

September 23, 2011

North Carolina DSCA Program
North Carolina Division of Waste Management
401 Oberlin Road, Suite 150
Raleigh, NC 27605-1350

Attn: Billy Meyer

RE: Building Demolition Report
BB&T Site
1103 W Club Blvd
Durham, Durham County, North Carolina
DSCA Site # 032-0013
W&R Project Number: 2060496.32

Dear Mr. Meyer:

In accordance with State Lead Authorization for Work (SLAW) 017, Withers & Ravenel (W&R) has prepared this letter to summarize the building demolition activities completed at the subject site the week of July 18th, 2011. As described in the Interim Risk Management Plan (IRMP), the former BB&T building located at the site was demolished to prevent exposure to contamination at the subject property. The scope of work summarized herein was completed as outlined in the approved Interim Risk Management Plan (IRMP), prepared by W&R for the site.

Background

The 2,925 square foot single-story building located on the subject site was operated as dry-cleaning facility named "One-Hour Martinizing Cleaners" from approximately 1963 through 1975. Subsurface contamination resulting from operation of the dry-cleaners was discovered in 1993. W&R completed an indoor air sampling event for the on-site building in April 2009. Based on analytical results, elevated concentrations of tetrachloroethylene (PCE) created a chronic health risk to occupants of the building. The PCE concentrations identified in the indoor air of the building likely resulted from the accumulation vapors from the subsurface due to construction of the building foundation. The building was condemned by the City of Durham due to the health risk identified in the building. An IRMP was developed which included demolition of the building and recordation of site-specific land use restrictions to enable future assessment and remediation of

contamination and also eliminate the hazard from exposure to contaminated air inside the building. After a public meeting on March 29th, 2011 and a 30-day period of public review and comment, the IRMP was finalized and a demolition plan was established for the site.

The following paragraphs summarize the demolition activities completed at the subject site.

Public Notice

In accordance with the April 2011 IRMP, DSCA mailed letters on June 6, 2011 concerning the dates of asbestos abatement and demolition activities to all residents within and contiguous to the contamination plume, as well as Trinity Park Neighborhood Association (TPNA), Durham Area Transit Authority (DATA), and interested parties that had provided contact information. Notices providing the same information were also posted to the subject building and adjacent bus stop two weeks prior to the scheduled demolition. A website maintained by the DSCA program also posted updates of the schedule on a weekly basis from June through August. A copy of the notice posted at the DATA bus stop is included in **Attachment A**.

Asbestos Abatement Activities

An asbestos survey was completed by EME, Inc. on March 2, 2011 for the subject building. The results of the survey indicated non-friable asbestos material was present in several floor tiles and the roofing material. According to the EPA, non-friable asbestos material is a material containing more than 1% asbestos but not able to be crumbled, pulverized or reduced to powder by hand pressure when dry. Non-friable asbestos material has a low probability of releasing asbestos fibers into the air unless damaged, and poses a relatively low inhalation risk. In accordance with City of Durham building code, EME was contracted to properly remove the asbestos material prior to demolition of the building. EME performed asbestos abatement activities from June 11th through 15th, 2011. All asbestos abatement activities were performed in accordance with local, state and federal regulations. Upon completion of the asbestos abatement at the site, EME submitted a final asbestos abatement report to the City of Durham to obtain a demolition permit for the property. A copy of the asbestos abatement report is provided in **Attachment B**. A copy of the Asbestos Waste Shipment Record is provided in **Attachment C**.

Building Demolition

W&R contracted EME, Inc to complete building demolition activities at the subject site. EME removed all fluorescent light bulbs, mercury containing thermostats and PCB light ballasts for disposal in accordance with State and Federal Standards prior to commencing demolition of the building. W&R and EME notified all utility companies with services to the property of the scheduled demolition. All utilities were properly disconnected prior to

demolition. Demolition of the exterior of the building began on June 19th, 2011. A six-foot chain link security fence was erected around the perimeter of the property prior to demolition activities. Sidewalks along W. Club Boulevard and the DATA bus stop remained accessible to the public throughout the demolition process. A flagman was utilized to direct both vehicular and pedestrian traffic as dump trucks entered and exited the subject site. Building material that did not contain recyclable metal, asbestos, mercury or PCBs were disposed at the City of Durham's Waste Disposal and Recycling Center with final disposal at a Subtitle D Landfill in Virginia. Upon completion of demolition activities, EME filled voids along the brick footings and in the building slab with concrete. All contaminated soils are capped by either the concrete building pad or the asphalt parking lot. A photographic record of the demolition activities is provided in **Attachment D**.

Ambient Air Monitoring

W&R monitored ambient air across the site and downwind of the site during demolition activities. A ppbRAE 3000 photoionization detector (PID) was used to measure volatile organic compounds (VOCs) in outdoor air periodically throughout the day during the demolition process. Background VOC concentrations ranged from approximately 3 to 6 parts per million (ppm) on July 19th, 2011 prior to commencing demolition activities. Background VOCs may be attributed to vehicular emissions from traffic on W. Club Blvd. A Dräger Chip-Measurement-System was used in conjunction with the PID for detection of PCE concentrations in ambient air. PCE ambient air concentrations were not detected above the instrument detection limit of 5 ppm throughout the demolition process. A log of the ambient air monitoring is summarized in **Table 1** provided in **Attachment E**.

EME used a water fog as needed to reduce dust and particulate generation during the demolition. Minimal water was used and sediment control techniques were implemented to prevent runoff of particulate material in the stormwater drainage system on the subject site.

After all demolition activities were completed on the site, W&R collected an 8-hour ambient air sample on August 1st, 2011 using a 6-liter summa canister with flow controller. The sample was submitted to ESC Lab Sciences for analysis of tetrachloroethene (PCE), trichloroethene (TCE), cis-1,2-dichloroethene (DCE), trans-1,2-DCE, and vinyl chloride by EPA Method TO-15. According to analytical results, PCE was detected at a concentration of 0.81 $\mu\text{g}/\text{m}^3$. In accordance with the IRMP, the NC Division of Air Quality's Acceptable Ambient Level (AAL) for PCE, 190 $\mu\text{g}/\text{m}^3$, was compared to ambient air samples taken on-site after the demolition was complete. The measured PCE in ambient air after the demolition was considerably less than the level established in the IRMP. The analytical results of the ambient air sample are summarized in **Table 2** and provided in **Attachment E**. A copy of the laboratory report and chain of custody (COC) are provided in **Attachment F**. Upon completion of ambient air monitoring, the security fence was removed from the property.

Conclusion

In accordance with the IRMP, the building on the subject site was demolished to enable further assessment and remediation of contaminated soil and groundwater beneath the building. Condemnation of the building by the city of Durham temporarily removed the hazard of exposure to PCE inside the air of the building. Demolition of the building permanently removed the hazard of occupants of this building being exposed to the PCE in air.

Land use restrictions implemented on the property limit the properties use to parking, landscape areas, or walkways. No groundwater or surface water use is permitted on the subject property, and no disturbance of cover or soils is allowed without DENR notification and approval. All subsurface contamination is to remain beneath the asphalt parking lot and concrete building slab until further remedial activities are completed at the site. Annual certification that the LURs are in compliance must be submitted to DENR by the property owners.

We appreciate the opportunity to be of service to the DSCA program. Should you have any questions regarding the contents of this submittal, please do not hesitate to contact me at 919-535-5218.

Sincerely,

WITHERS & RAVENEL, INC.



Laura Powers, P.E.
Project Engineer



C. Chan Bryant, P.E.
Project Manager

Attachments: A) DATA Public Notice; B) Asbestos Abatement Report; C) Asbestos Waste Shipment Record; D) Photographic Record; E) Ambient Air Monitoring Data; F) Laboratory Report and COC

**ATTACHMENT A –
DATA Public Notice**



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Public Notice

NOTICE OF REMEDIATION ACTIVITIES FOR A FORMER DRY-CLEANING SOLVENT FACILITY

Former BB&T Site
1103 West Club Blvd.
Durham, North Carolina
DSCA Site #32-0013

The Dry-Cleaning Solvent Clean-up Act (DSCA) Program has been conducting an investigation of the dry-cleaning solvent contamination associated with the Former BB&T Site at 1103 W. Club Blvd. in Durham, North Carolina. As described in the Interim Risk Management Plan (IRMP), the DSCA Program is preparing to implement an interim remedial strategy to prevent exposure to contamination at the subject property. As part of the interim remedial strategy, the Former BB&T building currently located at the site is scheduled to be demolished.

Demolition of the building is scheduled for July 18th through July 22nd, 2011.

During demolition activities at the subject site, DSCA's contractor will request a temporary closure of a portion of Watts Street at its intersection with W. Club Blvd. to pedestrian and vehicle traffic. Sidewalks located along W. Club Boulevard will remain open and use of this Durham Transit Authority (DATA) bus stop will operate as usual unless air conditions during the demolition activities require temporary closure of the bus stop. Alternate bus stops are available along W. Club Blvd in the event this bus stop is temporarily closed. Ambient air conditions will be monitored throughout the demolition activities and occupants of surrounding properties will be notified in person should air monitoring exceed allowable concentrations. The Interim Risk Management Plan, DSCA's Response to Public Comments on the IRMP, and updates to the project are available for review on the DSCA website (http://portal.ncdenr.org/web/wm/dsca/bbt_updates).

If you have questions, please contact Billy Meyer at (919) 508-8415, or Pete Doorn at (919) 508-8578.

**ATTACHMENT B –
Asbestos Abatement Report**

Post-Job Submittal

*1103 WEST CLUB BLVD
DURHAM, NC*

*ASBESTOS ABATEMENT
DEMOLITION*



Index:

Contractors License

Daily Log Sheets

Employees

Permit

Waste Disposal Manifest

Insurance Certificate

CONTRACTORS LICENSE

License year

2011

License no.

63853

North Carolina

Licensing Board for General Contractors

This is to Certify That:

EME Industrial Services, LLC
Greensboro, NC

is duly registered and entitled to practice

General Contracting

Limitation: Unlimited
Classification: Building

until

December 31, 2011

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 1, 2011

This certificate may not be altered.




Chairman


Secretary-Treasurer

SECTION 00501

AGREEMENT

THIS AGREEMENT made this day of JUNE , 20 11, by and between Withers & Ravenel, Inc. hereinafter called "ENGINEER" and EME Industrial Services, LLC hereinafter called "CONTRACTOR."

WITNESSETH:

That for and in consideration of the payments and agreements hereinafter mentioned:

1. The CONTRACTOR shall complete all Work as specified or indicated in the Contract Documents. The Work is generally describes as follows:

Install a Soil Vapor Extraction remediation system, including all necessary equipment and appurtenances to start the remediation system.

2. The CONTRACTOR will furnish all of the material, supplies, tools, equipment, insurance, labor, and other services necessary for the construction and completion of the PROJECT, in accordance with the CONTRACT DOCUMENTS described herein.

3. The CONTRACTOR will commence the work required by the CONTRACT DOCUMENTS on the date of the NOTICE TO PROCEED and will complete the same within 30 calendar days unless the period for completion is extended otherwise by the CONTRACT DOCUMENTS.

4. The CONTRACTOR agrees to perform all of the WORK described in the CONTRACT DOCUMENTS and comply with the terms therein for the lump sum of \$28,878.00. *Notice the lump sum contains an additional \$500.00 from the lump sum bid price stated in the Bid Form to account for the cost of an additional three weeks of fence rental.*

5. The term "CONTRACT DOCUMENTS" means and includes the following:

- A. Bid Package
- B. Contractor's Bid
- C. Addenda
- D. Notice of Award
- E. Agreement
- F. Notice to Proceed
- G. General Conditions
- H. Supplementary Conditions
- I. Technical Specifications
- J. Drawings

6. The ENGINEER will pay the CONTRACTOR in the manner and at such times as set forth in the BID FORM such amounts as required by the CONTRACT DOCUMENTS.

7. This Agreement shall be binding upon all parties hereto and their respective heirs, executors, administrators, successors, and assigns.

IN WITNESS WHEREOF, the parties hereto have executed, or caused to be executed by their fully authorized officials, this Agreement in (2) copies each of which shall be deemed an original on the date first above written.

ENGINEER: Withers & Ravenel, Inc.

By: *Chan Bryant*

Name: Chan Bryant, P.E.

Title: Project Manager

Attest: *Sue Crow* (SEAL)

Name: *Sue Crow*

Title: *Office Administrator*



CONTRACTOR: EME Industrial Services, LLC

By: _____

Name: _____

Address: _____

Attest: _____ (SEAL)

Name: _____

Title: _____

END OF SECTION 00501

DAILY LOG SHEETS

DAILY PROJECT LOG

JOB# 11-074 DATE 7-18-11
 PROJECT NAME 1103 W. Club Blvd.
 WORK LOCATION Durham N.C.

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
KARL MACHOLETH	7:00	12:00	12:30	3:30	1236	
victor Reyes	7:00	12:00	12:30	3:30	2883	
Junio Reyes	7:00	12:00	12:30	3:30	6523	

SIGNATURE OF SUPERVISOR: Karl Macholeth

AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: Remove all electronic devices prior to start of demo. Get water truck & Hydrant meter.

COMMENTS: Set up and get ready to start Demo.

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

DAILY PROJECT LOG

JOB# 11-074 DATE 7-19-11
 PROJECT NAME 1103 W. Club Blvd.
 WORK LOCATION Durham N.C.

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
KARL MACHOLETH	7:50	12:00	12:30	4:30	1236	
Victor Reyes	8:00	12:00	12:30	4:30	2883	
Julio Reyes	8:00	12:00	12:30	4:30	6523	

SIGNATURE OF SUPERVISOR: Karl Macholeth

AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: Start Demo, Load Trucks, Put water on Building to keep dust down. Load Trucks and

COMMENTS: Keep all area's clean At all times.

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

DAILY PROJECT LOG

JOB# 11-074 DATE 7-20-11
 PROJECT NAME 1103 West Club Blvd.
 WORK LOCATION Durham N.C.

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
KARL MACHOLETH	7:00	12:00	12:30	4:30	1236	
Victor Reyes	8:00	12:00	12:30	4:30	2883	
Julio Reyes	8:00	12:00	12:30	4:30	6523	

SIGNATURE OF SUPERVISOR: Karl Macholeth

AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: Demolish ~~the~~ building, apply water as demo and load trucks. Keep all areas clean

COMMENTS: 2 Gunter trks 8 Hrs. each 8 loads each. to transfer station.

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

DAILY PROJECT LOG

JOB# 11-074 DATE 7-21-11
 PROJECT NAME 1003 W. Club Blvd.
 WORK LOCATION Durham N.C.

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
KARL MACHOLETH	7:00	12:00	12:30	4:30	1236	
Victor Reyes	8:00	12:00	12:30	4:30	2883	
Julio Reyes	8:00	12:00	12:30	4:30	6523	

SIGNATURE OF SUPERVISOR: Karl Macholeth

AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: Demolish rest of building down to slab sweep and clean areas. LOAD Trucks, apply water.

COMMENTS: 2 footer trucks 1-4 HRS
1-8 HRS.

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

DAILY PROJECT LOG

JOB# 11-074 DATE 7-22-11
 PROJECT NAME 1103 W. Club Blvd.
 WORK LOCATION Durham N.C.

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
<u>KARL MACHOLET</u>	<u>7:00</u>	<u>12:00</u>			<u>1236</u>	

SIGNATURE OF SUPERVISOR: *Karl Macholet*
 AIR MONITOR (if present): _____
 DESCRIPTION OF WORK PERFORMED: Return water meter, water truck etc.
 COMMENTS: _____

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

DAILY PROJECT LOG

JOB# 11-074 DATE 7-27-11
 PROJECT NAME 1103 West Club Blvd.
 WORK LOCATION Durham N.C.

