GREYHOUND
PROJECT MONITORING

At the location of:
70 S. ALMADEHEN 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 4:00 pm the same day. At 8:00 am 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 7:00 pm 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.
APPENDIX A. CONSULTANT'S CERTIFICATES
Affiliate Member

has been elected a

Patrick M. Michaels

American Industrial Hygiene Association

Organized 1939 - Incorporated 1956
Registered Environmental Assessor (REA)

[Signature]

Patrick M. Michales

Office of Environmental Health Hazard Assessment
California Environmental Protection Agency
State of California
Professions Code
Sections 7180 et seq. of the Business and Occupational Safety and Health as authorized by
This certification was issued by the Division of

Expires on
12/1/2003

Certification No. 92-0198

Name
Patrick M. Michael

Certified Asbestos Consultant

Division of Occupational Safety and Health
State of California
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 Section 7820, subd. 4, of the Labor Code.

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

Registered Environmental Assessor I

Issued to: Clifford Swaby, REAI-07302

Expires on: June 30, 2003

Signature: [Signature]
APPENDIX B. AIR TESTING RESULTS
ASBESTOS ANALYSIS LABORATORIES
CHAIN-OF-CUSTODY
PCM AIR CASSETTE ANALYSIS
AIR SAMPLE ANALYSES UTILIZING NIOSH 7400

PROJECT NAME: San Jose Greyhound Terminal
PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113
ABATEMENT CONTRACTOR: Synergy Environmental Inc.
ABATEMENT SUPERVISOR: [Signature]

<table>
<thead>
<tr>
<th>Sample#</th>
<th>Description</th>
<th>Time on</th>
<th>Time off</th>
<th>LPM</th>
<th># of Fibers</th>
<th>F/CC</th>
<th>Result</th>
<th>Test Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Background</td>
<td>0820</td>
<td>1020</td>
<td>10</td>
<td>6/100</td>
<td>0.0024</td>
<td>Mechanical Room</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Pipe Perf.</td>
<td>0824</td>
<td>1024</td>
<td>10</td>
<td>4/100</td>
<td>0.0046</td>
<td>&quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>3</td>
<td>Pipe Perf.</td>
<td>1030</td>
<td>1330</td>
<td>5</td>
<td>5/100</td>
<td>0.0027</td>
<td>&quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>4</td>
<td>Pipe Perf.</td>
<td>1032</td>
<td>1335</td>
<td>5</td>
<td>3/100</td>
<td>0.0016</td>
<td>&quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>5</td>
<td>Bank</td>
<td>\</td>
<td>\</td>
<td>0/100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Instructions: TURNAROUND TIME: 24 Hours

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

Received by: ________________________________ Date: ________________

Page of

11026 Ventura Blvd., Suite 5, Studio City, CA 91604-3565 - (818) 761-4712
<table>
<thead>
<tr>
<th>Sample#</th>
<th>Description</th>
<th>Time on</th>
<th>Time off</th>
<th>LPM</th>
<th># of Fibers</th>
<th>F/CC</th>
<th>Test Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Background</td>
<td>07:15</td>
<td>09:15</td>
<td>10</td>
<td>12/100</td>
<td>0.0049</td>
<td>1st Floor</td>
</tr>
<tr>
<td>7</td>
<td>Background</td>
<td>07:15</td>
<td>09:15</td>
<td>10</td>
<td>9/100</td>
<td>0.0036</td>
<td>2nd Floor</td>
</tr>
<tr>
<td>8</td>
<td>Removal</td>
<td>09:30</td>
<td>14:00</td>
<td>5</td>
<td>7/100</td>
<td>0.0072</td>
<td>NE 9th Street</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>09:33</td>
<td>14:02</td>
<td>5</td>
<td>10/100</td>
<td>0.0036</td>
<td>NW</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>09:40</td>
<td>14:08</td>
<td>5</td>
<td>7/100</td>
<td>0.0073</td>
<td>SW</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>09:45</td>
<td>14:08</td>
<td>5</td>
<td>4/100</td>
<td>0.004</td>
<td>Clean Room</td>
</tr>
</tbody>
</table>

Other Instructions: TURNAROUND TIME: 24 Hours

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

Received by: ___________________________ Date: ________________
**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:**

