



April 06, 2020

To Whom It May Concern

Re: Vacant Building located at 220 South 2nd Street Raton, NM 87740.

Keers Remediation, Inc. was hired by the City of Raton to perform Asbestos abatement services at the above referenced property.

Keers removed the Asbestos containing Thermal System Insulation materials listed in the asbestos survey performed by ERMS dated October 31, 2020.

The asbestos abatement work was completed from 03/30/2020 to 04/03/2020.

All the asbestos containing Thermal System Insulation material was disposed of at Keers Special Waste Landfill located in Mountainair, NM. The Asbestos abatement and disposal were done in compliance with all applicable NESHAP, EPA, NMED and OSHA regulations.

The Asbestos Neshap that was filed for this project has a tracking number which is AQBA15415-(005).

However, should the demolition contractor come across materials that look suspicious, they will be required to stop the work and contact the owner for guidance on how to proceed.

Should you need further information regarding this project please call me at 1-800-327-8642.

Sincerely,

Christopher Lara
Service Coordinator
Keers Remediation, Inc.
5904 Florence NE
Albuquerque, NM 87113

PROTECTING PEOPLE'S HEALTH
BY REMOVING TOXIC MATERIALS



PRODOC™ PROJECT CLOSEOUT DOCUMENTATION

Corporate Office
5904 Florence Ave NE, Albuquerque, NM 87113
P: (505) 823-9006 F: (505) 823-2766
www.Keers.com

JOB: Raton – 220 South 2nd Street

(✓) DOCUMENTATION CONTAINED WITHIN:

- NESHAP Notification/Permit
- QualPRO® Daily Project Logs
- QualPRO® Visual Inspection Report
- QualPRO® Final Inspection Report
- QualPRO® Air Sampling Forms & Results
- QualPRO® Negative Exposure Assessment
- Final Clearance Laboratory Results
- Differential Pressure Recordings/Printout
- Waste Manifests
- Insurance Certificate
- Emergency Response Plan
- Employee Medicals
- Employee Respirator Fit Test
- Employee Training Certificates
- Certified Payroll
- Other Project Documentation (Describe)

IMPORTANT NOTICE – PLEASE READ

THE DOCUMENTATION CONTAINED WITHIN THIS FILE REPRESENTS IMPORTANT REGULATORY INFORMATION ON YOUR ENVIRONMENTAL ABATEMENT/REMEDIATION PROJECT. THIS INFORMATION SHOULD BE KEPT IN SEURE, LONG-TERM STORAGE FOR 30 YEARS.

ProDOC™ is Keers proprietary project documentation system that documents important regulatory/liability information for the protection of the facility owner.
ProDoc™ is Keers proprietary quality assurance program.



Michelle Lujan Grisham
Governor

Howie C. Morales
Lt. Governor

New Mexico
Environment Department
Air Quality Bureau
525 Camino de los Marquez, Suite 1
Santa Fe, NM 87505
Telephone (505) 476-4300
www.env.nm.gov



James C. Kenney
Cabinet Secretary

Jennifer J. Pruett
Deputy Secretary

For Official Use Only

NMED ONLY: Approved: Denied: AI No. Tracking No: AQBA15415-(005)

Acknowledgement of Receipt

The NMED Air Quality Bureau has reviewed the NESHAP notification submitted for:

Vacant Building
220 South 2nd Street
Raton, NM, 87740
(Colfax Co.)

Asbestos Removal Schedule:

Start Date: 3/31/2020 Finish Date: 4/15/2020

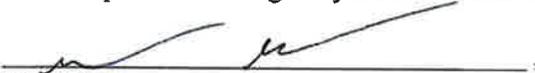
Demolition Schedule:

Start Date: Finish Date:

and has determined that the NESHAP notification meets the minimum notification requirements set forth in 40 CFR § 61.145. **This Acknowledgement of Receipt must be kept at the worksite and made available for inspection upon request by the NMED Air Quality Bureau staff whether or not asbestos is present.** This Acknowledgement of Receipt does not constitute an approval of any of the asbestos renovation or demolition activities undertaken by you.

For asbestos renovation or demolition operations that start **before** the originally scheduled start date, you must provide the NMED Air Quality Bureau with a revised NESHAP notification that references the tracking number above at least 10 working days prior to commencement of any asbestos renovation or demolition operation.

For asbestos renovation or demolition operations that start **after** the originally scheduled start date, you must provide the NMED Air Quality Bureau with a revised NESHAP notification that references the tracking number above prior to the originally scheduled start date.

Approved By: 
Nicholas Kohnen, Environmental Scientist and Specialist

Date: 3/17/2020



New Mexico Environment Department
Air Quality Bureau
 1301 Siler Road Building B
 Santa Fe, NM 87507
 Phone (505) 476-4300 Fax (505) 476-4375



NEW MEXICO ENVIRONMENT DEPARTMENT ASBESTOS NESHAP NOTIFICATION (40 CFR Subpart M §61.145 (b))			
I. FACILITY OWNER INFORMATION (§ 61.145(b)(4)(ii))			
Owner: City of Raton New Mexico			
Address: 228 Savage Ave.			
City: Raton	State: NM	Zip: 87740	
Contact: Mr. Scott Berry	e-mail: sberry@cityofraton.com	Tel: 1-575-445-9551	
II. ASBESTOS CONTRACTOR INFORMATION (§ 61.145(b)(4)(ii))			
Removal Contractor: Keers Remediation, Inc.			
Address: 5904 Florence Avenue, NE			
City: Albuquerque	State: NM	Zip: 87113	
Contact: Christopher Lara	e-mail: clara@keers.com	Tel: 505-823-9006	
NESHAP Contractor Certification Expiration Date: 5/08/2020	GS-29 Contractors License No.'s and Expiration No: 90935 Date: 08/31/22		
III. FACILITY INFORMATION (§ 61.145(b)(4)(i – ix))			
Facility Name and Description: Vacant Building			County: Colfax
Address : 220 S. 2nd St.	City: Raton	State: NM	Zip: 87740
Building Information: Use: Former Residential	Square Feet: 2800	Age: 60 +	No. Floors 3
Is asbestos present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Method of asbestos determination: PLM		
Describe asbestos application (thermal insulation, Transite, Category 1, Category 2, etc.) Themal System Insulation			
Estimate asbestos to be removed: Pipe removal (linear feet): 380 Surface to be cleaned (square feet): 0 Asbestos debris to be removed (cubic yards):		Estimate non friable asbestos to remain and specify units: Category 1: None Category 2: None	
Type of Notification: Original: <input checked="" type="checkbox"/> Revised: <input type="checkbox"/> Revision no: Tracking no.:		Type of Operation: Demolition: <input checked="" type="checkbox"/> Renovation: <input type="checkbox"/>	
If revised, specify reason for revision:	Work Schedule: Normal (M-F, days only): <input checked="" type="checkbox"/> Other (specify):		
Asbestos Removal Schedule: Start: 03/31/20 Finish: 04/15/20	Demolition Schedule: Start: TBD Finish: TBD		

IV. WORK PLAN (§ 61.145(b)(4)(x – xi))
Description of planned work and methods to be used and description of affected facility components (i.e. acoustical ceiling scrape, whole pipe removal, TSI removal, roofing removal, etc.) Remove the ACM Thermal System Insulation above the ceilings in the wall cavities and crawl space. Glove bag and cut and wrap methods will be utilized for this project. All abatement will be completed in accordance with EPA, OSHA, Federal, State and local regulations. ACM will be removed by personnel trained in asbestos abatement wearing appropriate PPE. All ACM materials will be properly packaged, labeled and disposed of at an approved Asbestos Waste Landfill listed below.
Description of work practices and engineering controls to be used to prevent emissions of asbestos at the work site (i.e. containment, glove bagging, wetting, filtration devices, etc.): Establish regulated work areas. All ACM will be removed wetted and by trained personnel wearing PPE. Areas will be HEPA vacuumed and wet wiped.