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
KARL MACHOLETH	7:00	12:00	12:30	3:30	1236	
Victor Delgado	9:00	12:00	12:30	3:30	4258	
Moses Morales Garcia	9:00	12:00	12:30	3:30	8978 (8978)	

SIGNATURE OF SUPERVISOR: Karl Macholeth

AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: Put concrete down as directed by Laura Bowers with witters and

COMMENTS: Reviewed. Was more than quoted but that's what they wanted. Job Complete.

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

DAILY PROJECT LOG

JOB# H-074 DATE 7-16-11
 PROJECT NAME 1103 W Club Blvd
 WORK LOCATION Durham NC

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
Kenneth Grimes	7:00	11:00			2237	
Marbelle Pastrana	7:00				7584	
Edwin Quinto	7:00				8364	
Julio Reyes	7:00				6523	
UP FOR REYES	7:00				2003	
Rafael Hernandez	7:00				5335	

SIGNATURE OF SUPERVISOR: *[Signature]*

AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: _____

COMMENTS: _____

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

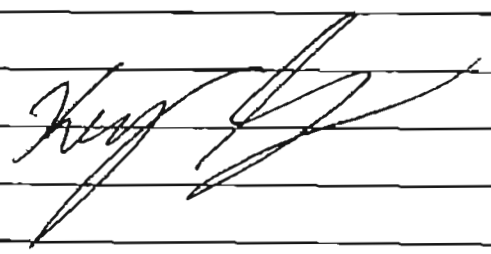
**SUPERVISOR'S
DAILY LOG**

Supervisor's Name Kenny Grimes Date 7-16-11

Project Name 1103 W club Blvd Job # 11-074

This log should reflect everything that happened today. Remember to record visitors, events, unusual items, accidents, etc.

The scope of work today was to remove the ballasts and thermostats. The workers remove all the ballasts in the entire Bldg and one each thermostat. The walls was remove to find the floor tile and mastic beneath it. The area was double checked and all ACM was completed.



1

DAILY PROJECT LOG

JOB# 11-074 DATE 7-15-11
 PROJECT NAME 1103 W Club Blvd
 WORK LOCATION Durham NC

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
K. Grimes	7:00	12:00	1:00	4:00		
Abias Ruiz Delgado					6983	66128
Julio Reyes					6523	68433
Rafael Hernandez					5835	62611
Fany Nunez					8146	62039
Edwin Escinto					8364	20488
Victor Reyes					2083	67283
+Saura Oliva					4518	67576
Victor Pun Delgado					4255	66127
Adolfa Candela					5294	6976
Miguel Hernandez 2					4493	65390
Palet Perez					4147	70528

SIGNATURE OF SUPERVISOR: [Signature]

AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: _____

COMMENTS: _____

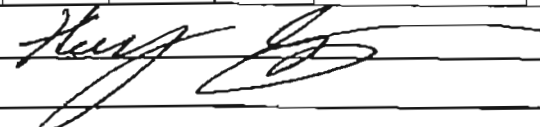
NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

DAILY PROJECT LOG

JOB# 11-074 DATE 7-15-11
 PROJECT NAME 1103 W Club Blvd
 WORK LOCATION Durham NC

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
Marbella Pastana	7:00	12:00	1:00	4:00	7584	67360
Twin Mesallon H	7:00	12:00	1:00	4:00	1989	68217

SIGNATURE OF SUPERVISOR: 
 AIR MONITOR (if present): _____
 DESCRIPTION OF WORK PERFORMED: _____

COMMENTS: _____

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

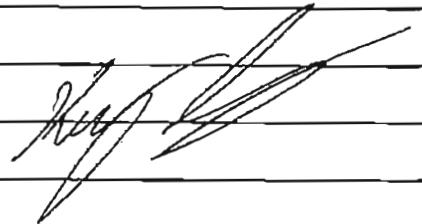
SUPERVISOR'S DAILY LOG

Supervisor's Name Ken Grimes Date 7-15-11

Project Name 1103 W Club Blvd Job # 11-074

This log should reflect everything that happened today. Remember to record visitors, events, unusual items, accidents, etc.

The workers continued working on the roof and the floor tile and mastic. The workers wore protective clothing and proper respiratory protection. The workers loaded the trailer with floor waste today, this was transported back to poly-lined container. The roof was completed today, include the parapet wall. The roof was final cleaned and ready for final inspection by Trinity Environmental along with the floor tile and mastic.



SAFETY INSPECTION CHECKLIST

JOB NAME 1103 W chs Blvd JOB# 11-074 DATE 7-11-11

NOTE: Explain Unsatisfactory conditions under comments

JOB SITE INFORMATION			
OSHA Poster Displayed	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Orientation Program	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Accident Report Files	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Emergency Phone #'s/Procedures	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
HOUSEKEEPING/SANITATION			
Construction Area	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Material Storage	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Adequate Sanitation Facilities	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
FIRE PROTECTION			
Extinguishers	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Fire Hazards (Flammable Materials)	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Flammable Liquids Storage	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
HAND TOOLS			
General Condition	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Proper Tools for Job	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
POWER TOOLS			
General Condition	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Grounded	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Guards in place	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
POWDER-ACTIVATED TOOLS			
General Condition	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Operators Licensed/Qualified	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Tools Checked in & in Good	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Working Condition	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Eye & Face Protection being Used	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
LADDERS			
General Condition	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Proper Use	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Tied Off	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A
Safety Feet	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
SCAFFOLDING			
Properly Erected	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A
Plank Condition	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A
Planks Secured	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A
Proper Guardrail	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A
Access Ladders	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A
Wheels Locked	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A
PERSONAL PROTECTIVE EQUIPMENT			
Hard Hats	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Eye Protection	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Hearing Protection	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A
Back Supports	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A
Fall Protection	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A

EME INDUSTRIAL SERVICES, LLC
WEEKLY SAFETY MEETING

Date: 7-12-11 Time: 7:00
JOB NAME: 1103 W. Club Blvd JOB# 11-074 SUPERVISOR R. Merigian

- Job posters are posted on job site.
- Explained location of telephones and emergency numbers
- Located electrical panels and circuit breakers in work area. All workers are familiar with its location and isolated breakers.
- Discussed any probable hazards, including the following:
 - 1) Machinery in work area (fork lifts, conveyor belts, fans, electrical motors, electrical junction boxes or electrical lines).
 - 2) Proper use of tools (including razor knives, razor scrapers, snips, flat hoes, etc.).
 - 3) Steam lines or other lines that are pressurized, or have chemicals in them.
 - 4) Possible trip or slip hazards (extension cords, loose or wet plastic miscellaneous material laying around).
- Explained chemicals on site including how to use them properly, where they are stored, what to do in case of an emergency, and location of MSDS Sheets.
- Explained where proper storage of all extra equipment and materials should be.
- Other topics discussed in meeting: PPE "Heat"
- All employees on the jobsite have attended the safety meeting.
- Sign in employees at the meeting:

Fany Nunez
Josias Ruiz Delgado
Josic L Plomer
Palet Perez
Victor Ruiz Delgado

Supervisor's Signature: Ronald Merigian
N/A = Not Applicable

EME INDUSTRIAL SERVICES, LLC
WEEKLY SAFETY MEETING

Date: 7-11-11 Time: 8:00

JOB NAME: 1103 W club blvd JOB# 11-014 SUPERVISOR Griffin

- Job posters are posted on job site.
- Explained location of telephones and emergency numbers
- Located electrical panels and circuit breakers in work area. All workers are familiar with its location and isolated breakers.
- Discussed any probable hazards, including the following:
 - 1) Machinery in work area (fork lifts, conveyor belts, fans, electrical motors, electrical junction boxes or electrical lines).
 - 2) Proper use of tools (including razor knives, razor scrapers, snips, flat hoes, etc.).
 - 3) Steam lines or other lines that are pressurized, or have chemicals in them.
 - 4) Possible trip or slip hazards (extension cords, loose or wet plastic miscellaneous material laying around).
- Explained chemicals on site including how to use them properly, where they are stored, what to do in case of an emergency, and location of MSDS Sheets.
- Explained where proper storage of all extra equipment and materials should be.
- Other topics discussed in meeting: Handout safety classes
Respiratory protection Protection clothing
- All employees on the jobsite have attended the safety meeting.
- Sign in employees at the meeting:

Julio Reyes

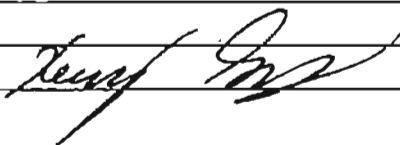
Marbella Contreras

Eduwin Brito

Rafael Hernandez

Victor Reyes

Supervisor's Signature: _____
N/A = Not Applicable



DAILY PROJECT LOG

JOB# 11-074 DATE 7-11-11
 PROJECT NAME 1103 W club Blvd
 WORK LOCATION Durham NC.

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
Kenny Grimes	6:00 8:00	6:30 12:00	12:30	4:00	2237	30055
Julio Rotes	6:00 8:00	6:30 12:00	12:30	4:00	6523	68433
Marbella Pastana	6:00 8:00	6:30 12:00	12:30	4:00	7584	67360
Edwin Espino	6:00 8:00	6:30 12:00	12:30	4:00	8364	70488
Rafael Hernandez	6:00 8:00	6:30 12:00	12:30	4:00	5335	67611
victor REYES	6:00 8:00	6:30 12:00	12:30	4:00	8983	67293

SIGNATURE OF SUPERVISOR: *Henry [Signature]*

AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: pre clean the area of debris install splash barrier throughout work area. started abatement on rear of Bldg

COMMENTS: _____

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		
Laura Powers	8:50		Willers & Aronel	

SUPERVISOR'S DAILY LOG

Supervisor's Name Kenneth Grimes Date 7-11-11

Project Name 1103 W Club Blvd Job # 11-074

This log should reflect everything that happened today. Remember to record visitors, events, unusual items, accidents, etc.

The scope of work was remove floor tile and mastic from the entire Bldg. The Area was pre clean of all debris next the workers installed plastic splash barrier on walls. The workers started abatement in the back half of Bldg first. The Area had multiple layer as many as three layers. The bottom layer had leveling compound with a 9x9" of tile and mastic beneath it. The Area had one ex NAM in place during the removal of the tile. The workers wore PPE and used wetting method during abatement. The Area was regulated with danger signs and danger tape. All the bags were double-bagged and loaded on a poly-line trailer.

DAILY PROJECT LOG

JOB# 11-074 DATE 7-12-11
 PROJECT NAME 1103 W. Clark Blvd.
 WORK LOCATION Durham, N.C.

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
Robert Meighan	7:00	12:00	1:00	4:00	6006	30585
Fany NUNEZ	↓	↓	↓	↓	8146	67039
Tobias Ruiz Delgado	↓	↓	↓	↓	6983	66128
Jos. S. L. Plomer	↓	↓	↓	↓	5666	65814
Joel Perez	↓	↓	↓	↓	4197	70528
Victor Ruiz Delgado	↓	↓	↓	↓	4258	66127
	↓					

SIGNATURE OF SUPERVISOR: Robert Meighan
 AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: Floor tile + mastic removal

COMMENTS: _____

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

SUPERVISOR'S
DAILY LOG

Supervisor's Name Robert Meighen Date 7-12-11

Project Name 1103 W. Club Blvd. Job # 11-074

This log should reflect everything that happened today. Remember to record visitors, events, unusual items, accidents, etc.

Arrived on site. Everyone suited up and respirators on. Continued on removal of leveling compound and mastic and tile. Cleaning up as we go. At end of shift secured trailer and work area.

Robert Meighen

DAILY PROJECT LOG

JOB# 11-074 DATE 7-13-11
 PROJECT NAME 1103 W. Club Blvd.
 WORK LOCATION Durham, NC,

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
Robert Meighen	7:00	12:00	1:00	4:00	6006	30585
Fany NUNZ	↓	↓	↓	↓	8146	67039
Victor Ruiz Ortega	↓	↓	↓	↓	4058	66127
Jorge L Plomer	↓	↓	↓	↓	8666	65814
polet percz	↓	↓	↓	↓	4147	70528
Zobias Ruiz Ortega	8:00	↓	↓	↓	6983	66128
	↓					

SIGNATURE OF SUPERVISOR: Robert Meighen

AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: Continue removal of tile and mastic

COMMENTS: _____

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

SUPERVISOR'S
DAILY LOG

Supervisor's Name Robert Meighan Date 7-13-11

Project Name 1103 W. Club Blvd. Job # 11-074

This log should reflect everything that happened today. Remember to record visitors, events, unusual items, accidents, etc.

Everyone suited up and respirators on. Continued mastic and tile removal in rear offices. Started tile removal in large area. Secured trailer and gate at end of shift.

Robert Meighan

DAILY PROJECT LOG

JOB# 11-074 DATE 7-14-11
 PROJECT NAME 1703 W. Club Blvd.
 WORK LOCATION Durham, N.C.

NAME OF WORKER	INSIDE CONTAINMENT				LAST 4 DIGITS OF SOCIAL SECURITY NO.	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT	TIME IN	TIME OUT		
Robert Meighen	7:00	12:00	1:00	4:00	6006	30545
polo perez					4147	70528
Irvin magallon					1984	60717
Victor Rojas					2083	67293
Miguel Hernandez					4493	68390
Edwin Espino					8369	70188
Julio Rotes					6523	68433
Robias Ruiz Dorado					6983	66128
Victor Ruiz Dorado					4258	66127
Adoka Candela					5294	69216
Esauro Oliva					4518	67518

SIGNATURE OF SUPERVISOR: Robert Meighen

AIR MONITOR (if present): _____

DESCRIPTION OF WORK PERFORMED: Floor tile removal and roof removal.

COMMENTS: _____

NAME OF VISITOR	INSIDE		COMPANY	NORTH CAROLINA ACCREDITATION NO.
	TIME IN	TIME OUT		

(Use back page if necessary for Comments)

SUPERVISOR'S
DAILY LOG

Supervisor's Name Robert Meighen Date 7-14-11

Project Name 1103 W. Club Blvd. Job # 11-074

This log should reflect everything that happened today. Remember to record visitors, events, unusual items, accidents, etc.

Everyone suited up and respirators on. Continued floor tile removal in large area. Also have 4 people starting removal of roofing material on flat section of roof. All debris bagged as we go. Also did a bag out of floor tile. Secured gate at end of shift. Down loaded bags at office.

Robert Meighen

EMPLOYEES

Physical

Asbestos Accreditation

Fit Test

Medical Surveillance



INDUSTRIAL SERVICES, LLC

Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

EMPLOYEE ROSTER

<u>EMPLOYEE</u>	<u>NC ASBESTOS ACCRED #</u>	<u>EXPIRES</u>	<u>SSN</u>
Supervisor			
Kenneth Grimes	30055	1/31/12	244-17-2237
Robert L. Meighen	30585	8/31/11	292-50-6006
Worker			
Adolfa Candela	69716	4/29/12	254-97-5294
Edwin Guinto	70488	3/31/12	587-38-8364
Fany Nunez	67039	6/30/12	516-79-8146
Isaura Oliva	67518	12/3/11	215-36-4518
Irvin Magallon H.	68717	10/31/11	280-52-1989
Jorge Plomer Lara	65814	3/19/12	238-12-5666
Julio Reyes	68433	4/30/12	544-21-6523
Marbella Pastrana	67360	5/6/12	613-90-7584
Miseal Hernandez	65390	7/31/12	619-58-4493
Tobias Delgado	66128	7/31/12	608-24-6983
Victor Delgado	66127	7/31/12	590-22-4258
Victor Reyes	67293	10/31/11	621-07-2883
Polet Perez	70528	8/30/11	598-20-4147
Rafael Hernandez	67611	1/31/12	607-56-5335



ASBESTOS EXPOSURE EXAMINATION
Written Medical Opinion

Employee: Kenneth Grimes Date of Birth: 10-10-61
Date of Exam: 9-4-10 SS#: 2237
Employer: FME Industrial Services LLC Tel: 336-664-003
Vital Signs: HT 69 Wt 180 BP 142/88 P 70 R 16

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

- In need of this additional evaluation to assess qualification: _____
- Medically qualified for the unrestricted use of respirators.
- Medically qualified for the use of respirators with the following restrictions:
 - Personal Egress / Evacuation Emergency only
 - Only PAPR
 - Other _____
- Medically NOT qualified for the use of respirators.
- In need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____

Comments:

Fitting Considerations: [] Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7360 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: _____
Signature: [Signature] Date: 9/8/2010

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health - Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center · Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 · Fax 919-870-4808

Beverly Perdue, Governor
 Janet M. Cansler, Secretary

Jeffrey P. Engel, MD
 State Health Director

January 31, 2011

Kenneth Grimes
 1117 Perkins Street
 Greensboro, NC 27401

Dear Mr. Grimes:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) SUPERVISOR. Your assigned North Carolina accreditation number is 30055, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site

Your North Carolina Supervisor accreditation will expire on JANUARY 31, 2012. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Supervisor after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to January 31, 2012. If you should continue to perform asbestos management activities as a(n) Supervisor without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,

Marita E Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit



North Carolina
 Asbestos Accreditation

EXPIRATION			
01-31-2012			
DOB	SEX	HT	WT
10-10-1961	M	5'9"	180
CLASS	#	EXP	
SUPERVISOR	30055	01-12	

Kenneth Grimes
 1117 Perkins Street
 Greensboro, NC 27401

91129



North Carolina Public Health
 Working for a healthier and safer North Carolina
 Everywhere. Everyday. Everybody.



