

COPY

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**ASBESTOS REMOVAL INVENTORY REPORT**

**SP# 4302-44**

**TH# 7/15/22**

**Parcel 61**

**Residential Property  
480 North Main Street  
Hutchinson, Minnesota  
IHSC Project Number: M05-203**

**Prepared by:**

**Industrial Hygiene Services Corporation  
3585 Lexington Avenue North  
Suite 150  
St. Paul, MN 55126**

**651-766-9811**

**April 3, 2006**

**CONTENTS:**

**TH# 7/15/22**

480 North Main Street, Hutchinson, Minnesota

- Section 1**     Site Specifics and Certification
- Section 2**     Summary of Actions Required for This Move/Demolition
- Section 3**     Copies of Asbestos Related Work Notifications and Amendments
- Section 4**     Copies of Asbestos Transportation Manifests and Landfill Tipping  
Receipts for all Asbestos Removed
- Section 5**     Licenses

**SECTION 1**

Trunk Highway 7/15/22, Hutchinson, Minnesota

**Site Specifics and Certification**

**SP:** 4302-44

**Parcel:** 61

**Location:** 480 North Main, Hutchinson, Minnesota

**Number and Type of Structures:** One Residence and Garage

**Current Owner:** Mn/DOT

**Expected Disposition of the Structure:** Demolition

**Licensure:** Mavo Systems, Inc.

**Certification:** The undersigned certifies that this asbestos removal was performed in compliance with MN Rules 4620.

**Signature:** Dwayne Rhoadt

**Printed Name:** Dwayne Rhoadt

**Site Supervisor Certification Number:** 879

**Date:** ~~10-18-05~~ 10-18-05

**Certification of Inspecting Contractor:** The undersigned certifies that this asbestos abatement was performed under his/her direct oversight and was performed in compliance with applicable asbestos abatement regulations found in Minnesota Rules Chapter 4620 and that the contents of the Asbestos Removal Inventory Report has been reviewed and meets or exceed Mn/DOT's contract requirements.

**Signature:** Tim Schmit

**Printed Name:** Tim Schmit

**Site Supervisor Certification Number:** 9494

**Date:** 10-18-05

## **SECTION 2**

**TH# 7/15/22**

480 North Main Street, Hutchinson, Minnesota

### **Summary of Actions Required for This Move/Demolition**

Asbestos: The structure contained the following category I and category II non-friable asbestos containing materials.

- 70 square feet of 12"x12" orange floor tile located in hallway 2 in good condition
- 5 windows and 2 exterior doors with gray caulking in good condition
- 770 square feet of brown wallboard adhesive located in bedroom 2, bedroom 3, and family room 1 in good condition

The structure contained the following friable asbestos containing materials.

- 140 square feet of beige linoleum located in family room 1 and the kitchen in good condition
- 13 windows and 1 door with tan glazing in family room 1, kitchen, bedroom 1, bedroom 2, bedroom 3, utility room, water closet 1, and water closet 3 in good condition
- 3 light fixtures with white backing insulation in water closet 2, water closet 3, and bedroom 2 in good condition
- 2 light fixtures with white wire covering located in hallway 2 and the utility room in good condition
- 152 square feet of gray pebbled linoleum in the family room 1, kitchen, and closet 5 in good condition

The materials were removed based on the Material Inspection Report prepared by Industrial Hygiene Services Corporation (IHSC), dated September 2005. The materials were required to be removed prior to demolition. The materials were removed in compliance with Minnesota Pollution Control Agency requirements (See documents in Section 4 for the detailed abatement amounts, transportation manifests, and landfill tipping receipts).

10/11/05	1	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
10/11/05	2	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
10/11/05	3	Parcel 50—Family room—north side of house	Adjacent	163	2119	< .01
10/11/05	4	Parcel 50—Outside south door	Adjacent	164	2132	< .01
10/11/05	5	Parcel 50—Family room—north side of house	Adjacent	161	2560	< .01
10/11/05	6	Parcel 50—Outside south door	Adjacent	161	2560	< .01
10/11/05	7	Parcel 50—Kitchen	Clearance	122	2013	< .01
10/11/05	8	Parcel 50—Above stairwell	Clearance	122	2013	< .01
10/11/05	9	Parcel 50—SW bedroom	Clearance	122	2013	< .01
10/11/05	10	Parcel 50—NW bedroom	Clearance	122	2013	< .01
10/11/05	11	Parcel 50—Middle of basement	Clearance	122	2013	< .01
10/11/05	12	Parcel 51—Family room	Adjacent	127	2096	< .01
10/11/05	13	Parcel 51—Dining room	Adjacent	127	2096	< .01
10/12/05	14	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
10/12/05	15	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
10/12/05	16	Parcel 50—Kitchen	Adjacent	154	2336	< .01
10/12/05	17	Parcel 50—NW bedroom	Adjacent	154	2336	< .01
10/12/05	18	Parcel 51—Family room	Adjacent	149	2260	< .01
10/12/05	19	Parcel 51—Dining room	Adjacent	149	2260	< .01
10/12/05	20	Parcel 51—Kitchen	Clearance	131	2161	< .01
10/12/05	21	Parcel 51—Kitchen	Clearance	131	2161	< .01
10/12/05	22	Parcel 51—Kitchen	Clearance	131	2161	< .01
10/12/05	23	Parcel 51—Family room	Clearance	131	2161	< .01
10/12/05	24	Parcel 51—Water closet 1	Clearance	131	2161	< .01
10/12/05	25	Parcel 50—Family room	Clearance	123	2029	< .01
10/12/05	26	Parcel 50—Family room	Clearance	123	2029	< .01
10/12/05	27	Parcel 50—Family room	Clearance	123	2029	< .01
10/12/05	28	Parcel 50—Family room	Clearance	123	2029	< .01
10/12/05	29	Parcel 50—North entry	Clearance	123	2029	< .01
10/13/05	30	Parcel 58—Dining room	Adjacent	80	1320	< .01
10/13/05	31	Parcel 58—North bathroom on main floor	Adjacent	80	1320	< .01
10/17/05	32	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
10/17/05	33	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
10/17/05	34	Parcel 61—Utility room	Adjacent	145	2160	< .01

10/17/05	35	Parcel 61—Utility room	Adjacent	145	2160	<. 01
10/17/05	36	Parcel 61—Utility room	Adjacent	130	2067	<. 01
10/17/05	37	Parcel 61—Utility room	Adjacent	130	2067	<. 01
11/8/05	38	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/8/05	39	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/8/05	40	Parcel 55—Family room	Adjacent	185	2035	<. 01
11/8/05	41	Parcel 55—Dining room	Adjacent	185	2035	<. 01
11/8/05	42	Parcel 55—Family room	Adjacent	182	2002	<. 01
11/8/05	43	Parcel 55—Dining room	Adjacent	182	2002	<. 01
11/9/05	44	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/9/05	45	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/9/05	46	Parcel 55—Family room	Adjacent	182	2002	<. 01
11/9/05	47	Parcel 55—Dining room	Adjacent	182	2002	<. 01
11/9/05	48	Parcel 55—Water closet 1	Clearance	125	2000	<. 01
11/9/05	49	Parcel 55—Kitchen	Clearance	125	2000	<. 01
11/9/05	50	Parcel 55—Kitchen	Clearance	125	2000	<. 01
11/9/05	51	Parcel 55—West basement	Clearance	125	2000	<. 01
11/9/05	52	Parcel 55—West basement	Clearance	125	2000	<. 01
11/15/05	53	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/15/05	54	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/15/05	55	Parcel 52—Basement stairwell	Adjacent	154	2002	<. 01
11/15/05	56	Parcel 52—Basement stairwell	Adjacent	154	2002	<. 01
11/16/05	57	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/16/05	58	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/16/05	59	Parcel 55—Outside garage (downwind)	Adjacent	185	2035	<. 01
11/16/05	60	Parcel 55—Outside garage (downwind)	Adjacent	185	2035	<. 01
11/16/05	61	Parcel 55—North of garage (downwind)	Adjacent	182	2002	<. 01
11/16/05	62	Parcel 55—North of garage (downwind)	Adjacent	182	2002	<. 01
11/17/05	63	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/17/05	64	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/17/05	65	Parcel 55—East of house (outside)	Adjacent	160	1760	<. 01
11/17/05	66	Parcel 55—East of house (outside)	Adjacent	160	1760	<. 01
11/17/05	67	Parcel 55—East of house (outside)	Adjacent	194	2134	<. 01
11/17/05	68	Parcel 55—East of house (outside)	Adjacent	194	2134	<. 01