V. WASTE TRANSPORTER (§ 61.145(b)(4)(xvii))			
Name: Keers Remediation	Telephone: 505-823-9006		
Address: 5904 Florence Avenue, NE	City: Albuquerque	State: NM	Zip: 87113

VI. WASTE DISPOSAL SITE (§ 61.145(b)(4)(xii))			
Name: Special Waste Facility	Telephone: 505-847-2917		
Address: 91 Liberty Valley Road	City: Mountainair	State: NM	Zip: 87036

VII. DEMOLITION ORDERED BY A GOVERNMENT AGENCY (§ 61.145(b)(4)(xiv))
Explain: (Describe Agency, Agency Contact, Circumstances, Date of Order and Start Date)

VIII. EMERGENCY RENOVATION (§ 61.145(b)(4)(xv))
Explain: (Briefly describe nature of the emergency; date and hour of unexpected event.) <i>Submission of a separate Asbestos Emergency Notification Form with the Asbestos NESHAP Notification is required.</i>

IX. UNEXPECTED DISCOVERY OF FRIABLE ASBESTOS (§ 61.145(b)(4)(xvi))
Describe procedures that will be taken in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes friable (equipment on hand, available, subcontractor, etc.) If non-friable ACM becomes crumbled, pulverized, or reduced to a powder due to our removal methods, KEERS shall stop work until an appropriate removal method has been achieved. If unexpected ACM is found, a revision to the NESHAPs notification will be filed

X. CERTIFICATIONS (§ 61.145(b)(4)(xiii))	
I certify that asbestos remediation will be carried out by a contractor with a valid New Mexico GS-29 license. I certify that an individual trained and currently certified in the provisions of the Asbestos NESHAP (40 CFR 61, subpart M) will be on site during the asbestos removal process and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. I certify that the information contained in this notification is true and accurate..	
Signature of Owner/Operator 	Date: 

**E-MAIL COMPLETED FORM TO:
asbestos.aqb@state.nm.us**

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 200151 Date Monday 3-30-20

IMPORTANT NOTICE-PLEASE READ-I agree to comply with applicable state regulation, project specifications, OSHA/EPA regulations, and Keers standard operating procedures/safety requirements when working in this area. I am fully aware of the potential detrimental effects of contamination and I assume all inherent occupational risks involved. By my signature below I acknowledge that I have read and fully understand the above notice.

Work Classification Codes

20101 ASB: Site Preparation	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

EMPLOYEES: SIGN-IN LOG

Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. Albert Louvato	[Signature]	8:00 / 3:30	10254	1:30 / 4:30	20105	8.5
2. Alvin [unclear]	[Signature]	8:00 / 1:00	10250	1:30 / 3:00	20101	4.5
3. Benjamin Powell Jr	[Signature]	8:00 / 1:00	10250	1:30 / 3:00	20101	4.5
4. Alex L. [unclear]	[Signature]	8:00 / 1:00	10250	1:30 / 3:00	20101	4.5
5. Harry L. [unclear]	[Signature]	8:00 / 1:00	10250	1:30 / 3:00	20101	4.5
6.						
7.						
8.						
9.						
10.						

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG

Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed	Total Hours
1.					
2.					
3.					

COMPLETED WORK DESCRIPTION

Note: Actual Quantities Removed
 Mobilized from 8:00 to 9:00. Arrived in Raton at 1:30. Called Scott Berry to let him know we were on sight. The work on the big was open. Met with Scott Berry and Rusty Russell, they said if we have any questions to let them know. Had the wet suit cartons, NAVA then start wall demo to expose T&I.

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

Rusty, they said if we have any questions to let them know. Had the wet suit cartons, NAVA then start wall demo to expose T&I.

NEXT DAY PLAN/GOALS

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log												
Regulated Work Area [] Critical Barriers [] Neg. Air Machines [] Exhaust Locations [] → → Decon Station [] []	<table border="1"> <thead> <tr> <th>Item</th> <th>Condition</th> <th>Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Item	Condition	Location									
Item	Condition	Location											

Contaminant
 Asbestos Lead
 Mold Other (Specify Below) Prep

Project 270 South 4 2nd St
 Location 290 S. 2nd St
 Customer City of Raton

SUPERVISOR'S CHECKLIST

- BEGINNING OF JOB
- Uniforms/ID Badges/PPE
 - Training Certs & Medicals
 - Notifications/Updates
 - Start Pack, Production Worksheet
 - QualPRO Manual, Abatement Plan and/or Project Specs
 - Safety Planning
 - Emergency Response Plan Posted
 - Negative Exposure Assessment
 - OSHA's Required
 - Confined Space & Lock-out/tag-out
 - Necessary Equip/Supplies

BEGINNING OF WORK SHIFT/DAY

- Safety Meeting
- Production Worksheet: Record actual hours and production rate/hour,
- Set-up Air-Monitoring & Post
- Previous Day's Results (unless NFA) sign & date manometer printout
- Organize workers into work teams with goals/tasks
- Review/train workers on correct work practices
- Check jobsite/inventory
- Check staging area & job board
- Change primary/secondary filters on Neg airs

DURING WORK SHIFT/DAY

- 2-Hours in containment
- Check work progress vs. goal
- Work organized for productivity
- Prep/abatement work NOT damaging surfaces, equipment, etc.
- Work practices in compliance with QualPRO, Abatement Plan and/or Specifications
- Jobsite safety hazards noted for safety meeting
- QA/QC checklist filled out
- Check equipment
- Progress report to superintendent

END OF WORK SHIFT/DAY

- All wet waste in containers
- Containment/staging area clean
- Sign and date manometer printout
- Tools checked-in/secure
- Collect air cassettes/overnight
- Daily paperwork complete
- Equip/Disposal Trailer Locked
- Turn off water/lights
- Work area secure/locked
- Security called
- Record and analyze day's production on production worksheet

END OF JOB

- Visual inspection form completed/signed off
- Final inspection form completed/signed
- Disposal manifest signed (by owner) & call for disposal pickup
- Leave job site clean
- Punch list items completed
- Rentals returned
- K-Team score cards completed
- Close-out documentation submitted

Albert Louvato
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 200151 Date 3-31-02

IMPORTANT NOTICE-PLEASE READ- I agree to comply with applicable state regulation, project specifications, OSHA/EPA regulations, and Keers standard operating procedures/safety requirements when working in this area. I am fully aware of the potential detrimental effects of contamination and I assume all inherent occupational risks involved. By my signature below I acknowledge that I have read and fully understand the above notice.

