# Appendix L Agency Correspondence



## South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178 (909) 396-2000 • www.aqmd.gov

Information Management
Public Records Unit

Direct Dial: (909) 396-3700 FAX: (909) 396-3330

#### PUBLIC RECORDS REQUEST FORM

PRU Office Use Only

|  |  | CONTROL NUMBER   |
|--|--|--|
|  |  |  |
| ATTENTION REQUESTOR: To specifically the type of records you a filed, and three requested items per for facility or for records not identified to or retained by the District. Public Re | re requesting. Please limit your request<br>orm. Additional forms or pages can be<br>on this form. Requests should reasonabl | rds, please fill out this form <u>completely</u> , and identify to one facility <u>or</u> one site address for each request form used if requesting information for more than one ly describe identifiable records prepared, owned, used, ou in identifying those records in the District's from an existing record. |
| NAME: Carrie Cros  | Zier   | DATE: 10-16-15   |
| COMPANY: Parsons   |  |  |
| MAILING ADDRESS: 100 W.  | Walnut St.   |  |
| CITY: Pasadena   |  | STATE: CA ZIP CODE: 9/124  |
| PHONE NUMBER: 626 - 440  |  | MBEK:  |
| EMAIL ADDRESS: Carrie:   | Crozier G farsons-com  |  |
|  | REQUESTED RECORDS (3 item  | ns per form)   |
| Applications (APPLS)   | Complaints   | ☑ Asbestos Notifications/Records   |
| Permits to Operate (P/O)   | Site Inspection Reports (I/R)  | Facility Potential to Emit (PTE)   |
| Equipment List Report (EQL)  | Emissions Summary  | Facility Positive Balance (NSR)  |
| Notices of Violation (NOV)   | Source Test Reports (S/T RPTS)   | Toxic-Health Risk Assessment (HRA)   |
| ✓ Notices to Comply (N/C)  | ☑ Air Monitoring Data  | Other (describe below or on additional pages):   |
| All  |  |  |
| , H  |  |  |
|  |  |  |
| TIME PERIOD OF DOCUMENTS R   | REOUESTED From:  | To: Al   |
|  | REQUESTED From: All  | To: 4  |
| RE   | QUESTED FACILITY INFORMATI   | ION (If Applicable)  |
| FACILITY NAME: 930 57  |  | (it rippicable)  |
| FACILITY ADDRESS: 330  | F. 9370 GT   |  |
| CITY: Las Angeles  |  | STATE: CA ZIP CODE: 90003  |
| FACILITY I.D. NO. (if known):  | APPL. AND/OR PERMIT  |  |
|  |  | copied audio tape. No charge for copied Diskettes or CDs.<br>costs will vary (see Instructions for Requesting Records).  |
| I wish to inspect the requested reco   | rds, where applicable, or receive the req  | quested records electronically at no charge. I do not  |
| want copies produced at this time.   |  |  |
|  | t me prior to copying the requested reco   |  |
|  |  | e the SCAQMD for the direct cost of duplicationin  |
| accordance with Gov. Code Sec. 62  | <i>σ</i> ο(υ).   | ÷ / \  |

Note: After a preliminary estimate, advance payment <u>may</u> be required.

Signature of Requestor

#### **SCAQMD** Facility Equipment List Report

Status: Active

TITLE V: N

Run Date: 10/27/2015 12:00 PM

Team: I

Facility: 72848 LA UNI SCH DIST, NINETY-THIRD ST SCHOOL

On Hold: Sus

Suspended:

TS: TS-32 Area Sources: Rule 1415 Facilities

AIRS ID:

Quarter: 0010 - inspect in 3rd quarter, every year

SIC: 8211

Contact: KENNETH DAVIS (213) 6337267

RECLAIM: N

Assignment: 1508061

MR:

Location Address: 330 E 93RD ST, LOS ANGELES 90003-3827 Sector:WK Mailing Address: P.O. BOX 512298, LOS ANGELES 90051-0298 Sector:WK Inspector: PR01 PAVAN RAMI

Instruction:

Last Inspection: 07/30/2015

Inspection Date: 07/30/2015
Disposition: Notice To Comply

| Application<br>No. | Permit<br>No. | Permit<br>Issue Date | Permit<br>Status | Equipmer<br>Category |      | BCAT/CCAT<br>Description          | Application<br>Date | Application<br>Status               |
|--------------------|---------------|----------------------|------------------|----------------------|------|-----------------------------------|---------------------|-------------------------------------|
| <br>208860         | D24517        | 06/26/1990           | INACTIVE         | 011001               | BCAT | BOILER (<5 MMBTU/HR) NAT GAS ONLY | 06/02/1989          | PERMIT TO OPERATE GRANTED           |
| <br>397339         |               |                      |                  | 666415               | BCAT | RULE 1415 PLAN NOTIFICATIONS      | 01/22/2002          | BANKING/ PLAN GRANTED, NON BILLABLE |
| <br>532746         |               |                      |                  | 666415               | BCAT | RULE 1415 PLAN NOTIFICATIONS      | 02/01/2012          | BANKING/ PLAN GRANTED, NON BILLABLE |

| Inspector: | Date: | Reviewed By: | Date: | Page 1 of 3 |
|------------|-------|--------------|-------|-------------|
|------------|-------|--------------|-------|-------------|

Facility: 72848

Last Inspection: 07/30/2015

#### **SCAQMD** Facility Equipment List Report

| SCAQMD I           | actifity Equipmen         | it List Report               |                          |                    |
|--------------------|---------------------------|------------------------------|--------------------------|--------------------|
| TY-THIRD ST SCHOOL | Status: Active            | MR:                          | SIC:                     | 8211 Team: I       |
| Suspended:         | TS: TS-32 Area Sources: R | ule 1415 Facilities Quarter: | 0010 - inspect in 3rd qu | uarter, every year |
| RECLAIM: N         | TITLE V: N AIRS ID:       | Assignment:                  | 1508061                  |                    |

Run Date: 10/27/2015 12:00 PM

Contact: KENNETH DAVIS (213) 6337267 RECLAIM: N TITLE V: N AIRS ID: Assignment: 1508061

Location Address: 330 E 93RD ST, LOS ANGELES 90003-3827 Sector:WK

Mailing Address: P.O. BOX 512298, LOS ANGELES 90051-0298 Sector:WK

Instruction: Assignment: 1508061

Inspector: PR01 PAVAN RAMI

Inspection Date: 07/30/2015

Disposition: Notice To Comply

Application Application Equipment BCAT/CCAT Application Permit Permit Permit Issue Date Status Category Date Status No. No. Description

REPORT: 7/30/2015

1005 hours - I arrived at LAUSD Ninety-Third St. School (45330 East 93rd St. Los Angeles 90003), ID #72848, for a compliance inspection. I met Norberto Macial, Plant Manager, who showed me around.

Facility is an elementary school and has 2 boilers (<2 mmbtu/hr) and a chiller system for AC. I observed two Patterson Kelley Thermific boilers, Model #N-1000-MFD, each rated at 900,000 btu/hr, with S/N FX47-1236619 and S/N FX47-1230617. Both units were Rule 1146.2 Low NOx certified. Maintenance technician was running tests on the boiler at the time of my inspection.

I also observed a small boiler behind the kitchen: AO Smith M/N FGR-100-J00N010506 75.000 btu/hr boiler.

LA UNI SCH DIST, NINET

On Hold:

I also observed a chiller unit on the east end of the elementary school. The unit had no tags or plate information; I was able to find signage for Carrier Ecologic HFC134A on the unit. No current Rule 1415 registration on file.

Facility is operating in compliance with Rule 1146.2.

Need to find contact to issue NC for Rule 1415 registration.

7/31/2015

Emailed LAUSD contact Aris Hovasapian. Mr. Hovasapian is no longer working with the district, so I am attempting to locate the correct contact.

Reviewed

8/06/2015

Emailed LAUSD contact Michael Montes, michael.montes@lausd.net (213-241-0332), Notice to Comply #32121 for: Rule 1415 - Provide proof of Rule 1415 registration for chiller or demonstrate that unit has less than 50 lbs of refridgerant.

8/18/2015

Recieved an email from Sophy Yee with a filled out application that she mentioned was from 2014 for the 1415 registration. Found the referenced application in Paats:

- Rule 1415 Registration (App # 564910) with a check recieved.
- According to Application Tracking, the registration was recieved by CJ01 of Team L however has not moved forward to the next step.

8/19/2015

Application for 1415 Registration was recieved according to PAATS; NC Closed.

| hispector bate bate reviewed by bate bate. | Inspector: | Date: | Reviewed By: | Date: | Page 2 of 3 |
|--|------------|-------|--------------|-------|-------------|
|--|------------|-------|--------------|-------|-------------|

#### **SCAQMD** Facility Equipment List Report

Status: Active

Run Date: 10/27/2015 12:01 PM

Team: I

Facility: 72848 LA UNI SCH DIST, NINETY-THIRD ST SCHOOL

Last Inspection: 07/30/2015 On Hold:

Suspended:

TS: TS-32 Area Sources: Rule 1415 Facilities

AIRS ID:

Quarter: 0010 - inspect in 3rd quarter, every year

SIC: 8211

Contact: KENNETH DAVIS (213) 6337267

RECLAIM: N TITLE V: N

Assignment: 1232126

Location Address: 330 E 93RD ST, LOS ANGELES 90003-3827 Sector:WK Mailing Address: P.O. BOX 512298, LOS ANGELES 90051-0298 Sector:WK Inspector: EE03 EDUARDO ESPARZA

Instruction:

Inspection Date: 04/26/2011
Disposition: Notice To Comply

MR:

| Application<br>No. | Permit<br>No. | Permit<br>Issue Date | Permit<br>Status | Equipmen<br>Category | t    | BCAT/CCAT<br>Description          | Application<br>Date | Application<br>Status               |
|--------------------|---------------|----------------------|------------------|----------------------|------|-----------------------------------|---------------------|-------------------------------------|
| <br>532746         |               |                      |                  | 666415               | BCAT | RULE 1415 PLAN NOTIFICATIONS      | 02/01/2012          | BANKING/ PLAN GRANTED, NON BILLABLE |
| <br>397339         |               |                      |                  | 666415               | BCAT | RULE 1415 PLAN NOTIFICATIONS      | 01/22/2002          | BANKING/ PLAN GRANTED, NON BILLABLE |
| <br>208860         | D24517        | 06/26/1990           | INACTIVE         | 011001               | BCAT | BOILER (<5 MMBTU/HR) NAT GAS ONLY | 06/02/1989          | PERMIT TO OPERATE GRANTED           |

| Inspector: | Date: | Reviewed By: | Date: | Page 1 of 2 |
|------------|-------|--------------|-------|-------------|
|------------|-------|--------------|-------|-------------|

| User: Iramos                              |   |                                 |                                       | SCAQN                                 | AD Fac                               | cility E                          | quipment  | List R                            | Report                     |                              |   | R       | un Date : 10  | 0/27/2015 12:01 PM   |
|---|---|---------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------|------------------------------|---|---------|---------------|----------------------|
| Location Address                          | 07/30/201<br>KENNETH<br>330 E 93F<br>P.O. BOX | 5 O<br>H DAVIS (2<br>RD ST, LOS | n Hold:<br>13) 6337267<br>ANGELES 900 |                                       | nded:<br>.AIM: N TI<br>WK            |                                   | ? Area Sources: Rule ′<br>AIRS ID:                | 1415 Facilities                   | Assigr<br>Inspection       | nment:<br>pector:<br>n Date: | 0010 - inspect in<br>1232126<br>EE03 EDUARD<br>04/26/2011<br>Notice To Comply | O ESI   | ıarter, every | Team: I<br>/ year    |
| Application No.                           | Permit<br>No.                                 | Permit<br>Issue Date            | Permit<br>Status                      | Equipment<br>Category                 | BCAT/CC<br>Descriptio                |                                   |   |                                   | Application<br>Date        | Applic<br>Status             |   |         |               |                      |
| REPORT: 04/26/11<br>Los Angeles, 90003    |   |                                 |                                       |                                       |                                      |                                   | uct a compliance insp<br>(LAUSD).                 | ection. Facility                  | y is Ninety-Th             | nird Stre                    | et School, ID # 72  | 2848, I | ocated at 3   | 30 E. 93rd Street,   |
| Observed two Patte<br>NOx certified per A | rson Kelley<br>QMD boiler                     | Thermific botable and en        | oilers, Model #<br>nission records    | N-900, 900,000 b<br>indicate units me | tu/hr input ratin<br>et current emis | g, s/n's AE039<br>sion limits (R1 | 11454 and AE039114<br>146.2 compliant). I ad      | l53, mfg year<br>vised facility o | 1991. Both u<br>n R1146.2. | nits wer                     | e on stand-by at th   | ne time | e of inspect  | ion. Boilers are Low |
| Observed one A.O.                         | Smith wate                                    | r heater, 80,                   | 000 btu/hr inpu                       | ıt rating, 100 gallo                  | n, located in the                    | e basement.                       |   |                                   |                            |                              |   |         |               |                      |
| No other equipment require permits and    |   |                                 |                                       | hat boiler associa                    | ted with D2451                       | 7 was removed                     | (permit inactive). No                             | enforcement a                     | action taken a             | it this tin                  | ne. Changed from  | TS 1    | 1 to TS 09 a  | as boilers do not    |
| Reviewed 04/29/11                         | by FG who                                     | wrote:                          |                                       |                                       |                                      |                                   |   |                                   |                            |                              |   |         |               |                      |
| Specify proof facility                    | has that bo                                   | oilers are R1                   | 146.2 certified                       | since they were n                     | nanufactured in                      | 1991?                             |   |                                   |                            |                              |   |         |               |                      |
|   |   | 0,                              | •                                     |                                       |                                      | ,                                 | ed via fax (fax # 213.2<br>source test or prove e | , .                               | • ,                        | J                            | •   | 46.2)   |               |                      |

06/14/11. Facility indicated that the boiler was mfg in 1997. Facility is in the process of installing time meters in order to verify therm usage exemption. Will follow up in the future. NC will be closed at this time. No further action taken.

| nspector: | Date: | Reviewed By: | Date: | Page 2 of 2 |
|-----------|-------|--------------|-------|-------------|
|-----------|-------|--------------|-------|-------------|

| Notification 7  | 73086  | <b>1</b>  | Run Date: 10/27/2015 12:40:26 |
|---|--|---|-------------------------------|
| Receive By:<br>Assign By:<br>Dispatch On:<br>Team:<br>Activity:<br>Instruction: | HELENQ on 3/10/2004 15:33:00  X R1403 ASBESTOS REMOVAL   | Assignment No: 819061 Inspector: Disposition: AIRS ID: Title V: N | Inspection Date:              |
| Description:  | CK#1549 \$29.52  |   |                               |
| Instance Start Date:  | 03/29/2004 00:00   | Instance End Date: 04/01/2004 00:00                               |                               |
| Notifier  |  |   |                               |
| Facility:<br>First Name:<br>Facility TS:<br>Address:<br>Phone:                  | 98203 LOS ANGELES UNIFIED SO<br>Last Name<br>TS-72 Toxics: Asbestos Removal Contrac<br>VARIOUS LOCATIONS IN SCAQMD, Un | e: ANONYMOUS<br>etors   |                               |
| Site Location   |  |   |                               |
| Facility:<br>Facility TS:<br>Address:   | NINETY-THIRD ST ELEM S<br>330 E 93RD ST, LOS ANGELES, CA 900   |   |                               |
| Inspector Con   | nment  |   |                               |
|   |  |   |                               |
| INSPECTOR:  |  | DATE:   |                               |
| sig   | gnature  | DATE:   |                               |

User ID: Iramos

Page 1 of 1

signature

 Notification
 45260
 Run Date: 10/27/2015 12:39:47

 Receive By:
 TWALZ on 3/7/2003 17:12:00
 Assignment No: 756020
 Inspection Date:

 Assign By:
 samv on 4/2/2003 08:15:09
 Inspector: FERDINAND A BRAGANZA (FB01)

Dispatch On: 4/2/2003 Disposition:
Team: X ARS ID:
Activity: R1403 ASBESTOS REMOVAL Title V: N

Instruction: SCHOOL INSPECTION; VAT WOULD BE CONTAMINATED WITH ASBESTOS MASTIC AND MUST BE DISPOSED AS

ACM UNLESS THE MASTIC IS REMOVED FROM THE TILES; CHECK FOR MASTIC REMOVAL TECHNIQUES;

Description: CK 1426B \$87.61; CK 1431 \$11.59 3/25;

**Notifier** 

Facility: 98203 LOS ANGELES UNIFIED SCHOOL DIST
First Name: Last Name: ANONYMOUS

Facility TS: TS-72 Toxics: Asbestos Removal Contractors

Address: VARIOUS LOCATIONS IN SCAQMD, Unit 1461, DIAMOND BAR, CA 91765

Phone:

**Site Location** 

Facility: 72848 LA UNI SCH DIST, 93RD ST SCHOOL MT001027

Facility TS: TS-32 Area Sources: Rule 1415 Facilities

Address: 330 E 93RD ST, LOS ANGELES, CA 90003 (Sector WK)

**Inspector Comment** 

| INSPECTOR:  |           | DATE: |  |
|-------------|-----------|-------|--|
|             | signature |       |  |
| SUPERVISOR: |           | DATE: |  |
| ·           | signature |       |  |

signature

User ID: Iramos Page 1 of 1

| Notification 2                      | 230123                                   |   | Run Date: 10/27/2015 12:40:43 |
|-------------------------------------|--|---|-------------------------------|
| Receive By: Assign By: Dispatch On: | DOSWALD on 11/18/2009 10:51:00<br>X      | Assignment No: 1139028 Inspector: Disposition: AIRS ID: | Inspection Date:              |
| Team:<br>Activity:<br>Instruction:  | R1403 ASBESTOS REMOVAL                   | Title V: N  |                               |
| Description:                        | ROOM #8                                  |   |                               |
| Instance Start Date:                | 11/20/2009 00:00                         | Instance End Date: 11/23/2009 00                        | 0:00                          |
| Notifier                            | 422404 ADOUG CONTRACTING LE              |   |                               |
| Facility:<br>First Name:            | 133181 ARGUS CONTRACTING, LP  Last Name: | ANONYMOUS   |                               |
| Facility TS:                        | TS-72 Toxics: Asbestos Removal Contract  |   |                               |
| Address:                            | VARIOUS LOCATIONS IN SCAQMD, Uni         | t 1,800, LONG BEACH, CA 90805                           |                               |
| Phone:                              | (310)756-4678 (Work)                     |   |                               |
| <b>Site Location</b>                |  |   |                               |
| Facility:<br>Facility TS:           | EF; LAUSD; #4630033                      |   |                               |
| Address:                            | 330 E 93RD ST, LOS ANGELES, CA 9000      | 03 (Sector WK)  |                               |
|                                     |  |   |                               |
|                                     | gnature                                  | DATE:   |                               |
| SUPERVISOR:                         |  | DATE:   |                               |

User ID: Iramos Page 1 of 1

signature

Notification 77686 Run Date: 10/27/2015 12:40:34 Receive By: JESSEM on 5/3/2004 10:18:00 Assignment No: 830609 Inspection Date: samv on 8/6/2004 15:48:18 Inspector: FERDINAND A BRAGANZA (FB01) Assign By: Disposition: 8/6/2004 Dispatch On: AIRS ID: Team: Х R1403 ASBESTOS REMOVAL Title V: Activity: see other rev ntf Instruction: CK#8068 \$331.21 Description: Instance Start Date: 06/01/2004 00:00 Instance End Date: 12/31/2004 00:00 Notifier 106250 SPECIALIZED ENVIRONMENTAL, INC. Facility: First Name: Last Name: ANONYMOUS Facility TS: Address: VARIOUS LOCATIONS IN SCAQMD, Unit 33540, CARSON, CA 90746 Phone: **Site Location** 93RD STREET ELEM SCHOOL SA04-007 Facility: Facility TS: 330 E 93RD ST, LOS ANGELES, CA 90003 (Sector WK) Address: **Inspector Comment** INSPECTOR:

signature

SUPERVISOR:

signature

User ID: Iramos Page 1 of 1

DATE:

# South Coast Air Quality Management District

NC E19805

Run Date: 10/27/2015 12:10:59

Page 1 of 1

| Company                                |  |
|--|--|
| Facility:<br>Location Address:         | LA UNI SCH DIST, NINETY-THIRD ST SCHOOL (ID: 72848)<br>330 E 93RD, ST LOS ANGELES, CA 90003-3827   |
| Mailing Address:                       | 333 S BEAUDRY, ST LOS ANGELES, CA 90003-3027   |
| AIRS ID                                |  |
| <b>Violation</b>                       |  |
| Notice Issued Date:<br>Violation Date: | 5/8/2013   |
| Serve To:                              | 5/3/2013   |
| Title:                                 | ARIS HOVASAPIAN  |
| Issue By:                              | SENIOR ENERGY SPECIALIST EDUARDO ESPARZA (Team: I)   |
| Assignment No.:                        | 1369609  |
| Compliance                             | 10/17/2013   |
| Achieved Date:<br>Equipment            |  |
| Description:                           |  |
| Compliance                             | Replace/retrofit 2 Patterson Kelley boilers with compliant equipment or prove emission limits are met via source test or prove each unit |
| Requirements:                          | uses less than 9,000 therms per year.  |
|  |  |
|  |  |
| Disposition                            |  |
| Final Action Code:                     | CLO 10/17/2013 00:00:00  |
| Due Date:                              | 5/22/2013  |
| Violation Days:                        | 0  |
| ·                                      |  |
| Rule/Comment                           | <u>t</u>   |
| 1146.2                                 |  |
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| Emittent                               |  |
|  |  |
| Follow-Up                              |  |
| Status: INCOMP                         | Inspector ID: EE03 Inspection Date: 10/17/13 00:00 Number:   |
|  | Inspector ID. EE03 Inspection Date. 10/17/13 00:00 Number.   |
| <b>Device IDs.</b>                     |  |
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| <b>Inspector Com</b>                   | iment  |
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| INSPECTOR:                             | DATE:  |
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| GLIDEDI EGGS                           |  |
| SUPERVISOR:                            | DATE:  |
| sign                                   | nature   |

User ID:

Iramos

# South Coast Air Quality Management District

NC E32121

Run Date: 10/27/2015 12:10:43

| Company                      |   |  |                                       |
|------------------------------|---|--|---------------------------------------|
| Facility: Location Address:  | LA UNI SCH DIST, NINETY-THIRD S                                   |  |                                       |
| Mailing Address:             | 330 E 93RD, ST LOS ANGELES, CA<br>P.O. BOX 512298 LOS ANGELES, C. |  |                                       |
| AIRS ID                      | 1.0. BOX 012230 2007(11022220, 0.                                 | 7,00001 0200                                     |                                       |
| Violation                    |   |  |                                       |
| Notice Issued Date           | 8/6/2015  |  |                                       |
| Violation Date:              | 7/30/2015   |  |                                       |
| Serve To:                    | MICHAEL MONTES  |  |                                       |
| Title:                       | ENERGY MANAGEMENT UNIT  |  |                                       |
| Issue By:                    | PAVAN RAMI (Team: I)  |  |                                       |
| Assignment No.:              | 1508295   |  |                                       |
| Compliance<br>Achieved Date: | 08/19/2015  |  |                                       |
| Equipment Description:       | BCAT - Chiller Unit   |  |                                       |
| Compliance<br>Requirements:  | Rule 1415 - Provide proof of Rule 1415                            | 5 registration for chillar or demonstrate that u | nit has less than 50 lbs refridgerant |
| Disposition                  |   |  |                                       |
| Final Action Code:           | CLO 8/19/2015 00:00:00  |  |                                       |
| Due Date:                    | 8/20/2015   |  |                                       |
| Violation Days:              | 0   |  |                                       |
| Rule/Commo                   | ent   |  |                                       |
| 1415                         |   |  |                                       |
|                              |   |  |                                       |
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| Emittont                     |   |  |                                       |
| Emittent                     |   |  |                                       |
|                              |   |  |                                       |
| Follow-Up                    |   |  |                                       |
| Status: INCOMP               | Inspector ID: PR01  | Inspection Date: 08/19/15 00:00                  | Number:                               |
| Device IDs.                  |   |  |                                       |
| Device IDs.                  |   |  |                                       |
|                              |   |  |                                       |
| Inspector Co                 | mment   |  |                                       |
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| INSPECTOR:                   |   | DATE:  |                                       |
| _                            | signatura   | DATE:  |                                       |
|                              | signature   |  |                                       |
| SUPERVISOR:                  |   | DATE   |                                       |
| _                            | signature   |  |                                       |
|                              |   |  | _                                     |
| User ID:                     | Iramos  |  | Page 1 of 1                           |

# South Coast Air Quality Management District

NC E05968

Run Date: 10/27/2015 12:11:08

| Company                               |  |  |   |
|---------------------------------------|--|--|---|
| Facility: Location Address:           | LA UNI SCH DIST, NINETY-THIRD                                    |  |   |
| Mailing Address:                      | 330 E 93RD, ST LOS ANGELES, CA<br>P.O. BOX 512298 LOS ANGELES, ( |  |   |
| AIRS ID                               | 1.0. 80% 012200 2007 (102220,                                    | 0/100001 0200                                  |   |
| Violation                             |  |  |   |
| Notice Issued Date                    | e: 5/11/2011   |  |   |
| Violation Date:                       | 4/26/2011  |  |   |
| Serve To:                             | ROSEMARIE DE OCAMPO  |  |   |
| Title:                                | ENERGY SPECIALIST  |  |   |
| Issue By:                             | EDUARDO ESPARZA (Team: I)  |  |   |
| Assignment No.:                       | 1235384  |  |   |
| Compliance<br>Achieved Date:          | 06/14/2011   |  |   |
| Equipment Description:                |  |  |   |
| Compliance                            | Replace/retrofit 2 Patterson Kelley bo                           | illers with compliant equipment or prove emiss | ion limits are met via source test or prove units mee |
| Requirements:                         | gas usage exemption.   | mers with compliant equipment of prove emiss   | or mine are met via source test or prove arms mee     |
|                                       |  |  |   |
| <b>Disposition</b> Final Action Code: |  |  |   |
| Due Date:                             | GLO 0/14/2011 00:00:00   |  |   |
| Violation Days:                       | 5/25/2011  |  |   |
|                                       | 0  |  |   |
| Rule/Comm                             | ent  |  |   |
| 1146.2                                |  |  |   |
| Emittent Follow-Up                    |  |  |   |
| Status: INCOME                        | P Inspector ID: EE03   | Inspection Date: 06/14/11 00:00                | Number:   |
|                                       | mapector in EE03   | Inspection Date: 00/14/11 00:00                | Number.   |
| Device IDs.                           |  |  |   |
| Inspector Co                          | omment   |  |   |
|                                       |  |  |   |
|                                       |  |  |   |
|                                       |  |  |   |
|                                       |  |  |   |
|                                       |  |  |   |
|                                       |  |  |   |
|                                       |  |  |   |
| INSPECTOR:                            |  | TO APPE  |   |
|                                       | signature  | DATE:  |   |
|                                       | -  |  |   |
| SUPERVISOR:                           |  | DATE:  |   |
|                                       | signature  |  |   |
| User ID:                              | Iramos   |  | Page 1 of 1   |

#### **SCAQMD** Facility Equipment List Report

Status: Active

| Run Date: | 10/27/2015 | 12:02 | PM |
|-----------|------------|-------|----|
|-----------|------------|-------|----|

Team: I

Facility: 72848 LA UNI SCH DIST, NINETY-THIRD ST SCHOOL

Last Inspection: 07/30/2015 On Hold:

Suspended:

TS: TS-32 Area Sources: Rule 1415 Facilities

AIRS ID:

Assignment: 636411

MR:

Quarter: 0010 - inspect in 3rd quarter, every year

SIC: 8211

Contact: KENNETH DAVIS (213) 6337267 RECLAIM: N

Location Address: 330 E 93RD ST, LOS ANGELES 90003-3827 Sector:WK Mailing Address: P.O. BOX 512298, LOS ANGELES 90051-0298 Sector:WK

TITLE V: N

Inspector: SN01 STEPHEN O NGWU

Inspection Date: 07/23/2004

Disposition: Operating in Compliance at time of inspection

| Application No. | Permit<br>No. | Permit<br>Issue Date | Permit<br>Status | Equipment<br>Category |      | BCAT/CCAT<br>Description          | Application<br>Date | Application<br>Status               |
|-----------------|---------------|----------------------|------------------|-----------------------|------|-----------------------------------|---------------------|-------------------------------------|
| <br>532746      |               |                      |                  | 666415 B              | BCAT | RULE 1415 PLAN NOTIFICATIONS      | 02/01/2012          | BANKING/ PLAN GRANTED, NON BILLABLE |
| <br>397339      |               |                      |                  | 666415 B              | BCAT | RULE 1415 PLAN NOTIFICATIONS      | 01/22/2002          | BANKING/ PLAN GRANTED, NON BILLABLE |
| <br>208860      | D24517        | 06/26/1990           | INACTIVE         | 011001 B              | BCAT | BOILER (<5 MMBTU/HR) NAT GAS ONLY | 06/02/1989          | PERMIT TO OPERATE GRANTED           |

REPORT: Facility operates two thermific boilers model N900 rated 900k btu/hr. Removed the previous boiler. Site is exempt from written permit and registration by virtue of size. Complies w/ rule 1146.2 (certified equipment).