11/18/05	69	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/18/05	70	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/18/05	71	Parcel 55--Kitchen	Adjacent	120	2040	< .01
11/18/05	72	Parcel 55--Kitchen	Adjacent	120	2040	< .01
11/18/05	73	Parcel 55--North of house (outside)	Adjacent	150	2100	< .01
11/18/05	74	Parcel 55--North of house (outside)	Adjacent	150	2100	< .01
11/21/05	75	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/21/05	76	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/21/05	77	Parcel 54--NE entry	Adjacent	182	2002	< .01
11/21/05	78	Parcel 54--Family room	Adjacent	182	2002	< .01
11/21/05	79	Parcel 54--NE entry	Adjacent	198	2178	< .01
11/21/05	80	Parcel 54--Family room	Adjacent	198	2178	< .01
11/21/05	81	Parcel 52--West of house (outside)	Adjacent	146	2044	< .01
11/21/05	82	Parcel 52--West of house (outside)	Adjacent	146	2044	< .01
11/22/05	83	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/22/05	84	Field Blank	Field Blank	--	--	0 fibers/ 100 fields
11/22/05	85	Parcel 54--NE entry	Adjacent	104	1560	< .01
11/22/05	86	Parcel 54--Family room	Adjacent	104	1560	< .01
11/22/05	87	Parcel 52--West of house (outside)	Adjacent	190	2090	< .01
11/22/05	88	Parcel 52--West of house (outside)	Adjacent	190	2090	< .01
11/22/05	89	Parcel 54--North bedroom	Clearance	140	2100	< .01
11/22/05	90	Parcel 54--North bedroom	Clearance	140	2100	< .01
11/22/05	91	Parcel 54--South bedroom	Clearance	140	2100	< .01
11/22/05	92	Parcel 54--South bedroom	Clearance	140	2100	< .01
11/22/05	93	Parcel 54--Cold storage	Clearance	140	2100	< .01
11/22/05	94	Parcel 54--South side of house (outside)	Adjacent	126	2016	< .01
11/22/05	95	Parcel 54--South side of house (outside)	Adjacent	126	2016	< .01
11/22/05	96	Parcel 52--West of house (outside)	Adjacent	132	1980	< .01
11/22/05	97	Parcel 52--West of house (outside)	Adjacent	132	1980	< .01

**SECTION 3**

**TH# 7/15/22**

480 North Main Street, Hutchinson, Minnesota

**Copies of Asbestos Related Work Notifications and Amendments**





Minnesota Pollution Control Agency/Minnesota Department of Health

Notification of Asbestos Related Work



Job # 05A450

Minnesota  
Pollution  
Control  
Agency

Type of Notification:  Original  Amended #  
 Project Cancellation  Residential  Nonresidential

**Asbestos Abatement Contractor: Lic. #** AC200  
Name: MAVO Systems, Inc.  
Address: 4300 Main Street NE  
City, State, Zip: Fridley, MN 55421  
Contact Person: Larry Reese  
Phone Number(s): (763) 788-7713

**Building Owner:**  
Name: MNDOT  
Address/Location: 395 John Ireland Blvd.  
City, State, Zip: St. Paul, MN 55153  
Contact Person: Mark Vogel  
Phone Number(s): (651) 284-3790

**Air Monitoring Consultant/Laboratory: Lic. #** 572  
Name: Industrial Hygiene Service, Corp.  
Address: 2585 Lexington Ave. North  
Suite 150  
City, State, Zip: St. Paul, MN 55126  
Contact Person:  
Phone Number(s): (651) 766-9811

**Building Information:**  
Building Name: Residence Parcel #61  
Address/Location: 480 N. Main Street  
City, State, Zip: Hutchinson, MN 55350  
County: McLeod  
Phone Number(s): (651) 284-3790  
Size of Bldg. (sq ft): 2,000 Age of Bldg.: 65  
Number of Floors Including Basement Level(s): 3  
Present Use of Bldg.: Residence  
Prior Use of Building: Residence

air sampling analysis only

1. Type of Project: (check all that apply)

- Renovation  Demolition  Encapsulation  Permanent Enclosure
- Emergency (#7 must be completed to validate an Emergency)
- Using MDH Demolition Abatement Rules (Minn. R. 4620.3585)

2. Amount(s) of RACM (Regulated Asbestos Containing Material) to be Abated:

friable	nonfriable	
		Linear feet on pipes
297	860	Square ft. on facility components (e.g. tanks, boilers, ceilings, air ducts, flooring)
		Cubic feet off facility components if linear or square footage cannot be determined.

3. Asbestos Abatement Activity Dates:

- a. Precleaning Work Area to Final Visual Inspection. Start 10/17/2005 End: 12/31/2005
- b. Dates when RACM will be Disturbed: Start 10/17/2005 End: 12/31/2005
- c. Workshifts, time and days (e.g. 7AM to 3PM Mon-Fri) Mon - Thurs. 7:00 am - 5:30 pm

4. Building Inspection: Prior to a renovation or demolition, all buildings must be inspected by an MDH accredited inspector.

- a. Company and/or individual that conducted the building inspection: IHSC
- b. Procedure, including analytic method, used to determine the presence of RACM: Bluk samples using PLM

5. Description & Location of RACM to be abated (including floor # and room #):

70 s ft 12"x12" orange floor tile in hallway, 292 sft beige & gray pebble linoleum in family room, kitchen & closet, 14 s.ft tan window/door caulking on 13 windows & 1 door, 6 sq. ft gray caulking on 4 windows & 2 doors, 770 s.ft brown wall board adhesive in 2 bedrooms & family room, 3 sft white light backing on 3 waterclosets, & bedroom lights, 2 sft white light fixture wire covering on 2 hallway & utility room lights.

**Detail the following procedures SPECIFIC TO THIS SITE:** (use a separate sheet if necessary)

- Asbestos abatement emissions control procedures: Negative pressure, full containment, wet removal procedures
- whole component removal methods, glovebag and mini containment methods
- b. Waste handling emission control procedures Wet removal, double bagged, and lined dumpster.
- c. Description of procedures to be followed in the event that unexpected RACM is found or Cat. II nonfriable ACM becomes crumbled, pulverized, or reduced to a powder: Stop Work immediately, contain area, consult with Owner or Owner Rep. And proceed as directed.
- d. Description of work practice, including specific abatement procedures and techniques to be used: Wet removal, personal protective equipment, decontamination procedures through five stage decontamination unit.

**7. For Emergency Renovation/Demolition Abatement Projects:** Telephone MDH and MPCA for guidance on this option

- a. Date and hour of emergency: N/A
- b. Description of the sudden and unexpected event: N/A
- c. Explanation of how the event caused unsafe conditions or would cause equipment damage: N/A

**8. Waste Transporter(s) Information:**

Transporter Name: Vasko Rubbish Removal  
 Transporter Contact: Paul Leding  
 Transporter Address: 309 Como Avenue  
 City, State, Zip: St. Paul, MN 55103  
 Phone Number: (651) 774-0916

**9. Waste Disposal Information:**

Landfill Name: SKB Landfill  
 Owner/Operator: John Domke  
 Address/Location: 13425 Courthouse Boulevard  
 City, State, Zip: Rosemount, MN 55068  
 Phone Number: (651) 438-1500

**10. Permit Fee: (Check the one that applies)**

- \$35 permit fee**  
 For all residential projects with less than 260 linear and 160 square feet but more than 10 linear & 6 square feet of RACM.
- 1% permit fee** Total Cost of Project  
 For all projects, residential and nonresidential, with more than 260 linear or 160 square feet of RACM.  
 Attach a signed copy of the bid acceptance document or other cost verification document.  
 Does this 1% permit fee include air monitoring costs? yes no  
 Is this a "Time and Materials" Project? yes no

I certify that an individual trained in the provisions of Federal Regulations 40 CFR Part 61, Subpart M (a Minnesota Site Supervisor) will be on-site during the asbestos abatement project.  
 I certify that the above information is correct and I am a bonafide representative of the abatement contractor or building owner and have authority to enter into agreements for my employer.