Work Classification Codes

20101 ASB: Site Preparation	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

EMPLOYEES: SIGN-IN LOG

Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. Albert Larente	<i>[Signature]</i>	6:30 20105	20105	12:30 20105	20105	9.5
2. Benjamin Powell Jr	<i>[Signature]</i>	7:00 20102	20102	12:30 20102	20102	9
3. Alvin Vazquez	<i>[Signature]</i>	7:00 20102	20102	12:30 20102	20102	9
4. Harry Lopez	<i>[Signature]</i>	7:00 20102	20102	12:30 20102	20102	9
5. Luis M. Nez	<i>[Signature]</i>	7:00 20102	20102	12:30 20102	20102	9
6.						
7.						
8.						
9.						
10.						

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG

Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed	Total Hours
1.					
2.					
3.					

COMPLETED WORK DESCRIPTION

Note: Actual Quantities Removed
 Demed walls on 2nd floor. Followed the pipes coming up from 1st floor. Removed T96. Once the work was done with regular had them sweep the floor. Because there was a lot of debris mixed with activity had the men get names on both floors. Can only use one at a time.

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

A lot of debris mixed with activity had the men get names on both floors. Can only use one at a time.

NEXT DAY PLAN/GOALS

Tomorrow we'll start on 1st floor.

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log	Removal Method Used
Regulated Work Area [] Critical Barriers [] Neg. Air Machines [N] Exhaust Locations [] Decon Station []	Item Condition Location	<input type="checkbox"/> Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag <input type="checkbox"/> Component Removal <input type="checkbox"/> Outdoor Removal <input type="checkbox"/> RFI Method <input type="checkbox"/> Disposal <input type="checkbox"/> Prep <input checked="" type="checkbox"/> Other (Describe) <i>Wet</i>

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Project Vinland Bldg
 Location 320 South Second St.
 Customer CITY OF RENTON

SUPERVISOR'S CHECKLIST

- BEGINNING OF JOB
- Uniforms/ID Badges/PPE
 - Training Certs & Medicals
 - Notifications/Updates
 - Start Pack, Production Worksheet
 - QualPRO Manual, Abatement Plan and/or Project Specs
 - Safety Planning
 - Emergency Response Plan Posted
 - Negative Exposure Assessment
 - OSHA's Required
 - Confined Space & Lock-out/tag-out
 - Necessary Equip/Supplies

BEGINNING OF WORK SHIFT/DAY

- Safety Meeting
- Production Worksheet: Record actual hours and production rate/hour.
- Set-up Air-Monitoring & Post
- Previous Day's Results (unless NEA) sign & date manometer printout
- Organize workers into work teams with goals/tasks
- Review/train workers on correct work practices
- Check jobsite/inventory
- Check staging area & job board
- Change primary/secondary filters on Neg airs

DURING WORK SHIFT/DAY

- 2-Hours in containment
- Check work progress vs. goal
- Work organized for productivity
- Prep/abatement work NOT damaging surfaces, equipment, etc.
- Work practices in compliance with QualPRO, Abatement Plan and/or Specifications
- Jobsite safety hazards noted for safety meeting
- QA/QC checklist filled out
- Check equipment
- Progress report to superintendent

END OF WORK SHIFT/DAY

- All wet waste in containers
- Containment/staging area clean
- Sign and date manometer printout
- Tools checked-in/secure
- Collect air cassettes/overnight
- Daily paperwork complete
- Equip/Disposal Trailer Locked
- Turn off water/lights
- Work area secure/locked
- Security called
- Record and analyze day's production on production worksheet

END OF JOB

- Visual inspection form completed/signed off
- Final inspection form completed/signed
- Disposal manifest signed (by owner) & call for disposal pickup
- Leave job site clean
- Punch list items completed
- Rentals returned
- K-Team score cards completed
- Close-out documentation submitted

Albert Larente
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

IMPORTANT NOTICE-PLEASE READ-I agree to comply with applicable state regulation, project specifications, OSHA/NEPA regulations, and Keers standard operating procedures/safety requirements when working in this area. I am fully aware of the potential detrimental effects of contamination and I assume all inherent occupational risks involved. By my signature below I acknowledge that I have read and fully understand the above notice.

Job No. 2002151 Date 4-1-30

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Work Classification Codes

20101 ASB: Site Preparation	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

Project Vacuult Bldg
 Location 220 S. Second St.
 Customer City of Rawton

EMPLOYEES: SIGN-IN LOG

Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. Albert Kovato	<i>[Signature]</i>	6:30 / 12:00	20105	12:30 / 2:30	20105	8.5
2. Benjamin Powell	<i>[Signature]</i>	7:00 / 12:00	20102	12:30 / 2:30	20102	8
3. Alus Yone	<i>[Signature]</i>	7:00 / 12:00	20102	12:30 / 2:30	20102	8
4. Harry Yone	<i>[Signature]</i>	7:00 / 12:00	20102	12:30 / 2:30	20102	8
5. Lee Nee	<i>[Signature]</i>	7:00 / 12:00	20102	12:30 / 2:30	20102	8
6.						
7.						
8.						
9.						
10.						

SUPERVISOR'S CHECKLIST

BEGINNING OF JOB

- Uniforms/ID Badges/PPE
- Training Certs & Medicals
- Notifications/Updates
- Start Pack, Production Worksheet
- QualPRO Manual, Abatement Plan and/or Project Specs
- Safety Planning
- Emergency Response Plan Posted
- Negative Exposure Assessment
- OSHA's Required
- Confined Space & Lock-out/tag-out
- Necessary Equip/Supplies

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG Total Hours#

Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed
1.				
2.				
3.				

BEGINNING OF WORK SHIFT/DAY

- Safety Meeting
- Production Worksheet: Record actual hours and production rate/hour.
- Set-up Air-Monitoring & Post
- Previous Day's Results (unless NEA) sign & date manometer printout
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- Check jobsite/inventory
- Check staging area & job board
- Change primary/secondary filters on Neg airs

COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed
Had the men cut open the floor to expose T&E.

DURING WORK SHIFT/DAY

- 2-Hours in containment
- Check work progress vs. goal
- Work organized for productivity
- Prep/abatement work NOT damaging surfaces, equipment, etc.
- Work practices in compliance with QualPRO, Abatement Plan and/or Specifications
- Jobsite safety hazards noted for safety meeting
- O&QC checklist filled out
- Check equipment
- Progress report to superintendent

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS
Couldnt use clear bags in some areas. Made sure they had plenty of

NEXT DAY PLAN/GOALS

END OF WORK SHIFT/DAY

- All wet waste in containers
- Containment/staging area clean
- Sign and date manometer printout
- Tools checked-in/secure
- Collect air cassettes/overnight
- Daily paperwork complete
- Equip/Disposal Trailer Locked
- Turn off water/lights
- Work area secure/locked
- Security called
- Record and analyze day's production on production worksheet

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK
Thought we had to remove file. that was not in scope.

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log	Removal Method Used
Regulated Work Area <input type="checkbox"/>	Item	Condition
Critical Barriers <input type="checkbox"/>		
Neg. Air Machines <input type="checkbox"/>		
Exhaust Locations <input type="checkbox"/>		
Decon Station <input type="checkbox"/>		
		<input type="checkbox"/> Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag <input type="checkbox"/> Component Removal <input type="checkbox"/> Outdoor Removal <input type="checkbox"/> RFCI Method <input type="checkbox"/> Disposal <input type="checkbox"/> Prep <input type="checkbox"/> Other (Describe)

END OF JOB

- Visual inspection form completed/signed off
- Final inspection form completed/signed
- Disposal manifest signed (by owner) & call for disposal pickup
- Leave job site clean
- Punch list items completed
- Rentals returned
- K-Team score cards completed
- Close-out documentation submitted

Albert Kovato
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 200151 Date 4-2-20

IMPORTANT NOTICE-PLEASE READ-I agree to comply with applicable state regulation, project specifications, OSHA/EPA regulations, and Keers standard operating procedures/safety requirements when working in this area. I am fully aware of the potential detrimental effects of contamination and I assume all inherent occupational risks involved. By my signature below I acknowledge that I have read and fully understand the above notice.