<table>
<thead>
<tr>
<th>Sample#</th>
<th>Description</th>
<th>Time on</th>
<th>Time off</th>
<th>LPM</th>
<th># of Fibers</th>
<th>F/CC</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td>07:15</td>
<td>09:15</td>
<td>10</td>
<td>3/LPM</td>
<td>0.002</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>07:31</td>
<td>09:31</td>
<td>10</td>
<td>4/LPM</td>
<td>0.004</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>07:30</td>
<td>09:30</td>
<td>10</td>
<td>5/LPM</td>
<td>0.006</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>07:05</td>
<td>09:05</td>
<td>10</td>
<td>6/LPM</td>
<td>0.002</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>07:18</td>
<td>09:18</td>
<td>10</td>
<td>7/LPM</td>
<td>0.009</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>07:20</td>
<td>09:20</td>
<td>10</td>
<td>8/LPM</td>
<td>0.003</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>07:23</td>
<td>09:23</td>
<td>10</td>
<td>9/LPM</td>
<td>0.004</td>
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<td>24</td>
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<td>07:25</td>
<td>09:25</td>
<td>10</td>
<td>10/LPM</td>
<td>0.002</td>
<td></td>
</tr>
</tbody>
</table>

**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:** Claudia Girardi

### Sample Log

<table>
<thead>
<tr>
<th>Sample#</th>
<th>Description</th>
<th>Time on</th>
<th>Time off</th>
<th>LPM</th>
<th># of Fibers</th>
<th>F/CC</th>
<th>Result</th>
<th>Test Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>clearances</td>
<td>1600</td>
<td>1800</td>
<td>10</td>
<td>9/100</td>
<td>0.0024</td>
<td>SAU BLK</td>
<td>IWA</td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>1600</td>
<td>1800</td>
<td>10</td>
<td>4/100</td>
<td>0.0016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td>1601</td>
<td>1801</td>
<td>10</td>
<td>7/100</td>
<td>0.002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>1602</td>
<td>1802</td>
<td>10</td>
<td>5/100</td>
<td>0.002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>1603</td>
<td>1803</td>
<td>10</td>
<td>9/100</td>
<td>0.0026</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 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:**  

**TYPE OF MATERIALS BEING REMOVED:** VCT, Acoustic Ceiling  

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
<th># of Air Samples</th>
<th>Consultant</th>
<th>Location and Work Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-12-03</td>
<td>8</td>
<td>5</td>
<td>C. Swaby</td>
<td>MEC Room, PIPE REFURB</td>
</tr>
<tr>
<td>3-13-03</td>
<td>8</td>
<td></td>
<td></td>
<td>OLD BUFFER KING, Acoustic Ceiling</td>
</tr>
<tr>
<td>3-14-03</td>
<td>8</td>
<td></td>
<td></td>
<td>South Lobby, VCT Removal</td>
</tr>
</tbody>
</table>

**Notes:**

**Project Manager:** Clifford Swaby, REA, CSST

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

0900 WE TOOK THE WORK AREAS WITH THE STATION MANAGER. THE SOUTH BUILDING HAD A LOT OF MATERIALS STORED IN IT.

1000 SYNERGY PERSONNEL STARTED TO MOVE EQUIPMENT IN THE MECHANICAL ROOM TO REMOVE THE PIPE INSULATIONS.

1230 PERSONNEL WERE LAID OUT SIDE WITH PLAIN DROP CLOTH ON THE FLOOR.

1145 I OBSERVED PERSONNEL USING A REPAIR PATCH MINIBIKE AND CANVAS TAPE TO REPAIR THE EXPOSED INSULATIONS IN THE CRAWLSPACE BUT FOUND NO DAMAGE INSULATION.

1300 SYNERGY PERSONNEL COMPLETED THE REPAIRS IN THE MECHANICAL ROOM.

1345 PERSONNEL STARTED TO PICK UP BULK PIECES OF 9X9 SHEET ROCK TILES IN AN ARC AREA ADJOINING TO THE OLD BREEZE WAY BUT WAS NOT IN THE Scope OF WORK.