Signature of Contractor and/or Owner Buffy Lebb Date: September 26, 2005  
 Buffy Lebb, Administrative Assistant

Send a copy of this notice to:  
 Asbestos Coordinator  
 Minnesota Pollution Control Agency  
 Metro Districts - Regular Facilities Section  
 620 Lafayette Road North  
 St. Paul, MN 55155-4104  
 Postmarked or delivered at least 10 working days (Mon.-Fri.) before RACM disturbance for all projects.

For Questions Call:  
 651-296-7300 or 1-800-657-3864

Send a copy of this notice, permit fee and cost verification to:  
 Asbestos/Lead Compliance Unit  
 Minnesota Department of Health  
 P.O. Box 64975  
 St. Paul, MN 55164-0975  
 Received at least 5 calendar days before the beginning of the project for renovations.

For Questions Call:  
 651-215-0900



MN POLLUTION CONTROL AGENCY/MN DEPT. OF HEALTH



AMENDED NOTICE OF INTENT TO PERFORM ASBESTOS RELATED WORK  
OR  
NOTIFICATION OF ASBESTOS RELATED WORK UNDER AN ANNUAL NOTICE  
(CIRCLE "ANNUAL" IF APPLICABLE)

AMENDMENT # One and/or PERMIT # \_\_\_\_\_

ASBESTOS ABATEMENT CONTRACTOR

Company Name: Mavo Systems, Inc.  
Address: 4300 Main Street  
City, State, Zip: Fridley, MN 55421-2769  
Telephone Number: (763) 788-7713

BUILDING INFORMATION

Building Name: Residence Parcel # 61  
Address: 266 N. Main Street  
City, State, Zip: Hutchinson, MN  
Telephone Number: \_\_\_\_\_

AMOUNT OF RACM TO BE ABATED

Linear Feet on Pipes: \_\_\_\_\_  
Square Feet: \_\_\_\_\_  
Cubic Feet: \_\_\_\_\_

ASBESTOS ABATEMENT ACTIVITY DATES

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Work Times/Days: \_\_\_\_\_

cription and Location of RACM to be abated (include floor # and room #):  
\_\_\_\_\_  
\_\_\_\_\_

Emission Control Procedures to be used:  
\_\_\_\_\_  
\_\_\_\_\_

Other Changed or Additional Information (including waste transporter of landfill):  
\_\_\_\_\_  
\_\_\_\_\_

Off Site Until Further Notice

I certify that the above information is correct and I am a bonafide representative of the asbestos abatement contractor or building owner and I have the authority to enter into agreements for my employer.

Signature of Contractor/Owner:

Buffy Leeb  
Buffy Leeb Administrative Assistant

Date: 10/13/2005

MPCA FAX: (651) 215-1593

MDH FAX: (651) 201-4606

MPCA PHONE: (651) 297-8685

MDH PHONE: (651) 201-4620



JOB # 05A450

MN POLLUTION CONTROL AGENCY/MN DEPT. OF HEALTH



AMENDED NOTICE OF INTENT TO PERFORM ASBESTOS RELATED WORK  
OR  
NOTIFICATION OF ASBESTOS RELATED WORK UNDER AN ANNUAL NOTICE  
(CIRCLE "ANNUAL" IF APPLICABLE)

AMENDMENT # Two and/or PERMIT # \_\_\_\_\_

ASBESTOS ABATEMENT CONTRACTOR

BUILDING INFORMATION

Company Name: Mavo Systems, Inc.  
Address: 4300 Main Street  
City, State, Zip: Fridley, MN 55421-2769  
Telephone Number: (763) 788-7713

Building Name: Residence Parcel # 61  
Address: 266 N. Main Street  
City, State, Zip: Hutchinson, MN  
Telephone Number: \_\_\_\_\_

AMOUNT OF RACM TO BE ABATED

ASBESTOS ABATEMENT ACTIVITY DATES

Linear Feet on Pipes: \_\_\_\_\_  
Square Feet: \_\_\_\_\_  
Cubic Feet: \_\_\_\_\_

Start Date: 10/17/2005  
End Date: \_\_\_\_\_  
Work Times/Days: 7:00am - 5:30 pm Mon - Thurs

Description and Location of RACM to be abated (include floor # and room #):

Emission Control Procedures to be used:

Other Changed or Additional Information (including waste transporter of landfill):

I certify that the above information is correct and I am a bonafide representative of the asbestos abatement contractor or building owner and I have the authority to enter into agreements for my employer.

Signature of Contractor/Owner: Buffy Leeb Date: 10/13/2005  
Buffy Leeb / Administrative Assistant

MPCA FAX: (651) 215-1593

MDH FAX: (651) 201-4606

MPCA PHONE: (651) 297-8685

MDH PHONE: (651) 201-4620



MN POLLUTION CONTROL AGENCY/MN DEPT. OF HEALTH



AMENDED NOTICE OF INTENT TO PERFORM ASBESTOS RELATED WORK  
OR  
NOTIFICATION OF ASBESTOS RELATED WORK UNDER AN ANNUAL NOTICE  
(CIRCLE "ANNUAL" IF APPLICABLE)

AMENDMENT # Three and/or PERMIT # \_\_\_\_\_

ASBESTOS ABATEMENT CONTRACTOR

BUILDING INFORMATION

Company Name: Mavo Systems, Inc.  
Address: 4300 Main Street  
City, State, Zip: Fridley, MN 55421-2769  
Telephone Number: (763) 788-7713

Building Name: Residence Parcel # 61  
Address: 266 N. Main Street  
City, State, Zip: Hutchinson, MN  
Telephone Number: \_\_\_\_\_

AMOUNT OF RACM TO BE ABATED

ASBESTOS ABATEMENT ACTIVITY DATES

Linear Feet on Pipes: \_\_\_\_\_  
Square Feet: \_\_\_\_\_  
Cubic Feet: \_\_\_\_\_

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Work Times/Days: \_\_\_\_\_

Description and Location of RACM to be abated (include floor # and room #):

Emission Control Procedures to be used:

Other Changed or Additional Information (including waste transporter or landfill):

No work until further notice

I certify that the above information is correct and I am a bonafide representative of the asbestos abatement contractor or building owner and I have the authority to enter into agreements for my employer.

Signature of Contractor/Owner:

Buffy Leeb  
Buffy Leeb Administrative Assistant

Date: 10/20/2005

MPCA FAX: (651) 215-1593

MDH FAX: (651) 201-4606

MPCA PHONE: (651) 297-8685

MDH PHONE: (651) 201-4620

## Daily Project Log

Contractor: Mayo Systems, Inc.  
4300 Main Street N.E.  
Fridley, MN. 55421

Date: 10-17-08

Job #: 0250450

Job Name & Location: ~~0250450~~ mn. Dist. Hutchinson

Note: Fill in general comments on routine progress of this job for the specific date noted above. IN DETAIL, note any major problems and the action taken, injuries, equipment breakdown, unusual conditions or situations, inspections, hiring or firing of personnel and any other occurrences which may effect the project. A signature and title must be added following all entries in the log. There shall be no spaces between entries.

Time Entry

we arrived on site at 7:00 am with 4 men we had a safety meeting then went to work

we started work in 480 Main St. All work in the house will be done non friable under criticals on regard.

we finished criticals and getting ready at 10:00 am. we then went into rock removal and started removal of the wall board and pulling the sub floor with 1/2 inch on it.

Lunch 11:30-12:30 pm.

After lunch we continued removal. We finished removal at 2:00 pm and started final cleaning.