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20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/ND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/ND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/ND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/ND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/ND: Site Supervision

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Project
Vincart Bldg
Location
220 S. Second St
Customer
City of Raleigh, NC

EMPLOYEES: SIGN-IN LOG						
Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. <u>Wend Lamb</u>	<u>[Signature]</u>	<u>11:30</u>	<u>20005</u>	<u>11:36</u>	<u>20005</u>	<u>9.3</u>
2. <u>Harryl Yazzie</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20102</u>	<u>4:50</u>	<u>20102</u>	<u>9</u>
3. <u>Benjamin Powell Jr</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20102</u>	<u>11:36</u>	<u>20102</u>	<u>9</u>
4. <u>Lex L Noe</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20002</u>	<u>11:30</u>	<u>20005</u>	<u>9</u>
5. <u>Alvin Yazzie</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20102</u>	<u>11:30</u>	<u>20102</u>	<u>9</u>
6.						
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9.						
10.						

SUPERVISOR'S CHECKLIST
 BEGINNING OF JOB
 Uniforms/ID Badges/PPE
 Training Certs & Medicals
 Notifications/Updates
 Start Pack, Production Worksheet
 QualPRO Manual, Abatement Plan and/or Project Specs
 Safety Planning
 Emergency-Response Plan Posted
 Negative Exposure Assessment
 OSHA's Required
 Confined Space & Lock-out/tag-out
 Necessary Equip/Supplies

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG Total Hours: <u>48.5</u>				
Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed
1.				
2.				
3.				

BEGINNING OF WORK SHIFT/DAY
 Safety Meeting
 Production Worksheet: Record actual hours and production rate/hour.
 Set-up Air-Monitoring & Post
 Previous Day's Results (unless NEA) sign & date manometer printout
 Organize workers into work teams with goals/tasks
 Review/train workers on correct work practices
 Check jobsite/inventory
 Check staging area & job board
 Change primary/secondary filters on Neg airs

COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed
Have the crew go to base ment and clean up ACM debris and IS1 on pipes. Also had them go back to first floor where we cut out the floor and make sure we picked up any ACM debris.

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS
had the crew pick up soil that was under the pipes, make sure we did all the hard fittings, had Alvin make sure

DURING WORK SHIFT/DAY
 2-Hours in containment
 Check work progress vs. goal
 Work organized for productivity
 Prep/abatement work NOT damaging surfaces, equipment, etc.
 Work practices in compliance with QualPRO, Abatement Plan and/or Specifications
 Jobsite safety hazards noted for safety meeting
 QA/QC checklist filled out
 Check equipment
 Progress report to superintendent

NEXT DAY PLAN/GOALS

END OF WORK SHIFT/DAY
 All wet waste in containers
 Containment/staging area clean
 Sign and date manometer printout
 Tools checked-in/secure
 Collect air cassettes/overnight
 Daily paperwork complete
 Equip/Disposal Trailer Locked
 Turn off water/lights
 Work area secure/locked
 Security called
 Record and analyze day's production on production worksheet

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log	Removal Method Used
Regulated Work Area [.....] Critical Barriers [.....] Neg. Air Machines [.....] Exhaust Locations [N] → → Decon Station [.....]	Item Condition Location	<input type="checkbox"/> Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag <input type="checkbox"/> Component Removal <input type="checkbox"/> Outdoor Removal <input type="checkbox"/> RFI Method <input type="checkbox"/> Disposal <input type="checkbox"/> Prep <input checked="" type="checkbox"/> Other (Describe) <u>Chisel Up</u>

END OF JOB
 Visual inspection form completed/signed off
 Final inspection form completed/signed
 Disposal manifest signed (by owner) & call for disposal pickup
 Leave job site clean
 Punch list items completed
 Rentals returned
 K-Team score cards completed
 Close-out documentation submitted

04-28-05

KEERS QUALPRO® DAILY PROJECT LOG

IMPORTANT NOTICE-PLEASE READ--I agree to comply with applicable state regulation, project specifications, OSHA/EPA regulations, and Keers standard operating procedures/safety requirements when working in this area. I am fully aware of the potential detrimental effects of contamination and I assume all inherent occupational risks involved. By my signature below I acknowledge that I have read and fully understand the above notice.

Job No. 200151	Date 4-3-20
Contaminant <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead <input type="checkbox"/> Mold <input type="checkbox"/> Other (Specify Below)	
Project <i>Unroofed Bldg - Afton NW</i> Location <i>820 S. Second St</i> Customer <i>CITY OF Afton</i>	
SUPERVISOR'S CHECKLIST <input checked="" type="checkbox"/> BEGINNING OF JOB <input type="checkbox"/> Uniforms/ID Badges/PPE <input type="checkbox"/> Training Certs & Medicals <input type="checkbox"/> Notifications/Updates <input type="checkbox"/> Start Pack, Production Worksheet <input type="checkbox"/> QualPRO Manual, Abatement Plan and/or Project Specs <input type="checkbox"/> Safety Planning <input type="checkbox"/> Emergency Response Plan Posted <input type="checkbox"/> Negative Exposure Assessment <input type="checkbox"/> OSHA's Required <input type="checkbox"/> Confined Space & Lock-out/tag-out <input type="checkbox"/> Necessary Equip/Supplies BEGINNING OF WORK SHIFT/DAY <input type="checkbox"/> Safety Meeting <input type="checkbox"/> Production Worksheet: Record actual hours and production rate/hour. <input type="checkbox"/> Set-up Air-Monitoring & Post <input type="checkbox"/> Previous Day's Results (unless NEA) sign & date manometer printout <input type="checkbox"/> Organize workers into work teams with goals/tasks <input type="checkbox"/> Review/train workers on correct work practices <input type="checkbox"/> Check jobsite inventory <input type="checkbox"/> Check staging area & job board <input type="checkbox"/> Change primary/secondary filters on Neg airs DURING WORK SHIFT/DAY <input type="checkbox"/> 2-1 hours in containment <input type="checkbox"/> Check work progress vs. goal <input type="checkbox"/> Work organized for productivity <input type="checkbox"/> Prep/abatement work NOT damaging surfaces, equipment, etc. <input type="checkbox"/> Work practices in compliance with QualPRO, Abatement Plan and/or Specifications <input type="checkbox"/> Jobsite safety hazards noted for safety meeting <input type="checkbox"/> QA/QC checklist filled out <input type="checkbox"/> Check equipment <input type="checkbox"/> Progress report to superintendent END OF WORK SHIFT/DAY <input type="checkbox"/> All wet waste in containers <input type="checkbox"/> Containment/staging area clean <input type="checkbox"/> Sign and date manometer printout <input type="checkbox"/> Tools checked-in/secure <input type="checkbox"/> Collect air cassettes/overnight <input type="checkbox"/> Daily paper work complete <input type="checkbox"/> Equip/Disposal Trailer Locked <input type="checkbox"/> Turn off water/lights <input type="checkbox"/> Work area secure/locked <input type="checkbox"/> Security called <input type="checkbox"/> Record and analyze day's production on production worksheet END OF JOB <input type="checkbox"/> Visual inspection form completed/signed off <input type="checkbox"/> Final inspection form completed/signed <input type="checkbox"/> Disposal manifest signed (by owner) & call for disposal pickup <input type="checkbox"/> Leave job site clean <input type="checkbox"/> Punch list items completed <input type="checkbox"/> Rentals returned <input type="checkbox"/> K-Team score cards completed <input type="checkbox"/> Close-out documentation submitted	

