7970

***ASBESTOS REMOVAL FROM**	SURFACES	PIPES	COMPONENTS

***AMOUNT OF EACH TYPE OF ASBESTOS** (in square feet)	ACOUSTIC CEILING	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO	MASTIC
	75						1790

FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	ROOFING	OTHER Joint Compoung
640			205	3560	1700

CONTRACTOR INFORMATION	CSLB LICENSE # 734927	OSHA REG # 922	AQMD ID # 154551
NAME A to Z Building Services		ADDRESS 921 W. 223rd St.	
CITY Torrance	STATE CA ZIP 90505	SITE SUPVR Alberto Giron	PHONE 310-780-5931

WASTE TRANSPORTER #1 BDC Special Waste Services	**LANDFILL Azusa Land Reclamation**
ADDRESS 1211 W Gladstone St, Azusa CA 91702	ADDRESS 1211 W. Gladstone St. Azusa, CA 91702

* Not required for demolition notifications

' asbestos surveys are required prior to Demolition and Renovation.

Forms, instructions, and the Rule 1403 can be obtained from AQMD web site **http://www.aqmd.gov**

08/19/2009 09:12 FAX 010/011

SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

WASTE TRANSPORTER #2			* WASTE STORAGE SITE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

*** CONTROLS:** DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # 2, 3, 4, 5 or Other

For asbestos removals circle the combination of Rule 1403 procedures used Procedure 4 and 5 submit plans for AQMD prior approval (See procedure 4/5 guidelines)

*** ASBESTOS DETECTION PROCEDURE:** Circle the procedures and analytical methods used to determine the presence of asbestos in the building. [redacted], PCM, TEM, Assumed as Asbestos-PACM, Describe Other (See survey guidelines checklist):

FOR **DEMOLITIONS** GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:

FOR **ORDERED DEMOLITION** SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME & PHONE #
AUTHORIZING PERSON: TITLE
DATE OF ORDER: DATE ORDERED TO BEGIN:

* FOR **EMERGENCY ASBESTOS REMOVAL** GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT (*Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up*):

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR ASBESTOS MATERIAL BECOME DISTURBED, CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. (*Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up*):
STOP WORK, WET WIPE, HEPA VACUUM

*** TRAINING CERTIFICATION:** I certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date
A to Z Building Services	Nhan Vu	Nhan Vu	Owner	07/17/09

INFORMATION CERTIFICATION: I certify that the above information is correct and I have enclosed any required attachments.

Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date
A to Z Building Services	Nhan Vu	Nhan Vu	Owner	07/17/09

Notifications can not be accepted without the required fee (Rule 301). Asbestos removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the project size. Fees are as follows:

PROJECT SIZE in square feet	DEMOLITION OR REMOVAL	ADDITIONAL SERVICE CHARGES
1,000 or less	$ 47.32	Special Handling Fee ---- $ 47.32
1,001 to 5,000	$ 144.66	Revision to Notification- - $ 47.32
5,001 to 10,000	$ 336.64	Returned Check Fee --- - $ 25.00
10,001 to 50,000	$ 531.01	Planned Renovation ---- - $ 531.01
50,001 to 100,000	$ 769.56	Procedure 4 or 5 Planning $ 531.01
100,001 or more	$ 1,282.60	

ATTENTION: **Keep a copy of your notification.** State law requires that you provide a copy of the demolition notification to Building and Safety before issuance of a

ATTACHMENT B

Contractor's Certification for Asbestos-Related Work and Contractor's License

State of California

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Certificate of Registration for Asbestos-related Work

Certificate No. 922 Expiration Date 27-Nov-09

A TO Z BUILDING SERVICES

(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.

29-Oct-08
Date Of Issuance

Division of Occupational Safety and Health

Effective Date 28-Nov-08 Contractor's License No. 734927

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.

State Of California

CONTRACTORS STATE LICENSE BOARD

ACTIVE LICENSE

Consumer Affairs

License Number **734927** Entity INDIV

Business Name A TO Z BUILDING SERVICES

Classification(s) C33 B ASB C21 HAZ A C27

Expiration Date 04/30/2011

ATTACHMENT C

Temporary Worksite Notification for Asbestos-Related Work to Cal-OSHA

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
Asbestos Contractors Registration Unit
2000 E. McFadden Ave., Suite 122,
Santa Ana, 92705
Phone: (714) 558-4451 Fax: (714) 558-2035

Temporary Worksite Notification for Asbestos-Related Work

Company/Employer Name : A to Z Building Services

Headquarters Address: 921 W. 223rd St.

Torrance CA 90502 Phone 310-320-0009

Contractors State License Board License number: 734927

DOSH Asbestos Registration Number 922

Address of Temporary Worksite and Precise Location: 3071 E Miraloma Ave, Anaheim , Ca 92806

2 Concrete and 1 Wood Building/Ceiling Spray,Joint Compound, Transite wall panel, roofing Materials and Wall & Floor Tile in Bakery and old garage.