Signed: Paul N. Rhoads

## Daily Project Log

Contractor: Mavo Systems, Inc.  
4300 Main Street N.E.  
Fridley, MN. 55421

Date: 10-18-05  
Job #: QSA 450

Job Name & Location: MN DOT Hutchinson

Note: Fill in general comments on routine progress of this job for the specific date noted above. IN DETAIL, note any major problems and the action taken, injuries, equipment breakdown, unusual conditions or situations, inspections, hiring or firing of personnel and any other occurrences which may effect the project. A signature and title must be added following all entries in the log. There shall be no spaces between entries.

Time Entry

We arrived on site at 7:00am with 4 men  
we had a safety meeting then went to work.  
we started removal of the windows and doors  
in 480 N main street. they have been glazing &  
caulking. It took us until 11:30 am to do the  
removal & wrapping of the windows & doors.  
Lunch 11:30-12:30 pm  
After lunch we did the removal of the  
deterioration in 466 N main st.  
we did the removal of the window caulking  
and chimney flashing in 442 N main st.  
we did the removal of the transite pipe in  
9, 4th Ave N.E.  
we did the removal of the sink and switch patty  
in 11, 4th Ave N.E.

Signed \_\_\_\_\_











**ASBESTOS  
SITE  
SUPERVISOR**

Certified by:  
State of Minnesota  
Department of Health

**Expires: 10/30/2005**

Duwayne A Rheault  
9278 - 290th St S  
Hawley, MN 56549

*Paul A Blangere*

Director, Env. Health Div.

No. AS879

Issued: 11/03/2004



**CONSTRUCTION LABORERS  
EDUCATION, APPRENTICESHIP AND TRAINING  
FUND OF MINNESOTA AND NORTH DAKOTA**

2350 Main Street • Lino Lakes, MN 55038  
(651) 653-6710



This certifies that

*DUWAYNE RHEAULT*

has satisfactorily completed the required training and skills as prescribed by the Construction Laborers Education, Apprenticeship and Training Fund of Minnesota and North Dakota in *Asbestos Contractor/Supervisor Refresher Course 10/30/2004 - 10/30/2004*

*This course is permitted by the State of MN under Minn Rules 4620.3702 to 4620.3722. Complies with TITLE II/SEC.206/TSCA.*

In testimony thereof I have affixed my signature this 30 day of OCTOBER, 2004

CERTIFICATE # 1030048618

Expiration Date: 10/30/2005

*John S. Maier*  
Training Instructor

04/20/05 14:08 FAX 6516350948

PHYSICIAN'S WRITTEN OPINION

Employee Name Dwayne Rheault Date of Birth 1-4-60  
Company Mavo Systems Position \_\_\_\_\_ Exam Date 3-21-05

MEDICAL CLEARANCE for ASBESTOS SURVEILLANCE:

- Initial / Periodic Medical Questionnaire for Asbestos reviewed.....  Positive  Negative
- Spirometry within normal limits.....  Yes  No
- B-Reader chest x-ray within normal limits (if required).....  N/A  Yes  No  Pending
- Physical exam within normal limits. No detected medical conditions that would place the employee at an increased risk of health impairment for exposure to asbestos, tremolite, anthophyllite or actinolite.....  Yes  No
- The employee has been informed by me of any medical conditions that may result from asbestos, tremolite, anthophyllite or actinolite exposure.....  Yes  No
- The employee has been informed by me of the results of the medical examination.....  Yes  No

RESPIRATOR APPROVAL:

- No respirator use restrictions Amount B Read
- No respirator use permitted
- Respirator use with the following recommended restrictions: \_\_\_\_\_

Medical opinion pending review of requested medical information.

COMMENTS: will complete when B read ready

MEDICAL CLEARANCE for RESPIRATOR USE:

- Respirator type:  Filtering Face Mask  Helmet/Hood  SCBA
- Half Face Mask  Full Face Mask

- OSHA Respirator Questionnaire reviewed.....  Yes  No
- Spirometry within normal limits.....  Yes  No
- Chest x-ray within normal limits (if required).....  N/A  Yes  No  Pending
- Other tests within normal limits.....  Yes  No
- Names of tests: \_\_\_\_\_
- Physical exam within normal limits.....  Yes  No

RESPIRATOR APPROVAL:

- No respirator use restrictions
- No respirator use permitted
- Respirator use with the following recommended restrictions: \_\_\_\_\_

Medical opinion pending review of requested medical information.

COMMENTS: Will complete when B read ready

Intending Examiner Name: J. Flynn  
Signature of Examiner: [Signature] Date: 4-20-05

# MAVO SYSTEMS

## Fit Test for Half Mask/PAPR

Mayo Systems, Inc.

4300 Main Street NE

Fridley, MN 55421-2769

I, D. Wayne Rhoadt, acknowledge having passed the qualitative fit test on 12-28, 2004. While through my sense of smell, I did not detect any change.

Respirator Type: (Circle product/s being used)

North, 7700 Series

3M - 700 Series

3M, 6000 Series

Half Mask

Full Face Piece System

S-M-L

S-M-L

Was Rainbow Passage Used: YES  NO

Employee Name: D. Wayne Rhoadt

Employee Signature: D. Wayne Rhoadt

Signature of Person Performing Fit Test: L. O. O.

### RESPIRATOR TRAINING RECORD

Your signature on this Respirator Training Record will attest to your having received and understood the following respirator training information which both OSHA and Mayo Systems, Inc. require as a part of their Respiratory Protection Program.

The required respirator training consists of the following information:

1. An explanation of the problems involved in misusing or inter-changing parts of the respirator.
2. A discussion of why engineering controls could not prevent the use of respiratory protection.
3. How and why this make and model respirator was chosen for this specific project.
4. The limitations of this make and model respirator.
5. How to put on this respirator, and properly adjust the face piece and tension straps.
6. How to wear this respirator properly.
7. What the essential points of the care and maintenance of this respirator are.
8. How to recognize and handle emergencies which may occur while using this respirator.
9. How to properly inspect, clean and disinfect this respirator.
10. How to properly use an Air-Purifying Respirator.
11. When a Powered Air-Purifying Respirator is required.
12. When a Type-C supplied-air respirator is required.
13. The purpose of medical evaluation.
14. How Mayo Systems, Inc. Performs a proper respirator fit-test.
15. That this fit-test must be performed at least every six (6) months.
16. That you will be permitted to leave the work area to wash your face and respirator whenever necessary.
17. That filter elements may be changed whenever an increase in breathing resistance is detected.
18. That a Powered Air-Purifying Respirator (PAPR) is available to you upon request, as long as it meets the protection factor for the hazard involved.



ASBESTOS  
WORKER

Certified by:  
State of Minnesota  
Department of Health

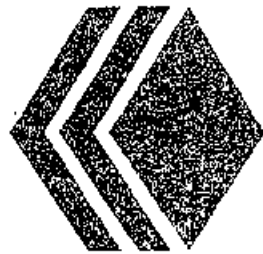
**Expires: 08/06/2006**

Vicente Ruiz Sanchez  
251 George St W  
St Paul, MN 55107

*Patricia A. Blongren*

Director, Env. Health Div.

No. AW8172 Issued: 08/12/2005



M·E·T·A

Mayhew Environmental Training Associates  
INCORPORATED

Certificate # 7ME08067701MSWR009

*This is to certify that*

**Vicente Ruiz Sanchez**

*has on 08/06/05, in EAGAN, MN*

*completed the requirements for asbestos accreditation under Section 206 of TSCA, Title II, 15 U.S.C. 2646*

**Minnesota Spanish Worker Recertification Course**

*as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)*

*on 08/06/05 - 08/06/05 and passed the associated examination on 08/06/05*

*with a score of 70% or better*

CM =

*Robert W. Brooks*

Instructor

*R. Bruce McF...*

President



Soc. Sec.#: 539-48-3876  
Accreditation Expires: 08/06/06

META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382



PHYSICIAN'S WRITTEN OPINION

Employee Name Vincente Sanchez Date of Birth 4-05-76  
Company Mave Systems Position \_\_\_\_\_ Exam Date 4-23-05

MEDICAL CLEARANCE for ASBESTOS SURVEILLANCE:

- Initial / Periodic Medical Questionnaire for Asbestos reviewed.....  Positive  Negative
- Spirometry within normal limits.....  Yes  No
- B-Reader chest x-ray within normal limits (if required).....  N/A  Yes  No  Pending
- Physical exam within normal limits. No detected medical conditions that would place the employee at an increased risk of health impairment for exposure to asbestos, tremolite, anthophyllite or actinolite.....  Yes  No
- The employee has been informed by me of any medical conditions that may result from asbestos, tremolite, anthophyllite or actinolite exposure.....  Yes  No
- The employee has been informed by me of the results of the medical examination.....  Yes  No

RESPIRATOR APPROVAL:

- No respirator use restrictions
- No respirator use permitted
- Respirator use with the following recommended restrictions: \_\_\_\_\_

\_\_\_\_\_ Medical opinion pending review of requested medical information.