Work Classification Codes		
20101 ASB: Site Preparation	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SHH: Supervision
20103 ASB: Cleanup/Detail	20504 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20505 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

EMPLOYEES: SIGN-IN LOG						
Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. Albert Louche	<i>[Signature]</i>	7:00	200151	3:30	200151	7.5
2. Alvis Yazzie	<i>[Signature]</i>	7:00	200151	3:30	200151	7
3. Harry Yazzie	<i>[Signature]</i>	7:00	200151	3:30	200151	7
4. Lex Nez	<i>[Signature]</i>	7:00	200151	3:30	200151	7
5. Ben Powell Jr	<i>[Signature]</i>	7:00	200151	3:30	200151	7
6.						
7.						
8.						
9.						
10.						

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG					Total Hours
Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed	
1.					
2.					
3.					

COMPLETED WORK DESCRIPTION. Note: Actual Quantities Removed
Locked down entire bldg. powder up. N/A.M. and bag. Disposed at Keers roll off

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

NEXT DAY PLAN/GOALS

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK
Project Complete

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log		
Regulated Work Area <input type="checkbox"/>	Item	Condition	Location
Critical Barriers <input type="checkbox"/>			
Neg. Air Machines <input type="checkbox"/>			
Exhaust Locations <input type="checkbox"/>			
Decon Station <input type="checkbox"/>			

- Removal Method Used**
- Negative Pressure Enclosure
 - Mini-Enclosure
 - Glove Bag
 - Component Removal
 - Outdoor Removal
 - R/PCI Method
 - Disposal
 - Prep
 - Other (Describe)
Demol

Albert Louche
 Project Leader/Supervisor (Printed Name)

Signed

01-28-05



QUALPRO® VISUAL INSPECTION REPORT

TASK SEQUENCING 1. Preparation 2. Removal/Abatement 3. Detail Final Cleaning 4. Post-Abatement Visual Inspection 5. Recleaning (if necessary)	6. Re-Inspection (if necessary)	Project Leader <i>Albert Louie</i>	E/PC <i>Chris Lauer</i>
	7. Lockdown Encapsulate	Project Number <i>200151</i>	Date/Hour <i>4/3/20</i>
	8. Final Clearance Air-Monitoring	Project Title <i>VACANT Bldg - RAYON ALMA</i>	
	9. Enclosure/Containment Takedown	Location <i>220 S. Second St.</i>	
	10. Final Inspection	Owner/Client <i>CITY OF RAYON</i>	

Post Abatement Visual Inspection Checklist
 Objective: absence of residue, dust, or debris on surfaces in work area (any residue, dust, or debris found during inspection must be assumed to contain ACM/LBP – reclean)

Equipment needed: flashlight, small screwdriver, putty knife, PPE, ladder, scaffolding

	AC: Affirmative/Complete	CA: Corrective Action Required	NA: Not Applicable	AC (3)	CA (3)	NA (3)
1. Check surfaces from which ACM/LBP has been removed (with the unaided eye) for remaining residue.				✓		
2. Enter all spaces where ACM/LBP abatement was performed and inspect all surfaces at close range. (Close enough to touch) use a ladder/scaffolding to reach high areas.				✓		
3. Touch and rub substrates from which ACM/LBP have been removed to identify any remaining ACM/LBP residue.				✓		
4. Use a flashlight for areas of inadequate illumination. Shine it across surfaces and notice if any remaining residue casts shadows.				✓		
5. Inspect areas that are difficult to reach or see, or have been covered/enclosed prior to demolition:				✓		
Check inside electrical J-boxes (pull covers) and behind conduit.				✓		
'Check inside air register covers of HVAC system (clean as far into duct as can be reached)				✓		
Check entire surface area to make sure nothing is covering surface that prevents adequate removal.				✓		
'Check air duct flanges, pipe hangers & suspended ceiling wall angle.				✓		
Check around/behind surface mounted fixtures.				✓		
'Check by poking screwdriver into spaces between steel beams and roof deck.				✓		
Check backside of steel beams including building corners.				✓		
Check bolts, nuts, hangars on steel beams and deck.				✓		
Check all the area around pipe elbows, tees, bolts and valves where ACM was mudded-on.				✓		
Check all surface area corners and perimeters, etc.				✓		
Check all surface area holes, crevices and openings.				✓		
'Check to see if floor tile/sheeting and mastic extend under wall plates or other fixed objects.				✓		
'Check tops of door jambs, window sills, etc.						
'Check wall studs/cavities, J-boxes, and ceiling openings/deck for over spray.						
6. Inspect poly barriers for residue and water between or behind layers of poly.						
7. Inspect crawl spaces on hands and knees with flashlight checking soil carefully for remaining debris. Note: No pieces of ACM/LBP shall be present on top or mixed in with loose soil.						
8. Report location of any inaccessible ACM/LBP on final inspection report form (brief: owner/consultant).						

The undersigned, having inspected the regulated work area according to industry guidelines and ASTM standards, certify that no visible ACM/LBP residue/dust/debris was discovered within the containment/regulated work area prior to clearance sampling/analytical and containment/regulated work area barrier removal.

SIGNED: *Albert Louie* Project Leader SIGNED: _____ Inspector Conducting Visual Inspection

DATE: *4/3/20* _____ Certification/License Number (if applicable)



QUALPRO® FINAL INSPECTION REPORT

CONTRACTOR

Customer Representative <i>Scott Berry</i>	Project Leader <i>Albert Locarte</i>	Service Coordinator <i>Chris Laram</i>
Company/Organization <i>City of Raton, N.M.</i>	Project Number <i>200151</i>	Date/Hour <i>4/3/20</i>
Address <i>228 Savage Ave</i>	Project Title <i>Vulcan Bldg - Raton N.M.</i>	Project Location <i>220 South Second St. Raton, NM</i>
City <i>Raton</i>	State <i>NM</i>	Zip <i>87740</i>
Phone Number <i>1-575-445-9551 - Cell</i>	Fax Number <i>1-575-838-1606 - Office</i>	Service(s) Provided (Check)
		<input checked="" type="checkbox"/> Asbestos Abatement <input type="checkbox"/> Lead Abatement <input type="checkbox"/> UST Removal <input type="checkbox"/> HVAC Air Duct Cleaning <input type="checkbox"/> Decontamination <input type="checkbox"/> Site Remediation <input type="checkbox"/> Demolition

The undersigned, having completed the scope of work, and after carefully inspecting the work area in accordance with Keers QualPRO® quality inspection procedures, and reviewing the final clearance sampling/analytical results (if applicable) authorize release of the work area.
 Signed: *[Signature]* Date: *4/3/20* Quality Checked by: _____ Date: _____
Project Leader