Nearest intersection: N Kraemer Blvd

Type of Business: Commercial

Name of the Certified Supervisor (Competent Person): Marino Canedo

Name of the Qualified Person in charge of air monitoring, laboratory work, and respirators:

An Do

Name of Certified Asbestos Consultant (if any): TBD

Projected job starting date: 07/15/09 Projected completion date: 08/15/09

Describe type, scope and work practices of job: Remove Joint Compound, Transite wall panel, roofing Materials and Wall & Floor Tile in Bakery and old garage/ wet manual method

Evaluation of potential for exposure: Work Practice will not exceed the PEL or exposure limit

Estimated number of employees on this job: 5

Prior to the start of each job or phase of asbestos-related work requiring the employer or contractor to be registered, Section 341.9 of the California Code of Regulations (8 CCR 341.9) requires notifications to the nearest DOSH District Office. Do not send this notification to DOSH Headquarters or to DOSH Consultation. This will not satisfy the notification requirement and could result in citation.

Note: Any change in the information provided to the district office by the written notice shall be reported to the district office within 24 hours of such change.

ATTACHMENT D

Lead-Work Pre-Job Notification to Cal-OSHA

STATE OF CALIFORNIA
Division of Occupational Safety and Health

LEAD-WORK PRE-JOB NOTIFICATION

☐ Annual Notification for Steel Structures

(Note: items marked * are required)

*Name of employer doing 'Lead Work'	*Address	*Zipcode	*Phone
A TO Z BUILDING SERVICES	921 W 223RD ST	90504	(310) 320-0009
734927	TORRANCE, CALIFORNIA		Pager/cellular phone No.
California Contractors License No.			(714) 448-0494

Supervisor: MARINO CANEDO	*Number of lead-job workers: (check one below)	
* Supervisor name: Marino Canedo	☑ 1 - 5	☐ 31 - 40
California Department of Health Services Lead Cert. No. 13319	☐ 6 - 10	☐ 41 - 50
(if applicable)	☐ 11 - 20	☐ > 50
	☐ 21 - 30	

*Job start date/time	*Job completion date/time	Shift	*Approximate duration of 'Lead Work' in days
07/15/2009 0700hrs	08/15/2009 1500hrs	☑ Day ☐ Swing ☐ Graveyard ☐ Other	(30) DAYS

*Street address or location of job	City	Nearest cross street
3071 East Miraloma Ave	Anaheim	N. Kraemer Blvd
	County	Zipcode
	ORANGE	92806

*Precise Location of work (building no., room no., etc.) REMOVING WALL TILE FROM 2 CONCRETE BUILDINGS

Entity contracting the lead-work	Address	Zipcode	Phone
☑ Premises Owner ☐ Lessee (check one)	201 South Anaheim Blvd,	92805	(714) 765-4112
			Pager/cellular phone No.
City Of Anaheim			

Type of structure and use:

☐ Office Building ☐ Residence ☐ Steel Structure/Type _____
☑ Public Access/Commercial ☐ School ☐ Other _____

Scope of work and work practices:

*Describe lead-related work to be done (check all that apply)

☐ Surface Preparation ☑ Wall Repair ☐ Other _____
☐ Water/Moisture Damage Repair ☐ Paint Removal
☑ Window/Door Repair/Replacement ☑ Demolition

*Describe paint removal methods (check all that apply):

☐ Manual Scraping/Sanding ☑ Demolition ☐ Hydroblasting ☐ Other work practices disturbing lead:
☐ Power Sanding/Grinding ☐ Heat Guns ☐ Torch Cutting _____
☐ Chemical Stripping ☐ Abrasive Blasting ☐ Welding

*Amount of area to be disturbed: (check one per column)

☐ < 10 square feet ☐ < 10 linear feet
☐ 10 - 100 square feet ☐ 10 - 100 linear feet
☐ 101 - 1000 square feet ☐ 100 - 1000 linear feet
☑ > 1000 square feet ☐ > 1000 linear feet

Torch Cutting/Welding
Duration of work: _____

Concentration of lead in disturbed materials:

_____ parts per million (ppm) 1.7-21.0 % percent by weight
_____ mg/cm^2 Assumed to be lead-containing: ☑ YES

*Name of notifier	PHILIP W. YOUNG	Title: VP OPERATIONS MANAGER	*Date signed:	7/6/2009

This information is provided in accordance with Title 8, California Code of Regulations, Construction Safety Order Section1532.1 (p).

1/25/02

ATTACHMENT E

Copies of Individual Worker Training Certificates, Health Clearance and Respirator Fit Test Records

ENCORP

Course Approval Number
CA-018-04

ENVIRONMENTAL NETWORK CORPORATION
16750 Valley View Avenue, La Mirada, California 90638
(714) 523-9811 – Fax (714) 523-9810
main@encorp.net