COMMENTS:

MEDICAL CLEARANCE for RESPIRATOR USE:

- Respirator type:  Filtering Face Mask  Helmet/Hood  SCBA
- Half Face Mask  Full Face Mask

- OSHA Respirator Questionnaire reviewed.....  Yes  No
- Spirometry within normal limits.....  Yes  No
- Chest x-ray within normal limits (if required).....  N/A  Yes  No  Pending
- Other tests within normal limits.....  Yes  No
- Names of tests: \_\_\_\_\_
- Physical exam within normal limits.....  Yes  No

RESPIRATOR APPROVAL:

- No respirator use restrictions
- No respirator use permitted
- Respirator use with the following recommended restrictions: \_\_\_\_\_

\_\_\_\_\_ Medical opinion pending review of requested medical information.

COMMENTS:

Printed Examiner Name: Rebecca Mitchell  
Signature of Examiner: [Signature] Date: 4-23-05

# MAVO SYSTEMS

## Fit Test for Half Mask/PAPR

Mavo Systems, Inc.  
4300 Main Street NE  
Fridley, MN 55421-2769

I, Vicente Sandoz, acknowledge having passed the qualitative fit test on  
Jan 2, 2005. While through my sense of smell, I did not detect any change.

Respirator Type: (Circle product/s being used)

North, 7700 Series  
Half Mask  
S-M-L

3M - 700 Series

3M, 6000 Series  
Full Face Piece System  
S-M-L

Was Rainbow Passage Used: YES  NO

Employee Name: Vicente Sandoz

Employee Signature: Vicente Sandoz

Signature of Person Performing Fit Test: Tom Siller

## RESPIRATOR TRAINING RECORD

Your signature on this Respirator Training Record will attest to your having received and understood the following respirator training information which both OSHA and Mavo Systems, Inc. require as a part of their Respiratory Protection Program.

The required respirator training consists of the following information:

1. An explanation of the problems involved in misusing or inter-changing parts of the respirator.
2. A discussion of why engineering controls could not prevent the use of respiratory protection.
3. How and why this make and model respirator was chosen for this specific project.
4. The limitations of this make and model respirator.
5. How to put on this respirator, and properly adjust the face piece and tension straps.
6. How to wear this respirator properly.
7. What the essential points of the care and maintenance of this respirator are.
8. How to recognize and handle emergencies which may occur while using this respirator.
9. How to properly inspect, clean and disassemble this respirator.
10. How to properly use an Air-Purifying Respirator.
11. When a Powered Air-Purifying Respirator is required.
12. When a Type C supplied-air respirator is required.
13. The purpose of medical evaluation.
14. How Mavo Systems, Inc. performs a proper respirator fit test.
15. That this fit test must be performed at least every six (6) months.



**MDH** ASBESTOS  
SITE SUPERVISOR  
Certified by  
State of Minnesota  
Department of Health  
Expires: 04/01/2006  
Mike S. Strozyk  
11025 5th St. NE  
Blaine, MN 55434

*Paul A. Blaylock*

Director, Env. Health Div No. AS908 Issued: 05/10/2005



**CONSTRUCTION LABORERS**  
**EDUCATION, APPRENTICESHIP AND TRAINING**  
**FUND OF MINNESOTA AND NORTH DAKOTA**

2350 Main Street • Lino Lakes, MN 55038  
 (651) 653-6710



This certifies that

*MICHAEL STROZYK*

has satisfactorily completed the required training and skills as prescribed by the Construction Laborers Education, Apprenticeship and Training Fund of Minnesota and North Dakota in

*Asbestos Contractor/Supervisor Refresher Course*      4/2/2005 - 4/2/2005

*This course is permitted by the State of MN under Minn Rules 4620.3702 to 4620.3722. Complies with TITLE II/SEC.206/TSCA*

In testimony thereof I have affixed my signature this 2 day of APRIL, 2005

CERTIFICATE # 0402052189

Expiration Date: 4/2/2006

*John S. Meier*

Training Instructor

Lino Lakes, Minnesota

PHYSICIAN'S WRITTEN OPINION

Employee Name Mike Strzysk Date of Birth 10-28-66  
Company MAVO SYSTEMS Position \_\_\_\_\_ Exam Date 9-12-05

MEDICAL CLEARANCE for ASBESTOS SURVEILLANCE:

Initial / Periodic Medical Questionnaire for Asbestos reviewed WMC  Positive  Negative  
Spirometry within normal limits  Yes  No  
B-Reader chest x-ray within normal limits (if required)  N/A  Yes  No  Pending  
Physical exam within normal limits. No detected medical conditions that would place the employee at an increased risk of health impairment for exposure to asbestos, tremolite, anthophyllite or actinolite  Yes  No  
The employee has been informed by me of any medical conditions that may result from asbestos, tremolite, anthophyllite or actinolite exposure  Yes  No  
The employee has been informed by me of the results of the medical examination  Yes  No

RESPIRATOR APPROVAL:

No respirator use restrictions  
 No respirator use permitted  
 Respirator use with the following recommended restrictions: \_\_\_\_\_

Medical opinion pending review of requested medical information.

COMMENTS:

MEDICAL CLEARANCE for RESPIRATOR USE:

Respirator type:  Filtering Face Mask  Helmet/Hood  SCBA  
 Half Face Mask  Full Face Mask

OSHA Respirator Questionnaire reviewed  Yes  No  
Spirometry within normal limits  Yes  No  
Chest x-ray within normal limits (if required)  N/A  Yes  No  Pending  
Other tests within normal limits  Yes  No  
Names of tests: \_\_\_\_\_  
Physical exam within normal limits  Yes  No

RESPIRATOR APPROVAL:

No respirator use restrictions  
 No respirator use permitted  
 Respirator use with the following recommended restrictions: \_\_\_\_\_

Medical opinion pending review of requested medical information.

COMMENTS:

Printed Examiner Name: Dr. Bagalaband  
Signature of Examiner: [Signature] Date: 9-12-05

# MAVO SYSTEMS

## Fit Test for Half Mask/PAPR

Mayo Systems, Inc.  
4300 Main Street NE  
Fridley, MN 55421-2769

I, Mike Strunk, acknowledge having passed the qualitative fit test on 6/27/05, 200is. While through my sense of smell, I did not detect any change.

Respirator Type: (Circle product/s being used)

North, 7700 Series  
Half Mask  
S-M-L

3M - 700 Series

3M, 6000 Series  
Full Face Piece System  
S-M-L

Was Rainbow Passage Used:  YES  NO

Employee Name: Mike Strunk

Employee Signature: Mike Strunk

Signature of Person Performing Fit Test: Steve Sedstrom

## RESPIRATOR TRAINING RECORD

Your signature on this Respirator Training Record will attest to your having received and understood the following respirator training information which both OSHA and Mayo Systems, Inc. require as a part of their Respiratory Protection Program.