Project Completion Briefing Checklist ✓ <input checked="" type="checkbox"/> Work area left clean and neat. <input checked="" type="checkbox"/> Job walk-thru with customer representative explaining/reviewing all work completed. <input checked="" type="checkbox"/> Keys and any owner provided items returned. <input checked="" type="checkbox"/> Closeout documentation importance discussion (Owner will receive within 4 weeks). <input checked="" type="checkbox"/> Repairs needed due to destructive nature of work, to be repaired at Keers' expense <input type="checkbox"/> Other information or concerns customer should know <input type="checkbox"/> Other: _____ _____ _____ _____	Final Clearance Results (Asbestos & Lead Projects Only) <input checked="" type="checkbox"/> Analytical clearance results <i>OSHA'S</i> (asbestos release criteria: .01 fibers/cc PCM or 70 structures/mm ² TEM). Lead release: interior floors 40 µg/ft ² ; interior windowsills 250 µg/ft ² ; window trough 400 µg/ft ² . Soil: play areas 400 ppm; remainder of yard 1200 ppm. Important-Asbestos Projects Only <input type="checkbox"/> Location and quantity of ACM/PACM remaining in the work area, not scheduled for abatement (required per OSHA 29 CFR 1926.1101). _____ Responsibility of building owner to post warning signs at entrances to areas which employees enter, identifying class 1 ACM/PACMs present, location and work practices required to ensure no disturbance (OSHA 29 CFR 1926.1101).
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Comments

I acknowledge that the applicable items on the project completion-briefing checklist have been reviewed with me by my Keers Environmental representative to my satisfaction. I have inspected the job-site and work completed. All work contracted has been performed in an acceptable manner in accordance with the proposal/agreement and/or contract/specifications, other than noted above.

Signed: *[Signature]* Date: *4/3/20*
 Owner or Authorized Representative

Customer Authorized Representative

KIEIERS QualPRO™

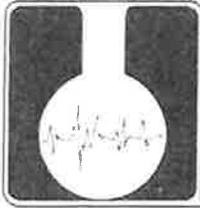
SAMPLING FORM

Project Number 200151	Date 3-31-20	Analysis Required (Circle One)	
Project Title VANARD Bldg 2205 5th Aven.	Lead Asbestos	Other (Specify)	
Project Location 2205 5th Aven. St.	On-Site Competent Person Albert Kowale	Signature	
Customer/Owner City of Raton	Kotometer #	Calibration Date	

Sample No. (Job#/Date/Sample#)	Time On	Starting Flow Rate (LPM)	Time Off	Ending Flow Rate (LPM)	Total Minutes	Total Air Volume	Employee Name Social Sec. #	Task Code	Sample Code	Lab Results	8 Hour TWA	STEL (Asb.)	Material Code	% ASB ACM Type Code	Eng. Controls Code	Work Areas Code
200151 33130 1	8:00 a.m.	2.0	8:30 p.m.	2.0	30	60	Lex Nez	WF	E	—	—	—	VAT	—	W	I
2	8:30 a.m.	2.0	11:45 p.m.	2.0	195	390	Lex Nez	ME	P	—	—	—	Widson	—	—	—
3	12:45 a.m.	2.0	6:00 p.m.	2.0	195	390	Lex Nez	ME	P	0.0077	—	—	—	—	—	—
4	a.m.		p.m.				Blank			—	—	—	—	—	—	—
5	a.m.		p.m.				Blank			—	—	—	—	—	—	—
OSTIAS																

Samples Relinquished by: Albert Kowale	Date 3-31-20
Samples Received by:	Date
Samples Relinquished by:	Date
Lab Sent to: Assaigai	Date 4/6/20
Lab Signatures:	Date
Chain of Custody continued internally within Lab	Purchase Order #
Required Turn Around (Hrs) 72	200151-04

- TASK CODES (ASBESTOS & LEAD)**
 AR - Asphalt Roof Removal
 CA - Clean-up Activities
 CS - Ceiling Scrape
 CR - Cement Transite Removal
 ED - Equipment Demolition
 FM - Fluid Mastic Removal
 MF - Manual Flooring Removal
 MD - Manual Demolition
 MM - Mech. Mastic Removal
 PA - Preparation Activities
 RF - RFCl Method
 SE - Soil Excavation
- SR - Sprayed Preproofing Removal**
TR - TSI Removal
AB - Abrasive Blasting
AV - Abrasive Vacuum blasting
CO - Component Removal
CH - Chemical Stripping
EE - Encap/Enclosure
MS - Manual Scapping
PS - Pneumatic Scuffing/Scabbler
WB - Waterblasting
BS - Bulk Sampling
OT - Other
- WORK AREA CODES**
 I - Indoor
 CS - Craw Space
 AP - Attic Plenum
 BR - Boiler Room
 R - Roof
 O - Outdoor
 OT - Other (Specify)
- ENG. CONTROL CODES**
 NPE - Neg. Pressure Enclosure
 ME - Mini Enclosure
 GB - Glove Bag
 W - Wet
 OT - Other (Specify)
- ANALYSIS CODE/LAB RESULTS**
 A - f/cc
 D - Damaged Filter
 L - p/m
 ND - None Detected
 NA - Not Analyzed
 O - Overloaded
 T - s/mm
 OT - Other (Specify)
- SAMPLING CODES**
 B - Field Blank
 C - Clearance
 E - Excursion
 G - General Environ.
 P - Personal
 W - Wipe
 S - Soil
 C - Composite
 T - TCLP
- ASBESTOS TYPE CODES**
 C - Chrysotile
 A - Amosite
 CR - Crocidolite
 T - Tremolite
 AC - Actinolite
 AN - Anthophyllite



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

AIRBORNE FIBER ANALYSIS REPORT

To: KEERS REMEDIATION, INC.
5904 FLORENCE AVE. NE
ALBUQUERQUE, NM 87113
Fax: 505-823-2766
Attn: Emily Sanchez

Date Received: 4/6/2020
Date Completed: 4/9/2020
Airborne Fiber Analysis
Workorder: A57060
No. of Analyses: 05

Method: Each filter has been analyzed following the NIOSH 7400 Method. A wedge from each filter has been examined using a phase contrast microscope. Set "A" counting rules were used.

Location: 200151-Vacant Bldg 220 S. Second St/Sample Date:03/31/20

Sample ID	Fiber Count		Volume (liters)	Det. Limit (f/cc)	Comments
	(f/cc)	(f/fds)			
200151-03/31/20-1	---	Uncountable	60	0.032	
200151-03/31/20-2	---	Uncountable	390	0.0049	
200151-03/31/20-3	0.0077	6.5/100	390	0.0049	
200151-03/31/20-4	---	0/100	Field Blank	---	
200151-03/31/20-5	---	0.5/100	Field Blank	---	

Analyst:

Liliana Castro

We appreciate the opportunity to perform analytical work for you. If you have any questions, please call.