1600 ALL WORK IS COMPLETE AND SYNERGY PERSONNEL AND I DEPART SITE.

CONSULTANT: Clifford Swaby, REA, CSST

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

<table>
<thead>
<tr>
<th>Worker's Name</th>
<th>SS Number</th>
<th>Training Exp. Date</th>
<th>Medical Exp. Date</th>
<th>Fit test Exp. Date</th>
<th>DL, CAL/I.D., or Green Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claudio Guzman</td>
<td>625 14 9575</td>
<td>11-16-03</td>
<td>3-21-03</td>
<td>6-10-03</td>
<td></td>
</tr>
<tr>
<td>Hector Azuma</td>
<td>675 43 7523</td>
<td>6-9-03</td>
<td>7-26-03</td>
<td>9-10-03</td>
<td></td>
</tr>
<tr>
<td>Guillermo Aquino</td>
<td>610 24 7925</td>
<td>6-9-03</td>
<td>7-24-03</td>
<td>9-10-03</td>
<td></td>
</tr>
</tbody>
</table>

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 HYGIENIST:** Clifford Swaby, REA, CSST  
11026 Ventura Blvd., Suite 5, Studio City, CA 91604-3565 - (818) 761-4712
**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:** [Handwritten Name]

<table>
<thead>
<tr>
<th>TIME IN</th>
<th>NAME</th>
<th>TIME OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 AM</td>
<td>Claudio Gonzalez</td>
<td>4 PM</td>
</tr>
<tr>
<td>8 AM</td>
<td>Guillermo Aguilar</td>
<td>4 PM</td>
</tr>
<tr>
<td>8 AM</td>
<td>Juan Rico</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

**ASBESTOS HYGIENIST:** 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
PROJECT SITE: 70 S. Almaden Avenue, San Jose, California 95113
ABATEMENT CONTRACTOR: Synergy Environmental Inc.
ABATEMENT SUPERVISOR: [Signature]

PROJECT NOTES

0700 I arrived on site and met with Synergy supervisor to discuss the work for today. They will poly
PEEK the old acoustical ceiling and remove.

0715 I started background air testing inside theilger
King area. Personnel were also poly prepping the
walls and floor.

0915 I retrieved background air samples.

0930 Synergy personnel started to remove the acoustical
ceiling. Personnel were dressed in protective clothing and
in face respirators.

1030 Removal of the acoustical ceiling is still in progress.
Personnel were keeping the material wet during the
removal.

1130 All work is still in progress.

1330 Personnel complete the work inside theilger
King area. I observed that the old ceiling
acoustical was removed and encapsulated over the
new ceiling. I passed the visual inspection.

1400 Personnel will now encapsulate the drywall joint
compromised in the maintenance room.

1500 Encapsulation completed. Personnel stop work for
    today.

CONSULTANT: Clifford Swaby, REA, CSST

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

<table>
<thead>
<tr>
<th>TIME IN</th>
<th>NAME</th>
<th>TIME OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 AM</td>
<td>Claudio Gonzalez</td>
<td>3 PM</td>
</tr>
<tr>
<td>7 AM</td>
<td>Guillermo Ayala</td>
<td>3 PM</td>
</tr>
<tr>
<td>7 AM</td>
<td>Hector Aranda</td>
<td>3 PM</td>
</tr>
</tbody>
</table>

**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: 3-3-03

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

ABATEMENT CONTRACTOR: Synergy Environmental Inc.

ABATEMENT SUPERVISOR:

---

ASBESTOS REMOVAL CHECKLIST

<table>
<thead>
<tr>
<th>I. Work site barrier</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Floor covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Walls covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Area ventilation off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All edges sealed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Penetrations sealed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Entry curtains</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700</td>
<td>I arrived on site and met with Synergy supervisor to discuss the work for today.</td>
</tr>
<tr>
<td>0715</td>
<td>I started initial air clearance in the designer area.</td>
</tr>
<tr>
<td>0730</td>
<td>Personnel started background air sampling in the South building. Personnel were also poly-plastic the area and sorting all critical materials.</td>
</tr>
<tr>
<td>0830</td>
<td>Poly prep is still in progress.</td>
</tr>
<tr>
<td>1000</td>
<td>Personnel started to remove the floor tiles using thermal scrapers.</td>
</tr>
<tr>
<td>1100</td>
<td>Removal is still in progress.</td>
</tr>
<tr>
<td>1200</td>
<td>I observed personnel loading out bags of floor tile debris in double six mil plastic bags.</td>
</tr>
<tr>
<td>1300</td>
<td>Personnel in the process of removing the mastic using a heated mastic remover and an electric buffer.</td>
</tr>
<tr>
<td>1400</td>
<td>Removal still in progress.</td>
</tr>
<tr>
<td>1500</td>
<td>Removal of the mastic is complete.</td>
</tr>
<tr>
<td>1600</td>
<td>I started air clearance.</td>
</tr>
<tr>
<td>1700</td>
<td>I retrieved air samples and analyzed them. All below 0.1 fibers.</td>
</tr>
<tr>
<td>1800</td>
<td>Task team completed, I departed site.</td>
</tr>
</tbody>
</table>