The required respirator training consists of the following information:

1. An explanation of the problems involved in misusing or inter-changing parts of the respirator.
2. A discussion of why engineering controls could not prevent the use of respiratory protection.
3. How and why this make and model respirator was chosen for this specific project.
4. The limitations of this make and model respirator.
5. How to put on this respirator, and properly adjust the face piece and tension straps.
6. How to wear this respirator properly.
7. What the essential points of the care and maintenance of this respirator are.
8. How to recognize and handle emergencies which may occur while using this respirator.
9. How to properly inspect, clean and disinfect this respirator.
10. How to properly use an Air-Purifying Respirator.
11. When a Powered Air-Purifying Respirator is required.
12. When a Type-C supplied-air respirator is required.
13. The purpose of medical evaluation.
14. How Mayo Systems, Inc. Performs a proper respirator fit-test.
15. That this fit-test must be performed at least every six (6) months.
16. That you will be permitted to leave the work area to wash your face and respirator whenever necessary.
17. That filter elements may be changed whenever an increase in breathing resistance is detected.
18. That a Powered Air-Purifying Respirator (PAPR) is available to you upon request, as long as it meets the protection



**ASBESTOS  
WORKER**

Certified by:  
State of Minnesota  
Department of Health  
**Expires: 08/06/2006**  
Armando P. Montalvo  
10165 Terrace Ct NE  
Blaine, MN 55434

*Armando P. Montalvo*  
Director, Env. Health Div.

No. AW4266 Issued: 08/16/2005



# M·E·T·A

Mayhew Environmental Training Associates

**INCORPORATED**

Certificate # 7ME08067701MSWR010

*This is to certify that*

## Armando Montalvo

*has on 08/06/05, in EAGAN, MN*

*completed the requirements for asbestos accreditation under Section 206 of TSCA, Title II, 15 U.S.C. 2646*

### Minnesota Spanish Worker Recertification Course

*as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)*

*on 08/06/05 - 08/06/05 and passed the associated examination on 08/06/05*

*with a score of 70% or better*

CM =

Instructor

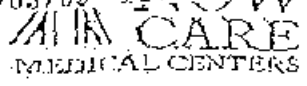
President



Soc. Sec #: 463-31-2494  
Accreditation Expires: 08/06/06

META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382





PHYSICIAN'S WRITTEN OPINION

Employee Name Armando Montalvo Date of Birth 5-29-75

Company MWD Systems Position \_\_\_\_\_ Exam Date 01/3/05

MEDICAL CLEARANCE for ASBESTOS SURVEILLANCE:

- Initial / Periodic Medical Questionnaire for Asbestos reviewed.....  Positive  Negative
- Spirometry within normal limits.....  Yes  No
- B-Reader chest x ray within normal limits (if required).....  N/A  Yes  No  Pending
- Physical exam within normal limits. No detected medical conditions that would place the employee at an increased risk of health impairment for exposure to asbestos, tremolite, anthophyllite or actinolite.....  Yes  No
- The employee has been informed by me of any medical conditions that may result from asbestos, tremolite, anthophyllite or actinolite exposure.....  Yes  No
- The employee has been informed by me of the results of the medical examination.....  Yes  No

RESPIRATOR APPROVAL:

- No respirator use restrictions
- No respirator use permitted
- Respirator use with the following recommended restrictions: \_\_\_\_\_

Medical opinion pending review of requested medical information.

COMMENTS: \_\_\_\_\_

MEDICAL CLEARANCE for RESPIRATOR USE:

- Respirator type:  Filtering Face Mask  Helmet/Hood  SCBA
- Half Face Mask  Full Face Mask

- OSHA Respirator Questionnaire reviewed.....  Yes  No
- Spirometry within normal limits.....  Yes  No
- Chest x-ray within normal limits (if required).....  N/A  Yes  No  Pending
- Other tests within normal limits.....  Yes  No
- Names of tests: \_\_\_\_\_
- Physical exam within normal limits.....  Yes  No

RESPIRATOR APPROVAL:

- No respirator use restrictions
- No respirator use permitted
- Respirator use with the following recommended restrictions: \_\_\_\_\_

Medical opinion pending review of requested medical information.

COMMENTS: \_\_\_\_\_

Physician Name: Paul L. Washburn



Fit Test for Half Mask/PAPR

Mayo Systems, Inc.  
4300 Main Street NE  
Fridley, MN 55421-2769

I, Armando Montano, acknowledge having passed the qualitative fit test on Jan 27, 2005. While through my sense of smell, I did not detect any change.

Respirator Type: (Circle product/s being used)

North, 7700 Series  
Half Mask  
S-M-L

3M - 700 Series

3M, 6000 Series  
Full Face Piece System  
S-M-L

Was Rainbow Passage Used: YES 02 NO

Employee Name: Armando Montano

Employee Signature: Armando Montano

Signature of Person Performing Fit Test: [Signature]

RESPIRATOR TRAINING RECORD

Your signature on this Respirator Training Record will attest to your having received and understood the following respirator training information which both OSHA and Mayo Systems, Inc. require as a part of their Respiratory Protection Program.

The required respirator training consists of the following information:

1. An explanation of the problems involved in misusing or inter-changing parts of the respirator.
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6. How to wear this respirator properly.
7. What the essential points of the care and maintenance of this respirator are.
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11. When a Powered Air-Purifying Respirator is required.
12. When a Type-C supplied-air respirator is required.
13. The purpose of medical evaluation.
14. How Mayo Systems, Inc. Performs a proper respirator fit test.
15. That this fit-test must be performed at least every six (6) months.
16. That you will be permitted to leave the work area to wash your face and respirator whenever necessary.
17. That filter elements may be changed whenever an increase in breathing resistance is detected.
18. That a Powered Air-Purifying Respirator (PAPR) is available to you if you are unable to pass the fit test.

# MnDOT-Hutchinson Asbestos Abatement

IHSC Project Number: M05-203.2

Monday, October 17, 2005

## INDUSTRIAL HYGIENE SERVICES CORPORATION

### Summary of Daily Log Activities

#### Notes/Comments:

0715: IHSC (Tim Schmit) arrives on site after picking up keys from the MnDOT office. Mavo is on site with 4 workers, including the site supervisor. Mavo and IHSC look over removal areas in Parcel 61, as Mavo will remove ACM materials there today, and if time permits, they will finish up exterior removal on Parcel 58 and duct cloth removal in 60.

0745: Mavo begins set up of containment of floor linoleum in the kitchen, family room 1, and the basement hallway, and Bedrooms 2 and 3. Mavo will remove the linoleum non-friable, as they will pull up the floor in sheets down to the sub floor. It is found that the orange floor tile in the basement hallway is only on the perimeter of the hallway, underneath the carpet tack strip. They will also remove the wall panel adhesive.

0815: IHSC locates the duct cloth to be removed in Parcel 60 and shows it to Mavo.

0900: Mavo has criticals on windows and doors and continues set up of containment. Mavo removes the light insulation and white wire coverings.

1000: Mavo has containment up and IHSC conducts pre-visual and finds containment ready for abatement. Mavo enters to begin linoleum and wall panel with adhesive removal. It is found that the wall panel adhesive comes off with the panels itself.

1011: Two adjacent samples are started, both in the basement utility room by the decon entrance.

1100: Mavo takes lunch.

1200: Mavo returns from lunch and enters containment with PPE to continue removing linoleum and wall panels. They are taking up the ¾" sub floor and removing the linoleum non-friable.

1235: Both adjacent samples are pulled and prepped for analysis.

1300: Both samples read less than .01 fibers per cubic centimeters of air. Mavo continues removal in Parcel 61.

1335: Two more adjacent samples are started in the same areas. Mavo wraps the linoleum and wall panels as they continue working. Mavo expects to be done abating all parcels on 10/19.

1430: Mavo continues removal in Parcel 61.

1530: Mavo is finished with removal. IHSC enters containment to conduct visual inspection and finds a couple small pieces of tile along the edges. Mavo has all the linoleum flooring wrapped up in sections along with the full sheets of wall paneling, which had adhesive on the back.

1540: IHSC completes visual. All work done non-friable so no clearance samples will be taken.

1545: Both adjacent samples pulled and prepped for analysis. Mavo hauls waste in van to ACM dumpster at Parcel 51.

1600: Both samples read less than .01 fibers per cubic centimeter. Mavo tears down part of the containment.