CA01804-090210-03
CERTIFICATE NUMBER

This is to Certify that

An Do
000-00-4883

Has successfully completed the course

Asbestos Contractor/Supervisor Refresher

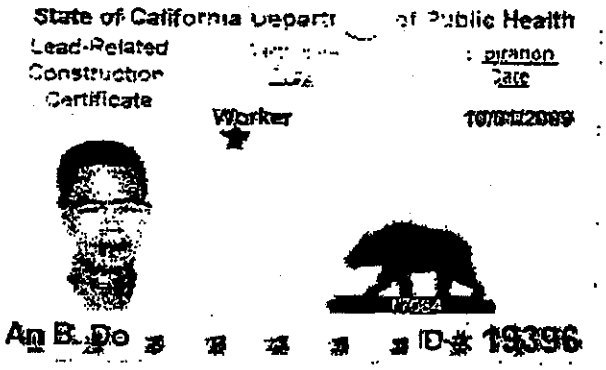
as prescribed by the Environmental Protection Agency
for procedures in Asbestos Abatement
in accordance with 40 CFR 763 Subpart E (AHERA)
and Toxic Substances Control Act, Title II

February 09, 2009
TRAINING DATE(S)

February 09, 2010
EXPIRATION DATE

Alexander Blankevoort Course Instructor

William Bohning Director of Training



Mr. An B. Do
9002 Jennrich Avenue
Westminster, California 92683

MEDICAL EXAMINER RECOMMENDATIONS

Application/Employee: An DO Date of Birth: 10/1/69

Employer: A to Z Buiding

Position Title: _____ Date of Exam: 4/23/09

Considering any job-related information provided to me by the employer, either before or upon my request during the course of my evaluation, it is my opinion, that based on the results of the:

- ☑ Physical Examination
- ☐ Physical Agility Testing
- ☐ Other:

The aforementioned individual is:

- ☑ Medically acceptable for the position offered.
- ☐ Medically acceptable for the position offered, except that a condition exists which limits work as follows:*

- ☐ Placed on medical hold pending:

- ☐ Other:

PHYSICIAN: Signature: _____

Name: RICHARD OSWALD, D.O.

Date: 4-22-09

* In compliance with the Americans with Disabilities Act, the medical examiner may **not** list this form either medical diagnoses or conditions. Only restrictions and/or job-related tasks that cannot be adequately performed by the applicant/employee are to be listed.

ST2013 (Rev. 1/03)

AtoZ
BUILDING SERVICES
POB 7139 TORRANCE, CA 90504 Tel. (310) 320-0009 Fax (310) 320-0309

RESPIRATOR FIT TEST RECORD

Employee: AN DO

Social Security Number: _____

1. Respirator Make & Model: NORTH Size: M

2. Respirator Make & Model: USA Size: M

Test Media

X Irritant Smoke ____ Isoamyl Acetate

____ Porta-Count ____ Other

Test Methodology

X Positive and Negative Pressure Fit-Test
X Normal Breathing
X Deep Breathing
X Nodding Head Up and Down
X Turning Head Side to Side
X Grimacing
X Reciting Rainbow Passage
X Running in Place
X Bending at the Knees

I acknowledge that I have received instruction on the health effects of asbestos, proper asbestos handling procedures, and the use of personal protective equipment, including respiratory protection. I have been instructed as to the proper way to select, don and maintain respiratory protection equipment.

Signature _____ Date _____

Instructor _____ Date: _____

ENCORP

Course Approval Number
CA-018-04

ENVIRONMENTAL NETWORK CORPORATION
16750 Valley View Avenue, La Mirada, California 90638
(714) 523-9811 – Fax (714) 523-9810
main@encorp.net

CA01804-090210-04
CERTIFICATE NUMBER

This is to Certify that

Marino Canedo
000-00-5056

Has successfully com[illegible]

Asbestos Contractor/Supervisor Refresher

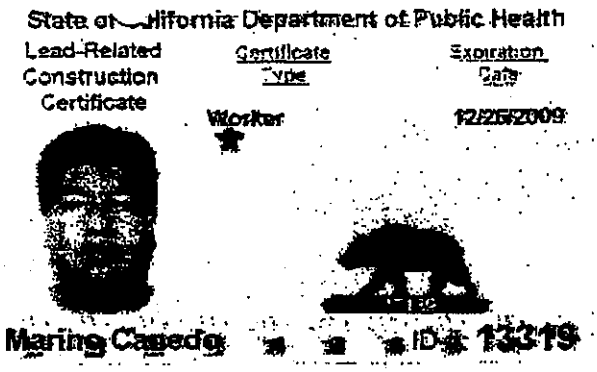
[illegible] Environmental Protection Agency
for procedures [illegible] Abatement
in accordance with 40 CFR 763 Su[illegible] (AHERA)
and Toxic Substances Control Act, Ti[illegible]

February 09, 2009
TRAINING DATE(S)

February [illegible], 2010
EXPIRATION DATE

Alexander Blankevoort Course Instructor

William Bohning Director of Training



Mr. Marino Canedo
1512 East 5th Street, #76
Ontario, California 91764

San Jose Family Clinic Inc.