#### RECENT ASSIGNMENTS:

Instruction:

|            | · · · · · · · · · · · · · · · · · · · |                 |                                     |                             |  |
|------------|---------------------------------------|-----------------|-------------------------------------|-----------------------------|--|
| 08/06/2015 | No. 1508061                           | Inspector: PR01 | Activity: EQUIPMENT LIST INSPECTION | Inspection Date: 07/30/2015 |  |
| 08/06/2015 | No. 1508295                           | Inspector: PR01 | Activity: NOV/NC                    |                             |  |
| 05/08/2013 | No. 1369607                           | Inspector: EE03 | Activity: EQUIPMENT LIST INSPECTION | Inspection Date: 05/03/2013 |  |
| 05/08/2013 | No. 1369609                           | Inspector: EE03 | Activity: NOV/NC                    |                             |  |
| 05/11/2011 | No. 1235384                           | Inspector: EE03 | Activity: NOV/NC                    |                             |  |
| 04/27/2011 | No. 1232126                           | Inspector: EE03 | Activity: EQUIPMENT LIST INSPECTION | Inspection Date: 04/26/2011 |  |
| 04/02/2003 | No. 756020                            | Inspector: FB01 | Activity: R1403 ASBESTOS REMOVAL    |                             |  |
| 12/21/2000 | No. 636411                            | Inspector: SN01 | Activity: EQUIPMENT LIST INSPECTION | Inspection Date: 07/23/2004 |  |

| Inspector: | Date: | Reviewed By: | Date: | Page 1 of 1 |
|------------|-------|--------------|-------|-------------|
|------------|-------|--------------|-------|-------------|

| F<br>Last Inspe | acility:             |               |                             | DIST, NINETY<br>Hold: | THIRD ST SCHOO        |                          | ctive<br>S-32 Area Sources: Rule 1415 Facilitie | M<br>s Quarte                |                   | SIC: 8211                  | Team: I        |
|-----------------|----------------------|---------------|-----------------------------|-----------------------|-----------------------|--------------------------|---|------------------------------|-------------------|----------------------------|----------------|
| •               |                      |               | - DAVIS (213                |                       | RECLAIM               |                          |   | =                            | nt: 1369607       |                            | ,,             |
|                 |                      |               |                             |                       | 03-3827 Sector:WK     |                          |   |                              |                   | EDUARDO ESPARZA            |                |
| •               | Idress: I<br>uction: | P.O. BOX      | 512298, LOS                 | ANGELES 9             | 0051-0298 Sector:V    | /K                       |   | Inspection Dat<br>Dispositio | n: Notice T       |                            |                |
| Applica         | ation<br>No.         | Permit<br>No. | Permit<br>Issue Date        | Permit<br>Status      | Equipment<br>Category | BCAT/CCAT<br>Description |   |                              | plication<br>itus |                            |                |
|                 | NO.                  | NO.           | issue Date                  | Status                | Category              | Description              |   | Date Sta                     | itus              |                            |                |
|                 |                      |               |                             |                       |                       |                          |   |                              |                   |                            |                |
|                 |                      |               | Employee Ms. belonging to L |                       | (323.754.2869) to co  | nduct a compliance in    | spection. Facility is Ninety-Third Stree        | t School, ID # 728           | 48, located a     | at 330 E. 93rd Street, Los | s Angeles, 900 |

Observed two Patterson Kelley Thermific boilers, Mo hour meter available at the time of inspection. Facility will need to demonstrate compliance with R1146.2 as units are older than 15 years. Will follow up with LAUSD personnel.

05/08/13. Issued NC #E19805 to Senior Energy Specialist Mr. Aris Hovasapian and served via email instructing the facility to:

1)Replace/retrofit 2 Patterson Kelley boilers with compliant equipment or prove emission limits are met via source test or prove each unit uses less than 9,000 therms per year (R1146.2)

Reviewed by DV on 5/15/13.

07/23/13. I arrived onsite to follow up. Unable to gain access as school was not in session. Will try to follow up when school year starts.

10/17/13. I arrived onsite to follow up. The two old boilers have been replaced. Facility installed 2 Patterson Kelley boilers, M/N N1000-MFD, S/Ns FX47-12-36619 and FX-47-12-36617, each rated 1 mmbtu/hr input. Both units had a Low NOx sticker affixed (R1146.2 compliant).

| nspector: | Date: | _ Reviewed By: | Date: | Page 1 of 1 |
|-----------|-------|----------------|-------|-------------|
|-----------|-------|----------------|-------|-------------|

Information Management Public Records Unit

Direct Dial (909) 396-3700 Fax:(909) 396-3330

#### **COMPLETION LETTER**

**November 04, 2015** 

CARRIE CROZIER
PARSONS
100W. WALNUT ST.
PASADENA, CA 91124

Ref.: CONTROL NO. 83559

Received 10/16/2015

Re: APPL'S, P/O'S, EQL'S, NOV'S, N/C'S, COMPLAINTS, I/R'S, EMISSONS SUMMARY, S/T RPTS, AIR MONITORING DATA, ASBESTOS NOTIFICATIONS/RECORDS, PTE'S, NSR'S, HRA'S & ALL RECORDS FOR 93RD ST. ELEMENTARY SCHOOL, AT 330 3. 93RD ST., LOS ANGELES, CA 90003.

After a thorough search of this agency's records, the following records were found: APPL'S, P/O'S, EQL'S, N/C'S, I/R'S & ASBESTOS NOTIFICATIONS/RECORDS FOR 93RD ST. ELEMENTARY SCHOOL, AT 330 3. 93RD ST., LOS ANGELES, CA 90003.

The following records were not found:

NOV'S, COMPLAINTS, EMISSONS SUMMARY, ST RPTS, AM DATA, PTE, NSR, HRA'S & ALL RECORDS FOR 93RD ST. ELEMENTARY SCHOOL, AT 330 3. 93RD ST., LOS ANGELES, CA 90003.

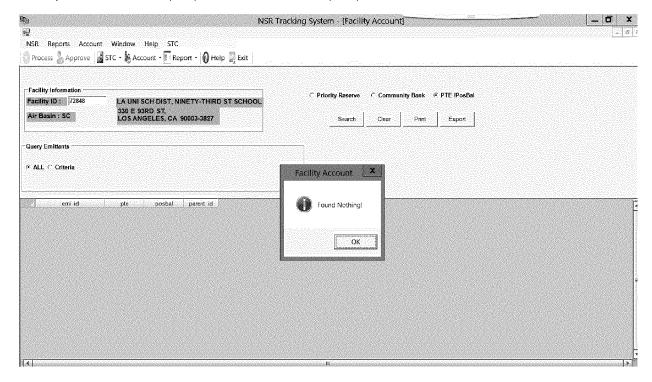
YOUR REQUESTED RECORDS WERE PROVIDED ELECTRONICALLY ON 11/04/2015

If you have any questions, please do not hesitate to contact me, Tuesday through Friday, 8:00 a.m. to 4:30 p.m.

Sincerely,

LISA RAMOS x3211
For Colleen Paine
Public Records Coordinator

#### Facility Potential to Emit (PTE) and Positive Balance (NSR) for ID# 72848





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

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

| AQMD USE ONLY   | SCREEN BY                 | CEIVED        |                   | POSTMAR     | K 3.7 ENTER             | RED BY        | NOT                           | IFICATION #          |  |
|---|---------------------------|---------------|-------------------|-------------|-------------------------|---------------|-------------------------------|----------------------|--|
| COMPLETED BY Mona (   | Quezada <sup>COMPAN</sup> | KIRTLA        | ND &              | SON D       | EMO PHONE 3             | 10-324-       | 1641 98                       | 867                  |  |
| DATE 3-2-05 CHECK# 29161 FEE\$ 36.909 PROJECT#                        |                           |               |                   |             |                         |               |                               |                      |  |
| NOTIFICATION TYPE   | Original Revis            | ION DATES     |                   | Revisi      | он Отнек (highlight)    | (             | CANCELLATION                  |                      |  |
| PROJECT TYPE  | DEMOLITION ORDER          | ED DEMOLITION | Re                | NOVATION (I | emoval) EMER            | RGENCY REMOVA | L PLANNED RE                  | NO (annual)          |  |
| SITE INFORMATION  | SITE NAME                 |               |                   |             |                         |               |                               |                      |  |
| SITE ADDRESS 2215 Rechland Ave. CROSS STREET Rindge                   |                           |               |                   |             |                         |               |                               |                      |  |
| CITY Redonda  | Bely STAT                 | E CA          |                   | ZIP         | cou                     | INTY (        | n A                           |                      |  |
| DESCRIBE WORK AND LOCA  | TION Donis                | s h           | -ov               | 8-e         |                         |               |                               |                      |  |
| BUILDING SIZE (SQ FT)   | 000 × NUM                 | BER OF FLOO   | ORS /             | / BL        | ILDING AGE (YEARS       | NUM           | BER OF DWELLIN                | G UNITS /            |  |
| BLDG PRIOR / PRESENT USE  | COMMERCIAL                | HOSPITAL I    | NDUSTRIAL         | Other       | OFFICE PUBLIC BLDG      | s. HOUSE      | SCHOOL SHIP                   | UNIV/COLLEGE         |  |
| SITE OWNER Rich   | , UR                      |               | A                 | DDRESS      | 311 5.                  | Mea           | dons                          | Ave.                 |  |
| CITY ashaffan Befastate CA ZIP 9026 CONTACT Rich V2 PHONE 310-379-076 |                           |               |                   |             |                         |               |                               |                      |  |
| REQUIRED BUILDING<br>INFORMATION                                      | ASBESTOS YE<br>PRESENT?   |               | SBESTOS<br>JRVEY? | YES         | NO ASBESTOS<br>REMOVED? | YES NO        | BUILDING TO BE<br>DEMOLISHED? | YES NO               |  |
| PROJECT DATES   | START 3-1                 | 6-05          | , E               | ND 4        | 1-11-05                 | WORK          | SHIFT (day, swin              | g, night)<br>8am     |  |
| *ASBESTOS AMOUNT TO BE<br>REMOVED (in square feet)                    | FRIABLE                   |               | CLA               | SS I        | CLAS                    | SS II         | TOTAL AMOU                    |                      |  |
| *ASBESTOS REMOVAL FROM  | M SURI                    | ACES          |                   |             | PIPES                   |               | COMPONENTS                    |                      |  |
| *AMOUNT OF EACH TYPE OF<br>ASBESTOS (in square feet)                  | ACOUSTIC CEILIN           | G LINOLEI     | IRNI MU           | JLATION     | FIRE PROOFING           | DUCTING       | STUCCO                        | MASTIC               |  |
| FLOOR TILES (VAT) DRY W   | ALL PLASTER TR            | ANSITE F      | ROOFING           | ОТ          | HER (describe)          |               |                               |                      |  |
| CONTRACTOR INFORMATION  | CSLB LICENSE #            | 832207        | C                 | SHA REG     | #                       | AQMD          | <sup>ID#</sup> 97440          |                      |  |
| NAME Kirtland &   | Son Demolit               | lon           | A                 | DDRESS      | 345 E. Ga               |               |                               |                      |  |
| CITY Gardena,   | STATE CA                  | ZIP 902       | 48 S              | ITE SUPVI   | Nark Kir                | tland         | PHONE 310-                    | -324-1641            |  |
| WASTE TRANSPORTER #1  |                           |               | L                 | ANDFILL     | Puente La               | ndfill        | ,                             |                      |  |
| ADDRESS   |                           |               | A                 | DDRESS      | (1955 Work              | man Mil       | l Road                        |                      |  |
| CITY  | STATE                     | ZJP           | C                 | ITY Wh      | ittier,                 | STAT          | E CA                          | <sup>ZIP</sup> 90607 |  |
|   |                           |               |                   |             |                         |               |                               |                      |  |

<sup>\*</sup> Not required for demolition notifications

1 asbestos surveys are required prior to Demolition and Renovation.

Forms, instructions, and the Rule 1403 can be obtained from AQMD web site http://www.aqmd.gov Page 1 of 2 Form REV 20040623

#### SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

| WASTE TRANSPORTER #2   | * WASTE STORAGE SITE   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| ADDRESS  | ADDRESS  |  |  |  |  |  |  |  |
| CITY STATE ZIP   | CITY   | STATE  | ZIP  |  |  |  |  |  |
| *CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED A Handwreck w/labors, demo w/Cat loader, For asbestos removals circle the combination of Rule 1403 procedures used. Procedures  | T THE RENOVATION AND DEN using water for Accordance 4 and 5 submit plans for Accordance 4. | MOLITION SITE. Procedure # 1, 2 Or dust control QMD prior approval (See procedur   | 2, 3, 4, 5 or Other<br>& clear<br>re 4/5 quidelines) |  |  |  |  |  |
| <ul> <li>ASBESTOS DETECTION PROCEDURE: CIRCLE THE PROCEDURES AND AN<br/>Survey, Bulk Sampling, Inspection, PLM, PCM, TEM, Assumed as Asbestos-PACM,</li> </ul>   | ALYTICAL METHODS USED TO<br>Describe Other (See survey gui                                 | DETERMINE ASSESTOS IN TH<br>delines checklist):  | HE BUILDING:   |  |  |  |  |  |
| FOR DEMOLITIONS GIVE THE COMPANY NAME AND DATES OF THE ASBEST  | osremoval: HI-   | ech 3/11,  | 65   |  |  |  |  |  |
| FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE A<br>AUTHORIZING PERSON:<br>DATE OF ORDER:  | GENCY NAME & PHONE #<br>TITLE<br>DATE ORDERED TO BEGIN:                                    | adrust v.  |  |  |  |  |  |  |
| * FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER<br>EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:  | R OF THE PERSON DECLARING/A  | UTHORIZING THE EMERGENCY, DA   | TE AND HOUR OF                                       |  |  |  |  |  |
| EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAG   | E OR UNREASONABLE FINANCIA   | L BURDEN:  |  |  |  |  |  |  |
|  |  | •  | <b>5</b> _   |  |  |  |  |  |
| CONTINGENCY PLAN: DESCRIBE ACTIONS TO BE FOLLOWED IF UNEXPECTED ASB DISTURBED, CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Work is is contacted & told to get a licensed   | stopped immed:   | istaly Proporty  |  |  |  |  |  |  |
| * TRAINING CERTIFICATION: Loertify that an individual trained in the provisions of evidence that the required training has been accomplished by this person will be available.   | regulation AQMD Rule 1403 and illable for Inspection during norm                           | d NESHAP will be on site during the late of the late o | ne removal and                                       |  |  |  |  |  |
| Company Name Print name of owner/operator Signature of owner/operator  | ner/operator   | Tittle of owner/operator   | Date   |  |  |  |  |  |
| INFORMATION CERTIFICATION: I certify that the above information is correct and I have enclosed any required attachments.  KIRTLAND & SON DEMOLITION—Mark E. Kirtland Make E. Company Name  Print name of owner/operator Signature of owner/operator Tittle of owner/operator |  |  |  |  |  |  |  |  |
| Notifications can not be accepted without the required fee (Rule 301). Asbestos Please make checks payable to 'SCAQMD'. Fees are per notification, not refundable.   | e, and vary according to the pro   | e feet are exempt from notification<br>ject size. Fees are as follows:   | and fees.  |  |  |  |  |  |
| PROJECT SIZE in ft²       DEMOLITION OR REMOVAL       PROCEDURE 4 or 5 PI         1,000 or less —  | AN   | SERVICE CHARGE Special Handling Fee \$ 36.90 Revision to Notification \$ 36.90 Returned Check Fee \$ 29.20 Planned Renovation \$ 408.  | 0<br>8   |  |  |  |  |  |
| ATTENTION: Keep a copy of your notification. State law requires that you providemolition permit. For questions call 909-396-2336. Please mail the form and fee to  | de a copy of the demolition notif<br>AQMD. Mailing saves time, mo                          | ication to Building and Safety beforence and reduces traffic and air po  | ore issuance of a<br>Illution                        |  |  |  |  |  |

MAIL FORM AND FEE TO: SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641 TELEPHONE: (909) 396-2336 FAX: (909) 396-3342

Page 2 of 2 Form REV 20040623

FORMS, INSTRUCTIONS, AND THE RULE 1403 CAN BE OBTAINED FROM AQMD WEB SITE AT HTTP://WWW.AQMD.GOV SCAQMD Is located at 21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000



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

002

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

| AQMD USE ONLY  | SCR      | EEN BY                 | 7. i 4                                    | CEIVED   |                    | POS                               | STMAI  | RK ?                           | 1 08 ENTE            |            |           |  | 1                   | TIFICATION#              |
|--|----------|------------------------|---|----------|--------------------|-----------------------------------|--|--------------------------------|----------------------|------------|-----------|--|---------------------|--------------------------|
| COMPLETED BY KIN                                     | I NULI   | CK CON                 | IPANY:                                    | UNIVE    | RSAL COA           | TINGS, I                          | INC.   |                                | PHONE: (             | 559) 233   | -6300     |  | #18                 | 5770                     |
| DATE: MARCH 7, 2008 CH                               | ECK#     |                        |   | FEE      | \$ 144.68          | 1                                 | PROJECT # 0810169  |                                |                      |            |           |  |                     |                          |
| NOTIFICATION TYPE                                    | ORIG     | INAL                   | REVISION DATES                            |          |                    |                                   | REVISION OTHER (highlight) CANCELLATION                      |                                |                      |            |           |  |                     |                          |
| PROJECT TYPE   | DEM      | OLITION C              | ON ORDERED DEMOLITION                     |          |                    |                                   | RENOVATION (removal) EMERGENCY REMOVAL PLANNED RENO (annual) |                                |                      |            |           |  |                     |                          |
| SITE INFORMATION                                     | SITE     | NAME: 93RD S           | ME: 93 <sup>RD</sup> STREET ELEMENTARY SC |          |                    |                                   | HOOL, FREMONT HIGH SCHOOL AND MUIR MIDDLE SCHOOL             |                                |                      |            |           |  |                     |                          |
| SITE ADDRESS 330                                     | ) E. 93  | ST. / 7676             | ST. / 7676 S. SAN PEDRO / 5929 S          |          |                    |                                   | MON  | ΓAVE                           |                      |            |           | : 93 <sup>RD</sup> /SAN<br>IONT/59 <sup>TH</sup> | I PEDR              | O, 76 <sup>TH</sup> /SAN |
| CITY: LOS ANGELES                                    |          |                        | STATE CA                                  |          |                    |                                   |  | /90003                         | COL<br>3/90044       | JNTY: LO   | OS ANO    | GELES  |                     |                          |
| DESCRIBE WORK AND LOCA                               | TION     | REMOVE N               | ION-FF                                    | IABLE A  | CM, REM            | OVE AND                           | ) REPI   | LACE                           | FOAM ROOFIN          | IG.        |           | _  |                     |                          |
| BUILDING SIZE (SQ FT) TOTAL                          | - 15,364 |                        | NUMB                                      | ER OF F  | LOORS 1            |                                   | ВІ   | JILDII                         | NG AGE (YEARS        | ): 30+     | NUM       | BER OF D   | WELLIN              | IG UNITS: 6              |
| BLDG PRIOR / PRESENT USE                             | =        | COMMERCIAL             | IMERCIAL HOSPITAL INDUSTRIAI              |          |                    |                                   |  | OFFIC                          | E PUBLIC BLDC        | s. HOL     | JSE       | SCHOOL   | SHIP                | UNIV/COLLEGE             |
| SITE OWNER: Los Angeles Un                           | ified So | chool District         | of District                               |          |                    |                                   |  | ADDRESS: 333 S. BEAUDRY AVENUE |                      |            |           |  |                     |                          |
| CITY: LOS ANGELES                                    |          | STATE: CA              |   | ZIP: 90  | 017                | CONT                              | CONTACT: SHAHROKH SALEH PHONE: (213) 276-2108                |                                |                      |            |           |  |                     | 276-2108                 |
| REQUIRED BUILDING INFORMATION                        |          | ASBESTOS (<br>PRESENT? | YES                                       | )vo      | 1 ASBEST<br>SURVEY |                                   | YES  | )NO                            | ASBESTOS<br>REMOVED? | YES(       | NO        | BUILDING   |                     | YES NO                   |
| PROJECT DATES  |          | START: MAR             | CH 21, 2                                  | 2008     |                    | END:                              | END: MAY 21, 2008 WORK SHIFT (day                            |                                |                      | y, swin    | g, night) |  |                     |                          |
| *ASBESTOS AMOUNT TO BE<br>REMOVED (in square feet)   |          | FRIA                   | FRIABLE (                                 |          |                    |                                   | CLASS I CLASS 3,500 SI                                       |                                |                      |            | )         | TOTAL  | . <b>AMOL</b> 3,500 | NT (add row)<br>) SF     |
| *ASBESTOS REMOVAL FROM                               | 1        |                        | SURFA                                     | CES      |                    |                                   |  | PIPE                           | ES .                 |            |           | COMPONE  | NTS)                |                          |
| *AMOUNT OF EACH TYPE OF<br>ASBESTOS (in square feet) |          | ACOUSTIC C             | OUSTIC CEILING LINOLEUM II                |          |                    | INSULAT                           | NSULATION FIRE PROOFING DUCTING                              |                                |                      | ΓING       | ST        | ucco   | MASTIC<br>3.500 SF  |                          |
| FLOOR TILES (VAT) DRY W                              | /ALL     | PLASTER                | ASTER TRANSITE ROOFIN                     |          |                    | NG OTHER (describe)               |  |                                |                      |            |           |  |                     |                          |
| CONTRACTOR INFORMATION                               | ۱ .      | CSLB LICENS            | B LICENSE # 717507                        |          |                    |                                   | REG  | # R-0                          | 79                   |            | I DMD     | D# 14617   | 4                   |                          |
| NAME: UNIVERSAL COATING                              | S, INC.  |                        |   |          |                    |                                   | RESS:  | 1220 I                         | E. NORTH AVE         | NUE        |           |  |                     |                          |
| CITY: FRESNO   |          | STATE: CA              | ATE: CA ZIP: 93725                        |          |                    |                                   | SITE SUPVR: KEVIN ROBERTSON PHONE: (559) 217-9502            |                                |                      |            |           |  | 17-9502             |                          |
| WASTE TRANSPORTER #1: U                              | NIVER    | SAL COATING            |   |          |                    |                                   | LANDFILL: AZUSA LAND RECLAMATION                             |                                |                      |            |           |  |                     |                          |
| ADDRESS: 1220 E. NORTH AV                            | 'ENUE    |                        |   |          |                    | ADDRESS: 1211 W. GLADSTONE STREET |  |                                |                      |            |           |  |                     |                          |
| CITY: FRESNO   |          | STATE: CA              |   | ZIP: 937 | 725                | CITY: AZUSA STATE: CA Z           |  |                                |                      | ZiP: 91702 |           |  |                     |                          |

<sup>\*</sup> Not required for demolition notifications



### SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

| WASTE TRANSPORTER #2: N/A   |   | * WASTE STORAGE SITE: N/   | 4   |                              |
|---|---|--|---|------------------------------|
| ADDRESS   |   | ADDRESS  |   |                              |
| CITY  | TATE ZIP  | CITY   | STATE   | ZIP                          |
| *CONTROLS: DESCRIBE WORK PRA  | CTICES AND CONTROLS TO BE USED A  | T THE RENOVATION AND DEM   | OLITION SITE. Procedure # 1   | , 2, 3, 4, 5 or Other.       |
| For asbestos removals circle the combination                                      | l<br>ation of Rule 1403 procedures used. Proce  | dure 4 and 5 submit plans for AQ                                       | MD prior approval (See proced   | ure 4/5 guidelines)          |
| * ASBESTOS DETECTION PROCEDUR<br>Sampling, Inspection, PLM, PCM, TEM,             | IE: Circle the procedures and analytical me<br>Assumed as Asbestos-PACM, Describe Oth         | ethods used to determine the pres<br>ner (See survey guidelines checkl | ence of asbestos in the building ist):  | g. Survey, Buik              |
| FOR <b>DEMOLITIONS</b> GIVE THE COMPA   | NY NAME AND DATES OF THE ASBEST   | OS REMOVAL: N/A  |   |                              |
| FOR <b>ORDERED DEMOLITION</b> SEND A<br>AUTHORIZING PERSON:<br>DATE OF ORDER:     | COPY OF THE ORDER AND GIVE THE A  | GENCY NAME & PHONE #: N/A<br>TITLE<br>DATE ORDERED TO BEGIN:           |   |                              |
| * FOR EMERGENCY ASBESTOS REM<br>EMERGENCY AND DESCRIBE THE SUDDE                  | <b>DVAL</b> GIVE THE NAME AND PHONE NUMBER<br>N, UNEXPECTED EVENT ( <i>Disturbed /damaged</i> | OF THE PERSON DECLARING/AU<br>1 asbestos requires a procedure 5        | THORIZING THE EMERGENCY, Dian approval prior to clean-up):  | PATE AND HOUR OF             |
| EXPLAIN HOW THE EVENT WOULD CAUSE   | UNSAFE CONDITIONS, EQUIPMENT DAMAG  | E OR UNREASONABLE FINANCIAL  | BURDEN:   |                              |
| N/A   |   |  |   |                              |
| CONTINGENCY PLAN: DESCRIBE ACT OF DISTURBED, CRUMBLED, PULVERIZED, OF             | ONS TO BE FOLLOWED IF UNEXPECTED ASB<br>R REDUCED TO POWDER. ( <i>Disturbed /damag</i>        | ESTOS IS FOUND DURING DEMOL<br>led asbestos requires a procedure       | ITION OR ASBESTOS MATERIAL<br>5 plan approval prior to clean-up   | BECOME<br>):                 |
| *TRAINING CERTIFICATION: I certify the evidence that the required training has be | nat an individual trained in the provisions of<br>een accomplished by this person will be ava | regulation AQMD Rule 1403 and ilable for inspection during norma       | NESHAP will be on site during I business hours.   | the removal and              |
| UNIVERSAL COATINGS, INC. LEE  | WALTON SIG  |  | PRESIDENT   | 03/07/08                     |
| INFORMATION CERTIFICATION: 1 certification  | y that the above information is correct and l   | have enclosed any required atta  | chments.  |                              |
| UNIVERSAL COATINGS, INC. LEE  | WALTON SIG  |  | PRESIDENT   | 03/07/08                     |
|   | the required fee (Rule 301). Asbestos D'. Fees are per notification, not refundable           |  |   | on and fees.                 |
| 1,000 or less —   | MOLITION OR REMOVAL<br>47.32  |  | ADDITIONAL SERVICE CHAPS Special Handling Fee \$ 4 Revision to Notification \$ 4 Returned Check Fee \$ 2 Planned Renovation \$ 53 Procedure 4 or 5 Plan \$ 53 | 7.32<br>7.32<br>5.00<br>1.01 |
|   | tification. State law requires that you provi<br>396-2336. Please mail the form and fee to    |  |   |                              |

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

FORMS, INSTRUCTIONS, AND THE RULE 1403 CAN BE OBTAINED FROM AQMD WEB SITE AT <a href="http://www.aqmd.gov">http://www.aqmd.gov</a>
SCAQMD is located at 21865 Copiey Drive, Diamond Bar, CA 91765-4182 PHONE: (909) 396-2336 FAX: (909) 396-3342

Pg 2 of 2

LAC-055641

Ledger Date 03/10/2008

TID Y-4042002

Amount \$144.68

South Coast Air Quality Mgmt.