**CONSULTANT:** Clifford Swaby, REA, CSST

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

<table>
<thead>
<tr>
<th>TIME IN</th>
<th>NAME</th>
<th>TIME OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thu</td>
<td>Huan</td>
<td>3:00 PM</td>
</tr>
<tr>
<td>Sun</td>
<td>Hauk</td>
<td>3:00 PM</td>
</tr>
<tr>
<td>Tue</td>
<td>Huan</td>
<td>3:00 PM</td>
</tr>
<tr>
<td>Mon</td>
<td>Huan</td>
<td>3:00 PM</td>
</tr>
</tbody>
</table>

**Notes:**

**ASBESTOS HYGIENIST:** Clifford Swaby, REA, CSST

Page 1 of 1

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

<table>
<thead>
<tr>
<th>I. Work site barrier</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor covered</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Walls covered</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Area ventilation off</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>All edges sealed</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Penetrations sealed</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Entry curtains</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Negative Air Pressure</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPA Vac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilation system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant operation</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Negative pressure achieved</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Signs</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work area entrance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bags labeled</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Work Practices</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Removed material promptly bagged</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Material worked wet</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>HEPA vacuum used</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>No smoking</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>No eating. Drinking</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Work area cleaned after completion</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Personnel decontaminated each departure</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V. Protective Equipment</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposable clothing used one time</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Proper NIOSH-approved respirators</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VII. Showers</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>On site</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Functioning</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Soap and towels</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Used by all personnel</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

**Inspected By:** Clifford Swaby, REA, CSST  **Date:**

11026 Ventura Blvd., Suite 5, Studio City, CA 91604-3565 - (818) 761-4712
SYNERGY ENVIRONMENTAL
23436 SATELLITE STREET
HAYWARD, CA 94545
(510) 259-1700

DAILY JOB/ACTION ACTIVITY REPORT
Job # SR SC 8196 Day: Friday Date: 3/9/03 Foreman: Claudio Gonzalez
Job Name: Hayward Terminal Address: 70 So Almaden San Jose CA

WORKERS ON JOB

<table>
<thead>
<tr>
<th>Employee</th>
<th>Hrs.</th>
<th>Employee</th>
<th>Hrs.</th>
<th>Employee</th>
<th>Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claudio Gonzalez</td>
<td>12</td>
<td>Guadalupe Agent</td>
<td>12</td>
<td>Hector Ramirez</td>
<td>12</td>
</tr>
</tbody>
</table>

WORK SHIFT: 7:00 am/pm to 3:45 am/pm

INSPECTORS/VISITORS
Agency | Name | Brief Description of findings
------|------|--------------------------

WEATHER CONDITIONS OUTSIDE: Raining

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

Inlet Crew arrived to job site at 7:00.
Crew started setting up criticals. Kay Air Decon posted warning sings. Crew set up and started removing 9x9 tile from south pleg. and storage of south pick-up debris and put in to clear bags.
We also mastic the all room. We also did maintenance from three square feet of asbestos containing wall material. joint Compound finished everything pick up any debris and encapsulate work area.
APPENDIX D. ABATEMENT CONTRACTOR INFORMATION
Certificate of Registration for Asbestos-related Work

Certificate No. 077
Expiration Date 12-Apr-03

AMERICAN SYNERGY ASBESTOS REMOVAL
SERVICE dba: SYNERGY ENVIRONMENTAL

(Name or 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

13-Apr-02
Effective Date

516185
Contractor's License No.

Division of Occupational Safety and Health

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

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

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

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

   Danger-Asbestos
   Cancer and Lung Hazard
   Authorized Personnel Only

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

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

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

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

Building Quality

ISSUED 3-17-37

No. 516185

This license is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand whenever 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:

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
<table>
<thead>
<tr>
<th>EPA Form 8700-12A (4-00)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAQMDN</td>
</tr>
<tr>
<td>9415</td>
</tr>
<tr>
<td>2101 INVESTMENT AVE</td>
</tr>
<tr>
<td>92136</td>
</tr>
<tr>
<td>HAQMDN</td>
</tr>
<tr>
<td>9415</td>
</tr>
<tr>
<td>CN 03 BC 2002/5</td>
</tr>
<tr>
<td>AC ITC</td>
</tr>
<tr>
<td>F009420275</td>
</tr>
</tbody>
</table>

Applicant is required to submit the following information to the Regional Administrator of the EPA Region for the state in which the facility is located:

- Hazardous waste management reports and other documentation related to the facility.
- Federal hazardous waste manifest and other information required by law.
- Other information required by law.

The applicant must also provide the following information to the Regional Administrator of the EPA Region for the state in which the facility is located:

- The name and address of the facility.
- The name and address of the person responsible for the facility.
- The nature of the hazardous waste-handling activity at the facility.

This information is required under Subtitle C of RCRA.

EPA Acknowledgment of Notification
ACORD
CERTIFICATE OF LIABILITY INSURANCE

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

INSURED
American Synergy Asbestos Removal Services Inc.,
dba: Synergy Environmental
American Synergy Corporation of California
28456 Satellite Street
Hayward CA 94545

COVERS
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
IMPR
TR

TYPE OF INSURANCE

POLICY NUMBER

POLICY EFFECTIVE

POLICY EXPIRATION

LIMITS

A

GENERAL LIABILITY

COMMERCIAL GENERAL LIABILITY

AAO 3690594-01

05/01/02
10/01/03

EACH OCCURRENCE: $1,000,000

FIRE DAMAGE (Any one fire)

MED EXP (Any one person)

PERSONAL & ADV INJURY

GENERAL AGGREGATE

PRODUCTS COMPO/OP AGG

000

000

000

000

B

AUTOMOBILE LIABILITY

ALL OWNED AUTOS

BAP3864889-00

05/01/02
10/01/03

COMBINED SINGLE LIMIT (Any accident)

$1,000,000

BODILY INJURY (Per person)

$0

BODILY INJURY (Per accident)

$0

PROPERTY DAMAGE (Per accident)

$0

GARAGE LIABILITY

ANY AUTO

EXCESS LIABILITY

OCCUR
CLAIMS MADE

DEEDCUTIBLE

RETENTION

WORKERS COMPENSATION AND EMPLOYEES LIABILITY

WC3781861-02

10/01/02
10/01/03

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

$2,000,000

$2,000,000

$2,000,000

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

* Except ten days for nonpayment of premium.

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

BIDDING

CANCELLATION

Bidding and Information Only

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

Hector Armando Ruano

Name

Certification #OAK-17824

Signature

Course Date: 06/12/02
Exam Date: 06/09/02
Expires: 06/09/03

S.S.N.: 876-43-7583

Authorized Signature: Moises Rojas, Training Coordinator

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

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 - 015 - 11

Cal-OSHA Worker Initial Course Per 8 CCR 1529 (AHERA Section 206 under Title II on the TSCA, 15 U.S.C 2546)

NATEC INTERNATIONAL, INC.,
416 Pendleton Way, Oakland, CA 94621 (510) 430-1224
Certified that Hector Armando Rueda 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 live smoke:

☐ Dual Cartridge Negative Pressure Respirator  Type: N95 Size: M
☐ Power Air Purifier Respirator  Type: Survivair Size: M/L

By: [Signature]
Date: 3/10/03

I 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 use, care and safekeeping of the respirator assigned to me.

I understand that it is my right (in accordance with CFR 1910.126 (h) (3) (ii)) to leave the area at any 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 1910.126 (h) (3)) to change my respirator filter whenever there is an increase in breathing resistance.