4359 Tweedy Blvd
South Gate, CA 90280
Tel: (323) 569-6979 Fax: (323) 249-4626
E-mail: sjosefamilyclinic@yahoo.com

FITNESS FOR DUTY FORM

NAME: Canedo, Marino [redacted] AGE: 37 y/o

DATE OF EXAM: 12/10/08

TYPE OF EXAMINATION:
(X) Pre- employment ( ) periodic ( ) DOT ( ) overseas ( ) return to work (X) pulmonary function (X) asbestos
( ) other_____

RECOMMENDATIONS:
The following medical recommendation are based on a review of the health, history, examination findings, related tests or studies and the specific physical capacities required for the position applied for or currently held by the examinee.

(X) The examination indicates no significant pathological condition. Can be assigned to any work consistent with skills and training.

( ) The examination indicates no-occupational pathological conditions, to be followed by the personal physician. Can be assigned to any work consistent with skills and training.

( ) The examination indicates non-occupational pathological conditions, to be followed by the personal physician. Acceptable for work, but should not be assigned without a review from the Medical Department.

( ) The examination indicates that a pathological condition exists which limits work assignment as follows:

( ) Lifting over ___ lbs.	( ) Use of hearing protection devices
( ) walking	( ) Use of correction lenses
( ) Climbing structures	( ) Work above ground
( ) Bending	( ) Shift/ Overtime work
( ) Driving	( ) Operating machinery
( ) Temperature limits	( ) Operating machinery
( ) Other_____	

( ) Eligible for expatriate assignment or overseas travel.
( ) Results of audiometric exam indicates significant threshold shift since baseline audiogram.
Advised to wear hearing protection. Audiogram ( ) to be ( ) not to be repeated in _____.
( ) results of audiometric exam indicate moderate hearing loss.
Advised to wear hearing protection.
( ) Does not meet criteria for employment at this time.

CERTIFICATION:
(X) Approved for work with hazardous materials.
(X) Approved for use of respirators.
(X) Approved for use of personal protective equipment.
( ) Medically qualified under DOT regulations.
( ) Audiometric test completed.
( ) Mechanical visual screening completed.
( ) No pathological conditions has been detected in the above named individual that would place him at risk of material health impairment form exposure to: _____
( ) The patient has been informed of this physical examination.
(X) Approved to work with Asbestos

SAN JOSE FAMILY CLINIC INC.
4359 Tweedy Blvd,
South Gate, CA 90280
Tel: (323) 569-6979
Fax: (323) 249-4626

PHYSICIAN: Hrabko, Randall M.D. Date: 12/10/08

AtoZ
BUILDING SERVICES
POB 7139 TORRANCE, CA 90504 Tel. (310) 320-0009 Fax (310) 320-0309

RESPIRATOR FIT TEST RECORD

Employee: MARINO CANEDO

Social Security Number: [redacted]

1. Respirator Make & Model: MSA Size: L

2. Respirator Make & Model: NORTON Size: L

Test Media
- ✓ Irritant Smoke
- ____ Isoamyl Acetate
- ____ Porta-Count
- ____ Other

Test Methodology
- ✓ Positive and Negative Pressure Fit-Test
- ✓ Normal Breathing
- ✓ Deep Breathing
- ✓ Nodding Head Up and Down
- ✓ Turning Head Side to Side
- ✓ Grimacing
- ✓ Reciting Rainbow Passage
- ✓ Running in Place
- ✓ Bending at the Knees

I acknowledge that I have received instruction on the health effects of asbestos, proper asbestos handling procedures, and the use of personal protective equipment, including respiratory protection. I have been instructed as to the proper way to select, don and maintain respiratory protection equipment.

Signature MARINO CANEDO Date 04/27/09

Instructor [signature] Date: 4/27/09

CERTIFICATE NUMBER
39124

Certificate of Attendance

This is to Certify that

GERARDO HERNANDEZ

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE (SPANISH) CA-014-12

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR 5236 effective April 1994

ARMANDO DUCOING
DIRECTOR

July 11, 2009	E071109AWR 071109	July 11, 2010
COMPLETION DATE	CLASS NUMBER / STARTING DATE	CERTIFICATE EXPIRES

Ecologics Training Institute

550 N. Parkcenter Drive, Suite 102 . Santa Ana, CA 92705 . Ph. (714) 480-0111 . Fax (714) 480-0222

San Jose Family Clinic, Inc.

4359 Tweedy Blvd.
South Gate, CA 90280
Tel: (323) 569-6979 Fax: (323) 249-4626

FITNESS FOR DUTY FORM

NAME: HERNANDEZ, GERARDO D.O.B.01/07/80 AGE: 29yrs old

DATE OF EXAM: 07/13/09

TYPE OF EXAMINATION:
(X) Pre- employment ( ) periodic ( ) DOT ( ) overseas ( ) return to work (X) pulmonary function (X) asbestos
( ) other_____

RECOMMENDATIONS:
The following medical recommendation are based on a review of the health, history, examination findings, related tests or studies and the specific physical capacities required for the position applied for or currently held by the examinee.