1700: Mavo finishes hauling ACM waste over to Parcel 51. Mavo and IHSC will be off site shortly. Mavo has 10 packages, 2 bags, and 2 drums of waste for the day.

Mavo Systems Personnel on Site S = Supervisor W = Worker			Daily Count of Asbestos Material And Other Wastes	Air Sampling Summary (f/CC)	
Name	WOH Card#	Expires		Adjacent Work Area	Clearance
Duwayne Rheault	AS879	10-30-05	10 packages, 2 bags, 2 drums from Parcel 61	< .01	NA
Vicente Ruiz Sanchez	AW8172	8-6-06			
Mike Strozyk	AS908	4-1-06			
Armando Montalvo	AW4266	8-6-06			

**Documented by:** **Tim Schmit**  
**Industrial Hygiene Services Corporation**  
*MDH Asbestos Abatement Site Supervisor Card # 9494*

# MnDOT-Hutchinson Asbestos Abatement

IHSC Project Number: M05-203.2

Tuesday, October 18, 2005

## INDUSTRIAL HYGIENE SERVICES CORPORATION

### Summary of Daily Log Activities

#### Notes/Comments:

0700: IHSC (Tim Schmit) arrives on site along with Mavo (4 workers including the site supervisor). Today, Mavo will tear down the containment in Parcel 61 and remove the windows that have glazing and caulking.

0710: Mavo takes down containment.

0730: Mavo begins removing the glass on the windows.

0745: Mavo begins removing 4 square feet duct cloth insulation in Parcel 60. Mavo will remove the whole duct with insulation around it (non-friable removal.)

0815: Mavo finishes duct cloth removal in 60. IHSC checks area and finds all duct and cloth removed.

0830: Mavo has all window panes removed and is wrapping them in poly.

0900: Mavo has the window caulking removed on the house and has all windows double wrapped in poly. Mavo has 16 packages of waste from Parcel 61.

0915: IHSC finds the paint to be stabilized on Parcel 58 is under the steel siding. IHSC verifies with Amy Buckley (IHSC PM) to make certain that Mavo must take off all the steel siding to access the peeling paint. Mavo is now finished removing ACM from parcels 60 and 61.

0945: Tim is notified that Mavo will have to take off all the steel siding to access the peeling white paint on the old wood siding. Mavo will have a general waste dumpster brought in for the siding and white bead board and will have the lead paint kept separate. Mavo starts removing the brickmold from 5 windows that have caulking on the Parcel 58 garage.

1000: Mavo starts removing the flashing around the chimney on Parcel 58.

1100: Mavo is finished removing window caulk on garage of Parcel 58. IHSC conducts visual and finds a spot where Mavo has to go back and remove so they do.

1115: IHSC conducts visual of chimney flashing and has Mavo remove a little more. Mavo removes it and is finished removing ACM from Parcel 58. They have two bags of ACM from chimney flashing and window caulking removal.

1130: Mavo and IHSC take lunch.

1230: Both return from lunch. Mavo and IHSC head to Parcel 300 and 300A to identify where ACM exists.

1300: Mavo removes the switch putty in the cooler and the sink in the storage room of Parcel 300A. Removal of ACM is complete in Parcel 300A. Mavo has one bag of ACM.

# MnDOT-Hutchinson Asbestos Abatement

IHSC Project Number: M05-203.2

Tuesday, October 18, 2005

1330: Mavo removes the transite pipe in Parcel 300 by cutting loose the bolts that held it in place. The transite is also enclosed by steel and all is bagged up. Removal of ACM is complete in Parcel 300. Mavo has one bag of ACM from the parcel.

1345: Mavo takes down cubes and decon in Parcel 61. They haul equipment to Parcel 58, where their other equipment is being stored.

1430: Mavo hauls waste to dumpster at Parcel 51. IHSC notifies Mavo that Parcel 51 also has lead paint under steel siding that needs to be stabilized.

1445: Mavo boards up bottom windows in Parcel 61. They only have enough boards to cover the bottom boards.

1515: Mavo starts pulling off steel siding on Parcel 58 to access lead paint, which will be stabilized tomorrow.

1600: Mavo continues tearing off siding.

1715: Mavo stops tearing off siding and puts equipment away for the day. They will finish tomorrow. Mavo and IHSC will be off site shortly.

Mavo Systems Personnel Profile S = Supervisor, W = Worker			Daily Counts Asbestos Material and Other Wastes	Air Sampling Summary (If C)	
Name	MDH ID#	DOB		Material Work Status	Clearance
Duwayne Rheault	AS879	10-30-05	16 packages, 6 bags from Parcels, 61, 60, and 58	NA	NA
Vicente Ruiz Sanchez	AWB172	8-6-06			
Mike Strozyk	AS908	4-1-06			
Annando Montalvo	AW4266	8-6-06			

**Documented by:** **Tim Schmit**  
**Industrial Hygiene Services Corporation**  
*MDH Asbestos Abatement Site Supervisor Card # 9494*

**SECTION 4**

**TH# 7/15/22**

480 North Main Street, Hutchinson, Minnesota

**Copies of Asbestos Transportation Manifests and Landfill Tipping receipts for all  
Asbestos Removed**

Copies of asbestos transportation manifests and landfill tipping receipts for all asbestos removed. Verify asbestos waste was delivered to a Mn/DOT approved landfill.

([http://www.dot.state.mn.us/environment/publications/Asbestos\\_Manual/Ammanual.pdf](http://www.dot.state.mn.us/environment/publications/Asbestos_Manual/Ammanual.pdf))



# SKB Rosemount Industrial Waste Facility

Manifest #

144152

## ASBESTOS Shipping Manifest

1. Generator's US EPA ID No. (if any)

2. Page 1 of

page(s)

3. Generator's Name and Facility Address

*1111 Dot  
4450 W. Main St.*

Mailing Address

4. Generator's Phone

*1/2 Johnson mn. 55350*

Fax

5. Transporter 1 Company Name

VASKO RUBBISH REMOVAL, INC.

Phone: 651 / 487-8546

6. Transporter 2 Company Name

Phone:

7. Designated Facility Name and Site Address

SKB Rosemount Industrial Waste Facility  
13425 Courthouse Blvd.  
Rosemount, MN 55068

651-438-1500

8A. Abatement/Generator Contractor MAVO SYSTEMS INC.

Address 4300 MAIN STREET NE

City, State, Zip FRIDLEY, MN 55421

Operator's Phone No. 763-788-7713

8B. Responsible Agency MPCA

Address 520 LAFAYETTE ROAD NORTH

City, State, Zip ST. PAUL, MN 55155

651-296-7997

8C. U.S. DOT Description (including Proper Shipping Name)

a. ASBESTOS, 9, NA 2212, III *26 bundles windows & doors - 1200 x 1600 tile & bags poly*

9. Containers

No. Type

1 CM

10. Total Quantity

11. Unit Wt/Vol

Y

12. Waste Profile Sheet #

101976

13. Additional Descriptions for Materials Listed Above (indicate waste stream Approval # below)

a. MI 99-0021 ISSUED TO: MAVO SYSTEMS, INC.

b. MI

14. Special Handling Procedures for Wastes Listed Above

15. Special Handling Instructions and Additional Information

SKB Use Only

Load #

Scale Wt.

Trans/Yds.