Hector Armando Rueda  /  3/10/03
Employee Signature  Date

Hector Armando Rueda
Please print full name AND Social Security Number.

jc 03-24-99

28438 Satellite Street, Hayward, California 94545  •  (510) 259-1700

"We Treat People Right"
ASBESTOS MEDICAL REPORT

NAME OF EXAMINEE: Hector Ruvano
DATE OF BIRTH: 4/1/71
SOCIAL SECURITY #675-43-7587

MEDICAL HISTORY AND EXAMINATION: ( )

PULMONARY EXAMINATION: ( )
CHEST X-RAY: ( )
SERUM LEAD LEVELS: ( )

CONCLUSION

NORMAL PHYSICAL EXAMINATION; ( ) CHEST X-RAY NOT DONE; ( ) SERUM LEAD NOT DONE

EMPLOYEE HAS BEEN INFORMED OF RESULTS AND PARTICULARLY OF ANY CONDITION RESULTING FROM EXPOSURE REQUIRING FURTHER 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: [Signature]
DATE: 7/26/02
NATEC INT’L
Guillermo Aguilar

Name
Signature

Course Date: 06/1-2-
08/30/02
Certification #OAK-17823

Exam Date: 06/09/02
S.S.N: 610-24-7825
Expires: 09/09/03

Authorized Signature: Moises Rojas, Training Coordinator

HT: 6'        WT: 180        AGE: 29
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
ASBESTOS MEDICAL REPORT

NAME OF EXAMINEE: Herrera
DATE OF BIRTH: 4/1/58
SOCIAL SECURITY #: 610-24-7925

X MEDICAL HISTORY AND EXAMINATION

X PULMONARY EXAMINATION

X CHEST X-RAY

X SERUM LEAD LEVELS

CONCLUSION

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

( ) RELEVANT PROBLEM FOUND:

EMPLOYEE HAS BEEN INFORMED OF RESULTS AND PARTICULARLY OF ANY CONDITION RESULTING FROM EXPOSURE REQUIRING FURTHER 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.

#792

DOCTORS SIGNATURE: [Signature]

DATE: 7/1/07
Synergy Environmental Inc.
Asbestos Removal Division

I certify that Guillermo Suarez 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 smoke:

- Dual Cartridge Negative Pressure Respirator Type: North Size: M
- Power Air Purifier Respirator Type: 3M Size: Medium/Large

By: [Signature]
Date: 3/10/02

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 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 any 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 1910.58 (h) (3) to change my respirator filter whenever there is an increase in breathing resistance.

[Signature]
Employee Signature
Date: 3/10/02

[Signature]
Please print: full name AND Social Security Number.

[Signature]
Date: 3/3/02

28436 Satellite Street, Hayward, California 94545 • (510) 258-1700
"We Treat People Right"
NATEC INT'L

Claudio Gonzalez

Course Date: 11/18/02
Certification: OAK-18201

Exam Date: N/A
S.S.N: 838-14-9876

Expires: 11/18/03

Authorized Signatures: Manoj Rajas Training Coordinator

HT: 6'8"  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 (AMERIA Section 206 under Title II on the TSCA, 15 U.S.C 2648)

NATEC INTERNATIONAL, INC.,
416 Pendleton Way, Oakland, CA 94621 (810) 430-1224

Valid
3/11/03

Set
This certifies that Claudio Angel 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: L2F Size: M1
- Power Air Purifier Respirator Type: BAPR Size: M/L

By: J. O'melia
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.

Employee Signature
Date: 12/10/02

Please print full name AND Social Security Number

pm 06-17-02

26436 Satellite Street, Hayward, California 94545 • (510) 259-1700

"We Treat People Right"
ASBESTOS MEDICAL REPORT

NAME OF EXAMINEE: Claudia Goydo

DATE OF BIRTH: 8/03/69

SOCIAL SECURITY #: 625-14-9576

MEDICAL HISTORY AND EXAMINATION

PULMONARY EXAMINATION

CHEST X-RAY

SERUM LEAD LEVELS

CONCLUSION

NORMAL PHYSICAL EXAMINATION; CHEST X-RAY NOT DONE; SERUM LEAD NOT DONE

NO DETECTED MEDICAL CONDITION WHICH WOULD PLACE THIS EMPLOYEE AT INCREASED RISK OF MATERIAL IMPAIRMENT OF HEALTH FROM EXPOSURE TO ASPBESTOS, TREMOLITE, ANTHOPYLLITE, OR ACTINOLITE

RELEVANT PROBLEM FOUND:

EMPLOYEE HAS BEEN INFORMED OF RESULTS AND PARTICULARLY OF ANY CONDITION RESULTING FROM EXPOSURE REQUIRING FURTHER 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 ASPBESTOS EXPOSURE.