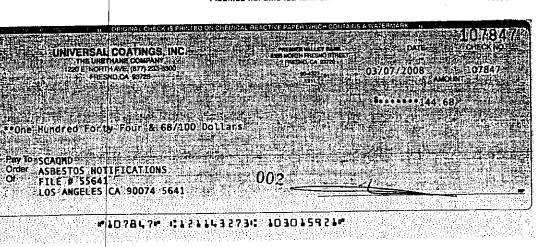
TR# 121143273 Acct# 103015921 Ser# 107847

Batch 1 Item 2 Batch Total \$4,750.21

Check

oos0c:env1 03/10/2008 C-4042

## nk of America File 8001 Angeles, CA 90074-800 CKBOX SERVICES -



MAR 09 2005 4:28PM

#### MATRIX INDUSTRIES

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

| YAQME!                                  | a sa este il a | MAIL FORM AND               | FEE TO                                  | SCAQN    | ID, ASBE                          | STOS            | NOTIFIC                    | CATIC  | NS, FILE # 556       | 41, LOS ANG          | ELES CA 90074            | -5641         | 106                     |
|---|----------------|-----------------------------|---|----------|-----------------------------------|-----------------|----------------------------|--------|----------------------|----------------------|--------------------------|---------------|-------------------------|
| ACKID USE ONLY                          | - women man    | SCREEN BY                   | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | CEIVED   |                                   | þ               | OSTMA                      | RK.    | ENTI                 | RED BY               |                          | 49/2 E        | IFICATION #             |
| COMPLETED BY                            | Топу           | Vasquez CC                  | MPANY I                                 | MATRIX   | INDUST                            | RIES, IN        | C.                         |        |                      | 62-236-2700          | -14-                     |               |                         |
| DATE 3/8/05                             | CHEC           | CK# 044808                  |   | FEE      | \$ 36.90                          |                 | PROJECT # 051747           |        |                      |                      |                          |               |                         |
| NOTIFICATION TYPI                       | E (            | Original                    | GINAL REVISION DATES                    |          |                                   |                 | REVISION OTHER (highlight) |        |                      | CANCELLATION         |                          |               |                         |
| PROJECT TYPE                            | - 1            | DEMOLITION                  | MOLITION ORDERED DEMOLITION             |          |                                   |                 | OVATION                    | (remo  | ıval) <b>E</b> ME    | лесис <b>у Re</b> uc | ÀT PLANNI                | ED REA        | No (annual)             |
| SITE INFORMATION                        | (              | SITE NAME 93RI              | E NAME 93RD ST ES                       |          |                                   |                 |                            |        |                      |                      |                          |               | <del></del>             |
| SITE ADDRESS                            | 330 E          | AST 93RD                    |   | <u> </u> | ·····                             |                 | -                          |        | C                    | ROSS STREI           | ET S. SAN PED            | RO            |                         |
| CITY LA                                 |                |                             | STATE                                   | CA       |                                   |                 | ZIP !                      | 90003  | ÇO                   | UNTY LOSA            | NGELES                   |               |                         |
| DESCRIBE WORK AN                        | ND LOCATIO     | ON 002BCP,                  | 03BCP, (                                | 004BER,  | 005DAP                            | PER A1          | TACH                       | VENT   | Α                    | <del></del>          |                          |               |                         |
| BUILDING SIZE (SQ F                     | T) VARIOUS     | )                           | NUMBE                                   | ER OF FL | OORS \                            | VARIOU          | S B                        | UILDI  | NG AGE (YEARS        | 30+ NU               | MBER OF DWE              | LLING         | UNITS 0                 |
| BLDG PRIOR / PRES                       | ENT USE        | COMMERCIAL                  | He                                      | OSP!TAL  | INQUSTR                           | RIAL O          | ther                       | OFFIC  | E PUBLIC BLC         | s. House             | School                   | SHIP          | UniviColled             |
| SITE OWNER LOS A                        | NGELES UI      | NIFIED SCHOOL               | DISTRIC                                 | Т        |                                   | ADD             | RESS                       | 1240   | SO, NAOMI AV         |                      |                          |               |                         |
| CITY LOS ANGELES                        |                | STATE CA                    | ··· · · · · · · · · · · · · · · · · ·   | ZiP 900  | )21                               | CON             | NTACT                      | MIKE   | TAYLOR               |                      | PHONE 21                 | 3-765         | 3-1450                  |
| REQUIRED BUILDING<br>INFORMATION        | 3              | ASBESTOS<br>PRESENT?        | YES                                     | NO       | ASBEST<br>SURVEY                  |                 | YES                        | NO     | ASBESTOS<br>REMOVED? | YES NO               | BUILDING TO<br>DEMOLISHE |               | YES N                   |
| PROJECT DATES                           | · <del></del>  | START 2/2/                  | )5                                      |          |                                   | END             | 3/18/0                     | )<br>5 |                      | WOR                  | K SHIFT (day, s          | wing          | night)                  |
| ASBESTOS AMOUNT<br>REMOVED (in square   |                | FRI                         | ABLE                                    |          |                                   | CLASS<br>31,674 |                            |        | CLAS                 | SS II                |                          | 10UN<br>31,67 | T (add row)             |
| ASBESTOS REMOVA                         | L FROM         |                             | SURFAC                                  | DES      |                                   |                 |                            | PIPE   | S                    | <u> </u>             | COMPONENT                | <br>S         |                         |
| AMOUNT OF EACH T<br>ASBESTOS (in square |                | ACOUSTIC C                  | EILING                                  | LINOL    | EUM                               | INSULA          | TION                       | FIR    | E PROOFING           | DUCTING              | STUC                     |               | <b>M</b> ASTIC<br>15837 |
| FLOOR TILES (VAT<br>i5837               | DRY WAL        | L PLASTER                   | TRANS                                   | SITE     | ROOFIN                            | NG              | OTH<br>(desc               |        |                      | P                    |                          |               |                         |
| CONTRACTOR INFOR                        | MATION         | CSLB LICENS                 | E# 6971                                 | 132      | · · · · · ·                       | OSH             | A REG                      | # 589  |                      | AQME                 | ) ID# 105337             | · ··          |                         |
| JAME MATRIX INDUS                       | TRIES, INC     | <del>-1</del>               |   | · .      |                                   | ADDF            | RESS 1                     | 2235   | LOS NIETOS R         | D                    |                          |               |                         |
| CITY SANTA FE SPRII                     | NGS            | STATE CA                    | SITE SUPVR Juan Cruz PHONE 562-587-0597 |          |                                   |                 |                            | 0597   |                      |                      |                          |               |                         |
| YASTE TRANSPORTE                        | R#1 S&F        | STATE CA ZIP 90670 SERVICES |   |          |                                   |                 | OFILL L                    | .A PA  | Z LANDFILL           |                      |                          |               | <del>-,</del> _         |
| ADDRESS PMB 353 PO BOX 9200 ADD         |                |                             |   |          | ADDRESS 26999 HWY 95 MILEPOST 128 |                 |                            |        |                      |                      |                          |               |                         |
| ITY FOUNTAIN VALL                       | ΕΥ             | STATE CA                    | STATE CA ZIP 92728                      |          |                                   |                 | CITY DIDUCT                |        |                      | P 85344              |                          |               |                         |

#### SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

| WASTE TRANSPORTS  | R #2  |  | WASTE STORAGE  | SITE 93rd st ES   |   |
|---|---|--|--|---|---|
| ADDRESS   |   |  | ADDRESS 330 Eas  | st 93rd   |   |
| CITY  | STATE   | ZIP  | CITY LA  | STATE CA  | ZIP 90003   |
| CONTROLS: DESCRIE<br>Demarcate work area us<br>with HEPA cartridge.   | BE WORK PRACTICES AND or sing dropolothes and lenting w           | CONTROLS TO BE USE<br>there feasible. Wet ACM            | ED AT THE RENOVATION A<br>Bag immediately. Clean/Di              | AND DEMOLITION SITE. Procedur<br>emarcate work area HEPA air filtrati                 |   |
| For asbestos removals o   | sircle the combination of Rule                                    | 1403 procedures used.                                    | Procedure 4 and 5 submit pt                                      | lans for AQMD prior approval  |   |
| ASBESTOS DETECTIO   |   | HE PROCEDURES AND  | ANALYTICAL METHODA   | JSED TO DETERMINE ASSESTOR  | IN THE BUILDING:  |
| FOR <b>DEMOLITIONS</b> GIV  | /E THE COMPANY NAME A   | ND DATES OF THE ASB                                      | ESTOS REMOVAL:   |   |   |
| FOR <b>ORDERED DEMOL</b><br>AUTHORIZING PERSON<br>DATE OF ORDER:  | <b>LITION</b> SEND A COPY OF TH                                   | HE ORDER AND GIVE T                                      | HE AGENCY NAME & PHO<br>TITLE<br>DATE ORDERED TO                 |   |   |
| FOR EMERGENCY ASB<br>EMERGENCY AND DESCR  | ESTOS REMOVAL GIVE THE<br>IIBE THE SUDDEN, UNEXPECT               | NAME AND PHONE NUM                                       | BER OF THE PERSON DECL   | ARING/AUTHORIZING THE EMERGE  | NCY, DATE AND HOUR OF   |
|   | TWOULD CAUSE UNSAFE CON   |  |  |   |   |
| CONTINGENCY PLAN: D<br>DISTURBED, CRUMBLED, F   | DESCRIBE ACTIONS TO BE FOL<br>PULVERIZED, OR REDUCED TO           | LOWED IF UNEXPECTED<br>C POWDER. Evacuate are:           | ASBESTOS IS FOUND DURI<br>a wet ACM and bag immediate            | ING DEMOLITION OR ASBESTOS MA   | TERIAL BECOME<br>rk area.   |
| TRAINING CERTIFICATION  | ON: I certify that an individual training has been accomplish     | trained in the provisions<br>led by this person will be  | of regulation AQMD Rule 14<br>available for inspection duri      | 403 and NESHAP will be on site dur<br>Ing normal business hours.                      | ing the removal and   |
| Company Name<br>Matrix Industries, Inc.   | Print name of owner<br>Larry Larkin                               | /operator Signature c                                    | f pwner/operator   | Tittle of owner/operator<br>President   | Date 3/9/05   |
| NFORMATION CERTIFIC   | ATION: I certify that the above                                   | e information is correcta                                | nd I have enclosed any requ                                      | uired attachments.  |   |
| Company Name<br>fatrix Industries, Inc.   | Print name of owners<br>Larry Larkin                              | operator Signature o                                     | owner/operator   | Tittle of owner/operator<br>President   | Date 3/9/05   |
| lotifications can not be acc<br>lease make checks payab   | cepted without the required featile to "SCAQMD". Fees are p       | e (AQMD Rule 301). Asi<br>er notification, not refund    | desics removals of less that<br>lable, and vary according to     | n 100 square feet are exempt from r<br>the project size. Fees are as follow           | notification and fees.  |
| EMOLITION OR ASBEST<br>FROM 100 TO 1,000 SQ<br>FROM 1,001 TO 5,000 S<br>FROM 5,001 TO 10,000<br>MORE THAN 10,000 SQ<br>EMOLITION OF LESS TH | OS REMOVAL<br>UARE FEET<br>QUARE FEET<br>SQUARE FEET<br>UARE FEET | \$ 29.52<br>\$ 90.24<br>\$211.22<br>\$331.21<br>\$ 29.52 | PROCEDURE 4 C<br>SPECIAL HANDL<br>REVISION OF NO<br>RETURNED CHE | OR 5 PLAN<br>ING FEE<br>DTIFICATION<br>CK CHARGE<br>OF NOTIFICATION<br>OVAL AT OWNET- | \$ 331.21<br>\$ 28.17<br>\$ 11.94<br>\$ 29.28<br>\$ 0.0<br>\$ 29.52 |

MAIL FORM AND FEE TO: SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641 TELEPHONE: (909) 396-2336 FAX: (909) 396-3342

Page 2 of 2

Form REV 20030627

FORMS, INSTRUCTIONS, AND THE RULE 1403 CAN BE OBTAINED FROM AQMD WEB SITE AT HTTP://WWW.AQMD.GOV SCAQMD is located at 21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000



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

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

| AQMD USE ONLY                                   | sc       | CREEN BY RECEIVED           |  |   | F          | OSTMAR                                  | к .5                                     | 3-9  | ENTER        | RED BY                         | 14         | Â           | МОТ      | IFICATION # |                 |
|---|----------|-----------------------------|--|---|------------|---|--|------|--------------|--------------------------------|------------|-------------|----------|-------------|-----------------|
| COMPLETED BY                                    | Tony Vas | squez COM                   | PANY N   | MATRIX  | INDUSTRII  | ES, II                                  | vс. )                                    |      | PH           | ONE 56                         | 2-236-27   | 00          |          | 9           | 255             |
| DATE 3/8/05                                     | CHECK #  | # 044808 🗸                  |  | FEE   | \$ 36.90 🗸 | /                                       | PROJECT # 051747                         |      |              |                                |            |             |          |             |                 |
| NOTIFICATION TYPE                               | OR       | IGINAL                      | AL REVISION DATES REVISION OTHER (highlight) CANCELLATION                    |   |            |   |  |      |              |                                | ION        |             |          |             |                 |
| PROJECT TYPE                                    | Der      | MOLITION O                  | Ren  | RENOVATION (removal) EMERGENCY REMOVAL PLANNED RENO (annual |            |   |  |      | ENO (annual) |                                |            |             |          |             |                 |
| SITE INFORMATION                                | SIT      | ENAME 93RD;                 |  | •   |            |   |  | •    |              |                                |            |             |          |             |                 |
| SITE ADDRESS                                    | 330 EAS  | T 93RD                      | 93RD   |   |            |   |  |      | . <u>.</u>   | CF                             | ROSS ST    | REET        | S. SAN P | EDRO        |                 |
| CITY LA   |          |                             | STATE CA   |   |            |   |  |      |              | COU                            | NTY LC     | S ANG       | GELES    |             | <del></del> -   |
| DESCRIBE WORK AND LO                            | CATION   | 002BCP, 00                  | 002BCP, 003BCP, 004BER, 005DAP PER ATTACHMENT A                              |   |            |   |  |      |              |                                |            |             |          |             |                 |
| BUILDING SIZE (SQ FT) VA                        | RIOUS    |                             | NUMBER OF FLOORS VARIOUS BUILDING AGE (YEARS) 30+ NUMBER OF DWELLING UNITS 0 |   |            |   |  |      |              | GUNITS 0                       |            |             |          |             |                 |
| BLDG PRIOR / PRESENT I                          | JSE      | COMMERCIAL                  | MERCIAL HOSPITAL INDUSTRIAL Other OFFICE PUBLIC BLDG, HOUSE SCHOOL SHIP UNIV |   |            |   |  |      | Univ/College |                                |            |             |          |             |                 |
| SITE OWNER LOS ANGEL                            | ES UNIF  | FIED SCHOOL D               | SCHOOL DISTRICT ADDRESS 1240 SO, NAOMI AVE                                   |   |            |   |  |      |              |                                |            |             |          |             |                 |
| CITY LOS ANGELES                                |          | STATE CA                    | TATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-145                     |   |            |   |  |      | 53-1450      |                                |            |             |          |             |                 |
| REQUIRED BUILDING INFORMATION                   |          | ASBESTOS<br>PRESENT?        |  |   |            |   |  |      |              | YES NO                         |            |             |          |             |                 |
| PROJECT DATES                                   |          | START 2/2/0                 | 5  |   |            | ΕN                                      | END 3/18/05 WORK SHIFT (day, swing), nig |      |              |                                | g, night)  |             |          |             |                 |
| ASBESTOS AMOUNT TO I<br>REMOVED (in square feet |          | FRIA                        | BLE  |   |            |   | CLASS I CLASS<br>31,674                  |      |              | SS II TOTAL AMOUNT (<br>31,674 |            |             |          |             |                 |
| ASBESTOS REMOVAL FR                             | OM       |                             | SURFA  | CES   |            |   | PIPES                                    |      |              |                                | COMPONENTS |             |          |             |                 |
| AMOUNT OF EACH TYPE<br>ASBESTOS (in square feet |          | ACOUSTIC C                  | EILING   | LINO  | LEUM       | INSU                                    | LATION                                   | FIF  | RE PROC      | DFING                          | DUCT       | ING         | ST       | UCCO        | MASTIC<br>15837 |
| FLOOR TILES (VAT DR<br>15837                    | Y WALL   | PLASTER TRANSITE ROOFIN     |  |   |            | ING OTHER (describe)                    |  |      |              |                                |            | <del></del> |          |             |                 |
| CONTRACTOR INFORMAT                             | ION      | CSLB LICENSE # 697132       |  |   |            | 08                                      | SHA REG                                  | # 58 | 9            |                                | A          | QMD I       | D# 1053  | <br>37      |                 |
| NAME MATRIX INDUSTRI                            | ES, INC  | ADDRESS 12235 LOS NIETOS RD |  |   |            |   |  |      |              |                                |            |             |          |             |                 |
| CITY SANTA FE SPRINGS                           |          | STATE CA ZIP 90670          |  |   |            | SITE SUPVR Juan Cruz PHONE 562-587-0597 |  |      |              |                                |            |             |          |             |                 |
| WASTE TRANSPORTER #                             | 1 S & R  | SERVICES                    |  |   |            | LANDFILL LA PAZ LANDFILL                |  |      |              |                                |            |             |          |             |                 |
| ADDRESS PMB 353 PO BO                           | X 9200   | )                           |  |   |            | ADDRESS 26999 HWY 95 MILEPOST 128       |  |      |              | ·                              |            |             |          |             |                 |
| CITY FOUNTAIN VALLEY                            |          | STATE CA                    | STATE CA ZIP 92728   |   |            |   | CITY PARKER STATE AZ                     |      |              |                                |            | ZIP 85344   |          |             |                 |

## SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

| WASTE TRANSPORTER #2   |  |                                     | WASTE STORAGE SITE 93  | Brd st ES  |   |
|--|--|-------------------------------------|--|--|---|
| ADDRESS  |  |                                     | ADDRESS 330 East 93rd  |  |   |
| CiTY   | STATE  | ZIP                                 | CITY LA  | STATE CA   | ZIP 90003   |
| <b>CONTROLS</b> : DESCRIBE WORK Demarcate work area using dropol with HEPA cartridge.  | PRACTICES AND CONTROLS TO lothes and tenting where feasible. V                 | BE USED AT<br>Vet ACM Bag i         | THE RENOVATION AND DEM mmediately. Clean/Demarcate   | OLITION SITE. Procedure # work area HEPA air filtration.         | <b>1, 2</b> [3], <b>4, 5</b> or Other.<br>½ face respirator         |
| For asbestos removals circle the o   | combination of Rule 1403 procedure   | s used. Proce                       | dure 4 and 5 submit plans for A  | QMD prior approval.  |   |
| ASBESTOS DETECTION PROCE<br>Survey, Bulk Sampling, Inspection  | EDURE: CIRCLE THE PROCEDUR<br>n, PLM, PCM, TEM, Assumed as As                  | ES AND ANAL                         | LYTICAL METHODS USED TO<br>, Describe Other:   | DETERMINE ASBESTOS IN  | THE BUILDING:   |
| FOR <b>DEMOLITIONS</b> GIVE THE C  | OMPANY NAME AND DATES OF   | THE ASBEST                          | DS REMOVAL:  |  |   |
| FOR <b>ORDERED DEMOLITION</b> SE<br>AUTHORIZING PERSON:<br>DATE OF ORDER:  | END A COPY OF THE ORDER AND  | O GIVE THE A                        | GENCY NAME & PHONE #<br>TITLE<br>DATE ORDERED TO BEGIN   |  |   |
| FOR <b>EMERGENCY ASBESTOS I</b><br>EMERGENCY AND DESCRIBE THE  | REMOVAL GIVE THE NAME AND PH<br>SUDDEN, UNEXPECTED EVENT:                      | ONE NUMBER                          | OF THE PERSON DECLARING/A  | UTHORIZING THE EMERGENC  | Y, DATE AND HOUR OF   |
| EXPLAIN HOW THE EVENT WOULD  | CAUSE UNSAFE CONDITIONS, EQUI  | PMENT DAMAC                         | GE OR UNREASONABLE FINANC  | IAL BURDEN:  |   |
| CONTINGENCY PLAN: DESCRIBED DISTURBED, CRUMBLED, PULVERI   | E ACTIONS TO BE FOLLOWED IF UNE<br>ZED, OR REDUCED TO POWDER. EV               | EXPECTED ASE<br>vacuate area wel    | BESTOS IS FQUND DURING DEM<br>ACM and bag immediately. Clear   | IOLITION OR ASBESTOS MATE<br>n, wet, wipe and demarcate work     | RIAL BECOME<br>area.  |
| TRAINING CERTIFICATION: I cerevidence that the required training   | tify that an individual trained in the p<br>has been accomplished by this pers | provisions of re<br>son will be ava | egulation AQMD Rule 1403 and illable for inspection during norm  | NESHAP will be on site durin<br>nal business hours.              | g the removal and   |
| Company Name<br>Matrix Industries, Inc.  | Print name of owner/operator S<br>Larry Larkin                                 | Signature of ow                     | ner/operator   | Tittle of owner/operator<br>President                            | Date 3/9/05   |
| INFORMATION CERTIFICATION:   | contify that the above information in  | is correct and I                    | have enclosed any required at  | tachments.   |   |
| Company Name<br>Matrix Industries, Inc.  | Print name of owner/operator S<br>Larry Larkin                                 | Signature of ow                     | ner/operetor   | Tittle of owner/operator<br>President                            | Date 3/9/05   |
| Notifications can not be accepted v<br>Please make checks payable to *S  | without the required fee (AQMD Rule CAQMD*. Fees are per notification          | e 301). Asbes<br>, not refundab     | tos removals of less than 100 s<br>e, and vary according to the pro  | quare feet are exempt from no<br>eject size. Fees are as follows | otification and fees.   |
| DEMOLITION OR ASBESTOS RE<br>FROM 100 TO 1,000 SQUARE<br>FROM 1,001 TO 5,000 SQUARI<br>FROM 5,001 TO 10,000 SQUARI<br>MORE THAN 10,000 SQUARE<br>DEMOLITION OF LESS THAN 100 | MOVAL<br>FEET \$ 29.52<br>E FEET \$ 90.24<br>RE FEET \$211.22<br>FEET \$331.21 | <b>\</b>                            | PROCEDURE 4 OR 5 P<br>SPECIAL HANDLING FE<br>REVISION OF NOTIFIC<br>RETURNED CHECK CH<br>CANCELLATION OF NO<br>ASBESTOS REMOVAL<br>occupied, single-unit dwo | LAN<br>EE<br>ATION<br>IARGE<br>DTIFICATION<br>AT owner-          | \$ 331.21<br>\$ 28.17<br>\$ 11.94<br>\$ 29.28<br>\$ 0.0<br>\$ 29.52 |

MAIL FORM AND FEE TO: SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641 TELEPHONE: (909) 396-2336 FAX: (909) 396-3342

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#### Bank of America Los Angeles

SOUTH COAST AIR QUAI

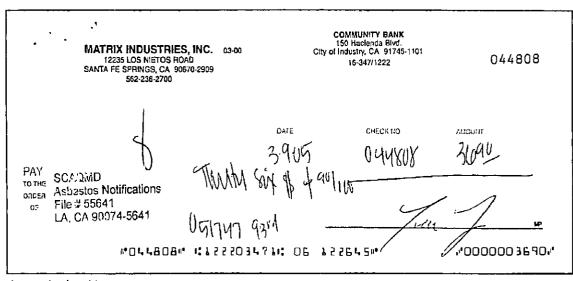
DDA: 07012-00280 Lockbox: 0055641

Date: 03/11/05 070 Batch: 001 Item: 8

Module: 22

Machine Number: 05 Operator Id: E004

Amt: \$36.90



"We want to be the people who make banking work for you in ways it never has before"