*18705*

16. GENERATOR/ABATEMENT CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Printed/Typed Name

Signature

Month

Day

Year

*Dorothy R. Khegyst*

*Dorothy R. Khegyst*

*10 12 05*

17. Transporter 1 Acknowledged of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

*John McBrath*

*John McBrath*

*10 29 05*

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this Manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month

Day

Year

*dv*

*dv*

*10 20 05*

White - Return to Generator

Green - Facility Copy

Canary - Transporter #2

Pink Transporter #1

Goldenrod - Generator Copy

GENERATOR

TRANSPORTER

FACILITY



**SECTION 5**

**TH# 7/15/22**

480 North Main Street, Hutchinson, Minnesota

**Licenses**

# Minnesota Department of Health

Asbestos Contractor License

License Number: AC2004

Issued on: November 19, 2004

To:

Wave Systems, Inc.  
1800 Main St NE  
Fridley, Minnesota 55421

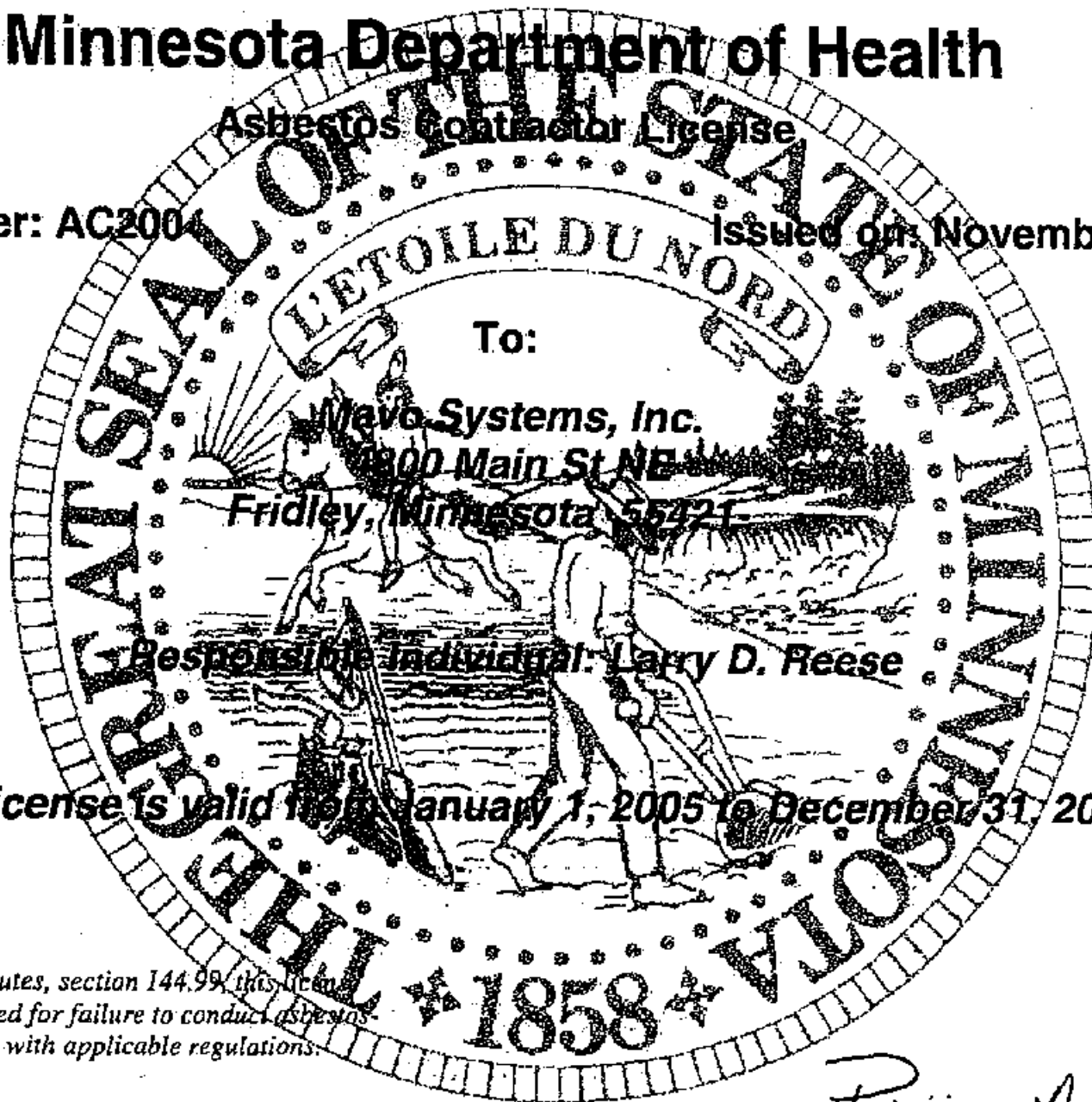
Responsible Individual: Larry D. Reese

This license is valid from January 1, 2005 to December 31, 2005.

*Pursuant to Minnesota Statutes, section 144.99, this license may be suspended or revoked for failure to conduct asbestos-related work in compliance with applicable regulations.*

*Asbestos-related work must be conducted according to Minnesota Statutes, sections 326.70 to 326.81 and Minnesota Rules, parts 4620.000 to 4620.3724.*

*Patricia A. Bloomgren*  
Patricia A. Bloomgren, Director  
Division of Environmental Health



P. 01/0  
6512150975

MIN. DEPT. OF HEALTH

DEC-28-2004 11:18

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/05/2005

PRODUCER (651)644-7200 FAX (651)644-9137  
Lee F. Murphy, Inc.  
2515 Wabash Ave. #300  
St. Paul, MN 55114-2000

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

INSURED  
Mavo Systems, Inc.  
4300 Main St. N.E.  
Fridley, MN 55421-2769

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Zurich Ins (United Comml Program)	
INSURER B: American Interstate Insurance	
INSURER C: General Casualty Ins Co	
INSURER D:	
INSURER E:	

## COVERAGES

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

INSR ADD'L TR (INSR)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY INCL: XCU, BROAD FORM PD <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$10,000 Deductible per Claim GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GPL9216210-00 INCL: XCU, BROAD FORM PD PER OF SUBS-CONTINGENT CONTRACTUAL LIAB. INCL ABESTOS OPERATION LEAD ABATEMENT	11/15/2005	11/15/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Hired Phys Damage \$30,000	CBA0351276	02/01/2005	02/01/2006	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ 0	SE09044539-00	11/15/2005	11/15/2006	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	AVWCMN141684	09/30/2005	09/10/2006	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	OTHER Contractors Pollution Professional Liab - Mold & Fungi	GPL9216210 RETRO DATE 11/15/02	11/15/2005	11/15/2006	\$1,000,000 Occ/\$2,000,000 Agg \$10,000 per Claim Claims Made Form

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Updated Renewal Certificate 11/15/05-06

## CERTIFICATE HOLDER

## CANCELLATION

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

FOR INFORMATION ONLY

AUTHORIZED REPRESENTATIVE  
Robert B. Murphy/LYNN

*Robert B. Murphy*

# Minnesota Department of Health

Asbestos Contractor License

License Number: AC572

Issued on: November 19, 2004

To:

Industrial Hygiene Services Corporation  
5585 Lexington Ave NE  
St Paul, Minnesota 55126

Responsible Individual: Timothy P. Huber

This license is valid from December 4, 2004 to December 3, 2005.

*Pursuant to Minnesota Statutes, section 144.99, this license may be suspended or revoked for failure to conduct asbestos-related work in compliance with applicable regulations.*

*Asbestos-related work must be conducted according to Minnesota Statutes, sections 326.70 to 326.81 and Minnesota Rules, parts 4620.000 to 4620.3724.*

*Patricia A. Bloomgren*  
Patricia A. Bloomgren, Director  
Division of Environmental Health

Certificate No.: 5LM01270502CSR

Expiration Date: January 27, 2006

This is to certify that  
**Timothy Schmit**

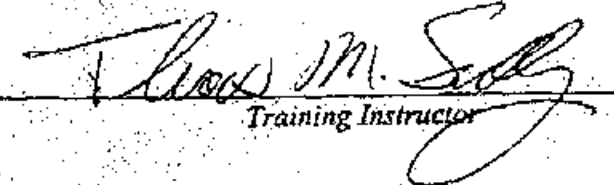
has attended and successfully completed an  
**ASBESTOS CONTRACTOR/SITE-SUPERVISOR  
REFRESHER TRAINING COURSE**

permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**

in  
White Bear Lake, MN on January 27, 2005  
Examination Date: January 27, 2005

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Training Instructor

ASBESTOS  
SITE  
SUPERVISOR  
5LM01270502CSR  
LAKES STATES ENVIRONMENTAL, LTD.  
WHITE BEAR LAKE, MN 55129  
Director: Env. Health Div. No. AS00001 Issued: 02/07/2005