QUALITATIVE FIT TEST

NAME: Kenny Grimes DATE: 5/1/11
SOCIAL SECURITY NUMBER: 244-17-2237 FIT TEST EXPIRES: 5/1/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS ✓ FAIL _____
PASS ✓ FAIL _____

TEST AGENT

IRRITANT SMOKE

PASS ✓ FAIL _____

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS ✓ FAIL _____
PASS ✓ FAIL _____
PASS ✓ FAIL _____
PASS ✓ FAIL _____
PASS ✓ FAIL _____
PASS ✓ FAIL _____
PASS ✓ FAIL _____

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE 

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE 

EME Industrial Services, LLC
DEMOLITION, SITE AND SELECTIVE
ASBESTOS, LEAD PAINT AND MOLD ABATEMENT

**MEDICAL SURVEILLANCE PROGRAM
CERTIFICATION**

I, an employee of EME Industrial Services, LLC do hereby certify that I am actively involved in a company medical surveillance program.

Employee's Name Kenneth Grimes

Social Security Number 244-17-2237

Date Signed 8-10-07

Sworn to and subscribed before me this the 10th day of August, 2007.

Notary Public April Johnston

My Commission Expires 6/26/2012





ASBESTOS EXPOSURE EXAMINATION

Written Medical Opinion

Employee: Robert Meighen Date of Birth: 1/22/51
Date of Exam: 11/9/10 SS#: 292-52-6006
Employer: EME Industrial Tel: _____
Vital Signs: Ht 69 Wt 172 BP 130/90 P 80 R 20

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

- 1. The results of this medical examination.
- 2. The health hazards and medical conditions associated with the exposure to asbestos.
- 3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
- 4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

- In need of this additional evaluation to assess qualification: _____
- Medically qualified for the unrestricted use of respirators.
- Medically qualified for the use of respirators with the following restrictions:
 - Personal Egress / Evacuation Emergency only
 - Only PAPR
 - Other _____
- Medically NOT qualified for the use of respirators.
- In need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____

Comments: Qualified to work with asbestos

Fitting Considerations: Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7360 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: Victor Koraniz
Signature: _____ Date: 11/9/10

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health · Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center · Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 · Fax 919-870-4808

Beverly Hayes Perdue, Governor
 Lantier M. Cantler, Secretary

Jeffrey P. Engel, M.D.
 State Health Director

September 1, 2010

Robert L Meighen
 145 Logan Ln
 Lexington, NC 27292

Dear Mr. Meighen:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) SUPERVISOR. Your assigned North Carolina accreditation number is 30585, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Supervisor accreditation will expire on AUGUST 31, 2011. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Supervisor after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to August 31, 2011. If you should continue to perform asbestos management activities as a(n) Supervisor without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,

Marita E Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit



North Carolina
 Asbestos Accreditation

DOB	SEX	HT	WT
01-22-1951	M	5'8"	177
CLASS	#	EXPIRES	
SUPERVISOR	30585		

Robert L Meighen
 145 Logan Ln
 Lexington, NC 27292

89703



North Carolina Public Health
 Working for a healthier and safer North Carolina
 Department of Health and Human Services



QUALITATIVE FIT TEST

NAME: Robert L Meighen DATE: 9/17/10

SOCIAL SECURITY NUMBER: 292-50-6006 FIT TEST EXPIRES: 9/17/11

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS FAIL _____
PASS FAIL _____

TEST AGENT

IRRITANT SMOKE

PASS FAIL _____

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE [Signature]

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Robert Meighen

EME Industrial Services, LLC

DEMOLITION, SITE AND SELECTIVE
ASBESTOS, LEAD PAINT AND MOLD ABATEMENT

**MEDICAL SURVEILLANCE PROGRAM
CERTIFICATION**

I, an employee of EME Industrial Services, LLC do hereby certify that I am actively involved in a company medical surveillance program.

Employee's Name Robert Meighen

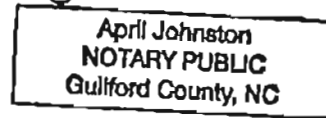
Social Security Number 292-50-6006

Date Signed 8-1-07

Sworn to and subscribed before me this the 1st day of August, 2007.

Notary Public April Johnston

My Commission Expires 10/26/2012





General Medical Clinic
3710 High Point Road
Greensboro, NC 27407
Phone 336-299-6242

Name Adolfo Candela Date 05-02-11

Employer _____ Date of Birth 09-27-79 Age 31

Social Security # _____ Job Title Asbestos Packer

PHYSICAL EXAMINATION FOR ASBESTOS PROGRAM

Vital Signs: Ht 5'0 Wt 153 BP 110/80 P 76 R 14

	Normal	Abnormal
Facial	<u>✓</u>	_____
Heart	<u>✓</u>	_____
Lungs	<u>✓</u>	_____

Spirometry results: FVC 2.76 FEV₁ 2.39 83.0%

Standardized respiratory questionnaire have been administered
Chest x-ray yes no

1. This is to certify, that on this date and in accordance with the OSHA Asbestos Standard 1910.1001(l)(7)(A)-D and 29-CFR 1926.1101 (na), the patient with the name and Social Security number listed above has been examined and informed of the results of this medical examination.

2. We have informed the patient of the health risks involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer and that cessation of smoking will reduce the risk of lung cancer. The patient has been advised not to smoke.

[Signature]
Nurse's signature

3. Based on our findings, we have have not detected any medical conditions that would place the employee at an increase risk of material health impairment from exposure to asbestos.

Physician's statement

- I certify that this employee is medically qualified to wear a respirator.
- Limited use. No strenuous work to be performed while wearing respirator.
- Not qualified medically to use respirator

[Signature]
Physician's signature

Tracy Huber, PA-C
Physician's name (please print)

Preventive Services recommends that beards and heavy sideburns should be removed if respirators are to be used. An initial trial period of observation is recommended for employees wearing respirators for the first time.

North Carolina
Asbestos Accreditation



Adolfo Candela Viviano
1342 Gray Ave Apt A
Winston Salem, NC 27101

82275

EXPIRATION			
04-30-2012			
DOB	SEX	HT	WT
08-27-1979	F	4'9"	153
CLASS	#	EXP	
WORKER	69716	04-12	

QUALITATIVE FIT TEST

NAME: Adolfa Candela - Viviano DATE: 5/13/11

SOCIAL SECURITY NUMBER: 254-97-5294 FIT TEST EXPIRES: 5/13/12

FIT CHECK

NEGATIVE PRESSURE
POSITIVE PRESSURE

RUSULTS

PASS FAIL
PASS FAIL

TEST AGENT

IRRITANT SMOKE

PASS FAIL

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE 

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Adolfa Candela Viviano



INDUSTRIAL SERVICES, LLC

Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Adalfa candela viviano
Firma de Empleado Adalfa candela viviano
Número del Seguro Social 254- 97- 5294
La Fecha Firmó 5-12-09

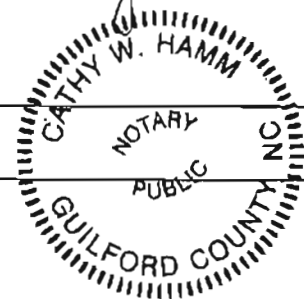
Sworn to and subscribed before me this the 12 day of May
2009.

Notary Public

Cathy W Hamm

My Commission Expires

5/7/2013





ASBESTOS EXPOSURE EXAMINATION

Written Medical Opinion

Employee: Edwin Guinto Date of Birth: 12/19/90
 Date of Exam: 3/25/11 SS#: 587-38-8364
 Employer: Emc Industrial Serv. Tel: _____
 Vital Signs: Ht 70 Wt 219 BP 120/70 P 72 R 20

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

- In need of this additional evaluation to assess qualification: _____
- Medically qualified for the unrestricted use of respirators.
- Medically qualified for the use of respirators with the following restrictions:
- Personal Egress / Evacuation Emergency only
 - Only PAPR
 - Other _____
- _____
- _____
- Medically NOT qualified for the use of respirators.
- In need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____
- _____

Comments: my work with asbestos

Fitting Considerations: Facial hair Glasses/Contact lenses Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
 7360 W. Friendly Ave. Suite #102
 Greensboro, NC 27410

Examiner Name: Victor Kerang
 Signature: [Signature] Date: 3/25/11

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health - Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center · Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 · Fax 919-870-4808

Beverly Eaves Perdue, Governor
 Lanier M. Cansler, Secretary

Jeffrey P. Engel, M.D.
 State Health Director

March 31, 2011

Edwin Guinto P
 818 Sprague St
 Winston Salem, NC 27107

Dear Mr. Guinto P:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) WORKER. Your assigned North Carolina accreditation number is 70488, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Worker accreditation will expire on MARCH 31, 2012. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Worker after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to March 31, 2012. If you should continue to perform asbestos management activities as a(n) Worker without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,

Marita E Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit



North Carolina
 Asbestos Accreditation

EXPIRATION			
03-31-2012			
DOB	SEX	HT	WT
12-19-1990	M	8'1"	220
CLASS		#	EXP
WORKER		70488	03-12

Edwin Guinto P
 818 Sprague St
 Winston Salem, NC 27107

91982



North Carolina Public Health
 Working for a healthier and safer North Carolina
 Everywhere. Everyday. Everybody.



QUALITATIVE FIT TEST

NAME: Edwin Guinto Pastrana DATE: 4/1/11

SOCIAL SECURITY NUMBER: 587-38-8364 FIT TEST EXPIRES: 4/1/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS ✓ FAIL
PASS ✓ FAIL

TEST AGENT

IRRITANT SMOKE

PASS ✓ FAIL

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS ✓ FAIL
PASS ✓ FAIL
PASS ✓ FAIL
PASS ✓ FAIL
PASS ✓ FAIL
PASS ✓ FAIL
PASS ✓ FAIL

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE 

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Edwin Guinto Pastrana



INDUSTRIAL SERVICES, LLC

Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Edwin Guinle Pineda

Firma de Empleado [Signature]

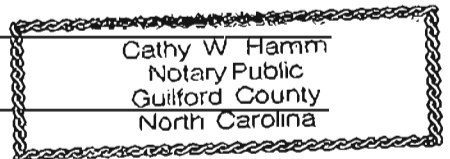
Número del Seguro Social 587-38-8364

La Fecha Firmó 3/31/11

Sworn to and subscribed before me this the 31 day of March, 2011.

Notary Public [Signature]

My Commission Expires 5/7/2013



Southern Clinics and Urgent Care, P.A.
812 West Innes Street
Salisbury, North Carolina 28144
Phone: 704-637-5544 Fax: 704-637-1989

Name: Fany M. Nunez Caranza Date: 03-07-2011
 Employer: _____ DOB: 10-09-1974
 Social Security#: 516-79-8146 Job Title: _____

PHYSICAL EXAMINATION FOR ASBESTOS

Vital signs: Ht. 165 Wt. 185 BP 108/75 P 79 R _____
 ROS: no Cx SpO2 98

	Normal	Abnormal
GI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Spirometry Results: FVC 3.80, % Pred. 106; FEV1 3.19, % Pred. 87; FEV1/FVC 82

Standardized respirometry questionnaire has been administered.
 Chest X-ray: _____ yes no

1. This is to certify that on this date and in accordance with OSHA Asbestos Standard 19101001(1) 7A-D and 29 CFR 1926.1101(m), the patient with the name and social security number listed above has been examined and informed of this medical examination.
2. We have informed the patient of health risk involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer and that stopping smoking will reduce the risk of lung cancer. The patient has been advised not to smoke.

Cassandra Flores Nurse signature

3. Based on our findings we have _____ have not detected any medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.

Physician's statement:

- I certify that this employee is medically qualified to wear a respirator.
 Employee is capable of working in hot environment.
 Limited use. No strenuous work to be performed while wearing respirator.
 Not qualified medically to use respirator.

Laura Keaton NP-C
 Physician's Signature

Invalid without raised SCUC Seal

Laura Keaton, NP-C
 Physician's Name (Please Print)





North Carolina
Asbestos Accreditation

Fany Marisol Nunez
3245 W Ines St
Salisbury, NC 28144

89189

EXPIRATION			
06-30-2011			
DOB	SEX	HT	WT
10-09-1974	F	5'3"	178
CLASS	#	EXP	
WORKER	67039	06-11	

THE STATE OF TENNESSEE

Department of Environment and Conservation
Solid & Hazardous Waste Management
Toxic Substances Program



Fanny M Nunez Carranza

DOB: 09-Oct-1974 Sex: F HGT: 5'5" WGT: 150

Discipline: Worker Accreditation: A-W-46293-8068 Expiration: Oct-31-2011

Individual

Re-Accreditation

Date Issued: 4/5/2011

Asbestos Accreditation

QUALITATIVE FIT TEST

NAME: Fany M. Nunez Carranza DATE: 6/12/11
SOCIAL SECURITY NUMBER: 516-79-8146 FIT TEST EXPIRES: 6/12/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS FAIL
PASS FAIL

TEST AGENT

IRRITANT SMOKE

PASS FAIL

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE [Signature]

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE [Signature]



INDUSTRIAL SERVICES, LLC

Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

Certificación de Programa Médica de Vigilancia

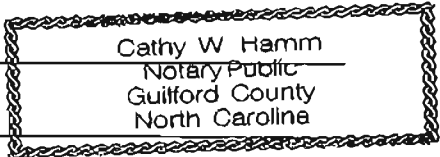
Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Fanny M. NUNEZ CARRANZA
 Firma de Empleado [Signature]
 Número del Seguro Social 516-79-8146
 La Fecha Firmó 6-9-11

Sworn to and subscribed before me this the 9 day of June, 2011.