# AQMD

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

102128

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

| SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT  ADDRESS 1240 SO. NAOMI AVE  CITY LOS ANGELES  STATE CA  ZIP 90021  CONTACT MIKE TAYLOR  PHONE 213-7653-1450   | Cana values   | MAIL FORM AND FEE TO                             |  | BESTOS NOTIFIC | ATIONS,   | FILE # 55641, | LOS ANGEL   | .ES CA 90074-564°       |              |  |
|---|---|--|--|----------------|-----------|---------------|-------------|-------------------------|--------------|--|
| DATE 3/16/05 CHECK # 045/051 / FEE \$ 36.90 / PROJECT # 051747  NOTIFICATION TYPE ORIGINAL REVISION DATES REDICON OTHER (highlight) CANCELLATION  PROJECT TYPE DEMOCRITION ORDERED DEMOLITION RENOVATION (removal) ENERGENCY/REMOVAL PLANNED RENO (annual)  SITE INFORMATION SITE NAME 93RD ST ES  SITE ADDRESS 330 EAST 93RD CROSS STREET S. SAN PEDRO  CITY LA STATE CA ZIP 90003 COUNTY LOS ANGELES  DESCRIBE WORK AND LOCATION 002BCP, 003BCP, 004BER, 005DAP PER ATTACHMENT A  BUILDING SIZE (SQ FT) VARIOUS NUMBER OF FLOORS VARIOUS BUILDING AGE (YEARS) 30+ NUMBER OF DWELLING UNITS 0  BLDG PRIOR / PRESENT USE COMMERCIAL HOSPITAL INDUSTRIAL OTHER OFFICE PUBLIC BLOS HOUSE SCHOOL SHIP UNIVCOLL  SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT ADDRESS 1240 SO. NAOMI AVE  CITY LOS ANGELES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES STATE CA ZIP | QMD USE ONLY  | SCREEN BY  | CEIVED   | POSTMA         | RK 3-     | /6 ENTERI     | ED BY       | NO1                     | IFICATION#   |  |
| NOTIFICATION TYPE  ORIGINAL  REVISION DATES  REPSON OTHER (highlight)  CANCELLATION  PROJECT TYPE  DEMOLITION  ORDERED DEMOLITION  SITE NAME 93RD ST ES  SITE ADDRESS  330 EAST 93RD  CROSS STREET S. SAN PEDRO  CITY LA  STATE CA  ZIP 90003  COUNTY LOS ANGELES  DESCRIBE WORK AND LOCATION  002BCP, 003BCP, 004BER, 005DAP PER ATTACHMENT A  BUILDING SIZE (SQ FT) VARIOUS  NUMBER OF FLOORS VARIOUS  BUILDING AGE (YEARS) 30+ NUMBER OF DWELLING UNITS 0  BLIDG PRIOR / PRESENT USE  COMMERCIAL  HOSPITAL  HOSPITAL  HOSPITAL  HODISTRIAL  OTHER  OTHER  PUBLIC BLIDG  HOUSE  SCHOOL  SHIP  UNIV.COLI  SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT  ADDRESS  1240 SO. NAOMI AVE  CITY LOS ANGELES  STATE CA  ZIP 90021  CONTACT MIKE TAYLOR  PHONE 213-7653-1450  PROJECT DATES  START  2/2/05  END 4/1/2/005  WORK SHIFT (day) SWING, night)  ASBESTOS AMOUNT TO BE  REMOVED (in square feet)  FRABLE  CLASS II  TOTAL AMOUNT (add for 31,674  ASBESTOS (in square feet)  ACOUSTIC CEILING  LINOLEUM  INSULATION  FIRE PROOFING  DUCTING  STUCCO  MASTIC  15837  FLOOR TILES (VAT  DRY WALL  PLASTER  TRANSITE  ROOFING  OTHER  (describe)  | COMPLETED BY Tony   | Vasquez COMPANY                                  | MATRIX INDUS   |                |           |               | •           | 7                       |              |  |
| PROJECT TYPE  DEMOLITION ORDERED DEMOLITION RENOVATION (removal) EMERGENCY, REMOVAL PLANNED RENO (annual)  SITE INFORMATION  SITE NAME 93*80 ST ES  SITE ADDRESS 330 EAST 93*RD CROSS STREET S. SAN PEDRO  CITY LA STATE CA ZIP 90003 COUNTY LOS ANGELES  DESCRIBE WORK AND LOCATION 002BCP, 003BCP, 004BER, 005DAP PER ATTACHMENT A  BUILDING SIZE (sQ FT) VARIOUS NUMBER OF FLOORS VARIOUS BUILDING AGE (YEARS) 30+ NUMBER OF DWELLING UNITS 0  BLDG PRIOR / PRESENT USE COMMERCIAL HOSPITAL MOUSTRIAL Other OFFICE PUBLIC BLOG HOUSE SCHÖOL SHIP UNMCOLL  SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT ADDRESS 1240 SO. NAOMI AVE  CITY LOS ANGELES  STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES  START 2/2/05 END ASBESTOS YES NO REMOVED? WORK SHIFT (day) EWING, night)  ASBESTOS AMOUNT TO BE REMOVED (in square feet)  FRUABLE CLASS I CLASS II TOTAL AMOUNT (add for 31,674  ASBESTOS REMOVAL FROM SURFACES PIPES COMPONENTS  AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)  ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 15837  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING OTHER (describe)  | DATE 3/16/05 CHE  | CK# 045051 /                                     | FEE\$ 36.9   | 90 /           |           | PROJEC        | CT# 051747  | ,                       |              |  |
| SITE INFORMATION  SITE NAME 93 <sup>RD</sup> ST ES  SITE ADDRESS 330 EAST 93RD  CROSS STREET S. SAN PEDRO  CITY LA  STATE CA  ZIP 90003  COUNTY LOS ANGELES  DESCRIBE WORK AND LOCATION  602BCP, 003BCP, 004BER, 005DAP PER ATTACHMENT A  BUILDING SIZE (SQ FT) VARIOUS  NUMBER OF FLOORS VARIOUS  BLIDDING AGE (YEARS) 30+  NUMBER OF DWELLING UNITS 0  BLIDD PRIOR / PRESENT USE  COMMERCIAL  HOSPITAL  INDUSTRIAL  OTHER  OFFICE  PUBLIC BLDG  HOUSE  SCHÖÖL  SHIP  UNIV.COLL  SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT  ADDRESS  1240 SO. NAOMI AVE  CITY LOS ANGELES  STATE CA  ZIP 90021  CONTACT MIKE TAYLOR  PHONE 213-7653-1450  PRESENT?  PROJECT DATES  START 2/2/05  END 34/1/2005  WORK SHIFT (day) SWIND, night)  ASBESTOS AMOUNT TO BE REMOVED (in square feet)  ASBESTOS REMOVAL FROM  SURFACES  PIPES  COMPONENTS  AMOUNT OF EACH TYPE OF ASBESTOS  ASBESTOS (in square feet)  ACOUSTIC CEILING  LINOLEUM  INSULATION  FIRE PROOFING  DUCTING  STUCCO  MASTIC  15837   | NOTIFICATION TYPE ORIGINAL REVISION DATES REVISION OTHER (highlight) CANCELLATION |  |  |                |           |               |             |                         |              |  |
| SITE ADDRESS 330 EAST 93RD CROSS STREET S. SAN PEDRO  CITY LA STATE CA ZIP 90003 COUNTY LOS ANGELES  DESCRIBE WORK AND LOCATION 002BCP, 003BCP, 004BER, 005DAP PER ATTACHMENT A  BUILDING SIZE (SQ FT) VARIOUS NUMBER OF FLOORS VARIOUS BUILDING AGE (YEARS) 30+ NUMBER OF DWELLING UNITS 0  BLDG PRIOR / PRESENT USE COMMERCIAL HOSPITAL INDUSTRIAL OTHER OFFICE PUBLIC BLDG HOUSE SCHOOL SHIP UNIV.COLL  SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT ADDRESS 1240 SO. NAOMI AVE  CITY LOS ANGELES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PROJECT DATES START 2/2/05 END ASBESTOS YES NO REMOVED?  PROJECT DATES START 2/2/05 END ASBESTOS YES NO REMOVED?  ASBESTOS AMOUNT TO BE REMOVED (in square feet)  ASBESTOS REMOVAL FROM SURFACES PIPES COMPONENTS  AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)  ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 15837  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING OTHER (describe)   | PROJECT TYPE  | DEMOLITION ORDEREC                               | DEMOLITION   | RENOVATION     | (removal) | EMERG         | ENCY REMOVA | PLANNED RE              | ENO (annual) |  |
| CITY LA STATE CA ZIP 90003 COUNTY LOS ANGELES  DESCRIBE WORK AND LOCATION 002BCP, 003BCP, 004BER, 005DAP PER ATTACHMENT A  BUILDING SIZE (SQ FT) VARIOUS NUMBER OF FLOORS VARIOUS BUILDING AGE (YEARS) 30+ NUMBER OF DWELLING UNITS 0  BLDG PRIOR / PRESENT USE COMMERCIAL HOSPITAL INDUSTRIAL Other OFFICE PUBLIC BLDG, HOUSE SCHOOL SHIP UNIVICOLI  SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT ADDRESS 1240 SO. NAOMI AVE  CITY LOS ANGELES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  PQUIRED BUILDING ASBESTOS YES NO ASBESTOS YES NO ASBESTOS YES NO BUILDING TO BE YES DEMOLISHED?  PROJECT DATES START 2/2/05 END AMOUNT TO BE REMOVED? PRESENT?  ASBESTOS AMOUNT TO BE REMOVED (in square feet)  ASBESTOS REMOVAL FROM SURFACES PIPES COMPONENTS  AMOUNT OF EACH TYPE OF ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 15837  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING OTHER (describe)   | SITE INFORMATION  | SITE NAME 93RD ST ES                             |  |                |           |               |             |                         |              |  |
| DESCRIBE WORK AND LOCATION 002BCP, 003BCP, 004BER, 005DAP PER ATTACHMENT A  BUILDING SIZE (SQ FT) VARIOUS NUMBER OF FLOORS VARIOUS BUILDING AGE (YEARS) 30+ NUMBER OF DWELLING UNITS 0  BLDG PRIOR / PRESENT USE COMMERCIAL HOSPITAL INDUSTRIAL Other OFFICE PUBLIC BLDG. HOUSE SCHÖÖL SHIP UNIV.COLI  SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT ADDRESS 1240 SO. NAOMI AVE  CITY LOS ANGELES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450  EQUIRED BUILDING INFORMATION ASBESTOS YES NO ASBESTOS YES NO BUILDING TO BE YES DEMOLISHED?  PROJECT DATES START 2/2/05 END. 4/1/2/005 WORK SHIFT (day) wind, night)  ASBESTOS AMOUNT TO BE REMOVED (in square feet) FRIABLE CLASS I CLASS II TOTAL AMOUNT (add row 31,674  ASBESTOS REMOVAL FROM SURFACES PIPES COMPONENTS  AMOUNT OF EACH TYPE OF ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 15837  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING OTHER (describe)  | SITE ADDRESS 330 I  | EAST 93RD  |  |                |           | CRO           | OSS STREET  | S. SAN PEDRO            |              |  |
| BUILDING SIZE (SQ FT) VARIOUS  NUMBER OF FLOORS VARIOUS  BLIDG PRIOR / PRESENT USE  COMMERCIAL  HOSPITAL  INDUSTRIAL  OTHER  OFFICE  PUBLIC BLDG. HOUSE  SCHÖÖL  SHIP  UNIV/COLI  SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT  ADDRESS 1240 SO. NAOMI AVE  CITY LOS ANGELES  STATE CA  ZIP 90021  CONTACT MIKE TAYLOR  PHONE 213-7653-1450  EQUIRED BUILDING  ASBESTOS  PRESENT?  NO  ASBESTOS  SURVEY?  NO  ASBESTOS  PROJECT DATES  START 2/2/05  END  A/1/1/2005  WORK SHIFT (day)  SWING  ASBESTOS AMOUNT TO BE  REMOVED (in square feet)  ACOUSTIC CEILING  LINOLEUM  INSULATION  FIRE PROOFING  DUCTING  STUCCO  MASTIC  ASBESTOS (describe)   | CITY LA   | STATE  | CA   | ZIP            | 90003     | COUN          | ITY LOS AN  | GELES                   |              |  |
| BLDG PRIOR / PRESENT USE  COMMERCIAL  HOSPITAL INDUSTRIAL Other OFFICE PUBLIC BLDG HOUSE SCHOOL SHIP UNIV.COLI.  SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT  ADDRESS 1240 SO. NAOMI AVE  CITY LOS ANGELES  STATE CA  ZIP 90021  CONTACT MIKE TAYLOR  PHONE 213-7653-1450  EQUIRED BUILDING INFORMATION  ASBESTOS PRESENT?  ASBESTOS SURVEY?  ASBESTOS SURVEY?  BUILDING TO BE YES DEMOLISHED?  PROJECT DATES  START 2/2/05  END 4/1/2005  WORK SHIFT (day) wing, night)  ASBESTOS AMOUNT TO BE REMOVED (in square feet)  ASBESTOS REMOVAL FROM  SURFACES  PIPES  COMPONENTS  AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)  ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 15837  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING OTHER (describe)  | DESCRIBE WORK AND LOCAT   | ION 002BCP, 003BCP,                              | , 004BER, 005D   | AP PER ATTACH  | MENT A    |               |             |                         |              |  |
| SITE OWNER LOS ANGELES UNIFIED SCHOOL DISTRICT  ADDRESS 1240 SO. NAOMI AVE  CITY LOS ANGELES  STATE CA  ZIP 90021  CONTACT MIKE TAYLOR  PHONE 213-7653-1450  PHONE 213-7653-1450  ASBESTOS YES NO ASBESTOS YES NO REMOVED?  PROJECT DATES  START 2/2/05  END 4/1/2005  WORK SHIFT (day) SWING, night)  ASBESTOS AMOUNT TO BE REMOVED (in square feet)  ASBESTOS REMOVAL FROM  SURFACES  PIPES  COMPONENTS  AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)  ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 15837  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING OTHER (describe)  | BUILDING SIZE (SQ FT) VARIOU  | JS NUMB  | ER OF FLOORS   | S VARIOUS B    | UILDING . | AGE (YEARS)   | 30+ NUM     | BER OF DWELLIN          | G UNITS 0    |  |
| CITY LOS ANGELES  STATE CA  ZIP 90021  CONTACT MIKE TAYLOR  PHONE 213-7653-1450  PHONE 213-7653-1450  ASBESTOS YES NO ASBESTOS YES NO BUILDING TO BE YES DEMOLISHED?  PROJECT DATES  START 2/2/05  END: 4/1/2005  WORK SHIFT (day; swing), night)  ASBESTOS AMOUNT TO BE REMOVED (in square feet)  FRIABLE  CLASS I  CLASS II  TOTAL AMOUNT (add row 31,674  ASBESTOS REMOVAL FROM  SURFACES  PIPES  COMPONENTS  AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)  ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 15837  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING OTHER (describe)  | BLDG PRIOR / PRESENT USE  | COMMERCIAL F                                     | Hospital Indu  | STRIAL Other   | OFFICE    | Public bldg.  | HOUSE       | SCHOOL SHIP             | Univ/College |  |
| ASBESTOS PRESENT?  ASBESTOS SURVEY? * SON ASBESTOS YES NO BUILDING TO BE YES DEMOLISHED?  PROJECT DATES  START 2/2/05  END 4/1/2005  WORK SHIFT (day, swing), night)  ASBESTOS AMOUNT TO BE REMOVED (in square feet)  ASBESTOS REMOVAL FROM  SURFACES  PIPES  COMPONENTS  AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING OTHER (describe)   | SITE OWNER LOS ANGELES  | JNIFIED SCHOOL DISTRIC                           | СТ   | ADDRESS        | 1240 SO   | . NAOMI AVE   |             |                         |              |  |
| PROJECT DATES  START 2/2/05  END 4/1/2005  WORK SHIFT (day, swing, night)  ASBESTOS AMOUNT TO BE REMOVED (in square feet)  ASBESTOS REMOVAL FROM  SURFACES  PIPES  COMPONENTS  AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING OTHER (describe)  | CITY LOS ANGELES STATE CA ZIP 90021 CONTACT MIKE TAYLOR PHONE 213-7653-1450       |  |  |                |           |               |             |                         |              |  |
| ASBESTOS AMOUNT TO BE REMOVED (in square feet)  ASBESTOS REMOVAL FROM  SURFACES  PIPES  COMPONENTS  AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)  ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 15837  FLOOR TILES (VAT 15837)  PLASTER TRANSITE ROOFING OTHER (describe)  |   |  |  |                |           |               |             |                         |              |  |
| ASBESTOS REMOVAL FROM  SURFACES  PIPES  COMPONENTS  AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)  ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 15837  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING (describe)   | PROJECT DATES   | START 2/2/05                                     |  | END: 4/1/2     | 005       |               | WORK        | SHIFT (day, <b>swin</b> | g, night)    |  |
| AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)  ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 15837  FLOOR TILES (VAT 15837)  PLASTER TRANSITE ROOFING OTHER (describe)  |   | FRIABLE  |  |                |           | CLASS         | S II        |                         |              |  |
| ASBESTOS (in square feet)  FLOOR TILES (VAT DRY WALL PLASTER TRANSITE ROOFING OTHER (describe)  | ASBESTOS REMOVAL FROM   | SURFA  | ACES   |                | PIPES     |               |             | COMPONENTS              |              |  |
| 15837 (describe)  | ********  | ACOUSTIC CEILING                                 | LINOLEUM   | INSULATION     | FIRE F    | PROOFING      | DUCTING     | STUCCO                  | l            |  |
| CONTRACTOR INFORMATION   CSLB LICENSE # 697132   OSHA REG # 589   AQMD ID # 105337  | , ,   | ALL PLASTER TRAI                                 | NSITE ROO  |                |           |               |             |                         |              |  |
|   | CONTRACTOR INFORMATION  | CSLB LICENSE # 69                                | CSLB LICENSE # 697132 OSHA REG # 589 AQMD ID # 105337      |                |           |               |             |                         |              |  |
| NAME MATRIX INDUSTRIES, INC ADDRESS 12235 LOS NIETOS RD   | NAME MATRIX INDUSTRIES, I   | NC   | ADDRESS 12235 LOS NIETOS RD                                |                |           |               |             |                         |              |  |
| CITY SANTA FE SPRINGS STATE CA ZIP 90670 SITE SUPVR Juan Cruz PHONE 562-587-0597  | CITY SANTA FE SPRINGS   | STATE CA   | STATE CA ZIP 90670 SITE SUPVR Juan Cruz PHONE 562-587-0597 |                |           |               |             |                         | 87-0597      |  |
| WASTE TRANSPORTER #1 S & R SERVICES  LANDFILL LA PAZ LANDFILL   | WASTE TRANSPORTER #1 S  | ORTER #1 S & R SERVICES LANDFILL LA PAZ LANDFILL |  |                |           |               |             |                         |              |  |
| ADDRESS PMB 353 PO BOX 9200 ADDRESS 26999 HWY 95 MILEPOST 128   | ADDRESS PMB 353 PO BOX 9  | 200  |  | ADDRESS        | 26999 HV  | WY 95 MILEPO  | OST 128     |                         |              |  |
| TY FOUNTAIN VALLEY STATE CA ZIP 92728 CITY PARKER STATE AZ ZIP 85344  | ITY FOUNTAIN VALLEY   | STATE CA   | ZIP 92728  | CITY PAR       | KER       |               | STAT        | re az                   | ZIP 85344    |  |

## SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

| ASTE TRANSPORTER  | #2  |  | WASTE STORAGE SITE 93rd st ES                             |  |   |  |  |  |  |  |
|---|---|--|---|--|---|--|--|--|--|--|
| ADDRESS   |   |  | ADDRESS 330 East  | 93rd   |   |  |  |  |  |  |
| CITY  | STATE   | ZIP  | CITY LA   | STATE CA   | ZIP 90003   |  |  |  |  |  |
| CONTROLS: DESCRIBE<br>Demarcate work area using<br>with HEPA cartridge.   | WORK PRACTICES AND CO   | NTROLS TO BE USED<br>re feasible. Wet ACM                | O AT THE RENOVATION AN<br>Bag immediately. Clean/Der      | ND DEMOLITION SITE. Procedure # marcate work area HEPA air filtration.         | <b>1, 2</b> [3], <b>4, 5</b> or Other. $V_2$ face respirator        |  |  |  |  |  |
| For asbestos removals circ  | de the combination of Rule 140                                  | 03 procedures used. P                                    | rocedure 4 and 5 submit pla                               | ns for AQMD prior approval.  |   |  |  |  |  |  |
|   | PROCEDURE: CIRCLE THE spection, PLM, PCM, TEM, As               |  |   | SED TO DETERMINE ASBESTOS IN   | I THE BUILDING:   |  |  |  |  |  |
| FOR <b>DEMOLITIONS</b> GIVE   | THE COMPANY NAME AND  | DATES OF THE ASB   | ESTOS REMOVAL:  |  |   |  |  |  |  |  |
| FOR <b>ORDERED DEMOLIT</b> AUTHORIZING PERSON: DATE OF ORDER:   | FION SEND A COPY OF THE   | ORDER AND GIVE TH  | HE AGENCY NAME & PHOP<br>TITLE<br>DATE ORDERED TO         |  |   |  |  |  |  |  |
|   | STOS REMOVAL GIVE THE N<br>BE THE SUDDEN, UNEXPECTED            |  | BER OF THE PERSON DECL                                    | ARING/AUTHORIZING THE EMERGENC   | Y, DATE AND HOUR OF   |  |  |  |  |  |
| EXPLAIN HOW THE EVENT   | WOULD CAUSE UNSAFE COND   | NTIONS, EQUIPMENT D                                      | AMAGE OR UNREASONABLE                                     | FINANCIAL BURDEN:  |   |  |  |  |  |  |
|   |   |  |   |  |   |  |  |  |  |  |
|   |   |  |   | NG DEMOLITION OR ASBESTOS MATE<br>ly. Clean, wet, wipe and demarcate work      |   |  |  |  |  |  |
| TRAINING CERTIFICATIO<br>evidence that the required   | ON: I certify that an individual training has been accomplished | rained in the provisions and by this person will be      | of regulation AQMD Rule 1<br>available for inspection dur | 403 and NESHAP will be on site during normal business hours.                   | ng the removal and  |  |  |  |  |  |
| Company Name<br>Matrix Industries, Inc.   | Print name of owner/<br>Larry Larkin                            | operator Signature                                       | of owner operator   | Tittle of owner/operator<br>President  | Date 3/16/05  |  |  |  |  |  |
| INFORMATION CERTIFIC  | ATION: I certify that the above                                 | information is correct                                   | and inhane anciosed any rec                               | uired attachments.   |   |  |  |  |  |  |
| Company Name<br>Matrix Industries, Inc.   | Print name of owner/<br>Larry Larkin                            | operator Signature                                       | of owner/operator   | Tittle of owner/operator<br>President  | Date 3/16/05  |  |  |  |  |  |
| Notifications can not be acc  | cepted without the required fee<br>ole to "SCAQMD". Fees are p  | e (AQMD Rule 301). A<br>er notification, not refu        | stestos removals of less the                              | an 100 square feet are exempt from n<br>o the project size. Fees are as follow | otification and fees.<br>s:   |  |  |  |  |  |
| DEMOLITION OR ASBEST<br>FROM 100 TO 1,000 SC<br>FROM 1,001 TO 5,000 S<br>FROM 5,001 TO 10,000<br>MORE THAN 10,000 SC<br>DEMOLITION OF LESS TO | QUARE FEET<br>SQUARE FEET<br>SQUARE FEET<br>QUARE FEET          | \$ 29.52<br>\$ 90.24<br>\$211.22<br>\$331.21<br>\$ 29.52 |   | LING FEE<br>IOTIFICATION<br>ECK CHARGE<br>N OF NOTIFICATION<br>MOVAL AT owner- | \$ 331.21<br>\$ 28.17<br>\$ 11.94<br>\$ 29.28<br>\$ 0.0<br>\$ 29.52 |  |  |  |  |  |
|   |   |  |   |  |   |  |  |  |  |  |

MAIL FORM AND FEE TO: SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641 TELEPHONE: (909) 396-2336 FAX: (909) 396-3342

Page 2 of 2

Form REV 20030627

FORMS, INSTRUCTIONS, AND THE RULE 1403 CAN BE OBTAINED FROM AQMD WEB SITE AT <a href="http://www.aqmd.gov/scaqmd"><u>HTTP://www.aqmd.gov/scaqmd</u></a> is located at 21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

Bank of America Los Angeles

SOUTH COAST AIR QUAI

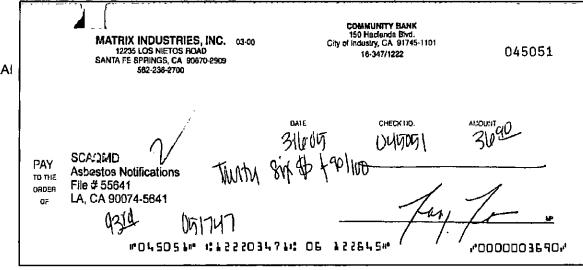
DDA: 07012-00280 Lockbox: 0055641

Date: 03/18/05 077 Batch: 001 Item: 2

Module: 22

Machine Number: 09 Operator Id: C1003

Amt: \$36.90



"We want to be the people who make banking work for you in ways it never has before"

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EAGLE CONTRACTING

PAGE 01

| - Carr  | th Coast /   | ir Quality  | Maileacite   |   | 500)   |   |  |  | File # 55641   |
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| Address   | 7331 SHELB   | Y PL # 130  | State  | CA Zp 91  | 739 Limbert I  |   |  | (32  | (3) 542-7485   |
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| can Ci  | kr I os Andel  | es  |  |   | Contact  |   |  |  |  |
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PAGE 02



South Coast Air Quality Management District (www.agmd.gov) 21865 Copley Drive, Diamond Bar, CA 91765-4182 Phone: (909)396-2336

ification of Demolition or Asbestos Removal Rule 1403 Form

Mail Form and Fee To: SCAQMD

Asbestos Notification File # 55641 Los Angeles, CA 90074-5641

| olition Information: All asbestos contai os Removal Company Name work practices to prevent, suppress and contain o   | ining materials must be  |   | Date of Asbe                                      | SIOS FORTILIZADA                                 |                       |
|--|--|---|---|--|-----------------------|
| os Removal Company Name  |  |   |   |  |                       |
| work practices to prevent, super- (WATER EXIT GRATES TARP TRUCKS/BINS FI  (WATER EXIT  | dust, and dust controls to be to ENCE SCREENS STONE TRU  | CK PADS TIRE WASHING  | SOIL STABILIZERS                                  | other<br>rial becomes dist<br>cedure 5 Guideline | urbed, crum-          |
| WATER EXIT GRATES TARE THOSE  WATER EXIT GRATES TARE THOSE  Ingency Demolition Plan: Check actions to be for pulverized or reduced to powder. Disturbed/Dama pulverized or reduced to powder. SECURE STABILIZE  WORK NOTIFY OWNER SECURE STABILIZE   | aged ACM requires a Procedu<br>POST SIGNS ISOLATE WOR  | re 5 Plan Approval priol (<br>KAREA SURVEY CHAR<br>   | ACTERIZE WASTE                                    | OTHÉR  |                       |
| D D D D D  | ency order   |   |   | Date of Order                                    |                       |
| lered Demolition: Attach a copy of the age   | ,  | Phone   | Date  | Ordered to Begin                                 |                       |
|  |  |   |   |  |                       |
| Agency Namehorizing Person   |  |   |   |  |                       |
| es_information   |  | WASTE STORAGE SITE _  |   |  |                       |
| STE TRANSPORTER #1 Eagle Contracting Inc   |  | Address   |   |  |                       |
|  |  | City  |   | State  | шр <u></u>            |
| Address 7331 Sherby Front Tool Cucamonga State   | <u>CA</u> <u>Zp</u> <u>31700</u>   | LANDELL AZUSA LA  | and Reclamation                                   |  |                       |
| ASTE TRANSPORTER#2 Earthwise Services LLC  |  | 404414  | Cladeton St                                       |  |                       |
|  |  | _   | Gladston or                                       | State CA   | Zip 91/02             |
|  | CA Zip 92503   | City  |   |  |                       |
| City Riverside State  Contractor Certification: All contracto certify that an individual trained in the provisions of regular enovation and evidence that the required training has be information contained herein and information submitted with the contraction of the contraction o | ations Activito <u>Auto-Intellig</u> een accomplished by this person with this notification is true and con                    | vill be available for inspection or<br>rect.  | iuning normal obsides:<br>Talo of OscariOnetal    | X Operation Ma                                   | anager                |
|  | Sign   | ature of Owner/Operator,  | 11 (//==  |  |                       |
| Print Name of Owner/Operator Fasuto Prado  Notification Fee: No notifications shall be concheck payable to "SCAQMD". Fees are per notification fee is the difference between the new Project Size Fee  | nsidered received pursuant to <u>Ruk</u><br>and vary according to the <sup>2</sup> TOTA<br>category and the original Project S | e <u>1403,</u> unless it is accompar<br>. <b>AMOUNT</b> of asbestos remo<br>lize Fee category (See <u>Fee</u> | ed by the required pay<br>ved or the demolition 2 |  | <u> </u>              |
| Project Size Fee: \$ 57.18   | Fee Based o  | n Project Size (sq ft)  |   | Additional r                                     | -662                  |
| Additional Fee: \$ 0.00  | 1,000 or less  | \$ 57.18  | Special Hand                                      | lling Fee  | <del></del> \$ 57.18  |
| Total Fee Due: \$ 57.18  |  | \$ 174.83   |   | lotification                                     |                       |
| (SEE 1 00 DEE 1 00 7 1 1 0   | 5,001 to 10,000  | \$ 409.26   |   |  | <b>\$ 25.00</b>       |
| ļ  |  | \$ 641.73   |   |  | \$ 641.73             |
| 1  | 50,001 to 100,000  | \$ 930.03   |   |  | <del></del> \$ 641.73 |
|  |  |   | Fynaditad 4                                       | er 6 Dies  |                       |
|  | 100,001 or more  | <u> </u>  | Lypconco 4  | 0 37 8   <del></del>                             | \$ 320.86             |

cation File # 55641 Los Angeles, CA 90074-5641. Mailing saves time, money and reduces traffic and air pollution.