Respectfully submitted,

William P. Biava, Asbestos Laboratory Manager

KEIERS™ QualPRO

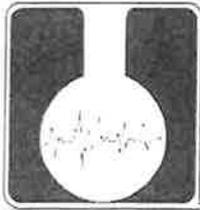
SAMPLING FORM

Project Number 200151	Date 4-1-20	Analysis Required (Circle One)	
Project Title Albany Bldg	Lead	Asbestos	Other (Specify)
Project Location 205 Second St.	On-Site Competent Person Albert J. ...	PCM	TEM
Customer/Owner City of Rahway, NJ	Signature <i>[Signature]</i>	Rotometer #	Calibration Date

Sample No. (Job/Date/Sample#)	Time On	Starting Flow Rate (LPM)	Time Off	Ending Flow Rate (LPM)	Total Minutes	Total Air Volume	Employee Name Social Sec. #	Task Code	Sample Code	Lab Results	8 Hour TWA	STEL (Asb.)	Material Code	% ASB ACM Type Code	Eng. Controls Code	Work Areas Code
200151 4-1-20	7:50 a.m.	2.0	8:00 p.m.	2.0	30	60	HARRY YAZZIE	GB	E	<0.032			TSI		GB	I
2	8:00 a.m.	2.0	8:00 p.m.	2.0	240	480	HARRY YAZZIE	GB	P	0.0085			↓		↓	↓
3	8:30 a.m.	2.0	3:00 p.m.	2.0	180	360	HARRY YAZZIE	GB	P	<0.0053			↓		↓	↓
4	a.m.		p.m.				BLANK									
5	a.m.		p.m.				BLANK									

Samples Relinquished by: <i>Albert J. ...</i>	Date 4-1-20
Samples Relinquished by:	Date
Samples Relinquished by:	Date
Lab Sent to: Assaiqal	Date 4/6/20
Lab Signature:	Date
Chain of Custody continued internally within Lab	
Required Turn Around (Hrs) 72	Purchase Order # 200151-04

- TASK CODES (ASBESTOS & LEAD)**
- AR - Asphalt Roof Removal
 - CA - Clean-up Activities
 - CS - Ceiling Scraping
 - CR - Cement Transite Removal
 - DR - Drywall Removal
 - ED - Equipment Demolition
 - FM - Fluid Mastic Removal
 - MF - Manual Flooring Removal
 - MD - Manual Demolition
 - MM - Mech. Mastic Removal
 - PA - Preparation Activities
 - RF - RFI Method
 - SE - Soil Excavation
- SR - Sprayoff Fireproofing Removal**
TR - TSI Removal
AB - Abrasive Blasting
AV - Abrasive Vacuum Blasting
CO - Component Removal
CH - Chemical Stripping
EE - Encap/Enclosure
MS - Manual Scraping
PS - Pneumatic Sealing/Seablier
WB - Waterblasting
BS - Bulk Sampling
OT - Other
- WORK AREA CODES**
- I - Indoor
 - CS - Civil Space
 - AP - Attic Plenum
 - BR - Boiler Room
 - R - Roof
 - O - Outdoor
 - OT - Other (Specify)
- ENG. CONTROL CODES**
- NPE - Neg. Pressure Enclosure
 - ME - Main Enclosure
 - GB - Glove Bag
 - W - Wet
 - OT - Other (Specify)
- ASBESTOS TYPE CODES**
- C - Chrysotile
 - A - Amosite
 - CR - Crocidolite
 - T - Tremolite
 - AC - Actinolite
 - AN - Anthophyllite
- SAMPLING CODES**
- B - Field Blank
 - C - Clearance
 - E - Excursion
 - G - General Environ.
 - P - Personal
 - W - Wipe
 - S - Soil
 - C - Composite
 - T - TCLP
- ANALYSIS CODE/LAB RESULTS**
- A - Fee
 - D - Damaged Filter
 - L - ppm
 - ND - None Detected
 - NA - Not Analyzed
 - O - Overloaded
 - T - S/ml
 - OT - Other (Specify)



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

AIRBORNE FIBER ANALYSIS REPORT

To: KEERS REMEDIATION, INC.
5904 FLORENCE AVE. NE
ALBUQUERQUE, NM 87113

Date Received: 4/6/2020

Date Completed: 4/9/2020

Airborne Fiber Analysis

Fax: 505-823-2766

Workorder: A57061

No. of Analyses: 05

Attn: Emily Sanchez

Method: Each filter has been analyzed following the NIOSH 7400 Method. A wedge from each filter has been examined using a phase contrast microscope. Set "A" counting rules were used.

Location: 200151-Vacant Bldg 220 S. Second St/Sample Date:04/01/20

Sample ID	Fiber Count		Volume (liters)	Det. Limit (f/cc)	Comments
	(f/cc)	(f/fds)			
200151-04/01/20-1	<0.032	3/100	60	0.032	
200151-04/01/20-2	0.0085	9/100	480	0.0040	
200151-04/01/20-3	<0.0053	2/100	360	0.0053	21
200151-04/01/20-4	----	0/100	Field Blank	---	
200151-04/01/20-5	----	1/100	Field Blank	---	

COMMENTS:

21: 8 Hour Time Weighted Average (TWA) for Harryl Yazzie ≤ 0.0082 f/cc

Analyst:

Liliana Castro

We appreciate the opportunity to perform analytical work for you. If you have any questions, please call.

Respectfully submitted,

William P. Biava, Asbestos Laboratory Manager

KIEERS™ QualPRO

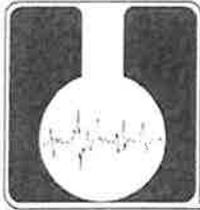
SAMPLING FORM

Project Number 200151	Date 4-2-20	Analysis Required (Circle One) Asbestos Lead Other (Specify)	
Project Title Unsubst. Bldg - Barber NM		Signature [Signature]	
Project Location 220 South Second St.		On-Site Competent Person Albert Bank	
Customer/Owner CITY OF PORTER		Rotometer #	
		Calibration Date	

Sample No. (Job#/Date/Sample#)	Time On	Starting Flow Rate (LPM)	Time Off	Ending Flow Rate (LPM)	Total Minutes	Total Air Volume	Employee Name Social Sec. #	Task Code	Sample Code	Lab Results	8 Hour TWA	STEL (Ash.)	Material Code	% ASB	Eng. Controls Code	Work Areas Code
4-2-20 200151 / 1	7:10 a.m.	2.0	8:00 a.m.	2.0	30	60	Benjamin Powell Jr	CA	E	0.048			TSI		W	I
2	8:00 a.m.	2.0	12:00 p.m.	2.0	240	480	Ben Powell Jr	CA	P	0.0045			↓		↓	↓
3	a.m.		p.m.			1	BLANK		BLK	—						
4	a.m.		p.m.				BLANK			—						
	a.m.		p.m.													
	a.m.		p.m.													
	a.m.		p.m.													
	a.m.		p.m.													
	a.m.		p.m.													
	a.m.		p.m.													