Notary Public [Signature]

My Commission Expires 5/7/2013





ASBESTOS EXPOSURE EXAMINATION

Written Medical Opinion

Employee: Isaura Oliva-Cabrera Date of Birth: 10/22/68

Date of Exam: 12/2/10 SS#: 215-36-4578

Employer: EME Tel: _____

Vital Signs: Ht 61" Wt 151 BP 118/80 P 64 R 16

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Anthophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

- In need of this additional evaluation to assess qualification: _____
- Medically qualified for the unrestricted use of respirators.
- Medically qualified for the use of respirators with the following restrictions:
 - Personal Egress / Evacuation Emergency only
 - Only PAPP
 - Other _____
- Medically NOT qualified for the use of respirators.
- In need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____

Comments: May work with asbestos

Fitting Considerations: [] Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7360 W. Friendly Ave, Suite #102
Greensboro, NC 27410

Examiner Name: Victor Korang

Signature: [Signature]

Date: 12/2/10

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health · Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center · Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 · Fax 919-870-4808

Beverly Eaves Perdue, Governor
 Lanier M. Cansler, Secretary

Jeffrey P. Engel, M.D.
 State Health Director

December 20, 2010

Isaura Oliva Cabrera
 205 Plaza Hollow Dr
 Winston Salem, NC 27107

Dear Ms. Oliva Cabrera:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) WORKER. Your assigned North Carolina accreditation number is 67518, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Worker accreditation will expire on DECEMBER 31, 2011. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Worker after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to December 31, 2011. If you should continue to perform asbestos management activities as a(n) Worker without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,

Marita E Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit

North Carolina
 Asbestos Accreditation



Isaura Oliva Cabrera
 205 Plaza Hollow Dr
 Winston Salem, NC 27107

90717

EXPIRATION			
12-31-2011			
DOB	SEX	HT	WT
10-22-1968	F	5'5"	153
CLASS		#	EXP
WORKER		67518	12-11



North Carolina Public Health
 Working for a healthier and safer North Carolina
 Everywhere. Everyday. Everybody



QUALITATIVE FIT TEST

NAME: Isaura Oliva Cabrera DATE: 6/15/11

SOCIAL SECURITY NUMBER: 215-36-4518 FIT TEST EXPIRES: 6/15/12

FIT CHECK

NEGATIVE PRESSURE
POSITIVE PRESSURE

RUSULTS

PASS FAIL
PASS FAIL

TEST AGENT

IRRITANT SMOKE

PASS FAIL

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE 

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Isaura Oliva Gabriela



INDUSTRIAL SERVICES, LLC

Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Isaura Oliva Cabrera

Firma de Empleado Isaura Oliva Cabrera

Número del Seguro Social (Isaura) 215-36-4518

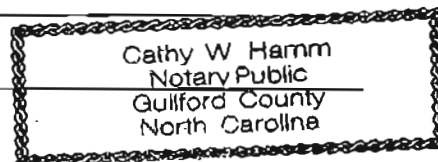
La Fecha Firmó 04/22/09 Isaura Oliva Cabrera

Sworn to and subscribed before me this the 22 day of April, 2009.

Notary Public

My Commission Expires

5/7/2013





ASBESTOS EXPOSURE EXAMINATION
Written Medical Opinion

Employee: Irvin Magallon Herrera Date of Birth: 10-20-1980

Date of Exam: 1-4-2011 SS#: 280-52-1989

Employer: FME Industrial Services Tel: 336-664-0003

Vital Signs: HI 66 Wt 172 BP 110/62 P 68 R 16

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

- In need of this additional evaluation to assess qualification: _____
- Medically qualified for the unrestricted use of respirators.
- Medically qualified for the use of respirators with the following restrictions:
 - Personal Egress / Evacuation Emergency only
 - Only PAPR
 - Other _____
- Medically NOT qualified for the use of respirators.
- In need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____

Comments: May work with asbestos

Fitting Considerations: Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7360 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: Victor Korang
Signature: [Signature] Date: 1/4/11

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health - Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center - Raleigh, North Carolina 27699-1912
 Tel: 919-707-5950 Fax: 919-870-4808

Beverly Hayes, Director
 Center for Asbestos Safety

Jeffrey P. Eichel, M.D.
 State Health Director

November 19, 2010

Irvin Magallon Herrera
 343 Walkertown Ave
 Winston Salem, NC 27105

Dear Mr. Magallon Herrera:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) WORKER. Your assigned North Carolina accreditation number is 68717, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Worker accreditation will expire on OCTOBER 31, 2011. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Worker after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to October 31, 2011. If you should continue to perform asbestos management activities as a(n) Worker without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,

Marita E Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit



Irvin Magallon Herrera
 343 Walkertown Ave
 Winston Salem, NC 27105

North Carolina
 Asbestos Accreditation

EXPIRATION			
10-31-2011			
DOB	SEX	HT	WT
10-20-1980	M	5'6"	172
CLASS		#	EXP
WORKER		68717	

90509



North Carolina Public Health
 Website: www.ncdhhs.gov
 Free call: 1-800-458-7273



QUALITATIVE FIT TEST

NAME: Terin Magallon Herrera DATE: 6/30/10

SOCIAL SECURITY NUMBER: 280-52-1989 FIT TEST EXPIRES: 6/30/11

FIT CHECK

NEGATIVE PRESSURE
POSITIVE PRESSURE

RUSULTS

PASS FAIL _____
PASS FAIL _____

TEST AGENT

IRRITANT SMOKE

PASS FAIL _____

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE 

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Terin Magallon Herrera



INDUSTRIAL SERVICES, LLC

Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Trvin Masallon II

Firma de Empleado Trvin Masallon Herica

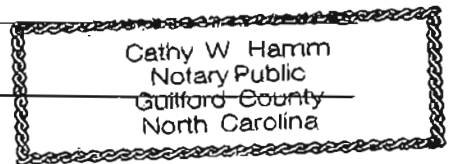
Número del Seguro Social 280-52-1989

La Fecha Firmó 06-28-2010

Sworn to and subscribed before me this the 28 day of June, 2010.

Notary Public Cathy W Hamm

My Commission Expires 5/7/2013





ASBESTOS EXPOSURE EXAMINATION
Written Medical Opinion

Employee: Jorge Luis Plomer-Lara Date of Birth: 3-7-81

Date of Exam: 3.21.11 SS#: 238-12-5666

Employer: EME Industrial Services LLC Tel: 336-664-0003

Vital Signs: HI 53 Wt 134 BP 100/60 P 68 R 16

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1620 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

In need of this additional evaluation to assess qualification: _____

Medically qualified for the unrestricted use of respirators.

Medically qualified for the use of respirators with the following restrictions:

Personal Egress / Evacuation Emergency only

Only PAPR

Other _____

Medically NOT qualified for the use of respirators.

In need of Medical Follow-Up Examinations as frequently as every: _____

to include: _____

Comments: May work with asbestos

Fitting Considerations: Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7380 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: Victor [Signature]

Signature: [Signature]

Date: 3/21/11

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health · Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center · Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 · Fax 919-870-4808

Beverly Hayes Perdue, Governor
 Lamber M. Cansler, Secretary

Jeffrey P. Engel, M.D.
 State Health Director

May 25, 2011

Jorge Luis Plomer Lara
 104 Reamer Cr
 Salisbury, NC 28144

Dear Mr. Plomer Lara:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) WORKER. Your assigned North Carolina accreditation number is 65814, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Worker accreditation will expire on MARCH 31, 2012. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Worker after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to March 31, 2012. If you should continue to perform asbestos management activities as a(n) Worker without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,

Marita E. Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit



North Carolina
 Asbestos Accreditation

EXPIRATION			
03-31-2012			
DOB	SEX	HT	WT
03-07-1981	M	5'3"	134
CLASS		#	EXP
WORKER		65814	03-12

Jorge Luis Plomer Lara
 104 Reamer Cr
 Salisbury, NC 28144

92485



North Carolina Public Health
 Working for a healthier and safer North Carolina
 Everywhen. Every day. Every body.



QUALITATIVE FIT TEST

NAME: Jorge Plomer-Lara DATE: 3/21/11

SOCIAL SECURITY NUMBER: 238-12-5666 FIT TEST EXPIRES: 3/21/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS FAIL _____
PASS FAIL _____

TEST AGENT

IRRITANT SMOKE

PASS FAIL _____

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE 

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Jorse L Plomer Lara

EME Industrial Services, LLC
DEMOLITION, SITE AND SELECTIVE
ASBESTOS, LEAD PAINT AND MOLD ABATEMENT

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Jorge Romero Lara

Firma de Empleado EME INDUSTRIAL SERVICES LLC

Número del Seguro Social 238 - 12 - 5666

La Fecha Firmó 8-1-07

Sworn to and subscribed before me this the 1st day of August, 2007.

Notary Public April Johnston

My Commission Expires 6/26/2012

April Johnston
NOTARY PUBLIC
Gulford County, NC



ASBESTOS EXPOSURE EXAMINATION

Written Medical Opinion

Employee: Julio Cesar Reyes Santrago Date of Birth: 12/13/87

Date of Exam: 4/8/11 SS#: 544-21-6523

Employer: _____ Tel: _____

Vital Signs: Ht 64 Wt 206 BP 100/70 P 72 R 18

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

- In need of this additional evaluation to assess qualification: _____
- Medically qualified for the unrestricted use of respirators.
- Medically qualified for the use of respirators with the following restrictions:
 - Personal Egress / Evacuation Emergency only
 - Only PAPR
 - Other _____
- Medically NOT qualified for the use of respirators.
- In need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____

Comments:

Fitting Considerations: [] Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7360 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: Victor Korang

Signature: _____

Date: 4/8/11

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



Julio C. Reyes Santiago
823 Ontario St #3
Winston-Salem, NC 27105

92141

North Carolina
Asbestos Accreditation

EXPIRATION			
04-30-2012			
DOB	SEX	HT	WT
12-13-1987	M	5'4"	190
CLASS	#	EXP	
WORKER	68433	04-12	

QUALITATIVE FIT TEST

NAME: Julio Cesar Reyes Santiago DATE: 6/11/11
SOCIAL SECURITY NUMBER: 544-21-6523 FIT TEST EXPIRES: 6/11/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS FAIL _____
PASS FAIL _____

TEST AGENT

IRRITANT SMOKE

PASS FAIL _____

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

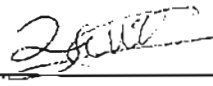
CARTRIDGE: HEPA

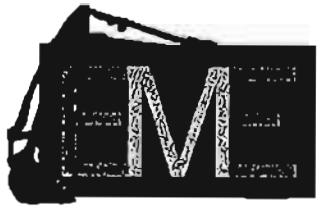
COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE 

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE  Julio Cesar Reyes Santiago



INDUSTRIAL SERVICES, LLC

Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Julio Cesar Reyes Santiago

Firma de Empleado [Signature]

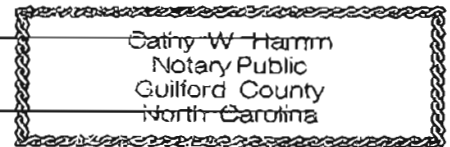
Número del Seguro Social 544-21-6523

La Fecha Firmó 4/29/2011

Sworn to and subscribed before me this the 29 day of April, 2011.

Notary Public [Signature]

My Commission Expires 5/7/2013





ASBESTOS EXPOSURE EXAMINATION
Written Medical Opinion

Employee: Marbella Pastrana Date of Birth: 10-28-73

Date of Exam: 7-20-10 SS#: 613-90-7584

Employer: _____ Tel: _____

Vital Signs: Ht 62 Wt 151 BP 120/60 P 64 R 18

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 783 (EPA Worker Protection Rule), and Title 8 CCR 1528 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: *(Check all that apply)*

- In need of this additional evaluation to assess qualification: _____
- Medically qualified for the unrestricted use of respirators.
- Medically qualified for the use of respirators with the following restrictions:
 - Personal Egress / Evacuation Emergency only
 - Only PAPR
 - Other _____
- Medically NOT qualified for the use of respirators.
- In need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____

Comments:

Fitting Considerations: [] Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7360 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: H. [Signature]

Signature: [Signature]

Date: 07/20/2010

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health · Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center · Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 · Fax 919-870-4808

Beverly Leaves Perdue, Governor
 Lantier M. Cansler, Secretary

Jeffrey P. Engel, MD
 State Health Director

May 24, 2011

Marbella Pastrana Noyola
 818 E Sprague St
 Winston Salem, NC 27107

Dear Ms. Pastrana Noyola:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) WORKER. Your assigned North Carolina accreditation number is 67360, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Worker accreditation will expire on MAY 31, 2012. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Worker after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to May 31, 2012. If you should continue to perform asbestos management activities as a(n) Worker without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,

Marita E Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit

North Carolina
 Asbestos Accreditation



EXPIRATION			
05-31-2012			
DOB	SEX	HT	WT
10-28-1973	F	5'2"	151
CLASS		#	EXP
WORKER		67360	05-12

Marbella Pastrana Noyola
 818 E Sprague St
 Winston Salem, NC 27107

92471



North Carolina Public Health
 Working for a healthier and safer North Carolina
 Everywhere. Everyday. Everybody.



QUALITATIVE FIT TEST

NAME: Marbella Pastrana DATE: 3/30/11

SOCIAL SECURITY NUMBER: 613-90-7584 FIT TEST EXPIRES: 3/30/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS FAIL
PASS FAIL

TEST AGENT

IRRITANT SMOKE

PASS FAIL

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE 

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE ? Marbella Pastrana




INDUSTRIAL SERVICES, LLC

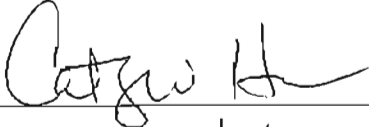
Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

Certificación de Programa Médica de Vigilancia

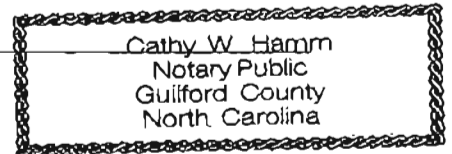
Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Marbella Pastrano
Firma de Empleado 
Número del Seguro Social 613-90-7584
La Fecha Firmó 03-12-010

Sworn to and subscribed before me this the 12 day of March,
2010.

Notary Public 

My Commission Expires 5/7/2013





ASBESTOS EXPOSURE EXAMINATION

Written Medical Opinion

Employee: Misael Hernandez-Lopez Date of Birth: 6/4/84

Date of Exam: 9/24/10 SS#: 619-58-4493

Employer: EME Industrial Services Tel: _____

Vital Signs: Ht 65 Wt 168 BP 110/80 P 56 R 16

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

In need of this additional evaluation to assess qualification: _____

Medically qualified for the unrestricted use of respirators.

Medically qualified for the use of respirators with the following restrictions:

Personal Egress / Evacuation Emergency only

Only PAPR

Other _____

Medically NOT qualified for the use of respirators.

In need of Medical Follow-Up Examinations as frequently as every: _____

to include: _____

Comments:

Fitting Considerations: Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7360 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: Mike M. H. H.

Signature: _____

Date: 9/24/10

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health - Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center - Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 - Fax 919-870-4808

Beverly Peres, Governor
 Lamber M. Cantler, Secretary

Jeffrey P. Engel, MD
 State Health Director

July 14, 2010

Misael Hernandez-Lopez
 1845 Martin Luther King Jr Dr
 Winston Salem, NC 27107

Dear Mr. Hernandez-Lopez:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) WORKER. Your assigned North Carolina accreditation number is 65390, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Worker accreditation will expire on JULY 31, 2011. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Worker after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to July 31, 2011. If you should continue to perform asbestos management activities as a(n) Worker without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,


 Marita E Check
 Accreditation/Certification Secretary
 Health Hazards Control Unit



North Carolina
 Asbestos Accreditation

EXPIRATION			
07-31-2011			
DOB	SEX	HT	WT
06-04-1984	M	5'0"	160
CLASS		#	EXP
WORKER		65390	07

Misael Hernandez-Lopez
 1845 Martin Luther King Jr
 Winston Salem, NC 27107

89273



North Carolina Public Health
 Working to make the state a safer North Carolina
 For everyone. Every day. Every year.



QUALITATIVE FIT TEST

NAME: Misael Hernandez Lopez DATE: 3/10/11

SOCIAL SECURITY NUMBER: 619-58-4493 FIT TEST EXPIRES: 3/10/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS FAIL _____
PASS FAIL _____

TEST AGENT

IRRITANT SMOKE

PASS FAIL _____

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE 

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Misael Hernandez Lopez

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Miguel Hernandez Lopez
Firma de Empleado [Signature]
Número del Seguro Social 619 58 4493
La Fecha Firmó 1/22/10

Sworn to and subscribed before me this the 22 day of January 2010.