DOCTORS SIGNATURE: ___________________ DATE: 3/29/82
APPENDIX E. WASTE MANIFESTS
<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>曼ifest Document No.</td>
<td>22221698</td>
</tr>
<tr>
<td>Generator's US EPA ID No.</td>
<td>S8505</td>
</tr>
<tr>
<td>State Manifest Document Number</td>
<td></td>
</tr>
<tr>
<td>State Generator's ID</td>
<td></td>
</tr>
<tr>
<td>State Transporter's ID</td>
<td></td>
</tr>
<tr>
<td>Transporter's Phone</td>
<td>510-259-1700</td>
</tr>
<tr>
<td>State Transporter's ID (Reserved)</td>
<td></td>
</tr>
<tr>
<td>Transporter's Phone</td>
<td>800-499-3676</td>
</tr>
<tr>
<td>State Facility's ID</td>
<td></td>
</tr>
<tr>
<td>Facility's Phone</td>
<td>800-499-3676</td>
</tr>
<tr>
<td>US DOT Description</td>
<td>NON RCRA HAZARDOUS WASTE SOLID (HOSTILE SOLVENT)</td>
</tr>
<tr>
<td>Containers No.</td>
<td>1</td>
</tr>
<tr>
<td>Total Quantity</td>
<td>1</td>
</tr>
<tr>
<td>Unit Total</td>
<td>1</td>
</tr>
<tr>
<td>Waste Number</td>
<td>352</td>
</tr>
</tbody>
</table>

**THE HAZARD:**

**THE AGENCY SPECIFICS: ±**

**THE TRANSPORTER:**

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 HRS, EMERGENCY</td>
<td>1-800-499-3676</td>
</tr>
<tr>
<td>WEAR PROPER PROTECTIVE GEAR, EPA REGION, IN BAARNO, 32389 LILIT'S ST, SAN FRANCISCO, CA 94109</td>
<td></td>
</tr>
<tr>
<td>SYMPHONY ENVIRONMENTAL, INC.</td>
<td></td>
</tr>
</tbody>
</table>

**THE GENERATOR'S CERTIFICATION:**

If I am a small 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.

**Transporter 1 Acknowledgement of Receipt of Materials**

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed/Typed Name</td>
<td>Cliff Swenson NML</td>
</tr>
</tbody>
</table>
| Signature | [Signature]

**Transporter 2 Acknowledgement of Receipt of Materials**

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed/Typed Name</td>
<td>[Name]</td>
</tr>
</tbody>
</table>
| Signature | [Signature]

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

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed/Typed Name</td>
<td>[Name]</td>
</tr>
</tbody>
</table>
| Signature | [Signature]

**DO NOT WRITE BELOW THIS LINE.**
### UNIFORM HAZARDOUS WASTE MANIFEST

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GA1900251612861</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Generator's Name and Mailing Address (If program consultant, ATTN: Ted Wyman)</th>
<th>Removal Address: Environmental Unit 30094 Greysound Terminal</th>
<th>4. Generator's Phone</th>
<th>5. Transporter 1 Company Name</th>
<th>6. US EPA ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYNERGY ENVIRONMENTAL, INC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9735 RICHMOND ST.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>RQ ASBESTOS, 9, NA2212, PGIII</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Additional Descriptions for Materials Listed Above

**CALIFORNIA REGULATED WASTE ONLY**

15. Special Handling Instructions and Additional Information

- B.A.A.Q.M.D., 930 ELLIS ST., SAN FRANCISCO, CA 413-771-6000
- CLEARWATER ENVIRONMENTAL, 33204 WESTERN AVE., UNION CITY, CA 94587 1-800-499-3576
- 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 manifest 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 transportation by highway according to applicable international and national government regulations.