# CK# 045241

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

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

| QMD USE ONLY                                       | SCR    | EEN BY                |           | EIVED    |                 |                          | ** ** **     |             | 3-30 ENTER           |              | .ES CA 90074-364<br>NO       | TIFICATION#           |
|--|--------|-----------------------|-----------|----------|-----------------|--------------------------|--------------|-------------|----------------------|--------------|------------------------------|-----------------------|
| COMPLETED BY To                                    | ny Vas | quez CON              | MPANY M   | ATRIX II | NDUSTR          | IES, I                   | IC.          | <del></del> | PHONE 56             | 2-236-2700   | 98                           | 7989                  |
| DATE 3/30/05 C                                     | HECK#  | 045051                |           | FEE      | \$ 36.90        | <u> </u>                 |              |             | PROJE                | CT# 051747   | 7                            |                       |
| NOTIFICATION TYPE                                  | ORIG   | SINAL                 | REVISION  | DATES    |                 | T                        | Revisi       | О ис        | THER (highlight)     |              | Cancellation                 |                       |
| PROJECT TYPE                                       | DEM    | OLITION (             | Ordered ( | Demoliti | ON              | Ren                      | IOVATIÓN (r  | emov        | (al) Emer            | GENCY REMOVA | AL PLANNED F                 | ENO (annual)          |
| SITE INFORMATION                                   | SITE   | NAME 93 <sup>RD</sup> | ST ES     |          |                 |                          |              |             |                      |              |                              |                       |
| SITE ADDRESS 33                                    | 0 EAST | 93RD                  |           |          |                 |                          |              |             | CR                   | OSS STREET   | S. SAN PEDRO                 | 1.0                   |
| CITY LA  |        |                       | STATE     | CA       |                 |                          | ZIP 90       | 0003        | cou                  | NTY LOS AN   | IGELES                       |                       |
| DESCRIBE WORK AND LOC                              | ATION  | 002BCP, 0             | 03BCP, (  | )04BER,  | 005DAP          | PER A                    | ATTACHM      | ENT         | Α                    |              |                              |                       |
| BUILDING SIZE (SQ FT) VAR                          | ious   |                       | NUMBE     | R OF FL  | OORS V          | /ARIO                    | US BU        | ILDIN       | NG AGE (YEARS)       | 30+ NUM      | IBER OF DWELL!               | NG UNITS 0            |
| BLDG PRIOR / PRESENT U                             | SE     | COMMERCIAL            | Н         | DSPITAL  | INDUSTR         | RIAL                     | Other        | OFFIC       | E PUBLIC BLDG        | HOUSE        | School Shir                  | Univ/College          |
| SITE OWNER LOS ANGELE                              | S UNIF | IED SCHOOL            | DISTRIC   | Т        |                 | ΑŪ                       | DRESS 1      | 1240        | SO. NAOMI AVE        |              |                              |                       |
| CITY LOS ANGELES                                   |        | STATE CA              |           | ZIP 900  | 021             | CC                       | ONTACT !     | MIKE        | TAYLOR               |              | PHONE 213-7                  | 653-1450              |
| EQUIRED BUILDING INFORMATION                       |        | ASBESTOS<br>PRESENT?  | YES       | NO       | ASBEST<br>SURVE |                          | YES 1        | 6           | ASBESTOS<br>REMOVED? | YES NO       | BUILDING TO E<br>DEMOLISHED? |                       |
| PROJECT DATES                                      |        | START 2/2/            | 05        | ,        |                 | ΕN                       | ND 5/20/08   | <u>.</u>    |                      | WOR          | ( SHIFT (day, swi            | ng, night)            |
| ASBESTOS AMOUNT TO B<br>REMOVED (in square feet)   | E      | FRI                   | ABLE      |          |                 | CLAS<br>31,6             |              |             | CLAS                 | IS II        |                              | UNT (add row)<br>,674 |
| ASBESTOS REMOVAL FRO                               | M      |                       | SURFAC    | CES      |                 | • •                      |              | PIPI        | ES                   |              | COMPONENTS                   |                       |
| AMOUNT OF EACH TYPE O<br>ASBESTOS (in square feet) | F      | ACOUSTIC (            | CEILING   | LINO     | LEUM            | INSU                     | LATION       | FIF         | RE PROOFING          | DUCTING      | STUCCO                       | MASTIC<br>15837       |
| FLOOR TILES (VAT DRY<br>15837                      | WALL   | PLASTER               | TRAN      | ISITE    | ROOF            | ING                      | OTH<br>(desc |             |                      |              |                              | *****                 |
| CONTRACTOR INFORMAT                                | ON     | CSLB LICEN            | ISE # 697 | 7132     |                 | 0:                       | SHA REG      | # 58        | 9                    | AQME         | ) ID # 105337                |                       |
| NAME MATRIX INDUSTRIE                              | S, INC |                       |           |          |                 | Α[                       | DDRESS       | 1223        | 5 LOS NIETOS F       | RD           |                              |                       |
| CITY SANTA FE SPRINGS                              |        | STATE CA              |           | ZIP 90   | 670             | SI                       | TE SUPVI     | R Jua       | n Cruz               |              | PHONE 562-                   | 587-0597              |
| WASTE TRANSPORTER #1                               | S & R  | & R SERVICES          |           |          |                 | LANDFILL LA PAZ LANDFILL |              |             |                      |              |                              |                       |
| ADDRESS PMB 353 PO BC                              | X 9200 |                       |           |          |                 | ΑI                       | DDRESS       | 2699        | 9 HWY 95 MILEF       | POST 128     |                              |                       |
| ITY FOUNTAIN VALLEY                                |        | STATE CA              |           | ZIP 92   | 728             | CI                       | TY PARK      | ER          |                      | STA          | TE AZ                        | ZIP 85344             |

#### Bank of America 'Los Angeles

#### SOUTH COAST AIR QUAI

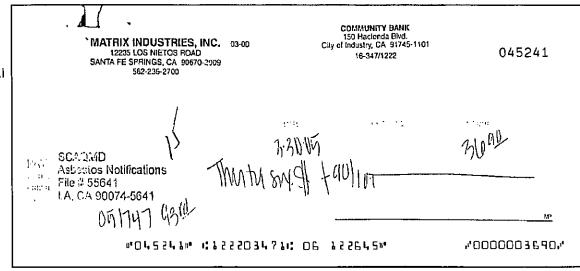
DDA: 07012-00280 Lockbox: 0055641

Date: 04/04/05 094 Batch: 001 Item: 1

Module: 22

Machine Number: 08 Operator Id: C1011

Amt: \$36.90



"We want to be the people who make banking work for you in ways it never has before"

#### MESSAGE CONFIRMATION

DATE S,R-TIME DISTANT STATION ID MODE PAGES RESULT

08/18 00'18" 915626989247 TX 001 0K 0000

08/18/2004

Facility.
Address:

08:51

SCAQMD → 915626989247

NO.176 D001

## South Coast Air Quality Management District

#### Air Quality Notification Report

| Notification 8 Receive By: Assign By: Dispatch On: Team: Activity: Instruction: | RGUZMAN dn 7/15/2004 14:55:00<br>\$3610 01 8/6/2004 15:48:19<br>8/6/2004<br>A<br>R1403 ASBESTOS REMOVAL | Assignment No: 836111 Inspection Date: Inspector: FERDINAND A BRAGANZA (FB01) Disposition: |
|---|---|--|
| Description:  | REV DTES ck#8428 \$11.94 7/16;  |  |
| Instance Start Date:  | : 06/01/2004 00:00 Instance End   | i Date: 12/31/2004 00:00   |
| Notifier  |   |  |
| Facility:<br>First Name:<br>Address:<br>Phone:                                  | 106250 SPECIALIZED ENVIRONMENTA<br>Lest Name: AN<br>VARIOUS LOCATIONS IN SCAQMD, Unit 3                 | ONYMOUS  |

The following items [  $\sqrt{\ }$  ] are required to comply with R1403 provisions and implementing guidelines:

[ ] Pay the basic fee and/or fee deficiency. Refer to attached Notice of Notification Deficiency.

Revise the notification and resubmit with revision fee \*\* \*\*

Need the signature of your authorized officer\*\*

R: 93RD ST ELEM SCHOOL SA04-007 R1

330 E 93RD ST, LOS ANGELES, CA 90003 (Sector LB)

562 698 9247

### Revision#1: Stop work, Resume on 8/02/04. SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

### NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

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

| AQMD USE ONLY                                    | CREEN BY RECEI        | VED F         | OSTMARK //     | , ENTERE                   | 3 BY // /    | NOTIFICAT            |             |
|--|-----------------------|---------------|----------------|----------------------------|--------------|----------------------|-------------|
| COMPLETED BY Leo C                               | rellana COMPANY       | Specialized I | Environmental, | Inc PHONE (562)            | 698-9222     | ] 343                | 95          |
| DATE 7/15/04 CHE                                 | CK# 8428 FE           | E \$ 11.94    |                | PROJECT #                  | sA04         | -007 r1              |             |
| NOTIFICATION TYPE                                | DRIGINAL REVIS        | ION DATES     | ŔEVISION       | OTHER (HIGHLIG             | нт) СА       | NCELLATION           |             |
| PROJECT TYPE                                     | DEMOLITION ORDERED    | DEMO RE       | NOVATION (REMO | VAL) EMERGENCY             | REMOVAL      | PLANNED RE           | NO (ANNUAL) |
| SITE INFORMATION                                 | SITE NAME 93rd Street | Elementary So | chool          |                            |              |                      |             |
| SITE ADDRESS 330 E. 9                            | Brd Street            |               |                | CROSS STREET               | S San        | Pedro St. (1         | GP 704 D4   |
| CITY Los Angeles                                 | STATE C               | a             | ZIP            | 90003                      | cou          | NTY Los              | Angeles     |
| DESCRIBE WORK LOCATION                           | Ceiling               |               |                |                            |              |                      |             |
| BUILDING SIZE (SQFT) 57,00                       | 0 NUMBER OF FLOORS    | <del></del>   | BUILDING AGE   | (YEARS) 30+                | NUMBER       | OF DWELLING          | UNITS       |
| BLDG PRIOR / PRESENT USE                         | COMMERCIAL HOSPITAL   | INDUSTRIAL O  | THER OFFICE P  | JBLIC BLDG HOUSE           | SCHOOL S     | HIP UNIVICOLL        | EGE         |
| SITE OWNER Los Arige                             | les Unified School D  | istrict ADDRE | ss <b>333</b>  | South Beaudry A            | Ave          |                      |             |
| CITY Los Angeles                                 | STATE Ca zii          | 90017         | CONT           | ACT Mike Taylo             | ог Рн        | ONE 213/             | 763-1450    |
| REQUIRED BUILDING                                | ASBESTOS YES NO       |               | OS YES NO      | ASBESTOS Y                 | <u> </u>     | BUILDING TO B        | E YES NO    |
| INFORMATION                                      | PRESENT? 6/01/0       | SURVEY        |                | REMOVED? \\ 2/31/04 \\     | <del></del>  | DEMOLISHED?          | <del></del> |
| PROJECT DATES                                    | Rev#1: Stop wor       |               |                |                            | NORK SHIFT   | ` ,                  |             |
| ASBESTOS AMOUNT TO BE                            | FRIABLE               |               | CLASS I        | CLASS II                   |              | 6a-2:30p & 2         |             |
| REMOVED (in square feet)                         | 33,540                |               | ) DAGG         | CLASSII                    | '            | rotal amoun<br>33,54 | · ·         |
| ASBESTOS REMOVAL FROM                            | SURFACES              | <i>'</i> ,    | PIP            | <del>_</del>               |              | PONENTS              | <u> </u>    |
| AGEOTO REMOVAETROM                               | 30000                 | ノ<br>         |                |                            | CON          | FONENTS              |             |
| AMOUNT OF EACH TYPE OF ASBESTOS (in square feet) | ACOUSTIC CEILING      | LINOLEUM      | INSULATION     | FIRE PROOFING<br>33,540    | DUCTING      | STUCCO               | MASTIC      |
| FLOOR TILES (VAT) DIRY                           | WALL PLASTER          | TRANSITE R    | ROOFING OTHE   | R                          | <del>-</del> | <u> </u>             |             |
| CONTRACTOR INFORMATION                           | CSLB LICENSE #        | 712428        |                | REG # 621                  | SCA          | QMD ID#              | 106250      |
| NAME Specialized                                 | Environmental, Inc.   | ADDRESS       | 121            | 15 Rivera Road             |              |                      |             |
| CITY Whittier                                    | STATE: CA             | ZIP: 90606    | S SITE:        | SUPVR J. Herna<br>J. Cisne | andez i PHO  | NE (562              | ) 698-9222  |
| WASTE TRANSPORTER#1                              | BDC Special Waste Ser | vices         | LAND           |                            | AND RECL     | AMATION              |             |
| ADDRESS: 766 S. Ayo                              | n. Ave.               |               | ADDR           | ESS 1201 W.                | Gladstone    | Street               |             |
| city: Azusa                                      | STATE: C/             | A zip: 91702  | 2 CITY         | Azusa                      | STATE        | CA ZIP               | 91702       |

### SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL ORIGINAL TO SGAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

SA04-007 r1

| WASTE TRANSPORTER #2   | WASTE STORAGE SITE   |   |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
|  | 93rd Street Elementary School  |   |  |  |  |  |  |  |  |
| ADDRESS  | ADDRESS  |   |  |  |  |  |  |  |  |
| The state of the s | 330 E. 93rd Street   |   |  |  |  |  |  |  |  |
| CITY STATE ZIP   | CITY STAT  | E ZIP   |  |  |  |  |  |  |  |
|  | Los Angeles Ca   | 90003   |  |  |  |  |  |  |  |
| CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED A  | T THE RENOVATION AND DEMOLITION SITE. Procedul   | re # 1,2,3,4,5 or other   |  |  |  |  |  |  |  |
| 1  |  |   |  |  |  |  |  |  |  |
| For asbestos removals circle the combination of Rule 1403 procedures used. Proced  | ure 4 and 5 submit plans for AQMD prior approval.  |   |  |  |  |  |  |  |  |
| ASBESTOS DETECTION PROCEDURE: CIRCLE THE PROCEDURES AND ANA  | LYTICAL METHODS USED TO DETERMINE ASBESTO  | S IN THE BUILDING:  |  |  |  |  |  |  |  |
| Bulk Sampling, Inspection, Survey, PLM, PCM, TEM, Assumed as Asbestos, Describe Other:   |  |   |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
| FOR <b>DEMOLITION</b> GIVE THE COMPANY NAME AND DATES OF THE ASBESTO   | S REMOVAL :  |   |  |  |  |  |  |  |  |
|  | <del>-</del>   |   |  |  |  |  |  |  |  |
| FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE   |  |   |  |  |  |  |  |  |  |
| AUTHORIZING PERSON:  | TITLE:   |   |  |  |  |  |  |  |  |
| DATE OF ORDER:   | DATE ORDERED TO BEGIN:   |   |  |  |  |  |  |  |  |
| FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE   | E PERSON DECLARING/AUTHORIZING THE EMERGENCY, DAT  | TE  |  |  |  |  |  |  |  |
| AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:   |  |   |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
| EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMEN  | NT DAMAGE OR UNREASONABLE FINANCIAL BURDE  | iN:   |  |  |  |  |  |  |  |
| CONTINGENCY DI ANI. PERCENTE ACTIONO AND PROCEEDINGS TO DESCRIPTION  |  |   |  |  |  |  |  |  |  |
| CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED I   |  | OR NONFRIABLE   |  |  |  |  |  |  |  |
|  | ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.   |   |  |  |  |  |  |  |  |
|  | CONTROL MEAGURES   |   |  |  |  |  |  |  |  |
| ISOLATE WORK AREA, INSTITUTE FIBER O   |  | No  |  |  |  |  |  |  |  |
| •  | CONTROL MEASURES.<br>DIRECTED INCLUDING REVISED NOTIFICATIO  | NS.   |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS  | DIRECTED INCLUDING REVISED NOTIFICATIO   |   |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS I  | DIRECTED INCLUDING REVISED NOTIFICATIO   | BE ON-SITE DURING   |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS I  | DIRECTED INCLUDING REVISED NOTIFICATIO   | BE ON-SITE DURING   |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS ITEM TO THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  | DIRECTED INCLUDING REVISED NOTIFICATION  NOT REGULATION SCAQMD RULE 1403 AND NESHAP WILL, INTERPRETATION TO THE PERSON WILL BE AVAILABLE FOR INSPECTION TO   | BE ON-SITE DURING<br>DURING NORMAL  |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS ITEMS OF TRAINING CERTIFICATION: 1 CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  Specialized Environmental, Inc. Carlos Reyes   | DIRECTED INCLUDING REVISED NOTIFICATION  IS OF REGULATION SCAQMD RULE 1403 AND NESHAP WILL INTO THE PERSON WILL BE AVAILABLE FOR INSPECTION DEPOSIDENT.  | BE ON-SITE DURING<br>DURING NORMAL<br>7/15/04   |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS ITEM TO THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  | DIRECTED INCLUDING REVISED NOTIFICATION  NS OF REGULATION SCAQMD RULE 1403 AND NESHAP WILL I  NED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION D  President   | BE ON-SITE DURING<br>DURING NORMAL  |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS INTERIOR OF TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  Specialized Environmental, Inc. Carlos Reyes  Company Name Print name of owner/operator Signature of owner/operator   | DIRECTED INCLUDING REVISED NOTIFICATION  AS OF REGULATION SCAQMD RULE 1403 AND NESHAP WILL, I  BED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION D  President  Wher/operator  Title of owner/operator  | BE ON-SITE DURING<br>DURING NORMAL<br>7/15/04<br>Date   |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS INTERIOR OF THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  Specialized Environmental, Inc. Carlos Reyes  Company Name Print name of owner/operator Signature Operator S | DIRECTED INCLUDING REVISED NOTIFICATION  AS OF REGULATION SCAQMD RULE 1403 AND NESHAP WILL, IN SECRET THIS PERSON WILL BE AVAILABLE FOR INSPECTION DESCRIPTION OF THE PROPERTY | BE ON-SITE DURING DURING NORMAL 7/15/04 Date  QUIRED ATTACHMENTS.   |  |  |  |  |  |  |  |
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| TRAINING CERTIFICATION: 1 CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  Specialized Environmental, Inc. Carlos Reyes Company Name Print name of owner/operator Signature of ox INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORM Specialized Environmental, Inc. Carlos Reyes Company Name Print name of owner/operator Signature of ox Notifications can not be accepted without the required fee (AQMD Rule 301). Asbest Please make checks payable to "SCAQMD". Fees are per notification, not refundable DEMOLITION OR ASBESTCS REMOVAL  | President Title of owner/operator  To owner/operator  To owner/operator  The owner/operator  | DURING NORMAL  7/15/04 Date  QUIRED ATTACHMENTS. 7/15/04 Date  Inotification and fees. lows. LAN \$331.21   |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS ITEMS TO TRAINING CERTIFICATION: 1 CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  Specialized Environmental, Inc. Carlos Reyes Company Name Print name of owner/operator Signature of  | President Title of owner/operator  To owner/operator   | DURING NORMAL  7/15/04 Date  QUIRED ATTACHMENTS. 7/15/04 Date  In notification and fees. Hows. LAN \$331.21 HE \$29.28 LTION \$11.94  |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS INTERIOR OF THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  Specialized Environmental, Inc. Carlos Reyes Company Name Print name of owner/operator Signature of owner | President Title of owner/operator  To owner/operator  | DURING NORMAL  7/15/04 Date  QUIRED ATTACHMENTS. 7/15/04 Date  In notification and fees. lows. LAN \$331.21 LE \$29.28 LTION \$11.94 LARGE \$29.28  |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS ITERAINING CERTIFICATION: 1 CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  Specialized Environmental, Inc. Carlos Reyes Company Name Print name of owner/operator Signature of ox INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORM Specialized Environmental, Inc. Carlos Reyes Company Name Print name of owner/operator Signature of ox Notifications can not be accepted without the required fee (AQMD Rule 301). Asbest Please make checks payable to "SCAQMD". Fees are per notification, not refundable DEMOLITION OR ASBESTO'S REMOVAL FROM 100 TO 1,000 SQUARE FEET \$ 29.52 FROM 1,001 TO 5,000 SQUARE FEET \$ 90.24 FROM 5,001 TO 10,000 SQUARE FEET \$ 211.22  | President Title of owner/operator  To removals of less than 100 square feet are exempt from the le, and vary according to the project size. Fees are as Follower precident and vary according to the project size. Fees are as Follower precident and vary according to the project size. Fees are as Follower precident and vary according to the project size. Fees are as Follower precident procedure 4 or 5 pt special handling fees are provided and provided  | DURING NORMAL  7/15/04 Date  QUIRED ATTACHMENTS. 7/15/04 Date  Innotification and fees. lows. LAN \$331.21 E \$29.28 LTION \$11.94  JARGE \$29.28  TIFICATION \$0.00                                  |  |  |  |  |  |  |  |
| TRAINING CERTIFICATION: 1 CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  Specialized Environmental, Inc. Carlos Reyes Company Name Print name of owner/operator Signature of ox INFORMATION CERTIFICATION: 1 CERTIFY THAT THE ABOVE INFORM Specialized Environmental, Inc. Carlos Reyes Company Name Print name of owner/operator Signature of ox Notifications can not be accepted without the required fee (AQMD Rule 301). Asbest Please make checks payable to "SCAQMD". Fees are per notification, not refundable DEMOLITION OR ASBESTOS REMOVAL FROM 100 TO 1,000 SQUARE FEET \$ 29.52 FROM 1,001 TO 5,000 SQUARE FEET \$ 90.24 FROM 5,001 TO 10,000 SQUARE FEET \$ 211.22 MORE THAN 10,000 SQUARE FEET \$ 3331.2*   | President Title of owner/operator  To resident  To  | DURING NORMAL  7/15/04 Date  QUIRED ATTACHMENTS. 7/15/04 Date  Innotification and fees. Iows. LAN \$331.21 IE \$29.28 ITION \$11.94 IARGE \$29.28 ITIFICATION \$0.00 DS REMOVAL' \$29.52              |  |  |  |  |  |  |  |
| NOTIFY BUILDING OWNER, PROCEED AS ITERATION OF LESS THAN 100 SQUARE FEET  NOTIFY BUILDING OWNER, PROCEED AS ITERATION OF LESS THAN 100 SQ FT  \$ 100 SQUARE FEET  \$ 29.52  MORE THAN 10,000 SQUARE FEET  \$ 331.2*  DEMOLITION OF LESS THAN 100 SQ FT  \$ 29.52   | President Title of owner/operator  To owner/operator  | DURING NORMAL  7/15/04 Date  QUIRED ATTACHMENTS. 7/15/04 Date  a notification and fees. lows. LAN \$331.21 E \$29.28 ATION \$11.94 JARGE \$29.28 TIFICATION \$0.00 DS REMOVAL' \$29.52 Junit dwelling |  |  |  |  |  |  |  |
| TRAINING CERTIFICATION: 1 CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH BUSINESS HOURS.  Specialized Environmental, Inc. Carlos Reyes Company Name Print name of owner/operator Signature of ox INFORMATION CERTIFICATION: 1 CERTIFY THAT THE ABOVE INFORM Specialized Environmental, Inc. Carlos Reyes Company Name Print name of owner/operator Signature of ox Notifications can not be accepted without the required fee (AQMD Rule 301). Asbest Please make checks payable to "SCAQMD". Fees are per notification, not refundable DEMOLITION OR ASBESTOS REMOVAL FROM 100 TO 1,000 SQUARE FEET \$ 29.52 FROM 1,001 TO 5,000 SQUARE FEET \$ 90.24 FROM 5,001 TO 10,000 SQUARE FEET \$ 211.22 MORE THAN 10,000 SQUARE FEET \$ 3331.2*   | President When the project size. Fees are as Foll PROCEDURE 4 OR 5 PE SPECIAL HANDLING FE REVISION OF NOTIFICA RETURNED CHECK CH CANCELLATION OF NO RESIDENTIAL ASBESTO * owner-occupied, single- de a copy of the demolition notification to Building and Sa  | DURING NORMAL  7/15/04 Date  QUIRED ATTACHMENTS. 7/15/04 Date  a notification and fees. lows. LAN \$331.21 E \$29.28 ATION \$11.94 JARGE \$29.28 TIFICATION \$0.00 DS REMOVAL' \$29.52 Junit dwelling |  |  |  |  |  |  |  |