Notary Public [Signature]
My Commission Expires 5/7/2013

Cathy W. Hamm
Notary Public
Guilford County
North Carolina

Southern Clinics and Urgent Care, P.A.
812 West Innes Street
Salisbury, North Carolina 28144
Phone: 704-637-5544 Fax: 704-637-1989

Name: Polet Perez Pachot Date: 05-09-2011
Employer: _____ DOB: 10-27-1988
Social Security#: 598 2041 47 Job Title: _____

PHYSICAL EXAMINATION FOR ASBESTOS

Vital signs: Ht. 185" Wt. 178 BP 116/75 P 90 R _____

ROS: no 90

2p02 97

	Normal	Abnormal
GI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Spirometry Results: FVC 3.45 % Pred. 88; FEV1 3.95, % Pred. 111; FEV1/FVC 79

Standardized respirometry questionnaire has been administered.

Chest X-ray: _____ yes no

1. This is to certify that on this date and in accordance with OSHA Asbestos Standard 19101001(1) 7A-D and 29 CFR 1926.1101(m), the patient with the name and social security number listed above has been examined and informed of this medical examination.
2. We have informed the patient of health risk involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer and that stopping smoking will reduce the risk of lung cancer. The patient has been advised not to smoke.

Nurse signature

3. Based on our findings we have _____ have not detected any medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.

Physician's statement:

- I certify that this employee is medically qualified to wear a respirator.
 Employee is capable of working in hot environment.
 Limited use. No strenuous work to be performed while wearing respirator.
 Not qualified medically to use respirator.

Laura Keaton NP-C

Physician's Signature

Laura Keaton NP-C

Physician's Name (Please Print)

Invalid without raised SCUC Seal



North Carolina
Asbestos Accreditation



Polet Perez
335 Newport Dr
Salisbury, NC 28144

92280

EXPIRATION			
07-31-2011			
DOB	SEX	HT	WT
10-27-1988	F	5'6"	170
CLASS	#	EXP	
WORKER	70528	07-11	

QUALITATIVE FIT TEST

NAME: POLET PEREZ DATE: 6/11/11
SOCIAL SECURITY NUMBER: 598-20-4147 FIT TEST EXPIRES: 6/11/12

FIT CHECK

NEGATIVE PRESSURE
POSITIVE PRESSURE

RUSULTS

PASS FAIL
PASS FAIL

TEST AGENT

IRRITANT SMOKE

PASS FAIL

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL
PASS FAIL

RESPIRATOR SELECTED

MANUFACTURER: 3M

TYPE: PAPR

MODEL: 6800

SIZE: Medium

CARTRIDGE: 450-01-01 Niosh

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE [Signature]

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE polet peres



INDUSTRIAL SERVICES, LLC

Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado POLET PEREZ

Firma de Empleado _____

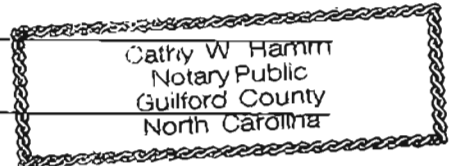
Número del Seguro Social 598-20-4147

La Fecha Firmó 10-8-11

Sworn to and subscribed before me this the 8 day of June, 2011.

Notary Public Cathy W Hamm

My Commission Expires 5/7/2013





ASBESTOS EXPOSURE EXAMINATION
Written Medical Opinion

Employee: Rafael Hernandez Date of Birth: 4-17-78

Date of Exam: 3.21.11 SS#: 607-56-5335

Employer: EME Industrial Services LLC Tel: 336664-0003

Vital Signs: Ht 65 Wt 189 BP 130/86 P 84 R 66

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Anthophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

- In need of this additional evaluation to assess qualification: _____
- Medically qualified for the unrestricted use of respirators.
- Medically qualified for the use of respirators with the following restrictions:
 - Personal Egress / Evacuation Emergency only
 - Only PAPR
 - Other _____
- Medically NOT qualified for the use of respirators.
- In need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____

Comments:

Fitting Considerations: [] Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 338-218-8813 ♦ Fax # 338-218-8867
7360 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: Victor Korang
Signature: [Signature] Date: 3/24/11

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health · Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center · Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 · Fax 919-870-4808

Beverly Hayes Perdue, Governor
 Lantier M. Cansler, Secretary

Jeffrey P. Engel, M.D.
 State Health Director

January 31, 2011

Rafael Hernandez G
 1438 Bretton St
 Winston Salem, NC 27107

Dear Mr. Hernandez G:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) WORKER. Your assigned North Carolina accreditation number is 67611, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Worker accreditation will expire on JANUARY 31, 2012. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Worker after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to January 31, 2012. If you should continue to perform asbestos management activities as a(n) Worker without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,

Marita E Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit



North Carolina
 Asbestos Accreditation

EXPIRATION				
01-31-2012				
DOB	SEX	HT	WT	
04-17-1978	M	5'8"	185	
CLASS		#	EXP	
WORKER		67611	2112	

Rafael Hernandez G
 1438 Bretton St
 Winston Salem, NC 27107

91131



North Carolina Public Health
 Working for a healthier and safer North Carolina
 Everywhere. Everyday. Everybody.



QUALITATIVE FIT TEST

NAME: Rafael Hernandez DATE: 5/7/11

SOCIAL SECURITY NUMBER: 007-56-5335 FIT TEST EXPIRES: 5/7/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS FAIL _____
PASS FAIL _____

TEST AGENT

IRRITANT SMOKE

PASS FAIL _____

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE [Signature]

I have read and understand EME Industrial Services, LLO Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Rafael Hernandez Gallegos



INDUSTRIAL SERVICES, LLC

Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Rafael Hernández Gallegos

Firma de Empleado Rafael H.

Número del Seguro Social 607-56-5335

La Fecha Firmó 5/7/08

Sworn to and subscribed before me this the 7th day of May, 2008.

Notary Public Susan Moore

My Commission Expires 4-20-2013

Susan Moore
Notary Public
Guilford County
North Carolina



U.S. HealthWorks
MEDICAL GROUP

ASBESTOS EXPOSURE EXAMINATION
Written Medical Opinion

Employee: Tobias Ruiz Delgado Date of Birth: 9-12-1982
Date of Exam: 12-15-10 SS#: 608-24-6983

Employer: _____ Tel: _____

Vital Signs: Ht 65" Wt 161 BP 108/78 P 60 R 16

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

- In need of this additional evaluation to assess qualification: _____
- Medically qualified for the unrestricted use of respirators.
- Medically qualified for the use of respirators with the following restrictions:
- Personal Egress / Evacuation Emergency only
 - Only PAPR
 - Other _____
- _____
- _____
- Medically NOT qualified for the use of respirators.
- In need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____
- _____

Comments: May work with asbestos

Fitting Considerations: Facial hair Glasses/Contact lenses Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7360 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: Victor Korang

Signature: [Signature]

Date: 12/15/10

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health - Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center - Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 - Fax 919-870-4808

Beverly Hayes Perdue, Governor
 Lamber M. Casler, Secretary

Jeffrey P. Engel, M.D.
 State Health Director

July 14, 2010

Tobias Ruiz Delgado
 119 Reamer Circle
 Salisbury, NC 28144

Dear Mr. Ruiz Delgado:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) WORKER. Your assigned North Carolina accreditation number is 66128, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Worker accreditation will expire on JULY 31, 2011. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Worker after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to July 31, 2011. If you should continue to perform asbestos management activities as a(n) Worker without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,


 Marita E Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit

North Carolina
 Asbestos Accreditation



EXPIRATION			
DOB	SEX	HT	WT
09-12-1982	M	5'5"	160
CLASS	#	EXP	
WORKER	66128	07-31	

Tobias Ruiz Delgado
 119 Reamer Circle
 Salisbury, NC 28144

89271



North Carolina Public Health
 Working for a healthier and safer North Carolina.
 Division of Public Health - Epidemiology



QUALITATIVE FIT TEST

NAME: Tobias Ruiz Delgado DATE: 4/22/11

SOCIAL SECURITY NUMBER: 608-24-6983 FIT TEST EXPIRES: 4/22/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS / FAIL
PASS / FAIL

TEST AGENT

IRRITANT SMOKE

PASS / FAIL

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS / FAIL
PASS / FAIL
PASS / FAIL
PASS / FAIL
PASS / FAIL
PASS / FAIL
PASS / FAIL

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE [Signature]

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Tobias Ruiz Delgado



INDUSTRIAL SERVICES, LLC

Demolition, Site And Selective • Asbestos, Lead Paint And Mold Abatement

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Tobias Ruiz Delgado

Firma de Empleado Tobias Ruiz Delgado

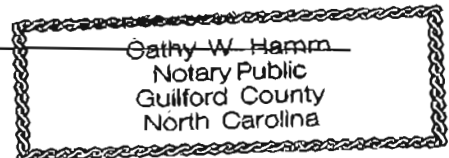
Número del Seguro Social 608-24-6983

La Fecha Firmó _____

Sworn to and subscribed before me this the 23 day of November, 2009.

Notary Public Cathy Hamm

My Commission Expires 5/7/2013





ASBESTOS EXPOSURE EXAMINATION
Written Medical Opinion

Employee: Victor Reyes Date of Birth: 7-28-83
Date of Exam: 5-2-11 SS#: 621-07-2883
Employer: FME Industrial Services Tel: 336 664-0003
Vital Signs: Ht 67 Wt 204 BP 126/70 P 84 R 20

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

- In need of this additional evaluation to assess qualification: _____
- Medically qualified for the unrestricted use of respirators.
- Medically qualified for the use of respirators with the following restrictions:
- Personal Egress / Evacuation Emergency only
 - Only PAPR
 - Other _____
- _____
- Medically NOT qualified for the use of respirators.
- In need of Medical Follow-Up Examinations as frequently as every: _____
to include: _____
- _____

Comments: May work with asbestos

Fitting Considerations: [] Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7360 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: Victor Korung
Signature: [Signature] Date: 5/2/11

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health - Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center - Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 Fax 919-870-4808

Beverly Perdue, Governor
 Lamber M. Casler, Secretary

Jeffrey P. Engel, M.D.
 State Health Director

November 16, 2010

Victor M Reyes-Santiago
 315 Motor Rd Apt F4
 Winston Salem, NC 27105

Dear Mr. Reyes-Santiago:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) WORKER. Your assigned North Carolina accreditation number is 67293, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Worker accreditation will expire on OCTOBER 31, 2011. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Worker after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to October 31, 2011. If you should continue to perform asbestos management activities as a(n) Worker without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,

Marita E Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit



North Carolina
 Asbestos Accreditation

EXPIRATION			
10-31-2011			
DOB	SEX	HT	WT
07-28-1983	M	5'2"	187
CLASS	#	EXP	
WORKER	67293	10-11	

Victor M Reyes-Santiago
 315 Motor Rd Apt F4
 Winston Salem, NC 27105

90405



North Carolina Public Health
 Working for a healthier and safer North Carolina
 Everywhere. Everyday. Everybody.



QUALITATIVE FIT TEST

NAME: Victor M. Reyes DATE: 4/23/11
SOCIAL SECURITY NUMBER: 621-07-2583 FIT TEST EXPIRES: 4/23/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS / FAIL _____
PASS / FAIL _____

TEST AGENT

IRRITANT SMOKE

PASS / FAIL _____

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS / FAIL _____
PASS / FAIL _____
PASS / FAIL _____
PASS / FAIL _____
PASS / FAIL _____
PASS / FAIL _____
PASS / FAIL _____

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE [Signature]

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Victor M. Reyes Santiago

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Victor Manuel Reyes

Firma de Empleado Victor Manuel Reyes

Número del Seguro Social 621 -07,2883

La Fecha Firmó 4-23-08

Sworn to and subscribed before me this the 23rd day of April, 2008.

Notary Public Susan Moore

My Commission Expires 4-20-2013

Susan Moore
Notary Public
Gulford County
North Carolina



ASBESTOS EXPOSURE EXAMINATION
Written Medical Opinion

Employee: VICTOR Ruiz Delgado Date of Birth: 6-17-85

Date of Exam: 12-15-10 SS#: _____

Employer: EME Tel: _____

Vital Signs: Ht 69 Wt 161 BP 120/76 P 68 R 16

Employees assigned to tasks requiring the use of respirators must be determined to be physically capable of working while using such equipment. In this regard, I have medically evaluated the aforementioned employee in accordance with Federal OSHA Standards 29 CFR parts 1910.1001, 1910.20 and 1926.1101 (Occupational Exposure to Asbestos, Tremolite, Antophyllite, and Actinolite), 40 CFR 763 (EPA Worker Protection Rule), and Title 8 CCR 1529 and 8 CAC 5208 (California Asbestos Standards).

In accordance with the regulations cited above, the applicant employee has been informed of:

1. The results of this medical examination.
2. The health hazards and medical conditions associated with the exposure to asbestos.
3. Any detected medical conditions that could place the applicant/employee at an increased risk of material health impairment.
4. The increased health risks associated with smoking and working exposed to asbestos (i.e., cancer).

Based on my evaluation, I have found him/her to be: (Check all that apply)

In need of this additional evaluation to assess qualification: _____

Medically qualified for the unrestricted use of respirators.

Medically qualified for the use of respirators with the following restrictions:

Personal Egress / Evacuation Emergency only

Only PAPR

Other _____

Medically NOT qualified for the use of respirators.

In need of Medical Follow-Up Examinations as frequently as every: _____

to include: _____

Comments: May work with asbestos

Fitting Considerations: [] Facial hair [] Glasses/Contact lenses [] Dentures/Facial deformity

U.S. HealthWorks ♦ Ph # 336-218-8813 ♦ Fax # 336-218-8867
7360 W. Friendly Ave. Suite #102
Greensboro, NC 27410

Examiner Name: Victor Korang

Signature: [Signature]

Date: 12/15/10

Regulations restrict examiners from revealing in this written opinion any findings and/or medical conditions unrelated to occupational exposure to asbestos.



North Carolina Department of Health and Human Services
 Division of Public Health - Epidemiology Section
 Occupational and Environmental Epidemiology Branch
 1912 Mail Service Center - Raleigh, North Carolina 27699-1912
 Tel 919-707-5950 - Fax 919-870-4808

Beverly Hayes Perdue, Governor
 Lánier M. Cansler, Secretary

Jeffrey P. Engel, MD
 State Health Director

July 14, 2010

Victor Ruiz Delgado
 289 Gaskey Rd
 Salisbury, NC 28147

Dear Mr. Ruiz Delgado:

Based upon the review of your accreditation application, the Health Hazards Control Unit (HHCU) has determined that you have fulfilled the requirements and are eligible for asbestos accreditation as a(n) WORKER. Your assigned North Carolina accreditation number is 66127, which is reflected on your enclosed North Carolina Accreditation card. Please be sure to take this card with you to any asbestos work site where you are employed. The State requires that all persons conducting asbestos abatement or asbestos management activities be accredited and have their identification card on site.

Your North Carolina Worker accreditation will expire on JULY 31, 2011. It is NOT the policy of the HHCU to issue renewal notices. If you wish to continue working as a(n) Worker after this expiration date, you must successfully complete the required training and submit a completed application to this office prior to July 31, 2011. If you should continue to perform asbestos management activities as a(n) Worker without a valid North Carolina accreditation, you will be in violation of State regulations and may be cited for noncompliance.