I affirm 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. If I am a large quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: CUFF SWING OF MALL

Signature: [Signature]

Date: 03/14/03

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name: [Name]

Signature: [Signature]

Date: [Date]

18. Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name: [Name]

Signature: [Signature]

Date: [Date]

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: [Name]

Signature: [Signature]

Date: [Date]

**YELLOW: GENERATOR RETAINS**

DO NOT WRITE BELOW THIS LINE.
# Non-Hazardous Waste Data Form

**Name:** ACI Program Consultant  
**SC:** 496  
**Environmental Dept. ATTN:** Ted Wyman  
**Address:** 350 N. St. Paul M.S. 0084  
**City, State, Zip:** Dallas, TX. 75201  
**Phone No:** (214) 989-8796  
**Container No:** 70 DFGS  
**Volume/CY:**  
**Weight/Tons:**  
**Type:**  
- [ ] Tank  
- [ ] Dump  
- [ ] Drums  
- [ ] Cartons  
- [X] Other  
- [ ] Rolloff / Flash Cube Van  
**Waste Description:**  
**Generating Process:**  
**Components of Waste:**  
1.  
2.  
3.  
4.  
**RPM %:**  
**VOC-ova Readings:**  
**Site Verification:** Greyhound Terminal 70 S. Almaden Ave. San Jose, CA. 95113  
**Properties:**  
- pH  
- [X] Solid  
- [ ] Liquid  
- [ ] Sludge  
- [ ] Slurry  
- [ ] Other  
**Handling Instructions:**  
**Use Proper Respiratory Equipment**  
**3/4/00**  
**Agent For Greyhound:**  
**Type or Printed Full Name & Signature:**  
**Transporter I**  
**Name:** SYNERGY ENVIRONMENTAL, INC.  
**Address:** 28436 Satellite Street  
**City, State, Zip:** Hayward, CA 94545  
**Phone No:** (510) 259-1700  
**Truck, Unit, L.D. No.:**  
**Type or Printed Full Name & Signature:**  
**Transporter II**  
**Name:** CLEANWATER ENVIRONMENTAL MANAGEMENT, INC.  
**Address:** 3326 Western Ave.  
**City, State, Zip:** Union City, CA 94587  
**Phone No:** (800) 469-3676  
**Truck, Unit, L.D. No.:**  
**Type or Printed Full Name & Signature:**  
**DISP Facility**  
**Name:** PACIFICO PASS LANDFILL  
**Address:** 3575 Paciﬁco Pass Hwy  
**City, State, Zip:** Gilroy, CA 95020  
**Phone No:** (408) 847-4142  
**Type or Printed Full Name & Signature:**  
**Discrepancy:**  
**White & Yellow - TSD COPY Pink - GENERATOR COPY Blue - TRANSPORTER COPY I Goldenrod - TRANSPORTER COPY II**
MATERIAL SAFETY DATA SHEET

PRODUCT NAME: SAFETY BLUE LOW ODOR MASTIC REMOVER

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

EFFECTIVE DATE: 6/8/99

CHEMTRAC EMERGENCY TELEPHONE: 800-424-9300

I. HAZARDOUS INGREDIENTS:

<table>
<thead>
<tr>
<th>Chemical</th>
<th>CAS #</th>
<th>PEL</th>
<th>TLV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aliphatic Hydrocarbon</td>
<td>64742-47-8</td>
<td>100ppm</td>
<td>100ppm</td>
</tr>
<tr>
<td>Aromatic Hydrocarbons</td>
<td>64742-94-5</td>
<td>100ppm</td>
<td>100ppm</td>
</tr>
<tr>
<td>Ethylol Glycol Monobutyl Ether*</td>
<td>111-76-2</td>
<td>25ppm</td>
<td>25ppm skin</td>
</tr>
</tbody>
</table>

"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
- SPECIFIC GRAVITY: 0.990
- BOILING POINT: 375-520 F
- SOLUBILITY IN WATER: Fume Emulsion
- VAPOR PRESSURE (mm Hg): ND
- EVAPORATION RATE: 2/7
- VAPOR DENSITY (Air=1): 5.48
- pH: Neutral
- ODOR: Mild
- APPEARANCE: Clear Colorless Liquid

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 boiling fire.

FIRE AND EXPLOSION HAZARDS:
This material may produce a flowing 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 POLYMORPHIZATION: 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

A. 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 digging 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.

B. HEALTH HAZARD DATA:

BREATHE'd: 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:

<table>
<thead>
<tr>
<th>FEDERAL OSHA</th>
<th>CA OSHA</th>
<th>NTP</th>
<th>IARC</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

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.

**VII. HANDLING PRECAUTIONS:**

**VENTILATION:** Control airborne concentrations below exposure guidelines (Section 3) 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.