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

TELEPHONE: (909) 395 - 2336

FAX: (909) 396-3342 Form REV 06152001

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

SCAQMD is located at 21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

### Bank of America Los Angeles

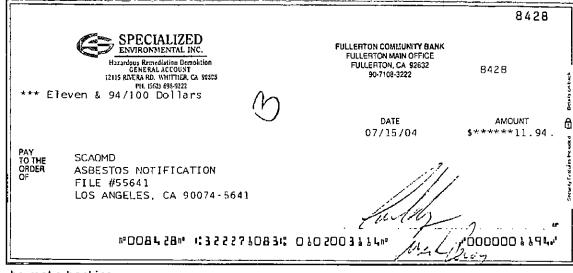
#### SOUTH COAST AIR QUAI

DDA: 07012-00280 Lockbox: 0055641 Date: 07/18/04 200 Batch: 002 Item: 3

Module: 22

Machine Number: 01 Operator Id: D705

Amt: \$11.94



"We want to be the people who make banking work for you in ways it never has before"

INVOICE #

DATE: 07/15/04

NET PAID 11.94

07/15/04 A04007 04-007 R1 TOTAL:

**GENERAL ACCCUNT** 

JOB #

11.94

11.94

BAL PAID

DISCOUNT

SCAOMD

INV DATE

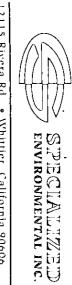
CHECK # 8428



### South Coast Air Quality Management District

### · · Air Quality Notification Report

| Votification 8                             | 0335   |
|--|--|
| teceive By:<br>ssign By:<br>hispatch On:   | RGUZIMAN on 7/15/2004 14:55:00   |
| eam:<br>ctivity:<br>astruction:            | R1403 ASBESTOS REMOVAL   |
| escription:                                | REV DTES ck#8428 \$11.94 7/16;   |
| stance Start Date:                         | 06/01/2004 00:00 Instance End Date: 12/31/2004 00:00   |
| lotifier                                   |  |
| acility:<br>irst Name:<br>ddress:<br>hone: | 106250 SPECIALIZED ENVIRONMENTAL, INC.  Last Name: ANONYMOUS  VARIOUS LOCATIONS IN SCAQMD, Unit 33540, CARSON, CA 90746  |
| ite Location                               |  |
| acility:                                   | R: 93RD ST ELEM SCHOOL SA04-007 R1   |
| ddress:                                    | 330 E 93RD ST, LOS ANGELES, CA 90003 (Sector LB)   |
|  | Pay the basic fee and/or fee deficiency. Refer to attached Notice of Notification Deficiency. Revise the notification and resubmit with revision fee   |
| [ ]  | Submit an asbestos survey conducted and signed by a Certified Asbestos Consultant, complete with narrative portion, chain of custody of samples pulled, and results of lab analyses of samples |
| [ ]  | Submit a letter from the property owner justifying the emergency nature of the renovation job  |
| [ ]  | Emergency demolition not acceptable. Obtain and submit an order of demolition from the city agency having jurisdiction over job site   |
| Je   | Ronnie (909) 396-2279 or Jesse (909) 396-2053  rnished: Compliance Supervisor 1, 2, 3  Referred to Compliance Unit   |
|  | Sector Inspector   |



12115 Rivera Rd., • Whittier, California 90606

70, 91 TAY

SCAQNO

**ASBESTOS NOTIFICATIONS** 

FILE #55641



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LOS ANGELES, CA ©0074-5649 

### Revision#2: Signature only per Ronnie. SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

### NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

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

| AQMD USE ONLY                                    | SCREEN BY REGEIVED PO                         | STMARK 8/18 ENTERED BY NOTIFICATION #                       |
|--|---|---|
|  |   | nvironmental, Inc. PHONE (562) 698-9222                     |
| DATE 8/18/04 CHE                                 | CK# 857) / FEE \$ 36.90                       | PROJECT # SA04-007 r2                                       |
| NOTIFICATION TYPE                                | ORIGINAL REVISION DATES                       | REVISION OTHER HIGHLIGHT) CANCELLATION                      |
| PROJECT TYPE                                     | DEMOLITION ORDERED DEMO RENO                  | OVATION (REMOVAL) EMERGENCY REMOVAL PLANNED RENO (ANNUAL    |
| SITE INFORMATION                                 | SITE NAME 93rd Street Elementary School       | ool   |
| SITE ADDRESS 330 E. 9                            | 3rd Street                                    | CROSS STREET S. San Pedro St. (TGP 704 I                    |
| CITY Los Angeles                                 | STATE Ca                                      | ZIP 90003 COUNTY Los Angeles                                |
| DESCRIBE WORK LOCATION                           | Ceiling                                       |   |
| BUILDING SIZE (SQ FT) 57,00                      | 00 NUMBER OF FLOORS B                         | UILDING AGE (YEARS) 30+ NUMBER OF DWELLING UNITS            |
| BLDG PRIOR / PRESENT USE                         | COMMERCIAL HOSPITAL INDUSTRIAL OTHE           | ER OFFICE PUBLIC BLDG HOUSE SCHOOL SHIP UNIV/COLLEGE        |
| SITE OWNER Los Ange                              | les Unified School District ADDRESS           | s 333 South Beaudry Ave                                     |
| CN Los Angeles                                   | STATE Ca ZIP 90017                            | CONTACT Mike Taylor PHONE 213/763-1450                      |
| REQUIRED BUILDING INFORMATION                    | ASBESTOS YES NO ASBESTOS PRESENT? SURVEY?     | YES NO ASBESTOS YES NO BUILDING TO BE YES NO DEMOLISHED?    |
| PROJECT DATES                                    | START 6/01/04 Stop work on 7/15/04, resume on | END 12/31/04 WORK SHIFT (AM/PM)                             |
| ASBESTOS AMOUNT TO BE                            | FRIABLE CLA                                   | ASS I CLASS II TOTAL AMOUNT (add row)                       |
| REMOVED (in square feet)                         | 33,540  | 33,540  |
| ASBESTOS REMOVAL FROM                            | SURFACES                                      | PIPES COMPONENTS  |
| AMOUNT OF EACH TYPE OF ASBESTOS (in square feet) | ACOUSTIC CEILING LINOLEUM                     | INSULATION FIRE PROOFING DUCTING STUCCO MASTIC 33,540       |
| ····   | WALL PLASTER TRANSITE ROO                     | OFING OTHER (describe)                                      |
| CONTRACTOR INFORMATION                           | CSLB LICENSE # 712428                         | OSHA REG # 621 SCAQMD ID# 106250                            |
| NAME Specialized                                 | Environmental, Inc. ADDRESS                   | 12115 Rivera Road   |
| CITY Whittier                                    | STATE: CA ZIP: 90606                          | SITE SUPVR J. Hernandez ¿PHONE (562) 698-922<br>J. Cisneros |
| WASTE TRANSPORTER#1                              | BDC Special Waste Services                    | LANDFILL AZUSA LAND RECLAMATION                             |
| ADDRESS: 766 S. Ayo                              | on. Ave.                                      | ADDRESS 1201 W. Gladstone Street                            |
| City: Azusa                                      | STATE: CA ZIP: 91702                          | CITY Azusa STATE CA ZIP 91702                               |

### SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL ORIGINAL TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

|  | SA04-007 f2  |
|--|--|
| WASTE TRANSPORTER #2   | WASTE STORAGE SITE   |
|  | 93rd Street Elementary School  |
| ADDRESS  | ADDRESS  |
|  | 330 E. 93rd Street   |
| CITY STATE ZIP   | CITY STATE ZIP   |
|  | Los Angeles Ca 90003   |
| CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT I                         | THE RENOVATION AND DEMOLITION SITE. Procedure #1,2,3,4,5 or other              |
| 1  |  |
| For asbestos removals circle the combination of Rule 1403 prcedures used. Procedur     | re 4 and 5 submit plans for AQMD prior approval.                               |
| ASBESTOS DETECTION PROCEDURE: CIRCLE THE PROCEDURES AND ANALY                          | TICAL METHODS USED TO DETERMINE ASBESTOS IN THE BUILDING:                      |
| Bulk Sampling, Inspection, Survey, PLM, POM, TEM, Assumed as Asbestos, Describe Other: |  |
|  |  |
| FOR <b>DEMOLITION</b> GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS                  | REMOVAL:   |
|  |  |
| FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AG                        | BENCY NAME:  |
| AUTHORIZING PERSON:  | TITLE:   |
| DATE OF ORDER:   | DATE ORDERED TO BEGIN:   |
| FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE                   | PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE                               |
| AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:                       |  |
|  |  |
| EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT                         | DAMAGE OR UNREASONABLE FINANCIAL BURDEN:                                       |
|  |  |
| CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF                    | UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE                   |
| ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO P                         |  |
| ISOLATE WORK AREA, INSTITUTE FIBER CO  | NTROL MEASURES.  |
| NOTIFY BUILDING OWNER, PROCEED AS DI   | RECTED INCLUDING REVISED NOTIFICATIONS.  |
|  |  |
| TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS         | S OF REGULATION SCAQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING             |
| THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED              | ED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL               |
| BUSINESS HOURS.  |  |
| Specialized Environmental, Inc. Carlos Reyes   | President 8/18/04  |
| Company Name Print name of owner/operator Signature of own                             | per/operator Title of owner/operator Date                                      |
|  | ·  |
| INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMA                            | TION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.                  |
| Specialized Environmental, Inc. Carlos Reyes   | President 8/18/04  |
| Company Name Print name of owner/operator Signature of own                             | President 8/18/04  Fitte of owner/operator Date                                |
|  |  |
|  |  |
| Notifications can not be accepted without the required fee (AQMD Rule 301). Asbesto    | s removals of less than 100 square feet are exempt from notification and fees. |
| Please make checks payable to "SCAQMD". Fees are per notification, not refundable      | e, and vary according to the project size. Fees are as Follows.                |
| DEMOLITION OR ASBESTOS REMOVAL   | PROCEDURE 4 OR 5 PLAN \$331.21   |
| FROM 100 TO 1,000 SQUARE FEET \$ 29.52   | SPECIAL HANDLING FEE \$ 29.28  |
| FROM 1,001 TO 5,000 SQUARE FEET \$ 90.24   | REVISION OF NOTIFICATION 36.90 \$41.94   |
| FROM 5,001 TO 10,000 SQUARE FEET \$ 211.22   | RETURNED CHECK CHARGE \$ 29.28   |
| MORE THAN 10,000 SQUARE FEET \$ 331.21   | CANCELLATION OF NOTIFICATION \$ 0.00   |
| DEMOLITION OF LESS THAN 100 SQ FT \$ 29.52   | RESIDENTIAL ASBESTOS REMOVAL: \$ 29.52   |
|  | * owner-occupied, single-unit dwelling   |
| ATTENTION: Keep a copy of your notification. State law requires that you provide       |  |
| demolition pemit. For questions call 909-396-2336. For your convenience please mail    |  |
|  | ed Mail Document No:   |
| C. Printe  |  |

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

TELEPHONE: (909) 396 - 2336 FAX: (909) 396-3342 Form REV 06152001

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

### Bank of America Los Angeles

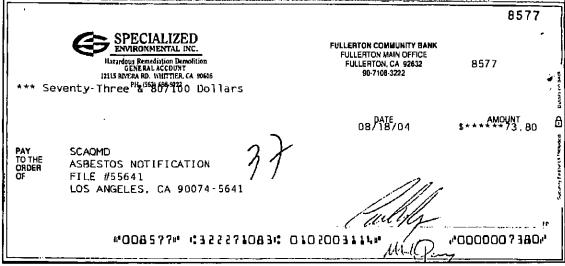
### SOUTH COAST AIR QUAI

DDA: 07012-00280 Lockbox: 0055641 Date: 08/19/04 232 Batch: 001 Item: 37

Module: 22

Machine Number: 01 Operator Id: C1005

Amt: \$73.80



"We want to be the people who make banking work for you in ways it never has before"

73.80

SPECIALIZED ENVIRONMENTAL INC.

A04125

08/18/04

04-125 R2

TOTAL:

8577

73.80





SCACHED ASBESTOS HOTIFICATIONS FILE #55641 LOS ANGELER, CA COCTA-5849

SPECIALIZED ENVIRONMENTAL INC.
12115 Rivera Rd. • Whittier, California 90606

### Revision#3: Completion Date &quantity of ACM. SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL
21865 E, Copiey Drive, Diamond Ber, CA 91765-4182 (909) 396-2000
MAIL FORM AND FEE TO SCAOMO, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

| Control of the                                     | ការស្វាល គឺ          | हरी दिया               | SECTION OF   |                     | in the interior         | eix '            | 的 <b>你说明</b> "美艺" | <b>有</b> 技术                           |
|--|----------------------|------------------------|--------------|---------------------|-------------------------|------------------|-------------------|---------------------------------------|
| COMPLETED BY Le                                    | Orellana COMPAI      | y Specialize           | d Environme  | ental, Inc.         | PHONE (562) (           | 59B- <b>0222</b> |                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| DATE 12/9/04 C                                     | HECK#                | FEE \$ 36.             | 90           |                     | PROJECT#                | SA04-            | 007 r3            |                                       |
| NOTIFICATION TYPE                                  | ORIGINAL CE          | VISION DATES           |              | VISION O            | HER (HIGHLIGHT          | n CAN            | NCELLATION        |                                       |
| PROJECT TYPE                                       | DEMOLITION ORDE      | RED DEMO               | RENOVATION   | (HEMOVAL)           | EMERGENCY               | REMOVAL .        | PLANNED RE        | AO (YAKINIYY)                         |
| SITE INFORMATION                                   | SITE NAME 93rd Str   | et Elementary          | School       |                     |                         |                  | ,                 |                                       |
| SITE ADDRESS 330 E                                 | . 93rd Street        |                        |              |                     | CROSS STREET            | S. San           | Pedro St. (T      | GP 704 D4)                            |
| CITY Los Angeles                                   | STATE                | Ca                     | ZIP          | 9                   | 0003                    | con              | NTY Los /         | Angeles                               |
| DESCRIBE WORK LOCAT                                | ON Ceiling           |                        |              |                     |                         |                  |                   | -                                     |
| BUILDING SIZE (60 F) 57                            | ,000 NUMBER OF FLO   | OORS                   | BUILDING     | AGE (YE             | ARS) 30+                | NUMBER (         | OF DWELLING       | UNITS                                 |
| BLDG PRIOR / PRESENT U                             | SE COMMERCIAL HOSPIT | AL INDUSTRIAL          | OTHER OFF    | CE PUBLIC           | BLDG HOUSE S            | CHOOL SHIP       | UNIV/COLLEG       | <b>E</b>                              |
| SITE OWNER LOS AF                                  | geles Unified Schoo  | District ADI           | DRESS        | 333 So              | uth Beaudry A           | VO               |                   |                                       |
| CITY Los Angeles                                   | STATE Ca             | ZIP 90017              | 7            | CONTACT             | Mike Taylo              | r PH             | ONE 213/          | 763-1450                              |
| REQUIRED BUILDING INFORMATION                      | ASBESTOS (FE         | J I                    | STOS (YES) ( | OV                  | ASBESTOS YE             |                  | DUILDING TO B     | <b>\</b> 1                            |
| PROJECT DATES                                      | 1 1                  | 1/04<br>7/15/04, resur | END          |                     | <del>1/0</del> 4 v      | VORK SHIFT       |                   | - 1                                   |
| ASBESTOS AMOUNT TO B                               | E FRIABL             |                        | CLASSI       |                     | CLASS II                | . Т              | OTAL AMOUN        | T (add row)                           |
| REMOVEO (in square feet) ASBESTOS REMOVAL FRO      | 33,5<br>OM SURFA     |                        | 3,920        | PIPES               |                         | COM              | PONENTS           | 0 497,480                             |
|  |                      |                        |              |                     | <del></del>             | <del></del>      | 1                 | ,                                     |
| AMOUNT OF EACH TYPE C<br>ASBESTOS (In square feet) | 1                    | ING LINOLEU            | IM INSULA    | ITION   F           | IRE PAOOFING<br>33,540  | DUCTING          | istricco          | MASTIC                                |
| <del></del>  | DRYWALL PLASTER      | TRANSITE               | ROOFING      | OTHER<br>(describe) |                         |                  | · ·               | 18                                    |
| CONTRACTOR INFORMAT                                | ON CSLB LICENSE      | # 712428               | 3            | OSHA FI             | ·                       | SCAC             | OMD ID#           | 106250                                |
| NAME Specializa                                    | ed Environmental, In | . ADDRES               | \$           | 12115               | Rivera Road             |                  | <u> </u>          | ·                                     |
| CITY Whittier                                      | STATE: CA            | ZIP: 90                | 606          | SITE SUP            | VR J. Herna<br>J. Cisne | indez (PHO       | NE (562           | ) 698-9222                            |
| WASTE THANSPORTER #                                | 1 BDC Special Waste  | Services               |              | LANDFILL            |                         | AND RECL         | AMATION           |                                       |
| ADDRESS: 766 S.                                    | Ayon. Ave.           |                        |              | ADDRESS             | 1201 W.                 | Gladstone        | Street            |                                       |
| CITY: Azusa  | STATE                | CA ZIP: 91             | 702          | CITY                | Azusa                   | STATE            | CA ZIP            | 91702                                 |

### SCAOMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL ORIGINAL TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

SA04-007 r3

|  |  | <u> </u>   |                   |
|--|--|--|-------------------|
| WASTE TRANSPORTER #2   | WASTE STORAGE                          | SITE   | j                 |
|  | 93rd Street Elementar                  | y School   |                   |
| ADDRESS  | ADDRESS                                |  |                   |
|  | 330 E. 93rd Street                     |  |                   |
| CITY STATE ZIP   | CITY                                   |  | ZIP               |
|  | Los Angoles                            |  | 20003             |
| CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE US  | ED AT THE RENOVATION AND DEM           | OLITION SITE, Procedure (1)2(3)4                           | .5 or other       |
| 1  |  |  | ľ                 |
| For aspestos removals circle the combination of Rule 1403 proedures used.  | Procedure 4 and 5 submit plans for AC  | MD prior approval.   | 2,111, 21212      |
| ASHESTOS DETECTION PROCEDURE: CIRCLE THE PROCEDURES AND  |  | DETERMINE YORFOLOS IN THE                                  | מוורהוואפו:       |
| Bulk Sampling, Inspection, Survey, PLM, JCM, TEM, Assumed as Asbestos, Describe (  | Other.                                 |  | 1                 |
| THE ADDRESS OF THE AD | COTOC DELLOVAL                         |  |                   |
| FOR DEMOLITION GIVE THE COMPANY NAME AND DATES OF THE ASS  | SESTOS REMOVAL:                        |  |                   |
| FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE   | THE AGENICY NAME:                      |  |                   |
| •  |  |  |                   |
| AUTHORIZING PERSON:  | TITLE:                                 | BEGIN.   |                   |
| DATE OF ORDER:<br>FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER  | DATE ORDERED TO                        |  | <del></del>       |
|  |  | mente this subhasinali bute                                | ſ                 |
| AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVEN   | <b>i</b> i:                            | ·  |                   |
| PAR UNITED VICE CURLISHING A CARRESTON FOR AND THE   | HOMENET DANAGE OF LINIER ASONA         | DIE EINIANCIAL BUIDDEN.                                    | '                 |
| EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQU   | DIPMENT DAMAGE OR UNMEASONA            | IGLE FINANCIAL BUMDEN:                                     |                   |
| CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLL   | OWED IS LINEYDECTED ASSESTOS IS        | FOUND DUBING DEMOLITION OR NO                              | NERIARI E         |
| ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUC  |  | OCIAD SOLING PRINCE TO | ALL INCOME        |
| ISOLATE WORK AREA, INSTITUTE FIE   |  |  |                   |
| NOTIFY BUILDING OWNER, PROCECU   |  | VISED MOTIFICATIONS  |                   |
| NOTIFY BUILDING OWNER, FROCEPT   | A A DINCA ) ED MOCODINA NE             | TOEP NOTH TORY TOTAL                                       |                   |
| TRAINING CERTIFICATION:   CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PF   | ROVISIONS OF REGULATION SCAOMD F       | TULE 1403 AND NESHAP WILL BE ON-                           | SITE DURING       |
| THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACC   |  |  |                   |
| BUSINESS HOURS.  |  |  |                   |
| Specialized Environmental, Inc. Carlos Reyes   | un Olon, Bollonpr                      | esident 12/  | 9/04              |
|  |  | of owner/operator Date                                     | <b></b>           |
|  | -0                                     | ·  |                   |
| INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE IN   | FORMATION IS COFFECT AND I H           | AVE ENCLOSED ANY REQUIRED                                  | ATTACHMENTS.      |
| Specialized Environmental, Inc. Carlos Reyes On A  | 200 Palend Pi                          | esident 12/  | 9/04              |
| \  | re of owner/operator                   | of owner/operator . Date                                   | ₿                 |
| · · · · · · · · · · · · · · · · · · ·  |  | <u> </u>   |                   |
|  |  |  |                   |
| Notifications can not be accepted without the required fee (AOMD Rule 301)   | ). Asbestos removals of less than 100  | square feet are exempt from notifica                       | tion and fees. ·  |
| Please make checks payable to "SCAQMD". Fees are per notification, not (   | efundable, and vary according to the p | roject size. Fees are as Follows.                          |                   |
| DEMOLITION OF ASBESTOS REMOVAL   | <b>l</b> '                             | PROCEDURE 4 OR 5 PLAN ,                                    | \$331,21          |
| FROM 100 TO 1,000 SQUARE FEET \$ 29.52   |  | SPECIAL HANDLING FEE                                       | \$ 29.28          |
| FROM 1,001 TO 5,000 SQUARE FEET 5 90.24  | 1                                      | REVISION OF NOTIFICATION                                   | 9-14-21 21        |
| FROM 5,001 TO 10,000 SQUARE FEET \$ 211.22   | }                                      | RETURNED CHECK CHARGE                                      | \$ 29,26          |
| MORE THAN 10,000 SQUARE FEET 6 331,21  | Į.                                     | CANCELLATION OF NOTIFICATION                               | 00.00 \$ NC       |
| DEMOLITION OF LESS THAN 100 SQ FT \$ 29,52   | ĺ                                      | RESIDENTIAL ASBESTOS REMO                                  | VAL \$ 29,52      |
|  |  | * owner-occupied, single-unit dwell                        | ing               |
| ATTENTION; Keep a copy of your notification. State law requires that yo  | ou provide a copy of the demolition no | tification to Building and Safety befo                     | oro issuance of a |
| demolition pemilt. For questions call 909-396-2336. For your convenience pl  | ease mall and do not hand carry to AC  | MD.  |                   |
|  | Certified Mail Document No:            | ······································                     |                   |
| MAIL FORM AND FEE TO: SCAOMD, ASBESTOS NOTIFICATION, FI  | LE # 55641. LOS ANGELES CA 9007        | 4-5641   |                   |
|  |  |  |                   |

TELEPHONE: (909) 396 - 2336 FAX: (808) 398-3942 Form REV 06152001

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

SCAOMD is located at 21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

## CK#9180

### Revision#3: Completion Date &quantity of ACM. SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

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

| AQMD USE ONLY                                       | SCREEN BY RECEIVED                           | POSTMARK /2-/O ENTERED BY                        | NOTIFICATION #                          |
|---|--|--|---|
| COMPLETED BY Le                                     | Orellana COMPANY Specialize                  | d Environmental, Inc. PHONE (562) 698-922        | 2 91207                                 |
| DATE 12/9/04 C                                      | HECK # FEE \$ 36.                            | PROJECT# SA                                      | 04-007 r3                               |
| NOTIFICATION TYPE                                   | ORIGINAL REVISION DATES                      | REVISION OTHER (HIGHLIGHT)                       | CANCELLATION                            |
| PROJECT TYPE  | DEMOLITION ORDERED DEMO                      | RENOVATION (REMOVAL) EMERGENCY REMOVA            | L PLANNED RENO (ANNUAL)                 |
| SITE INFORMATION                                    | SITE NAME 93rd Street Elementary             | School   |   |
| SITE ADDRESS 330 E                                  | . 93rd Street                                | CROSS STREET S. S.                               | an Pedro St. (TGP 704 D4)               |
| CITY Los Angeles                                    | STATE Ca                                     | ZIP 90003 C                                      | OUNTY Los Angeles                       |
| DESCRIBE WORK LOCATION                              | ON Ceiling                                   |  |   |
| BUILDING SIZE (SQ FT) 57,                           | 000 NUMBER OF FLOORS                         | BUILDING AGE (YEARS) 30+ NUMB                    | ER OF DWELLING UNITS                    |
| BLDG PRIOR / PRESENT US                             | SE COMMERCIAL HOSPITAL INDUSTRIAL            | OTHER OFFICE PUBLIC BLDG HOUSE SCHOOL S          | SHIP UNIV/COLLEGE                       |
| SITE OWNER LOS An                                   | geles Unified School District ADD            | RESS 333 South Beaudry Ave                       |   |
| CITY Los Angeles                                    | STATE Ca ZIP 90017                           | CONTACT Mike Taylor                              | PHONE 213/763-1450                      |
| REQUIRED BUILDING<br>INFORMATION                    | ASBESTOS (FES) NO ASBESTOS SURV              | TOS (YES) NO ASBESTOS YES (NO) REMOVED?          | BUILDING TO BE YES NOT DEMOLISHED?      |
| PROJECT DATES                                       | START 6/01/04<br>Stop work on 7/15/04, resum | END 12/31/04 WORK SH<br>e on 8/02 Rev.#3 1/14/04 | IIFT (AM/PM)<br>6a-2:30p & 2:30p- 11p   |
| ASBESTOS AMOUNT TO BE<br>REMOVED (in square feet)   | FRIABLE<br>33,540                            | CLASS I CLASS II 3,920                           | TOTAL AMOUNT (add row)<br>33,540 37,460 |
| ASBESTOS REMOVAL FROI                               | SURFACES                                     | PIPES C  | OMPONENTS                               |
| AMOUNT OF EACH TYPE OF<br>ASBESTOS (in square feet) | ACOUSTIC CEILING LINOLEUM                    | I INSULATION FIRE PROOFING DUCTIN<br>33,540      | IG STUCCO MASTIC 1960                   |
| FLOOR TILES (VAT) D<br>1960                         | RYWALL PLASTER TRANSITE                      | ROOFING OTHER (describe)                         |   |
| CONTRACTOR INFORMATION                              | ON CSLB LICENSE # 712428                     |  | CAÓMD ID# 106250                        |
| NAME Specialize                                     | d Environmental, Inc. ADDRESS                | 12115 Rivera Road                                | <del> </del>                            |
| CITY Whittier                                       | STATE: CA ZIP: 906                           | O6 SITE SUPVR J. Hernandez ¿ P<br>J. Cisneros    | HONE (562) 698-9222                     |
| WASTE TRANSPORTER #1                                | BDC Special Waste Services                   | LANDFILL AZUSA LAND RE                           | CLAMATION                               |
| ADDRESS: 766 S. A                                   | iyon. Ave.                                   | ADDRESS 1201 W. Gladston                         | ne Street                               |
| CITY: Azusa   | STATE: CA ZIP: 917                           | 02 CITY Azusa STA                                | TE CA ZIP 91702                         |

### SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL ORIGINAL TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