Sincerely,

Marita E Cheek
 Accreditation/Certification Secretary
 Health Hazards Control Unit

Enclosure



North Carolina
 Asbestos Accreditation

EXPIRATION			
07-31-2011			
DOB	SEX	HT	WT
06-17-1985	M	5'9"	150
CLASS		#	EXP.
WORKER		66127	07-11

Victor Ruiz Delgado
 289 Gaskey Rd
 Salisbury, NC 28147

89272



North Carolina Public Health
 Working For The Better and Safer North Carolina
 E-mail: ncdhs@nc.gov | www.ncdhhs.gov

QUALITATIVE FIT TEST

NAME: Victor Ruiz Delgado DATE: 4/22/11

SOCIAL SECURITY NUMBER: 590-22-4258 FIT TEST EXPIRES: 4/22/12

FIT CHECK

RUSULTS

NEGATIVE PRESSURE
POSITIVE PRESSURE

PASS FAIL _____
PASS FAIL _____

TEST AGENT

IRRITANT SMOKE

PASS FAIL _____

EXERCISE TEST

BREATHING NORMAL
BREATHING DEEP
HEAD SIDE TO SIDE
HEAD UP AND DOWN
RAINBOW PASSAGE
JOG IN PLACE
BREATHING NORMAL

PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____
PASS FAIL _____

RESPIRATOR SELECTED

MANUFACTURER: NORTH

TYPE: HALF FACE

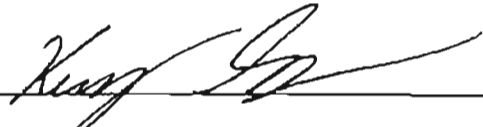
MODEL: 7700

SIZE: M

CARTRIDGE: HEPA

COMMENTS: _____

I have read and understand the fit test procedures and have administered this test in compliance with OSHA Asbestos Standard 29 CFR 1926.58 Appendix C.

TEST CONDUCTOR'S SIGNATURE 

I have read and understand EME Industrial Services, LLC Respiratory Protection Program. I understand and accept the results of this fit test.

EMPLOYEE'S SIGNATURE Victor Ruiz Delgado

Certificación de Programa Médica de Vigilancia

Yo, un empleado de EME Industrial Services, LLC certifica que soy implicado activamente en una programa médica vigilancia de la compañía.

Nombre de Empleado Victor Ruiz Delgado

Firma de Empleado Victor Ruiz Delgado

Número del Seguro Social 590 22 4258

La Fecha Firmó 11-23-09

Sworn to and subscribed before me this the 23 day of November, 2009.

Notary Public Cathy W Hamm

My Commission Expires 5/7/2013

Cathy W Hamm
Notary Public
Guilford County
North Carolina

PERMIT

Note: "Issuance of a permit evidencing compliance with the NC Building Code may not constitute compliance with accessibility requirements under the Federal Americans with Disabilities Act (ADA)."

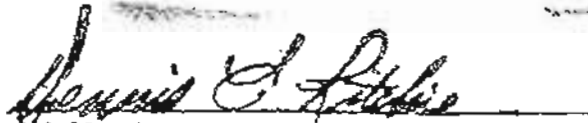
DURHAM CITY - COUNTY BUILDING PERMIT

To schedule an inspection:
IVR: 560-1500
Web: www.durhamnc.gov

PERMIT NO.: 1112266
JOB ADDRESS: 1103 W CLUB BLVD
ADDRESS DESCRIPTION:

OWNER: GARCIA LIDUVINA
ARCHITECT:

TYPE OCCUPANCY: MERCANTILE


Chief Building Inspector

DATE ISSUED: 07/18/2011
TYPE PAYMENT: CA
JURISDICTION: CITY

INSPECTOR: ROY DAVIS (919)560-4550
TAX MAP REFERENCE: 0822-15-64-4976

TYPE APPLICATION: DEM

ESTIMATED COST OF CONSTRUCTION			ZONING: CN	
GENERAL.....	COST:	\$5,000.00	HD:	SPR:
PLUMBING.....	COST:	\$0.00	BOA:	HRE:
ELECTRICAL.....	COST:	\$0.00	IP:	LS:
MECHANICAL.....	COST:	\$0.00	CWS:	FF:
OTHER.....	COST:	\$0.00	MTC:	SB:
TOTAL BUILDING COST:		\$5,000.00	FD:	SP:
			WP:	AO:
NUMBER OF BATHS: 0	TYPE OF CONSTRUCTION: VB			
NUMBER OF BEDROOMS: 0	TYPE OF HEAT:		SET BACK, F:	
NUMBER OF ROOMS: 0	TYPE OF ROOF:		LS:	
NUMBER OF STORIES: 1	SQ. FT. LAND AREA:		RS:	
NUMBER OF UNITS:	SQ. FT. FLOOR AREA:	2,925	R:	
NUMBER OF HANDICAP UNITS:	NO PARKING SPACES:		HT:	
BASEMENT:	NO. HANDICAP PARKING SPACES:			
TOTAL BUILDING PERMIT: \$75.00				

JOB DESCRIPTION: COMMERCIAL DEMOLITION

CONTRACTOR: EME INDUSTRIAL SERVICES, LLC
1541 Pleasant Ridge Road
GRENSBORO, NC 27409

STATE LICENSE NO.: 63853
PHONE NUMBER: (336)664-0003

July 25th 2011

919-560-1500

07/13/11

377

1112266

DURHAM CITY-COUNTY INSPECTIONS DEPARTMENT
101 CITY HALL PLAZA, DURHAM, NC 27701
PHONE : 919-560-4144 FAX: 919-560-4484

BUILDING DEMOLITION PERMIT APPLICATION

JOB ADDRESS: 1103 West Club Blvd.

JOB DESCRIPTION: DEMOLITION OF BUILDING HOUSE:() OTHER:()

CONTRACTOR: EME Industrial Service PHONE NO.: 336 664-0023

ADDRESS: 1541 Pleasant Ridge Rd. CITY/STATE: Greensboro NC ZIP: 27409

TYPE PAYMENT: CL CONTRACTOR ACCOUNT NO. NEW 21198

JURISDICTION: CITY: () COUNTY: () STATE CONTRACTOR NO. 103853

OWNER: BBOT PHONE NO. _____

BUILDING AREA IN SQUARE FEET: 2925

BY MY SIGNATURE I ACKNOWLEDGE THAT THE SITE MUST BE CLEARED OF ALL DEBRIS, INCLUDING THE FOUNDATION AND FOOTING. THE SITE MUST ALSO BE PROPERLY GRADED TO ALLOW FOR DRAINAGE.

(Signature below is owner or authorized agent of the owner.)

PRINT NAME: Todd Locher SIGNATURE: Todd Locher

DATE: _____

FOR OFFICE USE ONLY

TYPE CONST: 5B TYPE OCCUP: M TYPE APP: DM

PIN: 0822-15-64-4976 ZONING: CN CENSUS TR: 3.02 CEN.CODE 649

PLAN STATUS: 3 HISTORIC DISTRICT?Y/N: N IF Y: HPC # _____

FEE: 75.00 REVIEWER: Don Moore DATE REV: 7/15/11

SUPERVISOR APPROVAL FOR ISSUANCE: Don Moore DATE: 7/18/11

DEPARTMENTAL APPROVAL: R. Buckwell DATE: 7/15/11

EME Industrial Svcs
7-13-11
DB

PAID

CITY OF DURHAM
INSPECTIONS DEPT.

JOBSITE COPY

A copy of the plans, as approved by the Durham City-County Inspections Department, is required to be kept at the building during the period of construction.

1112266

DURHAM CITY-COUNTY INSPECTIONS DEPARTMENT

ACKNOWLEDGEMENT OF POTENTIAL REQUIREMENTS FOR ASBESTOS INSPECTION BY THE HEALTH HAZARDS CONTROL UNIT OF THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH.

As the applicant for the building permit at 1103 West Club, to demolish/renovate
(address) Blvd

Demolish I hereby acknowledge that the issuance of a building permit by
(job description)

the Durham City-County Inspections Department does not relieve me of my responsibility of obtaining any required asbestos inspections by the Health Hazards Control Unit of the Health and Human Services Division of Public Health (HHCU).

In addition, I have read and understand the following:

- Amendments to EPA's National Emission Standards for Hazardous Air Pollutants (NESHAP) require an asbestos inspection and a ten (10) working day notification prior to the demolition and renovation of all commercial, institutional, or industrial facilities except residential buildings having four (4) or fewer dwelling units.
- NESHAP also applies to the demolition of all residences which are being demolished for commercial, institutional, or industrial purposes.
- Notification for all demolitions is required whether or not the structures are found to contain asbestos.
- If the inspection, which must be conducted by a North Carolina accredited asbestos inspector, confirms that a facility contains at least 160 square feet, 260 linear feet, or 35 cubic feet of Regulated Asbestos Containing Materials (RACM), then these materials are to be removed prior to starting the renovation or demolition activity.
- When removal of RACM is required, a removal fee shall also be submitted as part of the notification process.
- The notification and the removal fee, when applicable, shall be submitted to HHCU.
- Additional information or copies of the regulations, summarized above, can be obtained by contacting HHCU at (919) 707-5950.

Applicant's Name: Todd Loecher

Signature: [Handwritten Signature]

For: _____

Date: 7/13/11

TRINITY ENVIRONMENTAL, LLC
3747 EVERGREEN DRIVE
TRINITY, NORTH CAROLINA 27370

Project: Survey for Asbestos-Containing Building:
Location: Former Commercial Property for Demolition
1103 West Club Blvd
Durham, North Carolina
Client: EME Industrial Services, LLC
1541 Pleasant Ridge Road
Greensboro, NC 27409
Attention: Mr. James Hamm
Project ID #: 11-04600
Survey Date: March 2, 2011
Report Date: March 5, 2011
Technician: James Buchanan, North Carolina accredited asbestos inspector #10000

I. ABSTRACT

Trinity Environmental has completed an authorized survey for asbestos-containing building materials (ACBM) for the former commercial structure located at 1103 West Club Blvd. in Durham, North Carolina. The one-story structure is planned for demolition.

A. Description and Asbestos Suspect Materials

The former commercial structure has approximately 2,925 square feet of occupied space. The structure has a flat built-up roof and is built on slab.

Materials suspect for asbestos content includes an exterior stucco finish and interior ceiling tile, plaster walls and ceiling and several different floor tiles. The roof materials will be considered as asbestos containing unless tested prior to demolition.

The roof materials will be considered as asbestos containing unless tested prior to demolition.

B. Results of Laboratory Analysis

Based on our visual inspection of the area and laboratory analysis of collected bulk samples we have determined the following "Boldfaced" materials to contain asbestos in quantities greater than 01% by weight.

Table #1 Laboratory Results 110e West Club Road Durham, NC (SAI #1104343)

Sample Id	Material Type/Location	Friability	Quantity	Asbestos Content
1-A	Sheet Vinyl – bottom layer Under wood flooring and Kitchen	Non-friable	500SF	04% Chrysotile Asbestos
1-B	Mastic on sheet vinyl Under wood flooring and Kitchen			None Detected for asbestos
2	Ceiling Texture Finish First Level All Areas			None Detected for asbestos
3-A	Floor Tile Bath Second Level	Non-friable	40 SF	04% Chrysotile Asbestos
3-B	Mastic on floor tile Bath Second Level			None Detected for asbestos
4	Ceiling Texture Finish Second Level All Areas			None Detected for asbestos

No. 1 HOMOGENEOUS AREA: Floor Coverings

MATERIAL LOCATION: Two areas within the residence have floor coverings determined to contain asbestos at a level greater than 01% by weight. These materials are regarded as regulated asbestos materials.

Sample Id	Material	Location	Quantity	Asbestos
1-A	Sheet Vinyl	First Level	500 SF	04% Chrysotile
3-A	Floor Tile	Second Level Bath	40 SF	04% Chrysotile

ASSESSMENT: The floor coverings are currently considered in good condition with only small areas of cracking and missing sections. The materials are described as non-friable; an EPA term that means the material do not release the asbestos fibers easily unless disturbed. Non-friable materials have a low potential for fiber release unless disturbed.

MATERIAL TYPE: Miscellaneous

FRIABILITY: NESHAP Category 1, Non-Friable

RECOMMENDATION: The Building Owner should remove the materials prior to demolition. We recommend if removal is considered that the activity be completed as an OSHA Class 2 activity using North Carolina accredited workers. Properly completing the stated response action should protect human health and the environment.

II. ASBESTOS BULK SAMPLING AND VISUAL INSPECTION METHODOLOGY

Bulk sampling and visual inspections for asbestos-containing material are performed in accordance with guidelines specified in the following documents:

- Guidelines for Controlling Asbestos-Containing Materials in Buildings, EPA 560/5-85-024 (Purple Book).

- Asbestos in Buildings: Simplified Sampling Scheme for Scheme for Friable Surfacing Material USEPA 560/5-85-030A (Pink Book)
- Guidance for Assessing and Managing Exposure to Asbestos in Buildings, Seventh Draft Report, USEPA, Washington, DC, November 7, 1986.
- AHERA Course Materials from Inspection and Management Planning for Asbestos in Buildings.

III. BULK ANALYTICAL METHODOLOGY AND QUALITY CONTROL

1. Scientific Analytical Institute, LLC (NVLAP No.200664-0) analyzed bulk samples. Bulk samples for asbestos identification are first examined for homogeneity and preliminary fiber identification at low magnification (7-25x) with the aid of a stereomicroscope. Each fiber observed is noted and verified by polarized light microscopy with dispersion staining. Quantification is determined by weight percentage estimation.
2. Analysts participate in the inter-laboratory and intra-laboratory sample exchange and round robin testing. As part of the daily analytical procedure, standards of known asbestos forms are examined and referenced throughout the analytical session.

IV. GENERAL OVERVIEW OF ASBESTOS IN BUILDINGS - HAZARDS AND MANAGEMENT

The inhalation of asbestos fibers has caused the development of asbestos related diseases such as asbestosis (lung scarring) and increased risk to developing either lung cancer or mesothelioma (a cancer of the linings of the lung or abdominal cavity). Also asbestos has been one of the most heavily litigated substances that have been used in commerce.

The USEPA, through the NESHAP regulations (40 CFR 61, Subpart M) has identified ACM as being friable or nonfriable. NESHAP revisions have placed the ACM into two categories: Category I nonfriable ACM, includes four types of ACM including packings, gaskets, resilient floor coverings, and asphalt roofing products. The second, Category II nonfriable ACM, means any nonfriable material excluding Category I nonfriable ACM. The EPA uses cement board products as an example. Regulated Asbestos-Containing Material (RACM) includes:

- (a) friable ACM;
- (b) Category I nonfriable ACM that has become friable;
- (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting or abrading;
- (d) Category II nonfriable ACM that has a high probability of becoming friable by the forces expected to act on the material in the course of demolition or renovation operations.

The Building Owner having a structure containing ACM has the responsibility of insuring that asbestos fibers are not released into the environment. This goal can be achieved by inspecting the premises for ACBM and then determining there potential (hazard assessment) to release fibers into the environment. After a hazard assessment is made, the appropriate response action can be utilized to prevent or eliminate the potential hazards. The hazard assessment is based on the type of asbestos, its friability, condition (amount damaged) and the potential of the ACBM to release fibers to the environment. Friable surfacing material can obviously pose more of a potential for fiber release than pipe that is covered with a wrap. However, if the wrap is missing or damaged, then

pipe insulation has a greater probability of releasing fibers. Non-friable material such as floor tiles, mastic, and cement products have the least potential to release fibers.

Fibers from non-friable ACM are released when the material is cut, drilled, sanded, or in any other manner of disturbing material integrity. In buildings, fibers are most likely to be released during routine maintenance procedures, major renovation or demolition projects involving ACM either directly or indirectly.

Unless building materials have been sampled and analyzed for asbestos it must be treated as Presumed Asbestos-containing building material, PCBM.

V. DISCUSSION

The Clean Air Act (CAA) required the U.S. Environmental Protection Agency (EPA) to develop and enforce regulations to protect the general public from exposure to airborne contaminants that are known to be hazardous to human health. In accordance with Section 112 of the CAA, EPA established the National Emissions Standards for Hazardous Air Pollutants (NESHAP) to protect the public. Asbestos was one of the first hazardous air pollutants regulated under Section 112. On March 31, 1971, EPA identified asbestos as a hazardous pollutant, and on April 6, 1973, EPA first promulgated the Asbestos NESHAP in CFR Part 61. In 1990, EPA promulgated a revised NESHAP regulation.