(X) The examination indicates no significant pathological condition. Can be assigned to any work consistent with skills and training.
( ) The examination indicates no occupational pathological conditions. To be followed by the personal physician. Can be assigned to any work consistent with skills and training.
( ) The examination indicates occupational pathological conditions to be followed by the personal physician. Acceptance for work assignment not be assigned without a review from the Medical Department.
( ) The examination indicates that a pathological condition exists which limits work assignment as follows:

( ) Lifting over ___ lbs. ( ) Use of hearing protection devices
( ) Walking ( ) Use of correction lenses
( ) Climbing structures ( ) Work above ground
( ) Bending ( ) Shift/ Overtime work
( ) Driving ( ) Operating machinery
( ) Temperature limits ( ) Operating machinery
( ) Other _____

( ) Eligible for expatriate assignment or overseas travel.
( ) Results of audiometric exam indicates significant threshold shift since baseline audiogram.
Advised to wear hearing protection. Audiogram ( ) to be ( ) not to be repeated in _____.
( ) results of audiometric exam indicate moderate hearing loss.
Advised to wear hearing protection.
( ) Does not meet criteria for employment at this time.

CERTIFICATION:
(X) Approved for work with hazardous materials.
(X) Approved for use of respirators.
(X) Approved for use of personal protective equipment.
( ) Medically qualified under DOT regulations.
( ) Audiometric test completed.
( ) Mechanical visual screening completed.
( ) No pathological conditions has been detected in the above named individual that would place him at risk of material health impairment form exposure to:
( ) The patient has been informed of this physical examination.
(X) Approved to work with Asbestos

PHYSICIAN: Hrabko, Randall M.D. **Date: 07/13/09**

SAN JOSE FAMILY CLINIC
4359 TWEEDY BLVD.
SOUTH GATE, CA 90280
(323) 569-6979

AtoZ
BUILDING SERVICES
POB 7139 TORRANCE, CA 90504 Tel. (310) 320-0009 Fax (310) 320-0309

RESPIRATOR FIT TEST RECORD

Employee: Gerardo Hernandez

Social Security Number: _____

1. Respirator Make & Model: MSA Size: M
2. Respirator Make & Model: North Size: M

Test Media

X Irritant Smoke ____ Isoamyl Acetate

____ Porta-Count ____ Other

Test Methodology

X Positive and Negative Pressure Fit-Test
X Normal Breathing
X Deep Breathing
X Nodding Head Up and Down
X Turning Head Side to Side
X Grimacing
X Reciting Rainbow Passage
X Running in Place
X Bending at the Knees

I acknowledge that I have received instruction on the health effects of asbestos, proper asbestos handling procedures, and the use of personal protective equipment, including respiratory protection. I have been instructed as to the proper way to select, don and maintain respiratory protection equipment.

Signature Gerardo Hernandez Date _____

Instructor [signature] Date: 7/31/09

№ 20108

EPA ACCREDITED

AHERA APPROVED

OCCUTRAIN

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

John Pham

HAS SUCCESSFULLY COMPLETED A 5 DAY COURSE AND, AFTER PASSING

THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

November 21, 2008

FOR

ASBESTOS ABATEMENT
CONTRACTORS / SUPERVISORS

COURSE DATES : November 17-21, 2008 EXAM DATE : November 21, 2008

AACS - 1004-08

ACCREDITATION NO.

November 21, 2009

EXPIRATION DATE

Nubia Ayala-Diaz

AUTHORIZED SIGNATURE

Jack Perk

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-03

For purposes of accreditation required under Section 206 of the Toxic Substances Control Act (TSCA)

Occupational Training Institute, Inc (Occutrain) - 888 Baker St. Suite #315 Costa Mesa, CA 92626 TEL 714 556-7844

U.S. HealthWorks MEDICAL GROUP

MEDICAL EXAMINER RECOMMENDATIONS

Application/Employee: John PHAM Date of Birth: 2 15 80

Employer: A-Z Building

Position Title: _____ Date of Exam: 2-11-09

Considering any job-related information provided to me by the employer, either before or upon my request during the course of my evaluation, it is my opinion, that based on the results of the:

- ☑ Physical Examination
- ☐ Physical Agility Testing
- ☐ Other:

The aforementioned individual is:

- ☑ Medically acceptable for the position offered.
- ☐ Medically acceptable for the position offered, except that a condition exists which limits work as follows: *

- ☐ Placed on medical hold pending:

- ☑ Other: Pending C+R

PHYSICIAN: Signature: [signature]

Name: Richard Quano

Date: 2-11-09

* In compliance with the Americans with Disabilities Act, the medical examiner may **not** list this form either medical diagnoses or conditions. Only restrictions and/or job-related tasks that cannot be adequately performed by the applicant/employee are to be listed.

ST2013 (Rev. 1/03)

№ 21601

EPA ACCREDITED

AHERA APPROVED

OCCUTRAIN

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

Luis M. Olivares

HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

July 11, 2009

FOR

ASBESTOS ABATEMENT
WORKER TRAINING - ANNUAL REFRESHER
(SPANISH INSTRUCTION)

COURSE DATES July 11, 2009 EXAM DATE : July 11, 2009

AAWT-R - 5621-09

ACCREDITATION NO.