SA04-007 r3

|   |                           |                         |                        |                                | SAU4-UL                 | 7 13                     |
|---|---------------------------|-------------------------|------------------------|--------------------------------|-------------------------|--------------------------|
| WASTE TRANSPORTER #2                        |                           |                         | WASTE ST               | ORAGE SITE                     |                         |                          |
|   |                           |                         | 93rd Street            | Elementary School              |                         |                          |
| ADDRESS                                     |                           |                         | ADDRESS                |                                |                         |                          |
|   |                           |                         | 330 E. 93rd            | Street                         |                         | }                        |
| CITY  | STATE                     | ZIP                     | CITY                   |                                | STATE                   | ZIP                      |
|   |                           |                         | Los Angeles            | 3                              | Ca                      | 90003                    |
| CONTROLS: DESCRIBE WORK PRAC                | TICES AND CONTRO          | OLS TO BE USED AT       | <del></del>            |                                |                         | ,5 or other              |
|   | 1                         |                         |                        |                                | 0-0                     |                          |
| For aspestos removals circle the combin     | •                         | codurae ucad. Procedi   | ro 4 and 5 cubmit nic  | one for AOMD prior appr        | zoral                   | ]                        |
| ASBESTOS DETECTION PROCEDURI                |                           |                         | <del></del>            |                                |                         | PUII DINO:               |
| Bulk Sampling, Inspection, Survey, PLM, CI  |                           |                         | THORE WETHODS          | DOED TO DETERMINE              | ASSESTOS IN THE         | BOILDING.                |
| Bulk Sampling, Inspection, Solvey, PLM, PCI | /I, IEIVI, ASSUMEO aS ASD | estos, Describe Other:  |                        |                                |                         |                          |
| COR DEMOLITION COVER THE COMPA              | NV NAME AND DATE          | C OF THE ASSESSED       | 2 DEMOVAL              |                                |                         |                          |
| FOR <b>DEMOLITION</b> GIVE THE COMPA        | NY NAME AND DATE          | S OF THE ASBESTO        | S REMUVAL :            |                                |                         | İ                        |
|   |                           |                         |                        |                                |                         |                          |
| FOR ORDERED DEMOLITION SEND A               | COPY OF THE ORD           | ER AND GIVE THE A       | GENCY NAME:            |                                |                         | ļ                        |
| AUTHORIZING PERSON:                         |                           |                         | TITLE:                 |                                |                         |                          |
| DATE OF ORDER:                              |                           |                         | DATE ORD               | ERED TO BEGIN:                 |                         |                          |
| FOR EMERGENCY ASBESTOS REMOVAL              | GIVE THE NAME AND P       | HONE NUMBER OF TH       | E PERSON DECLARING     | G/AUTHORIZING THE EME          | ERGENCY, DATE           |                          |
| AND HOUR OF EMERGENCY AND DESCR             | BE THE SUDDEN, UNE        | XPECTED EVENT:          |                        |                                |                         |                          |
|   |                           |                         |                        |                                |                         |                          |
| EXPLAIN HOW THE EVENT WOULD O               | AUSE UNSAFE CON           | DITIONS, EQUIPMEN       | T DAMAGE OR UNR        | EASONABLE FINANCI              | AL BURDEN:              | J                        |
|   |                           |                         |                        |                                |                         |                          |
| CONTINGENCY PLAN: DESCRIBE AC               | TIONS AND PROCEDUR        | RES TO BE FOLLOWED      | IF UNEXPECTED ASBE     | STOS IS FOUND DURING           | DEMOLITION OF NO        | FRIABLE                  |
| ASBESTOS MATERIAL BECOME CRU                |                           |                         |                        |                                |                         |                          |
|   | E WORK AREA, IN           |                         |                        | RES.                           |                         | i                        |
|   |                           |                         |                        | ING REVISED NOTI               | EICATIONS               |                          |
|   |                           | I, I NOOLLD AG D        |                        | MG METISED NOTI                | I IOATIONS.             | j                        |
| TRAINING CERTIFICATION: I CERTIFY TH        | AT AN INDIVIDUAL TRA      | INFO IN THE PROVISIO    | NS OF REGULATION S     | CAOMD BLUE 1403 AND            | NECHADIANI BE ON        | RITE DUDING              |
|   |                           |                         |                        |                                |                         |                          |
| THE REMOVAL AND EVIDENCE THAT THE           | REQUIRED THAINING I       | HAS BEEN ACCOMPLIS      | HED BY THIS PERSON     | MILL BE AVAILABLE FOI          | R INSPECTION DURING     | 3 NORMAL                 |
| BUSINESS HOURS.                             | Codes Daves               |                         | 2.2- 02                | - 0 D 1-11                     |                         |                          |
| Specialized Environmental, Inc.             | •                         | WVU                     | 2002 Key               | Ve)                            |                         | 9/04                     |
| Company Name Print nam                      | e of owner/operator       | Signature of ow         | ner/operator <i>U</i>  | of owner/oper                  | ator Date               |                          |
|   |                           |                         |                        |                                |                         |                          |
| INFORMATION CERTIFICATION:                  |                           |                         |                        | AND I HAVE ENCLOSE             |                         | TTACHMENTS.              |
| Specialized Environmental, Inc.             | Carlos Reyes              | CANDON                  | Roseni                 | President  Title of owner/oper | 12/9                    | 9/04                     |
| Company Name Print nam                      | e of owner/operator       | Signature of ow         | ner/operator           | ← Title of owner/opera         | ator Date               |                          |
|   |                           |                         | J                      |                                |                         |                          |
|   | <u> </u>                  |                         | ·                      |                                | ·····                   |                          |
| Notifications can not be accepted withou    | It the required fee (AQ   | MD Rule 301). Asbest    | os removals of less th | nan 100 square feet are        | exempt from notificat   | ion and fees             |
| Please make checks payable to "SCAQ         |                           |                         |                        |                                |                         | , o                      |
| DEMOLITION OR ASBESTOS REMOV                |                           |                         | and vary according     | PROCEDURE                      |                         | \$224.04                 |
| FROM 100 TO 1,000 SQUARE FEET               |                           | 3 50                    |                        |                                |                         | \$331.21                 |
| ,   | \$ 29                     |                         |                        | SPECIAL HAN                    |                         | \$ 29.28                 |
| FROM 1,001 TO 5,000 SOUARE FEET             |                           |                         |                        |                                | NOTIFICATION            | \$ <del>11.04</del> .3\{ |
| FROM 5,001 TO 10,000 SQUARE FEE             |                           |                         | 1                      | RETURNED C                     | HECK CHARGE             | \$ 29.28                 |
| MORE THAN 10,000 SQUARE FEET                | s 33                      | 1.21                    |                        | CANCELLATIO                    | ON OF NOTIFICATIO       | N \$ 0.00                |
| DEMOLITION OF LESS THAN 100 SQ              | FT \$ 29                  | 9.52                    |                        | RESIDENTIAL                    | ASBESTOS REMOV          | AL \$ 29.52              |
|   | <u> </u>                  |                         |                        | * owner-occupi                 | ed, single-unit dwellir | ıg_                      |
| ATTENTION: Keep a copy of your not          | ification. State law re   | equires that you provid | de a copy of the demo  | olition notification to Bui    | lding and Safety befo   | re issuance of a         |
| demolition pemit. For questions call 909    |                           |                         |                        |                                |                         | l                        |
|   |                           |                         | ed Mail Documer        | <del>-</del>                   | <del></del>             |                          |
|   |                           |                         |                        |                                |                         |                          |

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

TELEPHONE: (909) 396 - 2336

FAX: (909) 396-3342

Form REV 06152001

FORMS, INSTRUCTIONS, AND THE RULE 1403 CAN BE OBTAINED FROM AQMD WEB SITE AT HTTP://www.AQMD.GOV SCAQMD is located at 21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

### Bank of America Los Angeles

#### SOUTH COAST AIR QUAI

DDA: 07012-00280 Lockbox: 0055641 Date: 12/12/04 347

Batch: 002 Item: 20

Module: 22

Machine Number: 02 D705 Operator Id:

\$36.90 Amt:

Hazardous Remediation Demolition GENERAL ACCOUNT 12115 JUVERA RD, WHITTIER, CA 90606 143, (562) 698-9222 \*\*\* Thirty-Six & 90/100 Dollars

SCAQMD

**FULLERTON COMMUNITY BANK FULLERTON MAIN OFFICE** FULLERTON, CA 92632 90-7108-3222

DATE

12/10/04

9180

AMOUNT

\$\*\*\*\*\*\*36.90

ŋw

FILE #55641 LOS ANGELES. CA 90074-5641

ASBESTOS NOTIFICATION

#P111E002010 #EB017225ED #081P00#

110P2E000003E90#

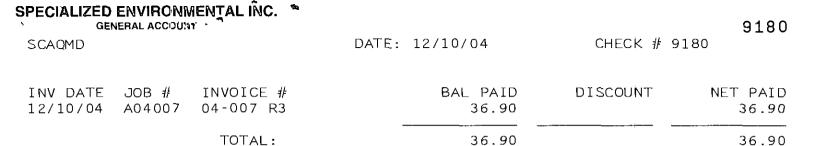
"We want to be the people who make banking work for you in ways it never has before"

PAY

TO THE

ORDER

9180





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

MAIL FORM AND FFE TO SCAOMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 2007A 5641

| AQMD USE ONLY   | SCREEN B   |               | CEIVED        | , |                                  |                 | 12-14 ENTE           |               | LES CA 90074-3             | OTIFICATION #                           |  |
|---|--|---------------|---------------|---|----------------------------------|-----------------|----------------------|---------------|----------------------------|---|--|
| COMPLETED BY T. F   | rovinchain   | COMPAN        | / L.A.U.      | .S.D.                                   | <del></del>                      |                 | PHONE                | (213) 745-145 | 0 9                        | 1899                                    |  |
| DATE <b>Dec 10, 2004</b> CH   | ECK# /(  | , 33°         | FEE           | \$300.90                                | /                                |                 | PROJI                | ECT# IM0028   | 57                         | •                                       |  |
| NOTIFICATION TYPE ORIGINAL REVISION DATES REVISION OTHER (highlight) CANCELLATION |  |               |               |   |                                  |                 |                      |               |                            |   |  |
| PROJECT TYPE  | DEMOLITION ORDERED DEMOLITION RENOVATION (removal) EMERGENCY REMOVAL PLANNED RENO (annual) |               |               |   |                                  |                 |                      |               | Reno (annual)              |   |  |
| SITE INFORMATION SITE NAME 93rd Street Elementary School                          |  |               |               |   |                                  |                 |                      |               |                            |   |  |
| SITE ADDRESS 330  | 93 <sup>rd</sup> Street  |               |               |   |                                  | _               | CF                   | ROSS STREET   | 93 <sup>rd</sup> St. & San | Pedro St.                               |  |
| CITY Los Angeles  |  | STAT          | E CA          |   | ZIF                              | 900             | 003 COL              | UNTY Los A    | ngeles                     |   |  |
| DESCRIBE WORK AND LOCA  | TION Cla   | ssroom Build  | ding Roo      | m numbers                               | 28, 30, & 3                      | 2               |                      |               |                            |   |  |
| BUILDING SIZE (SQ FT) 32,9  | 21   | NUM           | BER OF F      | LOORS                                   | 3                                | BUILDI          | NG AGE (YEARS        | ) 36 NUM      | IBER OF DWELL              | ING UNITS N/A                           |  |
| BLDG PRIOR / PRESENT USE  | Сомме  | RCIAL         | HOSPITAL      | Industria                               | AL Other                         | OFFIC           | CE PUBLIC BLOC       | . HOUSE       | <u>Sснооц</u> Sн           | P UNIV/COLLEGE                          |  |
| SITE OWNER Los Angeles  | Unified Scho   | ol District   |               |   | ADDRES                           | 5 124           | 10 South Naomi       | Avenue        |                            |   |  |
| CITY Los Angeles  | STATE  | CA            | ZIP           | 90021                                   | CONTAC                           | Г Мі            | chael Taylor         |               | PHONE (2                   | 13) 745-1450                            |  |
| REQUIRED BUILDING INFORMATION   | ASBES<br>PRESI   |               | <u>(S)</u> NO | ASBESTO<br>SURVEY?                      |                                  | NO              | ASBESTOS<br>REMOVED? | YES (NO)      | BUILDING TO<br>DEMOLISHED  |   |  |
| PROJECT DATES   | STAR   | Dec 11,       | 2004          | END                                     | Dec 19,                          | 2004            | WOR                  | K SHIFT (day, | swing, night): 7           | 00 a.m. – 3:30 p.m.                     |  |
| ASBESTOS AMOUNT TO BE<br>REMOVED (in square feet)                                 |  | FRIABLE       |               |   | CLASS I CLASS II                 |                 |                      | SS II         | TOTAL AMOUNT (add row)     |   |  |
| (III 040010 1001)   |  |               |               | 6                                       | 000 sq. ft.                      | 00 sq. ft.      |                      |               | 6000 sq. ft.               |   |  |
| ASBESTOS REMOVAL FROM   |  | SURF          | ACES          |   | PIPES                            |                 |                      |               | COMPONENTS                 |   |  |
| AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)                                  | ACOU   | STIC CEILIN   | G LINC        | DLEUM                                   | INSULATIO                        | F11             | RE PROOFING          | DUCTING       | STUCCO                     | MASTIC                                  |  |
| (in oqualo issi)  |  |               |               |   |                                  |                 |                      |               |                            | 3000 sq. ft.                            |  |
| FLOOR TILES (VAT) DRY V   | VALL PLAS  | STER TR       | ANSITE        | ROOFIN                                  |                                  | THER<br>scribe) |                      |               |                            | •                                       |  |
| 3000 sq. ft.  |  |               | <del>_</del>  |   | ,,,,,                            |                 |                      |               |                            |   |  |
| CONTRACTOR INFORMATION  | N CSLB   | LICENSE#      | Not App       | licable                                 | OSHA RE                          | G#              | 96                   | AQMD          | ID# 98203                  |   |  |
| NAME Los Angeles Unified  | School Dist  | rict          |               |   | ADDRES                           | 5 12            | 40 South Naomi       | Avenue        |                            |   |  |
| CITY Los Angeles  | STAT   | E CA          | ZIP 9         | 90021                                   | SITE SUF                         | VR V            | W. Johnson/G. A      | Atkinson      | PHONE (2                   | 13) 745-1450                            |  |
| WASTE TRANSPORTER #1  | Los Angele   | s Unified Sch | ool Distr     | ict                                     | LANDFIL                          | Azı             | usa Land Reclar      | nation Co. La | ndfill                     |   |  |
| ADDRESS 1240 S. Naomi A   | venue  |               |               |   | ADDRESS 1211 W. Gladstone Street |                 |                      |               |                            | • |  |
| CITY Los Angeles  | STAT   | E <b>CA</b>   | ZIP           | 90021                                   | CITY                             | zusa            |                      | STA           | TE CA                      | ZIP 91702                               |  |

\* Not required for demolition notifications

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

Page 1 of 2

Form REV 20040623

<sup>&</sup>lt;sup>1</sup> asbestos surveys are required prior to Demolition and Renovation.

### SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

WASTE TRANSPORTER #2 BDC Special Waste Services **WASTE STORAGE SITE** Los Angeles Unified School District **ADDRESS** 766 South Avon Avenue **ADDRESS** 1240 South Naomi Avenue CITY Azusa STATE CA ZIP 91702 CITY Los Angeles STATE ZIP 90021 CA \*CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # 1, 2, 3, 4, 5 or Other. Air filtration/exhaust air outside For asbestos removals circle the combination of Rule 1403 procedures used. Procedure 4 and 5 submit plans for AQMD prior approval. \*ASBESTOS DETECTION PROCEDURE: CIRCLE THE PROCEDURES AND ANALYTICAL METHODS USED TO DETERMINE ASBESTOS IN THE BUILDING: Survey, Bulk Sampling, Inspection, PLM, PCM, TEM, Assumed as Asbestos-PACM, Describe Other (See survey guidelines clecklist): Each suspect material to be disturbed during renovation or demolition is sampled utilizing, at a minimum, the AHERA protocol sampling. Analysis is performed in accordance with AHERA & Rule 1403, PLM method with dispersion staining. FOR DEMOLITIONS GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL: FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME & PHONE # AUTHORIZING PERSON: TITLE DATE OF ORDER: DATE ORDERED TO BEGIN: \*FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT: Ishak Japar on Dec. 9, 2004 @ 8:00 am ACM must be removed due to water damage. EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN: School needs these classroom (3 classrooms) for educational purposes, immediately. CONTINGENCY PLAN: DESCRIBE ACTIONS TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR ASBESTOS MATERIAL BECOME DISTURBED, CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. All work will cease until ACM is abated. Clean—up and abatement will be performed following current procedures required by law. \* TRAINING CERTIFICATION: I certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. **Asbestos Abatement** Ishak Japar Supervisor **L.A.U.S.D.** Print name of owner/operator Company Name Signa Tittle of owner/operator ture of owner/operator Date: Dec 10, 2004 INFORMATION CERTIFICATION: I certify that the above information is forcet and I have enclosed any required attachments. Asbestos Abatement Ishak Japar Supervisor Print name of owner/operator | Signature of owner/operator L.A.U.S.D. Company Name Tittle of owner/operator Date: Dec 10, 2004 Notifications can not be accepted without the required fee (Rule 301). As bestos removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the project size. Fees are as follows: PROJECT SIZE in ft<sup>2</sup> DEMOLITION OR REMOVAL PROCEDURE 4 or 5 PLAN SERVICE CHARGE 1,000 or less----\$ 36.90-\$ 450.91 Special Handling Fee --- \$ 36.90 1,001 to 5,000-----\$ 112.80-\$ 526.81 Revision to Notification - \$ 36.90 5,001 to 10,000-----\$ 264.03-\$ 678.04 Returned Check Fee ---- \$ 29.28 10.001 to 50.000----\$ 414.01--\$ 828.02 Planned Renovation --- \$ 408.38 50,001 to 100,000----\$ 600.00-----\$ 1.014.01 100.001 or more-----\$ 1,000----\$ 1,414.01 ATTENTION: Keep a copy of your notification. State law requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Please mail the form and fee to AQMD. Mailing saves time, money and reduces traffic and air pollution.

MAIL FORM AND FEE TO: SCAQMD, ASBESTOS NOTIFICATIONS, FILE #55641, LOS ANGELES CA 90074-5641
TELEPHONE: (909) 396-2336 FAX: (909) 396-3342
FORMS, INSTRUCTIONS, AND RULE 1403 ARE AVAILABLE AT AQMD WEB SITE AT HTTP://www.aqmd.gov
SCAQMD is located at 21865 Copley Drive, Diamond Bar. CA 91765-4182 (909) 396-2000

Page 2 of 2 Form REV 20040623

Bank of America Los Angeles

SOUTH COAST AIR QUAI

DDA: 07012-00280 Lockbox: 0055641

Batch: 001 Item: 31 Date: 12/15/04 350

Module: 22

Operator Id: C1010 Machine Number: 01

work for you in ways it never has before" "We want to be the people who make banking

\$448.50

FOR 13exes, lizes, Palasens, Forty Lic. Bank of America,

tour hundred fourty 816H T 500 TS PAY TO THE SCAO IN D LAUSD ASBESTOS TECHNICAL UNIT 1240 SOUTH NAOM AVE. LOS ANGELES, CA 90021 IMPREST FUND DATE 12.14.04 ',000000tr820', →QOLLARS 日 川二 18448 50 1633 ず65/12**2**0



South Coast Air Quality Manages P. O. Box 4944 Diamond Bar, CA 91765 (909) 396-2000 District

# Rule 1415 Registration Form

| Balana (data)   |  | ***********        |  |                                |                                       |                           |                           |  |  |  |
|---|--|--------------------|--|--------------------------------|---------------------------------------|---------------------------|---------------------------|--|--|--|
| FACILITY INFORMATION  |  |                    |  |                                |                                       |                           |                           |  |  |  |
| FACILITY NAME  93 <sup>rd</sup> St. ES (5582)  95-600-1908_   |  |                    |  |                                |                                       |                           |                           |  |  |  |
| 100CATION ADDRESS 330E. 93 <sup>rd</sup> St. #12348 13-12-02  |  |                    |  |                                |                                       |                           |                           |  |  |  |
| CITY<br>Los Angeles   | CITY STATE ZIP CODE 90003 CO                                 |                    |  |                                |                                       |                           |                           |  |  |  |
| TYPE OF BUSINESS PUBLIC EDUCATION FACILITY  | BUSINESS TYPE CO<br>(SEE INSTRUCTION                         | 0040               |  |                                |                                       |                           |                           |  |  |  |
| FOR THIS PROJECT, HAS A CALIFORNIA ENVIRONM<br>REQUIRED BY ANOTHER GOVERNMENT AGENCY?<br>IF YES, ENTER NAME OF AGENCY:          | ENTAL QUALITY<br>YES [                                       |                    | EQA) DOCUMENT<br>NO [ <b>X</b> ]                 | BEEN                           | DO YOU CLAIM CON<br>YES [ ]           | NFIDENTIALITY O           |                           |  |  |  |
| NAME OF CONTACT PERSON  KENNETH D   | AVIS   |                    |  |                                | OF CONTACT PERSON                     |                           | LYST                      |  |  |  |
| EQUIPMENT INFORMATION   | <del></del> <del>                                     </del> |                    |  |                                |                                       |                           |                           |  |  |  |
| FOR EACH REFRIGERATION SYSTEM AT THE ABOVE FA: >50 LBS. OF CFC (CHLOROFLUOROCARBON) O PLEASE PROVIDE THE FOLLOWING INFORMATION: | CILITY LOCATION<br>R HCFC (HYD                               | N THAT H           | OLDS<br>ROFLUOROCARB                             | ON) RE                         | FRIGERANT,                            | ANNUAL AD<br>REFRIGER     |                           |  |  |  |
| UNI EQUIPMENT ID<br>>50<br>lbs.   | REFRIGERA<br>TYPE  |                    | STORAGE CAPA<br>(lbs. of refriger                |                                | DATE OF LAST<br>AUDIT/<br>MAINTENANCE | PREVIOU<br>YEAR<br>(1998) | CURRENT<br>YEAR<br>(1999) |  |  |  |
| 1. S#2700F15214 Circuit#1   | HCFC-2   | 2                  | 150  |                                |                                       |                           |                           |  |  |  |
| 2. S#2700F15214 Circuit#2   | HCFC-2   | 2                  | 110  |                                |                                       |                           |                           |  |  |  |
| 3.  |  |                    |  |                                |                                       |                           |                           |  |  |  |
| 5.  |  |                    |  |                                |                                       |                           |                           |  |  |  |
| 6.  |  |                    |  | -+                             |                                       |                           |                           |  |  |  |
| 7.  |  |                    |  |                                |                                       |                           |                           |  |  |  |
| 8.  |  |                    |  | T                              |                                       |                           |                           |  |  |  |
| So that your account can be credited properly 1415 Registration Plan fee for your facility, to So                               | the following  | addre              | mpleted form(s)<br>ss:<br>i <b>ty Manageme</b> l |                                |                                       | <b>\$87.40</b> to cave    | er the Rule               |  |  |  |
|   | Los A  | File No<br>ngeles, | o, 54713<br>, CA 90074-47:                       |                                |                                       |                           |                           |  |  |  |
| If there are more than 8 units please atta COMPANY INFORMATION  | acn an aggit   | onal fo            | orm.   |                                |                                       |                           |                           |  |  |  |
| COMPANY NAME LOS ANGELES UNIFIED SCHO   | OL DISTI   | RICT               | CONTACT PER                                      |                                | DAVIS                                 |                           |                           |  |  |  |
| MAILING ADDRESS P.O. BOX 512298 MAINT. & C  |  |                    | TH FLR   |                                |                                       |                           |                           |  |  |  |
| CITY LOS ANGELES  |  | CODE<br>1051       |  | CONTACT PHONE <b>213-633-7</b> | ONTACT PHONE<br>213-633-7267          |                           |                           |  |  |  |
| SIGNATURE: DATE: 1/7/02   |  |                    |  |                                |                                       |                           |                           |  |  |  |
| AQMD USE 39733 9 3/0/2  | NO.  | 23                 | × NO.  | AMOL<br>\$                     | 786)60 7                              | NGP 2-15-0;<br>OR DATE    | R CC<br>INITIAL           |  |  |  |
| ONLY ASSIGNMENT DATE:   | ***************************************                      | NUME               | BER OF FACILITIES:                               | RECT                           | OBY BořA:                             | BATCH DATE:               | 7.50                      |  |  |  |
| Registration Form 1415; Rev 10/99 # (78)  |  |                    |  | Ч                              | 19                                    | /                         | 1/22/02                   |  |  |  |



South Coast Air Quality Management District 21865 Copley Drive Diamond Bar, CA 91765 909.396.2000

# Rule 1415 Registration Form (For Air Conditioning Systems Only)

| FACILITY INFORMATION  | X AQMD ID # OR New Business |                         |            |                                    |                                       |  |                         |  |  |  |
|---|-----------------------------|-------------------------|------------|------------------------------------|---------------------------------------|--|-------------------------|--|--|--|
| NAME 93rd Street Elementary (5582)  |                             | 72848                   |            |                                    |                                       |  |                         |  |  |  |
| ADDRESS 330 E 93RD ST   |                             |                         |            |                                    |                                       |  |                         |  |  |  |
| LOS ANGELES   | STATE<br>CA                 | ZIP<br>CODE 9000        | 3          | CONTACT<br>PHONE                   | 213)241                               | -2226  |                         |  |  |  |
| CONTACT PERSON Aris Hovasapian  |                             |                         |            | TITLE OF O                         |                                       | nior Energy  | Specialist              |  |  |  |
| TYPE OF BUSINESS Public Education Facility  |                             |                         |            | BUSINESS<br>INSTRUCT               | TYPE CODE (SEE<br>TONS)               | 611110   |                         |  |  |  |
| FOR THIS PROJECT, HAS A CALIFORNIA ENVIRONMENTAL QU<br>BEEN REQUIRED BY ANOTHER GOVERNMENT AGENCY?<br>IF YES, ENTER NAME OF AGENCY:   | ALITY ACT (<br>YES          | (CEQA) DOCUMENT<br>NO X |            | DO YOU C<br>YES                    | LAIM CONFIDENTIA                      | ATTENDED TO THE PARTY OF THE PA |                         |  |  |  |
| <b>EQUIPMENT INFORMATION</b>  |                             |                         |            |                                    |                                       |  |                         |  |  |  |
| FOR EACH AIR CONDITIONING SYSTEM AT THE ABOVE FACILIT WARMING POTENTIAL REFRIGERANT, E.G., CFC (CHLOROLLECTOR), PFC (PERFLUOROCAR)  | FLUOROCAR                   | BON), HCFC (H           | POROCH     | HLOROFLU                           | JOROCARBON),                          |  | ODITIONAL<br>ANT (lbs.) |  |  |  |
| UNIT<br>>50 MANUFACTURER MODEL<br>Ibs. SERIAL NU  |                             | REFRIGERANT<br>TYPE     | STO<br>CAP | RAGE<br>ACITY<br>os. of<br>gerant) | DATE OF LAST<br>AUDIT/<br>MAINTENANCE | USAGE YEAR<br>(2009)   | USAGE YEAR<br>(2010)    |  |  |  |
| 1 Carrier Ecologic Unkno Chiller  | wn                          | R-134a                  |            |                                    | 11/7/11                               | 0  | 0                       |  |  |  |
| 2.  |                             |                         |            |                                    |                                       |  |                         |  |  |  |
| 3.  |                             |                         |            |                                    |                                       |  |                         |  |  |  |
| 4.  |                             |                         |            |                                    |                                       |  |                         |  |  |  |
| 5.  |                             |                         |            |                                    |                                       |  |                         |  |  |  |
| 6.<br>7.  |                             |                         |            |                                    |                                       |  |                         |  |  |  |
| 8.  |                             |                         |            |                                    |                                       |  |                         |  |  |  |
| So that your account can be credited properly, please mail the completed form(s), along with a check for \$116.27 to cover the Rule 1415 Registration Plan fee for your facility, to the following address:  Area Sources  South Coast Air Quality Management District 21865 Copley Drive Diamond Bar, CA 91765  If there are more than 8 units please attach an additional form. |                             |                         |            |                                    |                                       |  |                         |  |  |  |
| COMPANY INFORMATION COMPANY CONTACT   |                             |                         |            |                                    |                                       |  |                         |  |  |  |
| NAME Los Angeles Unified School Distric   | t                           | Lorni                   |            | PERS                               | on David G                            |  |                         |  |  |  |
| MAILING<br>ADDRESS 333 S. Beaudry Avenue, 22 <sup>nd</sup> fl -   | Energy                      | Los A                   | Angel      | es                                 | STATE                                 | CA CODE  | 90017                   |  |  |  |
| CONTACT PHONE 213)241-0302 E-MAIL   |                             |                         |            |                                    |                                       | 213) 241-5   | 208                     |  |  |  |
| SIGNATURE   |                             |                         | 1          | 5 11                               | DATE                                  | -12-201  | 2_                      |  |  |  |
| AOMD USE APPLICATION NO. JOATE  |                             | 194680                  | BH         | AM<br>\$                           | 813,89                                | ASSIGNMEN<br>UNIT  | T                       |  |  |  |
| NUMBER OF FACILITIES FOUIP. CAT. NO.  | ENGINEER AR 32              | 31112                   | NITIAL/    | 7                                  |                                       | 2/1/10   | 2 rul                   |  |  |  |
| Registration Form 1415; Rev 07/11   | 3)                          |                         | -          |                                    |                                       | 3/-  | 7                       |  |  |  |

### ROUTING RECORD

| DATE  | FPON  | 10 | T      |
|---|-------|----|--------|
| 0-23 89   | TOV   | TT | ACTION |
| 6/20/90   | 11-13 | 14 | 2/0    |
|   | - 1   |    | 110    |
|   |       |    |        |
| r Addition  |       | +  |        |
| AND REPORT OF THE PROPERTY OF |       |    |        |
|   |       |    |        |
|   |       | -  |        |

72848

REFERENCE TO OTHER APCD RECORDS INCLUDING VARIANCES:

13

024517



SOUTH\_COAST AIR QUALITY MANAGEMENT DISTRICT



9150 FLAIR DRIVE, EL MONTE, CALIFORNIA 91731

Permit No. D24517 A/N 208860 Page 1

This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership. If the billing for annual renewal fee (Rule 301.f) is not received by the expiration date, contact the District.