Samples Relinquished by: Albert Bank	Date 4-2-20
Samples Relinquished by:	Date
Samples Relinquished by:	Date
Lab Sent to: Assaigai	Date 4/6/20
Lab Signature:	Date
Chain of Custody continued internally within Lab	Purchase Order # 200151-04
Required Turn Around (Hrs) 72	

- TASK CODES (ASBESTOS & LEAD)**
- AR - Asphalt Roof Removal
 - CA - Clean-up Activities
 - CS - Ceiling Straps
 - CR - Cement Transite Removal
 - ED - Equipment Demolition
 - FM - Fluid Mastic Removal
 - MF - Manual Flooring Removal
 - MD - Manual Demolition
 - MM - Mech. Mastic Removal
 - PA - Preparation Activities
 - RF - RFCl Method
 - SI - Soil Excavation
 - SR - Sprayed Fireproofing Removal
 - TR - TSI Removal
 - AB - Abrasive Blasting
 - AV - Abrasive Vacuum Blasting
 - CO - Component Removal
 - CI - Chemical Stripping
 - EF - Encap/Enclosure
 - MS - Manual Scraping
 - PS - Pneumatic Sealing/Seabler
 - WB - Waterblasting
 - BS - Bulk Sampling
 - OT - Other
- WORK AREA CODES**
- I - Indoor
 - CS - Civil Space
 - AP - Attic Plenum
 - BR - Boiler Room
 - R - Roof
 - O - Outdoor
 - OT - Other (Specify)
- ENG. CONTROL CODES**
- NPE - Neg. Pressure Enclosure
 - ME - Mini Enclosure
 - GB - Glove Bag
 - W - Wet
 - OT - Other (Specify)
- ANALYSIS CODES/LAB RESULTS**
- A - f/cc
 - D - Damaged Filter
 - L - µ/m
 - ND - None Detected
 - NA - Not Analyzed
 - O - Overloaded
 - T - s/mm
 - OT - Other (Specify)
- MATERIAL DESCRIPTION CODES**
(See Back)
- SAMPLING CODES**
- B - Field Blank
 - C - Clearance
 - E - Excursion
 - G - General Environ.
 - P - Personal
 - W - Wipe
 - S - Soil
 - C - Composite
 - T - TCLP
- ASBESTOS TYPE CODES**
- C - Chrysotile
 - A - Amosite
 - CR - Crocidolite
 - T - Tremolite
 - AC - Actinolite
 - AN - Anthrophylite



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

AIRBORNE FIBER ANALYSIS REPORT

To: KEERS REMEDIATION, INC.
5904 FLORENCE AVE. NE
ALBUQUERQUE, NM 87113
Fax: 505-823-2766
Attn: Emily Sanchez

Date Received: 4/6/2020
Date Completed: 4/9/2020
Airborne Fiber Analysis
Workorder: A57063
No. of Analyses: 04

Method: Each filter has been analyzed following the NIOSH 7400 Method. A wedge from each filter has been examined using a phase contrast microscope. Set "A" counting rules were used.

Location: 200151-Vacant Bldg 220 S. Second/Sample Date: 04/02/20

Sample ID	Fiber Count		Volume (liters)	Det. Limit (f/cc)	Comments
	(f/cc)	(f/fds)			
200151-04/02/20-1	0.048	7/100	60	0.032	
200151-04/02/20-2	0.0045	5.5/100	480	0.0040	21
200151-04/02/20-3	---	1.5/100	Field Blank	---	
200151-04/02/20-4	---	0.5/100	Field Blank	---	

COMMENTS:

21: 8 Hour Time Weighted Average (TWA) for Benjamin Powell = 0.0053 f/cc

Analyst:


Liliana Castro

We appreciate the opportunity to perform analytical work for you. If you have any questions, please call.

Respectfully submitted,


William P. Biava, Asbestos Laboratory Manager



Special Waste Disposal, Inc
5904 Florence Ave. NE
Albuquerque, New Mexico 87113
Office 505.828.2650
Disposal Site: 505.847.2917

WASTE MANIFEST FOR SHIPMENT OF ASBESTOS WASTES TO SPECIAL WASTE DISPOSAL FACILITY

Located 14 Mi. So. On Highway 55

from Mountainair, New Mexico

All applicable blanks MUST BE COMPLETED, Including signatures

Part I GENERATOR

A generator must sign and keep a copy of each manifest in accordance with NMAC 20.9.8.19 and retain a hand signed copy from the designated facility that received the waste. Only hand signed copies are legal documents for generators.

Job Number: 200151 Tracking Number: AQBA15415.(005)
 Project Name: CITY OF RATON Generator Name: CITY OF RATON NM
 Address: 220 SOUTH 2ND ST. Address: 228 SAUVAGE AVE
 City/State/Zip: RATON, NM 87740 City/State/Zip: RATON, NM. 87740
 Telephone: 1-575-445-9551 Telephone: 1-575-445-9551

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Scott Barry
Name of Authorized Agent

[Signature]
Signature

040320
Waste Generation Date

Part II CONTRACTOR

Contractor Name: Keeps Remediation
 Address: 5904 FLORENCE AVE NE
 City/State/Zip/Phone: ALBUQ. NM. 87113 (505) 823-9006

CONTENTS

Responsible Agency <u>NMED</u>			
Address: <u>1190 ST. FRANCIS DRIVE</u>			
City/State/Zip: <u>SANTA FE, NM 87502</u>			
Weight		Friable	<input checked="" type="checkbox"/>
Bags	<u>74</u>	Non-Friable	
Barrels		UN2212 Pkg. Group II	
Cu. Yds.	<u>4</u>	UN2590 Pkg. Group III	

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all-respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Special Handling Instructions:

Waste Description
T51, Lindcoor, NAT

Albert Louato
Name of Authorized Agent

[Signature]
Signature

Part III TRANSPORTER

Name of Transporter #1: Keeps Remediation Special Waste Hauler Permit No.: 0101265
 Mailing Address: 5904 FLORENCE AVE NE Phone No. 823-9006 Truck License No. K0738
 Name of Transporter #2: Special Waste Rem Special Waste Hauler Permit No.: 000001
 Mailing Address: 5904 FLORENCE AVE NE Phone No. 823-9006 Truck License No. K41K22K

The following statement must be signed by the truck driver prior to unloading at the Special Waste Disposal Facility. "I certify that no other material has been placed in this truck since the containers described in Part I of the form were loaded."

Signature of Transporter #1: [Signature] Date Received 040320
 Signature of Transporter #2: [Signature] Date Received 042120

Part IV DISPOSAL SITE

This is to certify that the Special Waste Disposal Facility, operating under NMED Solid Waste Bureau Facility ID No. SWM013035 (SP) has been approved for the disposal of asbestos waste has received the above indicated waste (except for noted discrepancies)

Discrepancy Explanation:

Active Area# 5 Cell # 2 Date Received 042120

Authorized Signature: [Signature]

RESPONSIBLE AGENCY
New Mexico Environment Department
Solid Waste Bureau
1190 St. Francis Drive
Santa Fe, NM 87502



QUALPRO® EMERGENCY RESPONSE PLAN
 Albuquerque, NM: 505.823.9006
 El Paso, TX: 915.772.8157

Job Name: Raton 220 South 2nd Street		Job Site Telephone Number:	
Job Site Physical Address: 220 South 2nd Street		Job Number: 200151	
Project Leader/Supervisor: <i>Albert Locasto</i>		Service Coordinator: <i>Chris Lopez</i>	
Customer:		Customer Telephone Number:	
EMERGENCY TELEPHONE NUMBER 911			
After Hours Telephone: '		Directions to Jobsite:	
Security Number:		Poison Control No.: <i>1-800-222-1222</i>	
Ambulance No.: <i>911</i>		Fire No.: <i>911</i>	Police No.: <i>911</i>
Report All Injuries Immediately 1-800-327-8642			
Draw Floor Plan of work area and show quickest emergency evacuation route for workers.			
NEAREST EMERGENCY MEDICAL FACILITIES			
Name		Address	Telephone
ACCIDENT PROCEDURES		Directions to nearest emergency medical facility listed above:	
1. If serious injury, stop all work efforts			
2. Do not move injured if not in danger			
3. Render first aid if qualified to do so			
4. Direct ambulance to injured			
5. Complete accident report			

Important Reminder to Project Leader: This plan must be created for every job, and displayed on your job board.

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