The Asbestos NESHAP regulation protects the public by minimizing the release of asbestos fibers during activities involving the processing, handling, and disposal of asbestos-containing material. Accordingly, the Asbestos NESHAP specifies work practices to be followed during demolitions and renovations of all structures, installations, and buildings (excluding residential buildings that have four or fewer dwelling units). In addition, the regulations require the owner of the building and/or the contractor to notify applicable state and local agencies and/or EPA Regional Offices before all demolitions, or before renovations of buildings that contain a certain threshold amount of asbestos materials.

VI. RECOMMENDATIONS

The asbestos NESHAP work practice standards apply during renovation and demolition projects with at least 80 linear meters (260 linear feet) of regulated asbestos-containing materials (RACM) on pipes, 15 square meter (160 square feet) of regulated asbestos containing materials on other facility components, or at least one cubic meter (35 cubic feet) of facility components where the amount of RACM previously removed from pipes and other facility components could not be measured before stripping.

These recommendations are based on current standards and regulations issued by the U.S. EPA and the State of North Carolina asbestos regulations. The Building Owner must be made aware of air quality and final clearance regulations that may be required during or after a renovation or demolition project involving asbestos-containing materials.

Prepared By:



James E. Buchanan, CIE

TRINITY ENVIRONMENTAL
 3747 EVERGREEN DRIVE
 TRINITY, NC 27370

Final Visual Inspection and Air Sampling

Project: Former Commercial Structure Date: 7/15/2011
 Location: 1103 West Club Blvd Durham, North Carolina
 Contractor: EME Industrial Services, LLC
 Final Visual Inspection No. 1 Time Started 14:00 Time Finished 14:30

VISUAL INSPECTION

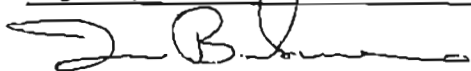
AREA	Residual Dust	Pass/Fail
Removal Sheet Vinyl, +/-500 square feet	None Observed	Pass
Under rear wood floor ing and in kitchen		
Removal Floor Tile; +/-40 square feet	None Observed	Pass
Bath		
Removal Silver Sealant coating; +/-3,000 square feet	None Observed	Pass
Upper Main Roof		

AIR SAMPLING

Sample ID No.	Sample Location	Fibers per cc	Pass / Fail
	Structure is not to be re-occupied		
	Reported immediate demolition		

These results are for the abatement area and this final inspection may be invalidated upon further demolition, renovation or other construction that occurs in the abatement area after visual and final air sampling.

Comments: _____
 Negative pressured enclosure

 80044
 Signature of Accredited Air Monitor / NC No.

 90054
 Signature of Supervising Air Monitor / NC No.

11-074



North Carolina
Department of Health and Human Services
Division of Public Health
Health Hazards Control Unit

Demolition Notification

Permit #: N/A	Facility: Old BB&T Site		
NESHAP #: 40621	Location: flooring & roofing	Contact: Billy Meyer	County: Durham
Date Issued: 06-30-2011	Address: 1103 W Club Blvd Durham, NC	Size: 3500 sf	# of Floors: 1
			Age:

Removal Start: 07-18-2011 **Demolition Start:** 07-18-2011 **Days:** M TU W TH F
End: 07-26-2011 **End:** 07-26-2011 **Hours:** 7:00 AM - 5:00 PM

Owner: NC DENR 401 Oberlin Rd Suite 150 Raleigh, NC 27605 Contact: Billy Meyer Phone:	Removal Contractor: EME Industrial Services LLC 1541 Pleasant Ridge Rd Greensboro, NC 27409- Contact: James Hamm Phone: (336) 664-0003	Demolition Contractor: EME Industrial Services LLC 1541 Pleasant Ridge Rd Greensboro, NC 27409- Contact: James Hamm Phone: (336) 664-0003
Operator: Withers & Ravenel Inc 111 MacKenan Dr Cary, NC 27511	Contact: Laura Powers	Phone: (919) 469-3340

Transporter: EME Industrial Services LLC 1541 Pleasant Ridge Rd Greensboro, NC 27409- Contact: James Hamm Phone: (336) 664-0003	Transporter: Contact: Phone:	Landfill: A-1 Sandrock Inc 2091 Bishop Rd Greensboro, NC 27406- Contact: John Marston Phone: (336) 855-8195
---	---	---

Inspector: JAMES E BUCHANAN - #10000 Samples Collected	Supervising Air Monitor:	Designer:
---	---------------------------------	------------------

Work Practices: bulldozer/loader

RACM:

Signatory: James Hamm
EME Industrial Services LLC 1541 Pleasant Ridge Rd Greensboro, NC 27409-

Any revisions to this Permit/Notification must be submitted to the Health Hazards Control Unit (HHCU). Waste Shipment Records (WSR) shall also be submitted to the HHCU. These forms must be submitted, in writing, on a form provided or approved by the HHCU within the time limits prescribed by the rules governing the HHCU Program. Failure to submit these forms may result in the initiation of enforcement actions.

Mina Shehee
Mina Shehee
Acting Head, OEE Branch
NCDHHS - Division of Public Health
1912 Mail Service Center Raleigh, NC 27699-1912
Phone: (919) 707-5950 Fax: (919) 870-4808

WASTE DISPOSAL MANIFEST



2750 Patterson Street
Greensboro, NC 27407
336-855-7925 Phone
800-999-6510 Toll Free
336-855-4139 Fax
www.ecoflo.com

ECOFLO Inc
2750 Patterson St
Greensboro NC 27407

Federal EPA ID
NCD980842132

1103 W Club Boulevard
Durham NC

July 20 2011

CERTIFICATE OF COMPLIANCE

ECOFLO Inc has received the waste material from 1103 West Club Boulevard, Durham NC on July 20 2011 & delivered by EME Industrial Services LLC.

I certify on behalf of ECOFLO Inc that to the best of my knowledge, The above-described waste was managed in compliance with all applicable laws, regulations, permits, and licenses on the date listed above.

A handwritten signature in cursive script that reads "Marvin R Sparks Jr." with a small mark below the name.

Marvin R Sparks Jr
Manager of Safety & Compliance
Federal EPA ID: NCD980842132

July 20 2011

Taking the hazard out of waste management.



INVOICE

Patterson Street
 10000, NC 27407
 336-855-7925 Fax 336-855-4139

DATE: 7-20-11
 CREDIT CARD #: _____
 EXPIRATION DATE: _____
 SECURITY #: _____

EME Industrial Services

DESCRIPTION	AMOUNT
1-PCB Ballast 225 lbs @ .75	168.75
Service Fee 50.00	50.00
	218.75
Energy surcharge 14.5%	31.71
	250.46
Credit card Fee 3%	7.51
	257.97
TOTAL	\$1 257.97

Checks payable to ECOFLO, Inc.

THANK YOU FOR YOUR BUSINESS!



RAPID RECOVERY[®]

Refrigerant Recovery

for

EME Industrial Services, LLC

Job-Site Description:

103 W. Club Blvd

Total Circuits Recovered	1
Refrigerated Circuits	1
Total Cylinders Recovered	0
Total Refrigerant Recovered (in lbs.)	8
R-22 Recovered	8



EME Industrial Services, LLC

07/14/2011
49093JS

Job-Site Address
103 W. Club Blvd
Durham, NC 27704

<u>Desc</u>	<u>Model #</u>	<u>Serial #</u>	<u>RapRec ID</u>	<u>Quantity</u>
Trane	YCD090C310BD	K37101B540	152340	1
R-22 (97% - 100%) Removed				8

Technician Certifications

esco institute Program EPA Approved December 28, 1993	
CERTIFICATE NO. 539785512710	
NAME: SAM COMPTON	
has been certified as a UNIVERSAL technician as required by 40CFR part 82 subpart F	

Intertek, ETL SEMKO
1717 Arlingate Lane
Columbus, OH 43228



**REFRIGERANT RECOVERY/RECYCLING EQUIPMENT
CERTIFICATION PROGRAM**
Program of the Air-Conditioning & Refrigeration Institute

TEST REPORT

REPORT SERIAL NUMBER: RRRE-06042Q-1
MANUFACTURER DECISION: QUALIFIER
TESTED FOR: ARI Certification Program for
Refrigerant Recovery/Recycling Equipment
4100 North Fairfax Drive, Suite 200
Arlington, VA 22203

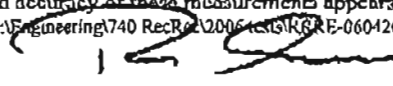
UNIT TESTED: **RAPID RECOVERY® (EL MACHINO)**
UNIT SERIAL NUMBER: NONE, TWO PROTOTYPE UNITS TESTED
UNIT TYPE: RECOVERY
FEED METHOD: VAPOR
COMPRESSOR TYPE: BLISSFIELD, RECIPROCATING, MODEL CFC
COMPRESSOR SERIAL NO.: 00668 AND 00669
COMPRESSOR MOTOR: GASOLINE ENGINE, HONDA GX270-RA2
CONDENSER TYPE: (2X) FINNED TUBE, 3 ROWS, 14" X 14", 3/8" DIA. TUBING
ACCUMULATOR TYPE: HENRY S-7061HE, 7/8" FPT PORTS, 1/2" MFLARE HE PORTS
OIL SEPARATOR TYPE: HENRY S-5887, 7/8" FPT PORTS, 3/8" MFLARE OIL RETURN
PRESSURE REGULATOR TYPE: MAN. CONT. SUCTION - CROT-6 0/60, CONDENSER - ORI-6 65/225
DRIER TYPE: NONE
CONDITION OF UNIT: Units appear to be new with no observable defects.

DATES: N/A 6/12/06 & 11/13/06 12/13/06
Selected Received Tested

TEST METHOD: ARI 740-95, ARI 740-98
ADJUSTMENTS TO METHOD: Sec Q102, Part 2
SELECTION PROCEDURE: Certification Program Operational Manual, March 2000

NOTICE: These results only apply to the item described in this report, which shall not be reproduced, except in full, without obtaining prior written approval from Intertek, ETL SEMKO. No portion of this testing has been subcontracted to other laboratories. All quantified data is traceable to national standards of measurements. The estimated accuracy of these measurements appears in Q102. Document Streamline Registered: G:\Engineering\740 Rec\2006 tests\RRRE-06042Q-1


BRANDON BUTTON
ENGINEERING TECHNICIAN


REVIEWED BY: RAMZI AMAWI
ENGINEERING MANAGER



Certificate of Abatement

I hereby certify that all refrigerant was removed from *103 W. Club Blvd* on *July 14, 2011*, as more specifically set forth in the attached itemization.

I also certify that:

- ✓ An EPA Certified Technician was used to perform the service and complete EPA documentation as required by the EPA - Clean Air Act.
- ✓ EPA Certified and ARI Certified equipment was used to recover the refrigerants.
- ✓ The units were recovered to EPA required levels.
- ✓ Recovered refrigerants were transported to an EPA certified reclamation facility.

Rapid Recovery

By 

Sam Compton

INSURANCE CERTIFICATE



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KX

DATE (MM/DD/YYYY)
04/07/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Senn Dunn - GSO 3625 N. Elm St. P O Box 9376 Greensboro, NC 27429-0376 Scott C. Shepherd	336-272-7161 336-346-1397	CONTACT NAME: Elaine Gray PHONE (A/C, No., Ext.): 336-346-1337 FAX (A/C, No.): 336-346-1397 E-MAIL ADDRESS: egray@senndunn.com PRODUCER CUSTOMER ID #: EMEIN-1
	INSURED EME Industrial Services, LLC 1541 Pleasant Ridge Rd Greensboro, NC 27409	
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Nautilus Insurance Company NAIC # 17370 INSURER B: Great Divide 25224 INSURER C: Great American Insurance Co. 16691 INSURER D: INSURER E: INSURER F:

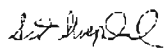
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	ECPO151594711	04/10/11	04/10/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Contr Poll-Occur					PERSONAL & ADV INJURY \$ 1,000,000
A	<input checked="" type="checkbox"/> Prof-Claims Made		ECPO151594711	04/10/11	04/10/12	GENERAL AGGREGATE \$ 2,000,000
A	<input checked="" type="checkbox"/> Prof-Claims Made		ECPO151594711	04/10/11	04/10/12	PRODUCTS - COMPIOP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY		BAP151594811	04/10/11	04/10/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					\$
<input type="checkbox"/> NON-OWNED AUTOS	\$					
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		FFX151594511	04/10/11	04/10/12	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE \$					\$
B	<input checked="" type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WCA151594611	04/14/11	04/14/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Equipment Floater Leased & Rented		MAC164333400	04/10/11	04/10/12	Limit 300,000 Ded 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Withers & Ravenel, Inc. is listed as an additional insured with respects to general liability as per written contract.

CERTIFICATE HOLDER**CANCELLATION**

WITHERS Withers & Ravenel, Inc. 111 MacKenan Drive Cary, NC 27511	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

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**ATTACHMENT C –
Asbestos Waste Shipment Record**

NORTH CAROLINA ASBESTOS WASTE SHIPMENT RECORD

#11-074

1. Waste Generator/Owner Name and Address: 1103 W Club Blvd Durham, NC		Work Site Name and Physical Address: SAME AS OWNER		Waste Generator/Owner Phone Number: Laura Powers, Wither & Raver 919, 469-3340	
2. Contractor Name and Address: EME Industrial Services, LLC 1541 Pleasant Ridge Road, Greensboro, NC 27409			Contractor Phone Number: 336, 664-0003		
3. Waste Disposal Site (WDS) Name, Mailing Address: A-1 Sandrock 2091 Bishop Rd., Greensboro, NC		WDS Physical Site Location: 2091 Bishop Road NC Landfill Permit #: 41-17		WDS Phone Number: 336, 855-8195	
4. Name of Responsible Agency: <input type="checkbox"/> Forsyth Co. Environmental Affairs Dept. Permit #: _____ NESHA (ACTS) ID #: _____ <input type="checkbox"/> Mecklenburg Co. Dept. of Environmental Protection <input checked="" type="checkbox"/> NC DHHS - Health Hazards Control Unit Start Date: _____ Complete Date: _____ <input type="checkbox"/> WNC Regional Air Pollution Control Agency					
5. Description of materials: Non Friable Flooring, Roofing					
6. Containers Number: _____ Type: 20yd		Vehicle: <u>TS</u> RQ, ASBESTOS, CLASS 9 NA 2212, III		7. Total Quantity (yd ³ /m ³):	
8. Special Handling Instructions and Additional Information: <p style="text-align: center;">DO NOT TEAR BAGS</p>					
EMERGENCY CONTACT: DIVISION OF EMERGENCY MANAGEMENT AT 1-800-858-0368					
9. 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 government regulations. Printed/Typed Name & Title: <u>Kenny Grimes, Operations Manager</u> Signature: <u><i>Kenny Grimes</i></u> Date (MM/DD/YY): <u>7-15-11</u>					
10. Transporter 1 (Acknowledgment of Receipt of Materials): Printed/Typed Name & Title: <u>James Brittian, Supervisor</u> Address: <u>1541 Pleasant Ridge Road, Greensboro, NC 27409</u> Phone Number: <u>336-664-0003</u> Signature: <u><i>James Brittian</i></u> Date (MM/DD/YY): <u>8-23-11</u>					
11. Transporter 2 (Acknowledgment of Receipt of Materials): Printed/Typed Name & Title: _____ Address: _____ Phone Number: _____ Signature: _____ Date (MM/DD/YY): _____					
12. Discrepancy Indication Space:					
13. Waste Disposal Site: Owner or Operator Certification of Receipt of Asbestos Materials Covered by this Manifest, Except as Noted in Item #12. Printed/Typed Name & Title: <u>Jimmy Petty, scale operator</u> Total Weight (Tons): <u>4.43</u> Signature: <u><i>Jimmy Petty</i></u> Date (MM/DD/YY): <u>8/22/11</u>					

**ATTACHMENT D –
Photographic Record**

Photographic Record

Project Name: BB&T Site, 1103 West Club Blvd., Durham, NC

DSCA ID # 32-0013

Frame No. 1



Description: View of Former BB&T site with security fence surrounding the property.