July 11, 2010

EXPIRATION DATE

Nubia Ayala-Directo

AUTHORIZED SIGNATURE

Paul Fubank

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-12

For purposes of accreditation required under Section 206 of the Toxic Substances Control Act (TSCA)

Occupational Training Institute, Inc. (Occutrain) - 530 Baker St., Suite #315, Costa Mesa, CA 92626, TEL #714-556-7544

San Jose Family Clinic, Inc.

4359 Tweedy Blvd.
South Gate, CA 90280
Tel: (323) 569-6979 Fax: (323) 249-4626

FITNESS FOR DUTY FORM

NAME: OLIVARES, LUIS SSN: [redacted] AGE: 24yrs old

DATE OF EXAM: 07/10/09

TYPE OF EXAMINATION:
(X) Pre- employment ( ) periodic ( ) DOT ( ) overseas ( ) return to work (X) pulmonary function (X) asbestos
( ) other_____

RECOMMENDATIONS:
The following medical recommendation are b[illegible]ew of the health, history, examination findings, related tests or studies and the specifi[illegible] for the position applied for or currently held by the examinee.

(X) The examination [illegible]icates no signific[illegible]pathological con[illegible]n. Can be assigned to any work consistent with sk[illegible] and training.

[illegible]on indicates no occupa[illegible]pathological conditions, [illegible] the personal physician. Can be assigned [illegible] work consistent with skills and training.

( ) The examination indicates [illegible] followed by the personal physician. Acceptable for wo[illegible] not be assigned without a review from the Medical Department.

( ) The examination indica[illegible]ts that a patho[illegible]ists which limits work assignment as follows:

( ) Lifting over [illegible] lbs
( ) Walking
( ) Climbing stairs
( ) Bending
( ) Driving
( ) Temperature limits
( ) Other_____
( ) Use of hearing protection devices
( ) Use of correction lenses
( ) Work above ground
( ) Shift/ Overtime work
( ) Operating machinery
( ) Operating machinery

( ) Eligible for expatriate assignments over[illegible]as travel.
( ) Results of audiometric exam indicates significant threshold shift since baseline audiogram.
Advised to wear hearing protection. Audiogram ( ) to be ( ) not to be repeated in _____.
( ) results of audiometric exam indicate moderate hearing loss.
Advised to wear hearing protection.
( ) Does not meet criteria for employment at this time.

CERTIFICATION:
(X) Approved for work with hazardous materials.
(X) Approved for use of respirators.
(X) Approved for use of personal protective equipment.
( ) Medically qualified under DOT regulations.
( ) Audiometric test completed.
( ) Mechanical visual screening completed.
( ) No pathological conditions has been detected in the above named individual that would place him at risk of material health impairment from exposure to _____
( ) The patient has been informed of this physical examination.
(X) Approved to work with Asbestos

SAN JOSE FAMILY CLINIC
4359 TWEEDY BLVD
SOUTH GATE, CA 90280
(323) 569-6979

PHYSICIAN: Hrabko, Randall M.D. Date: 07/10/09

AtoZ
BUILDING SERVICES
POB 7139 TORRANCE, CA 90504 Tel. (310) 320-0009 Fax (310) 320-0309

RESPIRATOR FIT TEST RECORD

Employee: John Pham

Social Security Number: [redacted]

1. Respirator Make & Model: North Half Mask 7700 Size: L

2. Respirator Make & Model: _____ Size: _____

Test Media

X Irritant Smoke ____ Isoamyl Acetate

____ Porta-Count ____ Other

Test Methodology

X Positive and Negative Pressure Fit-Test
X Normal Breathing
X Deep Breathing
X Nodding Head Up and Down
X Turning Head Side to Side
X Grimacing
X Reciting Rainbow Passage
X Running in Place
X Bending at the Knees

I acknowledge that I have received instruction on the health effects of asbestos, proper asbestos handling procedures, and the use of personal protective equipment, including respiratory protection. I have been instructed as to the proper way to select, don and maintain respiratory protection equipment.

Signature _____ Date 11-23-08

Instructor Albert Co Date: 11-23-08

AtoZ
BUILDING SERVICES
POB 7139 TORRANCE, CA 90504 Tel. (310) 320-0009 Fax (310) 320-0309

RESPIRATOR FIT TEST RECORD

Employee: Luis M Olivares

Social Security Number: [redacted]

1. Respirator Make & Model: North Size: L

2. Respirator Make & Model: _____ Size: _____

Test Media

X Irritant Smoke ____ Isoamyl Acetate

____ Porta-Count ____ Other

Test Methodology

X Positive and Negative Pressure Fit-Test
X Normal Breathing
X Deep Breathing
X Nodding Head Up and Down
X Turning Head Side to Side
X Grimacing
X Reciting Rainbow Passage
X Running in Place
X Bending at the Knees

I acknowledge that I have received instruction on the health effects of asbestos, proper asbestos handling procedures, and the use of personal protective equipment, including respiratory protection. I have been instructed as to the proper way to select, don and maintain respiratory protection equipment.