Frame No. 2



Description: View of the Durham Area Transit Authority (DATA) bus stop located at the northeast corner of the property.

Photographic Record

Project Name: BB&T Site, 1103 West Club Blvd., Durham, NC

DSCA ID # 32-0013

Frame No. 3



Description: View of dust control activities.

Frame No. 4



Description: View of the former BB&T building after demolition activities on July 19, 2011.

Photographic Record

Project Name: BB&T Site, 1103 West Club Blvd., Durham, NC

DSCA ID # 32-0013

Frame No. 5



Description: View of the former BB&T building after demolition activities on July 20, 2011.

Frame No. 6



Description: View of the former BB&T building after demolition activities on July 21, 2011.

Photographic Record

Project Name: BB&T Site, 1103 West Club Blvd., Durham, NC

DSCA ID # 32-0013

Frame No. 7



Description: View of the former BB&T building slab after voids were sealed with concrete on July 27th, 2011.

Frame No. 8



Description: View of the post demolition activities outdoor ambient air sample (2011-B-1 Outdoor Air).

Photographic Record

Project Name: BB&T Site, 1103 West Club Blvd., Durham, NC

DSCA ID # 32-0013

Frame No. 9



Description: View of the former BB&T property after completion of demolition activities and removal of security fence.

**ATTACHMENT E –
Ambient Air Monitoring Data**

Table 1: Demolition Ambient Air VOC & PCE Monitoring Results

DSCA ID No.: 32-0013			
Screening Time	Screening Description	VOCs Range	Tetrachloroethylene (PCE)
		(ppm)	(ppm)
19-Jul-11 (Start of Demolition)			
7:30	Background	2.648 - 5.633	< 5
10:30	Perimeter	6.667 - 18.7	< 5
	Work Area	12.1	< 5
11:00	Perimeter	2.2 - 3.9	NA
	Work Area	0.0	NA
11:30	Perimeter	0.0	NA
12:00	Perimeter	0.0	NA
	Work Area	5	NA
13:00	Perimeter	0.0	NA
	Work Area	0.0	NA
13:35	Perimeter	0.0	NA
	Work Area	0.0	NA
14:00	Perimeter	0.0	NA
	Work Area	0.0	NA
14:30	Perimeter	0.0	NA
	Work Area	0.0	NA
15:00	Perimeter	0.0	NA
	Work Area	0.0	NA
15:30	Perimeter	0.0	NA
	Work Area	0.0	NA
20-Jul-11 (Continued Demolition)			
8:00	Background	NM*	< 5
10:30	Perimeter	57	< 5
11:30	Perimeter	< 2.0	NA
	Work Area	< 1.0	NA
12:30	Perimeter	0.0	NA
	Work Area	0.0	NA
14:30	Perimeter	0.0	NA
	Work Area	0.0	NA
21-Jul-11 (End of Demolition)			
8:00	Background	NM*	< 5
10:15	Perimeter	< 1.5	NA
	Work Area	< 1.5	NA
12:30	Perimeter	0.0	NA
	Work Area	0.0	NA
<p>Notes: VOC values collected using a ppbRAE PCB values collected using a Dräger CMS (5 to 500 ppm) VOC = volatile organic compound ppm = parts per million Background = readings along property boundary prior to demolition activities Work Area = readings from a central location within fenced area of the building demolition Perimeter = readings along property boundary during demolition activities NM* = VOCs not monitored due to high humidity interference with ppbRAE</p>			

Table 2: Analytical Data for Outdoor Ambient Air

DSCA ID No.: 32-0013

Sample ID	Sampling Date (mm/dd/yy)	Sampling Type	Sampling Duration	cis-1,2-Dichloroethylene	Tetrachloroethylene	trans-1,2-Dichloroethylene	Trichloroethylene	Vinyl chloride
				($\mu\text{g}/\text{m}^3$)	($\mu\text{g}/\text{m}^3$)	($\mu\text{g}/\text{m}^3$)	($\mu\text{g}/\text{m}^3$)	($\mu\text{g}/\text{m}^3$)
Outdoor Air	8/1/2011	Summa	8 hour	< 0.079	0.81	< 0.079	< 0.011	< 0.051

NOTES: **BOLD** = Analyte above laboratory detection limit.

NC Division of Air Quality's Acceptable Ambient Level for Tetrachloroethylene is $190 \mu\text{g}/\text{m}^3$.

**ATTACHMENT F –
Laboratory Report and COC**



12065 Lebanon Rd.
Mt. Juliet, TN 37122
(615) 758-5858
1-800-767-5859
Fax (615) 758-5859
Tax I.D. 62-0814289
Est. 1979

Laura Powers
Withers & Ravenel Eng. - DSCA
111 MacKenan Drive
Cary, NC 27511

Report Summary

Wednesday August 03, 2011

Report Number: L528801

Samples Received: 08/02/11

Client Project: 02060496.32

Description: Former BB&T

The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data package, please do not hesitate to call.

Entire Report Reviewed By:

T. Alan Harvill, ESC Representative

Laboratory Certification Numbers

A2LA - 1461-01, AIHA - 100789, AL - 40660, CA - I-2327, CT - PH-0197, FL - E87487
GA - 923, IN - C-TN-01, KY - 90010, KYUST - 0016, NC - ENV375/DW21704, ND - R-140
NJ - TN002, NJ NELAP - TN002, SC - 84004, TN - 2006, VA - 00109, WV - 233
AZ - 0612, MN - 047-999-395, NY - 11742, WI - 998093910, NV - TN000032008A,
TX - T104704245, OK-9915

Accreditation is only applicable to the test methods specified on each scope of accreditation held by ESC Lab Sciences.

Note: The use of the preparatory EPA Method 3511 is not approved or endorsed by the CA ELAP.

This report may not be reproduced, except in full, without written approval from ESC Lab Sciences. Where applicable, sampling conducted by ESC is performed per guidance provided in laboratory standard operating procedures: 060302, 060303, and 060304.



YOUR LAB OF CHOICE

Withers & Ravenel Eng. - DSCA
 Laura Powers
 111 MacKenan Drive
 Cary, NC 27511

Quality Assurance Report
 Level II
 L528801

12065 Lebanon Rd.
 Mt. Juliet, TN 37122
 (615) 758-5858
 1-800-767-5859
 Fax (615) 758-5859

Tax I.D. 62-0814289

Est. 1970

August 03, 2011

Analyte	Result	Laboratory Blank		Limit	Batch	Date Analyzed
		Units	% Rec			
1,1,1-Trichloroethane	< .02	ppb			WG548674	08/02/11 23:46
1,1,2,2-Tetrachloroethane	< .02	ppb			WG548674	08/02/11 23:46
1,1,2-Trichloroethane	< .03	ppb			WG548674	08/02/11 23:46
1,1-Dichloroethane	< .02	ppb			WG548674	08/02/11 23:46
1,1-Dichloroethene	< .02	ppb			WG548674	08/02/11 23:46
1,2-Dibromoethane	< .02	ppb			WG548674	08/02/11 23:46
1,2-Dichloropropane	< .03	ppb			WG548674	08/02/11 23:46
1,4-Dichlorobenzene	< .02	ppb			WG548674	08/02/11 23:46
Benzene	< .02	ppb			WG548674	08/02/11 23:46
Carbon tetrachloride	< .02	ppb			WG548674	08/02/11 23:46
Chloroethane	< .04	ppb			WG548674	08/02/11 23:46
Chloroform	< .02	ppb			WG548674	08/02/11 23:46
Chloromethane	< .03	ppb			WG548674	08/02/11 23:46
cis-1,2-Dichloroethene	< .02	ppb			WG548674	08/02/11 23:46
cis-1,3-Dichloropropene	< .02	ppb			WG548674	08/02/11 23:46
Ethylbenzene	< .03	ppb			WG548674	08/02/11 23:46
Tetrachloroethylene	< .02	ppb			WG548674	08/02/11 23:46
trans-1,2-Dichloroethene	< .02	ppb			WG548674	08/02/11 23:46
trans-1,3-Dichloropropene	< .03	ppb			WG548674	08/02/11 23:46
Trichloroethylene	< .02	ppb			WG548674	08/02/11 23:46
Vinyl acetate	< .02	ppb			WG548674	08/02/11 23:46
Vinyl chloride	< .02	ppb			WG548674	08/02/11 23:46
1,4-Bromofluorobenzene		% Rec.	95.88	60-140	WG548674	08/02/11 23:46

Analyte	Units	Laboratory Control Sample		% Rec	Limit	Batch
		Known Val	Result			
1,1,1-Trichloroethane	ppb	.5	0.456	91.3	70-130	WG548674
1,1,2,2-Tetrachloroethane	ppb	.5	0.475	94.9	70-130	WG548674
1,1,2-Trichloroethane	ppb	.5	0.482	96.4	70-130	WG548674
1,1-Dichloroethane	ppb	.5	0.462	92.4	70-130	WG548674
1,1-Dichloroethene	ppb	.5	0.436	87.2	70-130	WG548674
1,2-Dibromoethane	ppb	.5	0.485	96.9	70-130	WG548674
1,2-Dichloropropane	ppb	.5	0.482	96.3	70-130	WG548674
1,4-Dichlorobenzene	ppb	.5	0.465	93.0	70-130	WG548674
Benzene	ppb	.5	0.459	91.7	70-130	WG548674
Carbon tetrachloride	ppb	.5	0.457	91.4	70-130	WG548674
Chloroethane	ppb	.5	0.418	83.6	70-130	WG548674
Chloroform	ppb	.5	0.461	92.2	70-130	WG548674
Chloromethane	ppb	.5	0.439	87.9	70-130	WG548674
cis-1,2-Dichloroethene	ppb	.5	0.428	85.7	70-130	WG548674
cis-1,3-Dichloropropene	ppb	.5	0.478	95.6	70-130	WG548674
Ethylbenzene	ppb	.5	0.492	98.4	70-130	WG548674
Tetrachloroethylene	ppb	.5	0.462	92.5	70-130	WG548674
trans-1,2-Dichloroethene	ppb	.5	0.443	88.6	70-130	WG548674
trans-1,3-Dichloropropene	ppb	.5	0.488	97.7	70-130	WG548674
Trichloroethylene	ppb	.5	0.445	89.0	70-130	WG548674
Vinyl acetate	ppb	.5	0.550	110.	70-130	WG548674
Vinyl chloride	ppb	.5	0.497	99.4	70-130	WG548674
1,4-Bromofluorobenzene				100.7	60-140	WG548674

Analyte	Units	Laboratory Control Sample Duplicate		% Rec	Limit	RPD	Limit	Batch
		Result	Ref					
1,1,1-Trichloroethane	ppb	0.453	0.456	91.0	70-130	0.670	25	WG548674
1,1,2,2-Tetrachloroethane	ppb	0.473	0.475	94.0	70-130	0.430	25	WG548674
1,1,2-Trichloroethane	ppb	0.474	0.482	95.0	70-130	1.69	25	WG548674
1,1-Dichloroethane	ppb	0.460	0.462	92.0	70-130	0.400	25	WG548674
1,1-Dichloroethene	ppb	0.435	0.436	87.0	70-130	0.170	25	WG548674

* Performance of this Analyte is outside of established criteria.
 For additional information, please see Attachment A 'List of Analytes with QC Qualifiers.'



YOUR LAB OF CHOICE

Withers & Ravenel Eng. - DSCA
Laura Powers
111 MacKenan Drive

Cary, NC 27511

Quality Assurance Report
Level II

L528801

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1-800-767-5859
Fax (615) 758-5859

Tax I.D. 62-0814289

Est. 1970

August 03, 2011

The data package includes a summary of the analytic results of the quality control samples required by the SW-846 or CWA methods. The quality control samples include a method blank, a laboratory control sample, and the matrix spike/matrix spike duplicate analysis. If a target parameter is outside the method limits, every sample that is effected is flagged with the appropriate qualifier in Appendix B of the analytic report.

Method Blank - an aliquot of reagent water carried through the entire analytic process. The method blank results indicate if any possible contamination exposure during the sample handling, digestion or extraction process, and analysis. Concentrations of target analytes above the reporting limit in the method blank are qualified with the "B" qualifier.

Laboratory Control Sample - is a sample of known concentration that is carried through the digestion/extraction and analysis process. The percent recovery, expressed as a percentage of the theoretical concentration, has statistical control limits indicating that the analytic process is "in control". If a target analyte is outside the control limits for the laboratory control sample or any other control sample, the parameter is flagged with a "J4" qualifier for all effected samples.

Matrix Spike and Matrix Spike Duplicate - is two aliquots of an environmental sample that is spiked with known concentrations of target analytes. The percent recovery of the target analytes also has statistical control limits. If any recoveries that are outside the method control limits, the sample that was selected for matrix spike/matrix spike duplicate analysis is flagged with either a "J5" or a "J6". The relative percent difference (RPD) between the matrix spike and the matrix spike duplicate recoveries is all calculated. If the RPD is above the method limit, the effected samples are flagged with a "J3" qualifier.

Withers & Ravenel Eng. - DSCA

111 MacKenan Drive
Cary, NC 27511

Billing information:
Accounts Payable
111 MacKenan Drive
Cary, NC 27511

Analysis/Container/Preservative

Chain of Custody
Page 1 of 1



12065 Lebanon Road
Mt Juliet, TN 37122
Phone: (800) 767-5859
Phone: (615) 758-5858
Fax: (615) 758-5859

Report to: **Laura Powers** Email: **lpowers@withersravenel.com**

Project Description: **Former BB&T** City/State Collected:

Phone: (919) 469-3340 Client Project #: **02060496.32** Lab Project #: **WITHRAVD-0206049632**
FAX: (919) 467-6008

Collected by (print): **Wesley Perry** Site/Facility ID#: **32-0013** P.O.#:

Collected by (signature): *[Signature]* Rush? (Lab MUST Be Notified)
 Same Day 200%
 Next Day 100%
 ___ Two Day 50%
 ___ Three Day 25%
 Date Results Needed: **8/3/11**
 Email? ___ No Yes
 Packed on Ice Y ___ N ___ FAX? ___ No ___ Yes

Sample ID	Comp/Grab	Matrix*	Depth	Date	Time	No. of Cntrs
2011-8-1 Outdoor Air		Air		8/1/11	17:05	1

TO-155IM Summa

Account: **WITHRAVD** (lab use only)
 Template/Protocol: **T69010/P362834**
 Cooler #: **7100111**
 Shipped Via: **FedEX Ground**

Remarks/Contaminant Sample # (lab only)
Summa #2 6526601-01

*Matrix: SS - Soil GW - Groundwater WW - WasteWater DW - Drinking Water OT - Other _____

Remarks:

pH _____ Temp _____
 Flow _____ Other _____

43419824 4977

Relinquished by: (Signature) <i>[Signature]</i>	Date: 8/1/11	Time: 18:30	Received by: (Signature) <i>[Signature]</i>	Samples returned via: <input type="checkbox"/> UPS <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> Courier	Condition: OK (lab use only)
Relinquished by: (Signature) <i>[Signature]</i>	Date:	Time:	Received by: (Signature) <i>[Signature]</i>	Temp: Amb. Bottles Received: 1	COC Seal intact: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
Relinquished by: (Signature) <i>[Signature]</i>	Date:	Time:	Received for lab by: (Signature) <i>[Signature]</i>	Date: 8/2/11 Time: 0900	pH Checked: _____ ICF: _____