Signature Luis M Olivares Date 7/11/09

Instructor [signature] Date: 7/11/09

ATTACHMENT F

Waste Manifest Forms

14585

NON-HAZARDOUS WASTE DATA FORM

GENERATOR

NAME City of Anaheim

ADDRESS 201 S. Anaheim Blvd Suite 802 EPA I.D. NO. NOT REQUIRED

CITY, STATE, ZIP Glendale CA 91206 PHONE NO. (714) 765-4112

CONTAINERS: No. [redacted] VOLUME/CY. BAGS WEIGHT/TONS

TYPE: ☐ TANK TRUCK ☐ DUMP TRUCK ☐ DRUMS ☐ CARTONS ☒ OTHER

WASTE DESCRIPTION NON-FRIABLE ASBESTOS GENERATING PROCESS REMOVAL

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

VOC-OVA READINGS N/A

SITE VERIFICATION 300 E. Anaheim Ave CA 91205

PROPERTIES: pH N/A ☐ SOLID ☐ LIQUID ☐ SLUDGE ☒ SLURRY ☐ OTHER

HANDLING INSTRUCTIONS USE PROPER RESPIRATORY EQUIPMENT

[redacted] (AGENT) 7-22-09

PRINTED NAME & SIGNATURE DATE

TRANSPORTATION

NAME [redacted] EPA I.D. NO. NOT REQUIRED

ADDRESS [redacted] SERVICE ORDER NO.

CITY, STATE, ZIP [redacted]

PHONE NO. (310) 320-0009 [redacted]

TRUCK UNIT I.D. NO. #1

DISPOSAL

NAME [redacted] EPA I.D. NO. [redacted]009007626

ADDRESS [redacted] DISPOSAL METHOD ☐ OTHER

CITY, STATE, ZIP AZUSA, CA 91702

PHONE NO. (626) 334-0719

[redacted] 3/27/09

TYPED OR PRINTED FULL NAME & SIGNATURE DATE

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

21865 E. COPLEY DR.
DIAMOND BAR, CA 91765
(909) 396-2000
DISPOSAL SITE

White & Yellow - TSD COPY Pink - GENERATOR COPY Goldenrod TRANSPORTER COPY

14586

NON-HAZARDOUS WASTE DATA FORM

NAME: City of Anaheim

ADDRESS: 201 S. Anaheim Blvd

EPA I.D. NO.: NOT REQUIRED

CITY, STATE, ZIP: Anaheim, CA 91206

PHONE NO.: (714) 765-4112

CONTAINERS: No. 76 VOLUME/CY: BAGS 76 WEIGHT/TONS:

TYPE: ☐ TANK TRUCK ☐ DUMP TRUCK ☐ DRUMS ☐ CARTONS ☒ OTHER:

WASTE DESCRIPTION: NON-FRIABLE ASBESTOS GENERATING PROCESS: REMOVAL

COMPONENTS OF WASTE	PPM %	COMPONENTS OF WASTE	PPM %
1. Non Friable	76		
2.			

VOC-OVA READINGS: N/A

SITE VERIFICATION:

PROPERTIES: pH N/A ☐ SOLID ☐ LIQUID ☐ [illegible] ☐ OTHER

HANDLING INSTRUCTIONS: [illegible]

[redacted] Agent [illegible] (Agent) 7-24-0[illegible]
SIGNATURE DATE

TRANSPORTATION

NAME: A TO Z [illegible] NOT REQUIRED

ADDRESS: 921 [illegible] EX ORDER NO.:

CITY, STATE, ZIP: [illegible] DATE:

PHONE NO.: 310 [illegible]
SIGNATURE DATE

TRUCK UNIT I.D. NO.:

NAME: AZUSA LAND [illegible] 009007626 DISPOSAL METHOD

ADDRESS: 1211 [illegible] OTHER

CITY, STATE, ZIP: AZUSA, CA [illegible]

PHONE NO.: (626) 334-0719 [illegible] 7/24/[illegible]
PRINTED FULL NAME & SIGNATURE DATE

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
CO		HIAD	HYDR	NONE

21865 E. COPLEY DR.
DIAMOND BAR, CA 91765
(909) 396-2000
DISCREPANCY

White & Yellow - TSD COPY Pink - GENERATOR COPY Goldenrod - TRANSPORTER COPY

14567

NON-HAZARDOUS WASTE DATA FORM

GENERATOR

NAME CITY OF ANAHEIM 201 S. ANAHEIM BLVD SUITE 802 GLENDALE, CA 91206

ADDRESS 3071 E MIRALOMA AVE — EPA I.D. NO. NOT REQUIRED

CITY, STATE, ZIP Anaheim, CA 91205 — PHONE NO. 714 765-4112

CONTAINERS: No. 83 — VOLUME/CY BAG'S — WEIGHT/TONS

TYPE: ☐ TANK TRUCK ☒ DUMP TRUCK ☐ DRUMS ☐ CARTONS ☒ OTHER BAG'S

WASTE DESCRIPTION ASB NON FRIABLE — GENERATING PROCESS

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

VOC/OVA READINGS

SITE VERIFICATION 3071 E MIRALOMA AVE CA 91205.

PROPERTIES: pH N/A ☒ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ OTHER

HANDLING INSTRUCTIONS: USE [illegible] Equipment.

[redacted] 6/16/09

TYPED OR PRINTED NAME & SIGNATURE — DATE

TRANSPORTATION

NAME [redacted] — EPA I.D. NO. NOT REQUIRED

ADDRESS [redacted] — ORDER NO.

CITY, STATE, ZIP [redacted]

PHONE NO. [redacted]

TRUCK/UNIT I.D. NO. [redacted] — DATE

DISPOSAL

NAME [redacted]

ADDRESS 1211 W [redacted] — OTHER

CITY, STATE, ZIP AZUSA, CA [redacted]

PHONE NO. 626 324-0719 — Claudia L Fox [illegible] — DATE 7/6/09

TYPED OR PRINTED FULL NAME & SIGNATURE

GEN	OLD/NEW	L	A	TCN3
TRANS		S	B	
C/O		RT/CD		HWDF NONE

DISCREPANCY

White & Yellow - TSD COPY Pink - GENERATOR COPY Goldenrod - TRANSPORTER COPY

14568

NON-HAZARDOUS WASTE DATA FORM

GENERATOR

NAME City Of Anaheim

ADDRESS 201 S. Anaheim Blvd

EPA I.D. NO. NOT REQUIRED

CITY, STATE, ZIP Anaheim, CA, 91206

PHONE NO. (712) 765-4112

CONTAINERS: No. 77 VOLUME/CY BAGS WEIGHT/TONS

TYPE: ☐ TANK TRUCK ☐ DUMP TRUCK ☐ DRUMS ☐ CARTONS ☒ OTHER 77

WASTE DESCRIPTION NON-FRIABLE ASBESTOS GENERATING PROCESS REMOVAL

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

VOC-OVA READINGS N/A

SITE VERIFICATION 3071 E. Miraloma Ave, Anaheim, CA, 92806

PROPERTIES: pH N/A ☐ SOLID ☐ LIQUID ☒ SLUDGE ☐ SLURRY ☐ OTHER

HANDLING INSTRUCTIONS: USE PROPER RESPIRATORY EQUIPMENT

[redacted] (Agent) (AGENT) 7-17-07

TYPED OR PRINTED FULL NAME & SIGNATURE DATE

TRANSPORTATION

NAME AtoZ [redacted] EPA I.D. NO. NOT REQUIRED

ADDRESS 921 W. 223rd St. SERVICE ORDER NO.

CITY, STATE, ZIP Torrance, CA 90504 PICK-UP DATE

PHONE NO. (310) 320-9189 2-13-07

TYPED OR PRINTED FULL NAME & SIGNATURE DATE

TRUCK UNIT I.D. NO. #1

DISPOSAL

NAME AZUSA LAND RECLAMATION EPA I.D. NO. CAD009007626

ADDRESS 1211 W. Gladstone DISPOSAL METHOD ☒ LANDFILL ☐ OTHER

CITY, STATE, ZIP Azusa, CA, 91702

PHONE NO. (626) 334-0719 7/17/07

TYPED OR PRINTED FULL NAME & SIGNATURE DATE

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
WO		MYEO		

21865 E. COPLEY DR.
DIAMOND BAR, CA 91765
(800) 306 2000
DISCREPANCY

White & Yellow - TSD COPY Pink - GENERATOR COPY Goldenrod - TRANSPORTER COPY

BEFORE THE ENERGY RESOURCES CONSERVATION AND DEVELOPMENT COMMISSION OF THE STATE OF CALIFORNIA
1516 NINTH STREET, SACRAMENTO, CA 95814
1-800-822-6228- WWW.ENERGY.CA.GOV

APPLICATION FOR CERTIFICATION FOR THE *CANYON POWER PLANT PROJECT*

Docket No. 07-AFC-9

PROOF OF SERVICE
(Revised2/25/2009)

APPLICANT
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DECLARATION OF SERVICE

I, Marie Mills, declare that on August 20, 2009, I served and filed copies of the attached **Response to Information Request Demolition Activities** dated August 20, 2009. The original document, filed with the Docket Unit, is accompanied by a copy of the most recent Proof of Service list, located on the web page for this project at **[www.energy.ca.gov/sitingcases/canyon/index.html]**. The document has been sent to both the other parties in this proceeding (as shown on the Proof of Service list) and to the Commission's Docket Unit, in the following manner:

(Check all that Apply)

For service to all other parties:

__X__ sent electronically to all email addresses on the Proof of Service list;

__X__ by personal delivery or by depositing in the United States mail at Sacramento, California with first-class postage thereon fully prepaid and addressed as provided on the Proof of Service list above to those addresses **NOT** marked "email preferred."

AND

For filing with the Energy Commission:

__X__ **sending an original paper copy and one electronic copy, mailed and emailed respectively, to the address below (*preferred method*);**

OR

____ depositing in the mail an original and 12 paper copies, as follows:

CALIFORNIA ENERGY COMMISSION
Attn: Docket No. **07-AFC-9**
1516 Ninth Street, MS-4
Sacramento, CA 95814-5512
docket@energy.state.ca.us

I declare under penalty of perjury that the foregoing is true and correct.

Marie Mills

Marie Mills