Legal Owner

ID 072848

Or Operator:

LOS ANGELES UNIFIED SCHOOL DISTRICT

1240 SOUTH NAOMI AVENUE LOS ANGELES, CA 90021

ATTN: H. E. MENESES

Equipment

located at:

330 EAST 93RD STREET LOS ANGELES, CA 90003

**Equipment Description:** 

BOILER, PEERLESS BOILER, SECTIONAL TYPE, MODEL NUMBER 210-15-W, SERIAL NUMBER 210-14889, 2940000 BTU/HR, WITH 28 PEERLESS BOILER GAS BURNERS.

#### Conditions:

- OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN COMPLIANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
- THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
- THIS EQUIPMENT SHALL BE FIRED ON NATURAL GAS ONLY.



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

### PERMIT TO OPERATE

9150 FLAIR DRIVE. EL MONTE. CALIFORNIA 91731

Permit No. D24517 A/N 208860 Page 2

#### CONTINUATION OF PERMIT TO OPERATE

### NOTICE

IN ACCORDANCE WITH RULE 206, THIS PERMIT TO OPERATE OR COPY MUST BE POSTED ON OR WITHIN 8 METERS OF THE EQUIPMENT.

THIS PERMIT DOES NOT AUTHORIZE THE EMISSION OF AIR CONTAMINANTS IN EXCESS OF THOSE ALLOWED BY DIVISION 26 OF THE HEALTH AND SAFETY CODE OF THE STATE OF CALIFORNIA OR THE RULES OF THE AIR QUALITY MANAGEMENT DISTRICT. THIS PERMIT CANNOT BE CONSIDERED AS PERMISSION TO VIOLATE EXISTING LAWS, ORDINANCES, REGULATIONS OR STATUTES OF OTHER GOVERNMENT AGENCIES.

**EXECUTIVE OFFICER** 

By Raquel Puerta/Creighton June 19, 1990

# SOUTH COAST AI QUALITY MANAGEMENT DETRICT 9150 Flair Drive El Monte, CA 91731

APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE AND EXCAVATE AND

FOR PLANS REQUIRED BY THE EXECUTIVE OFFICER

FOR FEE INFORMATION AND SMALL BUSINESS EXEMPTION

SEE REVERSE SIDE

|  | PLEASE TYPE C              | R PRINT                                 | SCA                    | OMD USE                    |
|--|----------------------------|---|------------------------|----------------------------|
| A PLAMIT TO BE ISSUED TO   |                            |   |                        | 77 040                     |
| Unified School   | 1 District                 |   |                        | 12898                      |
| BUSINGSS LICENSE NAME OF OMGANIZATION THAT IS TO MECH              | IN PERMIT                  |   | suc 1s                 | IO HUMBER                  |
|  |                            |   |                        |                            |
| Public Schools   | THE REPORT AND THE         | CANCATION                               |                        |                            |
| PUDITE SCHOOLS  AME FOR HAMES OF OWNER OR PRINCIPAL PARTNERS DOING | BUSINESS AS (DEA) ABOVE OF |   | 1 26                   |                            |
| A MAILING ACORESS  | Los Angeles                | California                              |                        | 90021                      |
| 1240 South Naomi Avenue  |                            |   | 29° CO04               |                            |
| MUMBER STREET  | CITY OR COMMUNITY          | STATE                                   |                        |                            |
| THE SAME ( SAME )  |                            |   | 1.1.                   | 0.01.                      |
| 9325 2000  | Angelle                    | 90003                                   | AREST INTERSECTING STA | Sin Pedro                  |
| NAMES STALET   | CITY OR COMMUNITY          |   |                        |                            |
| A CONTACT PERSON (INITIALS & NAME )                                |                            | B CONTACT PHONE NO LAR                  | EA & MUT               |                            |
|  |                            | 213 742-7221                            |                        |                            |
| H.E. Meneses   | OPERATE THE FOLLOWING LOU  | PMENT                                   |                        |                            |
| . 01   | + 1/7                      | B. M.                                   |                        |                            |
| 1- Feerless His  | u way                      | HEAVY OR INDOVIDUAL COMM                | A THAT OPERATED THIS E | SUPMENT AND STATE PREVIOUS |
| B IF THIS EQUIPMENT HAD A PREVIOUS WRITTEN PERMIT STATE            | E NAME OF COMPORATION CO   | er ant, on morrount office              |                        |                            |
| None   |                            |   |                        |                            |
| NVI .  |                            | TYPE OF ORGANIZATION                    | PREVIOUS PERMIT NUMBE  |                            |
| PERMIT APPLICATION FOR EQUIPMENT REINSTATE NON-                    | PATMENT PO                 | CORPORATION                             |                        | STATE AGENCY (             |
| NEW CONSTRUCTION CHANGE  | CF OWNERSHIP               | PAATHERSH                               | • <u>Ö</u> "           | DERAL AGENCY               |
| ALTERATION EXISTING EQUIPMENT                                      | T PRIOR PERMIT             | HOWOUAL OWNE                            |                        | UTILITY 🔲                  |
| CHANGE OF LOCATION CHANGE  | OF CONDITIONS              | LOCAL GOV I AGEN                        |                        |                            |
| TO FOR THE NEW CONSTRUCTION ALTERATION TRANSFER OF                 |                            | MATES COMPLETION DATE? _                |                        |                            |
| ESTIMATED STARTING DATE  |                            | 12 PRINCIPAL PRODUCT                    |                        |                            |
| II GENERAL HATURE OF BUSINESS                                      |                            | 12 MINOPAL PRODUCT                      | Education              |                            |
| Public Schools   |                            |   |                        | MENT BEEN PREPARED FOR     |
| 13 DO YOU CLAIM CONFIDENTIALITY OF DATA!                           | 14 NORMAL OPERATING H      |   | INS PROJECT            | YES MO                     |
|  | OF SUBJECT EQUIPMENT       | 6                                       |                        |                            |
| YES NO 🔀   |                            | 5                                       | IN COMPUNICE           | WITH AIR POLLUTION PULES?  |
|  | MILES TEAM                 | 25                                      | . AE                   | MO                         |
| # TES STATE NATURE OF DATA ON SEPARATE SHEET                       |                            |   |                        |                            |
| 16 SIGNATURE OF RESPONSIBLE MEMBER OF ORGANIZATION                 |                            | 17 OFFICIAL TITLE OF SIGNE              |                        |                            |
|  |                            |   | hadaal Cunar           | ricor                      |
| W. E. Meneses  | a                          | H.V.A.C. Tec                            | hnical Super           | 1201                       |
|  | -                          | 13 PHONE NO                             | 20 DA                  | IL                         |
| IS TIPED OR PRINTED NAME OF SIGNER                                 |                            | with the state of the same              |                        | 5-05-89                    |
| H.E. Meneses   |                            | (213) 742-72                            |                        |                            |
| (SK NO   | tou                        | 300 177                                 | ) /                    | Asite                      |
|  | 1                          |   |                        | 1                          |
| W APPLICATION NO PERMIT NO   | Ni.                        |   | ASSICAMENT             | CLASS                      |
| 208860   | (                          | Date .                                  |                        | GA ( ( )                   |
| VALUATION  | 06/23/20                   | LING FEE                                | CHECK ON MONEY ORDER   | MO.                        |
| 8  | 06/02/89                   | 25 700                                  | 21532834               | A plant of                 |
| ×  |                            |   |                        | (                          |
|  | and the second             | C154 0                                  |                        |                            |
|  |                            | *************************************** |                        |                            |

SCH 10 CONTROLL SCH 10 CONTROL

SE 98 7- NOT 68.

r Bright of

Company Name:

LOS ANGELES UNIFIED SCHOOL DISTRICT

Company ID:

072848

**Equipment Location:** 

330 EAST 93RD STREET LOS ANGELES, CA 90003 Application Number:

208860

#### SHEET ABIS

ACTION CODE: A = ADD DATA

PERMIT NUMBER: D24517

| EMISSIONS       | R <sub>1</sub> | R <sub>2</sub> |
|-----------------|----------------|----------------|
| rHC             | 010            | 010            |
| tHC             | 010            | 010            |
| NOx             | 180            | 180            |
| SO <sub>x</sub> | 000            | 000            |
| co              | 040            | 040            |
| PART            | 010            | 010            |

Week Operated

Per Year: 25

Mon Tues 8:00

Weds 8:00

Thurs Fri 8:00 Sun

Sat

Daily Start Time Daily Stop Time 8:00 12:00 12:00

8:00 12:00 12:00 12:00

#### PEE DATA

APPROVED (X)P/O

PERMIT UNIT WORDING ON PAGE 1 AND CONDITIONS ON PAGE 4 OF PROCESS SHEETS PREVIOUS PERMIT NO .: NONE

NEED EIR? NO

| SCHEDULE 2 | STEP E      | EXCEPTIONS |
|------------|-------------|------------|
| RATING     | 2940000 BTU | RULE 219   |
| FEE        | \$4,085     | \$150      |

Total Fee: \$ 150

SOURCE NEW

REVIEW

REGULATION XIII

DATA SHEET

Applicable New Source Rule: (X) 2nd Revision Reg XIII

Emission Increase or Decrease From This Permit Unit Credited To This Location: No New Source Review Required for previously-exempt Rule 219 Equipment

| CONTAMINANT                     | RHC | NOX | SOX | co | PART | LEAD | UNRHC |
|---------------------------------|-----|-----|-----|----|------|------|-------|
| MAX #/DAY                       | 0   | 0   | 0   | 0  | 0    | 0    | 0     |
| ACTUAL W/INTERNAL<br>BACT #/DAY | •   | 0   | 0   | 0  | 0    | 0    | 0     |
| ACTUAL W /O BACT                | 0   | 0   | 0   | 0  | 0    | 0    | 0     |

Engineer: BK

HTF Review Engineer:\_

Date: June 19, 1990

### SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT ENGINEERING DIVISION

| PAGES             | PAGE                  |
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| APPL NO.<br>20660 | DATE<br>June 19, 1990 |
| ENGINEER<br>BK    | CHECK BY              |

### APPLICATION PROCESSING AND CALCULATIONS

### PERMIT TO OPERATE FOR BOILERS

APPLICANTS NAME:

LOS ANGELES UNIFIED SCHOOL DISTRICT

COMPANY ID:

072848

MAILING ADDRESS:

1240 SOUTH NAOMI AVENUE

LOS ANGELES, CA 90021

**EOUIPMENT ADDRESS: 330 EAST 93RD STREET** 

LOS ANGELES, CA 90003

### EQUIPMENT DESCRIPTION:

BOILER, PEERLESS BOILER, SECTIONAL TYPE, MODEL NUMBER 210-15-W, SERIAL NUMBER 210-14889, 2940000 BTU/HR, WITH 28 PEERLESS BOILER GAS BURNERS.

#### HISTORY:

This boiler was previously exempt from permit requirements. On June 3, 1988, the District's Board ammended Rule 219 to include this equipment in the permit system. This equipment was installed prior to 6/3/88. Therefore, it is exempt from Beast Available Control Technology (BACT) and from having its emissions accrued to the New Source Review (NSR) account (see memo from William J. Dennison, Director of Engineering, SCAQMD, dated July 18, 1988).

### SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT ENGINEERING DIVISION

### APPLICATION PROCESSING AND CALCULATIONS

| PAGES          | PAGE                  |
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| APPL NO.       | DATE<br>June 19, 1990 |
| ENGINEER<br>BK | CHECK BY              |

### **EMISSION CALCULATION**

### DATA

| DATA                                   |     | VALUE   | NOTE          |
|--|-----|---------|---------------|
| Fuel used: Natural Gas                 |     |         |               |
| Heating Value of Fuel (BTU/ft3)        | H   | 1050    | 1             |
| Sulfur Content Of Fuel (grain/ft3)     | S   | 0.002   | 2             |
| Emission Factor (lb/10E+06ft3)         | EF  |         | one described |
| ROG                                    |     | 5.3     | 2             |
| NOx                                    |     | 100.0   | 2             |
| SOx                                    |     | 0.6     | 2             |
| CO                                     |     | 20.0    | 2             |
| PM                                     |     | 5.0     | 2             |
| UNROG                                  |     | 2.7     | 2             |
| Dry Volume of Flue Gas (ft3/ft3 fuel)  |     |         |               |
| At 0% Excess Air, 12% CO2              | V1  | 9.373   |               |
| At 3% Excess O2, 15% Excess Air        | V2  | 10.923  |               |
| Maximum Rated Input (BTU/hr)           | Q   | 2940000 | . 4           |
| Average Load (% of Max Load)           | L_  | 66      | 4 or 5        |
| Efficiency of NOx control device (%)   | EFF | 0       | 4 or 5        |
| Maximum Operating Schedule (hours/day) | HDM | 6       | 4 or 5        |
| Average Operating Schedule (hours/day) | HDA | 2       | 4 or 5        |
| (days/week)                            | DWA | 2       | 4 or 5        |
| (weeks/year)                           | WYA | 25      | 4 or 5        |

NOTE:

1. AP 42, 4th Edition, App. A

2. AP 42, 4th Edition, Table 1.4-1

3. AP 40, May 1973 4. Given by Applicant

5. Assumption.

### SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

### **ENGINEERING DIVISION**

### APPLICATION PROCESSING AND CALCULATIONS

| PAGES          | PAGE                  |
|----------------|-----------------------|
| APPL NO.       | DATE<br>June 19, 1990 |
| ENGINEER<br>BK | CHECK BY              |

### **EQUATIONS**

MAXIMUM EMISSIONS - NSR (lb/day):

Em = (Q/H)(EF)(Tmax)(1.1) Em = (Q/H)(EF)(1 - EFF)(Tmax)(1.1)For NOx

**ACTUAL EMISSIONS W/O BACT:** 

AEIS (lb/hr) NSR (lb/day) E1 = (Q/H)(L)(EF) E2 = (Q/H)(L)(EF)(Tact)

**ACTUAL EMISSIONS W/INTERNAL BACT:** 

AEIS (lb/hr) For NOx E3 = (Q/H)(L)(EF)E3 = (Q/H)(L)(EF)(1 - EFF)(Tact)

E4 = (Q/H)(L)(EF)(Tact) E4 = (Q/H)(L)(EF)(1 - EFF)(Tact)NSR (lb/day) For NOx

**RULE 407 CALCULATION:** 

 $CO = \frac{(EF)(13.5 \text{ ft}^3/\text{lb})(106)}{V2} = 25.00 \text{ ppm}$ 

RULE 409 CALCULATION:

PM = (EF)(7000 grain/lb) = 0.00 grains/dscf

RULE 431.1 CALCULATION:

 $H_2S = (O/H)(T_{MAX})(S)(34/32) = 0.00 lb/day$ 7000 grain/lb

### RESULTS

|       | Max Emissions | ons Actual Emissions |          |                 |          |
|-------|---------------|----------------------|----------|-----------------|----------|
|       | (x 1.1)       | w/o E                |          | w/internal BACT |          |
|       | (lb/day)      | (lb/hr)              | (lb/day) | (lb/hr)         | (lb/day) |
| ROG   | ` 0 `         | 0.010                | 0        | 0.010           | 0        |
| NOX   | 2             | 0.185                | 1        | 0.185           | 1        |
| SOX   | 0             | 0.001                | 0        | 0.001           | 0        |
| CO    | 0             | 0.037                | 0        | 0.037           | 0        |
| PM    | 0             | 0.009                | Ō        | 0.009           | 0        |
| UNROG | Ō             | 0.005                | 0        | 0.005           | Ŏ        |

### SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT ENGINEERING DIVISION

### ENGINEERING DIVISION

| PAGES              | PAGE                  |
|--------------------|-----------------------|
| APPL NO.<br>208860 | DATE<br>June 19, 1990 |
| ENGINEER<br>BK     | CHECK BY              |

### APPLICATION PROCESSING AND CALCULATIONS

### RULES EVALUATION

| RULE 401   | With proper operation and maintenance, this equipment is expected to comply with Rule 401.   |
|------------|--|
| RULE 402   | Nuisance complaints are not expected.  |
| RULE 404   | This equipment is exempt from Rule 404 per Section 404(c).   |
| RULE 407   | Calculation shows a CO concentration of 25.00 ppm in the discharged gas assuming complete combustion at 15% excess air. Rule 407 allows 2,000 ppm measured on the dry basis, averaged over 15 consecutive minutes. This equipment is expected to comply with Rule 407.   |
| RULE 409   | Calculation shows a PM concentration of 0.00 grain/dscf in the discharged gas assuming complete combustion calculated to 12% of carbon dioxide at standard conditions. Rule 409 allows 0.1 grain/ft3 calculated to 12% of carbon dioxide at standard conditions averaged over a minimum of 15 consecutive minutes. This equipment is expected to comply with Rule 409. |
| RULE 431.1 | Calculation shows total sulfur compound in gaseous fuel is 0.00 lb/day. Any source from which the total sulfur compound in gaseous fuel is less than 30 lb/day calculated as hydrogen sulfide is exempt from Rule 431.1 per Section 431.1(c)(9).   |
| RULE 1146  | Since the maximum rated capacity for this equipment is less than 5 MMBTU/hr, this equipment is not subject to Rule 1146.   |
| REG XIII   | Since this equipment was installed before June 3,1988, it is not subjected to BACT, and the emissions from this equipment are not counted towards NSR (see memo from William J. Dennison, Director of Engineering, SCAQMD, dated July 18, 1988).   |

### CONCLUSIONS/RECOMMENDATIONS

This application is expected to comply with all applicable District Rules and Regulations. A Permit to Operate is recommended subject to the following condition(s):

THIS EQUIPMENT SHALL BE FIRED ON NATURAL GAS ONLY.

### SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT 9150 FLAIR DR. EL MONTE, CA 91731

### BOILER AND LIQUID HEATER INFORMATION TO ACCOMPANY PERMIT APPLICATION FORM 400-A

(SEE REVERSE SIDE FOR APPLICATION INSTRUCTIONS)

THIS FORM IS LIMITED TO EQUIPMENT WHICH WAS EXEMPT FROM WRITTEN PERMIT PURSUANT TO RULE 219 PRIOR TO JUNE 3, 1988

| BUSIN                      | U. S. D.<br>IESS LICENSE NAME:  | 93nd 51   |
|----------------------------|---|---|
|                            | CHANGE CTUDED MOOET MINISED & CED   | RIAL NUMBER: (ATTACH MANUFACTURERS CATALOG)   |
| -                          | MANUFACTURER, MODEL NUMBER & SER  | -15-W SEXIAL NO. 210-1488 9   |
| BH                         | E SERIAL NUMBER OR OTHER IDENTIFICATION   |   |
| 1                          |   | 1 GLOUGU KILLINPY   |
|                            | 1 ISTEAMAT PSI  |   |
| . USE:                     | FONT IF OTHER PLEASE DESCRIBE:  |   |
| ent.                       | NS  |   |
| BURN                       | THE PROPERTY AND OF PURPOSEDS   | MODEL NO. SIZE NO. MINIMUM RATING MAXIMUM RATING PER BURNER PER BURNER  |
| bel                        | less Boiler 25 to   | Maspheri Peerlass PERBURNER PERBURNER  CU.FT/HR)  CU.FT/HR)   |
|                            | AGE LOAD PERCENTAGE: 66   | Benevie   |
| AVER                       | AGE LOAD PERCENTAGE:  | Z C . MITCHATIC HIGH LOW ( JAINTOMATIC FULL MODULATION  |
| . BURN                     | NER MODE OF CONTROL: [ ]MANUAL [C   | CAUTOMATIC ON-OFF [ JAUTOMATIC HIGH-LOW [ JAUTOMATIC FULL MODULATION  |
| . BOIL                     |   | R TUBE [ LIBÉCTIONAL [ ]OTHER   |
|                            | ER DRAFT: [ ]FORCED [ LARATUR   | RAL [ JOTHER  |
| . FUEL                     | INFORMATION:  | 224600Cult GAS  |
|                            | INTERNAL GAS TOTAL USAGE PER MO   | ONTH 22460 OCUPT GAS  |
|                            | [ ]LPG TOTAL USAGE PER MC   | ONTH  |
|                            | DIMENSIONS: HEIGHT ABOVE GRAD   | DE  |
|                            | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  a. [ ]ONLY b. [ ]OTHER   | THIS EQUIPMENT EXHAUST FLOW RATE(CFM) ER EQUIPMENT ALSO TOTAL FLOW RATE(CFM)  |
|                            | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  a. [ ]ONLY b. [ ]OTHER   | THIS EQUIPMENT EXHAUST FLOW PATE(CFM)  ER EQUIPMENT ALSO TOTAL FLOW PATE(CFM)   |
| 10. IF A                   | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  a. [ ]ONLY b. [ ]OTHER   | THIS EQUIPMENT EXHAUST FLOW RATE(CFM)  REQUIPMENT ALSO TOTAL FLOW RATE(CFM)  HAUST OPENING  PE AND RATING OF ALL OTHER EQUIPMENT EXHAUSTED THROUGH THIS VENT OR STACK  THE FOLLOWING: .   |
| TH                         | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  a. [ ]ONLY b. [ ]OTHER  * MEASURED AT THE ATMOSPHERIC EXP **IF THIS ITEM IS CHECKED, SUBMIT TYP  A PROCESS IS INVOLVED, PLEASE ANSWER  E MAXIMUM HEAT REQUIREMENT  | THIS EQUIPMENT EXHAUST FLOW RATE(CFM)  ER EQUIPMENT ALSO TOTAL FLOW RATE(CFM)  HAUST OPENING  PE AND RATING OF ALL OTHER EQUIPMENT EXHAUSTED THROUGH THIS VENT OR STACK  THE FOLLOWING: .  LBS PER HOUR OF STEAM/VAPOR/HOT LIQUID |
| TH                         | EXHAUST TEMPERATURE 25 0(P) STACK SERVES:  a. [ ]ONLY b. [ ]OTHER  MEASURED AT THE ATMOSPHERIC EX- **IF THIS ITEM IS CHECKED, SUBMIT TYP  A PROCESS IS INVOLVED, PLEASE ANSWER  E MAXIMUM HEAT REQUIREMENT  | THIS EQUIPMENT EXHAUST FLOW RATE  |
| THI<br>REC                 | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  • [ ]ONLY b. [ ]OTHER • MEASURED AT THE ATMOSPHERIC EXH •*IF THIS ITEM IS CHECKED, SUBMIT TYP  A PROCESS IS INVOLVED, PLEASE ANSWER E MAXIMUM HEAT REQUIREMENT OUIRED PRESSURE  PERATING SCHEDULE:  (PS  | THIS EQUIPMENT EXHAUST FLOW RATE  |
| THI<br>REC                 | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  • [ ]ONLY b. [ ]OTHER • MEASURED AT THE ATMOSPHERIC EXH •*IF THIS ITEM IS CHECKED, SUBMIT TYP  A PROCESS IS INVOLVED, PLEASE ANSWER E MAXIMUM HEAT REQUIREMENT OUIRED PRESSURE  PERATING SCHEDULE:  (PS  | THIS EQUIPMENT EXHAUST FLOW RATE  |
| THE<br>REC                 | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  • [ ]ONLY • L ]OTHER • MEASURED AT THE ATMOSPHERIC EXH • IF THIS ITEM IS CHECKED, SUBMIT TYPE  A PROCESS IS INVOLVED, PLEASE ANSWER E MAXIMUM HEAT REQUIREMENT OUIRED PRESSURE   | THIS EQUIPMENT BOHAUST FLOW RATE  |
| THI<br>REC                 | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  • [ ]ONLY • L ]OTHER • MEASURED AT THE ATMOSPHERIC EXH • IF THIS ITEM IS CHECKED, SUBMIT TYPE  A PROCESS IS INVOLVED, PLEASE ANSWER E MAXIMUM HEAT REQUIREMENT OUIRED PRESSURE   | THIS EQUIPMENT BOHAUST FLOW RATE  |
| THI<br>REC                 | EXHAUST TEMPERATURE 25 0°F)  STACK SERVES:  • [ ]ONLY  • [ ]OTHER  • MEASURED AT THE ATMOSPHERIC EXP  • "IF THIS ITEM IS CHECKED, SUBMIT TYPE  A PROCESS IS INVOLVED, PLEASE ANSWER  E MAXIMUM HEAT REQUIREMENT  OUIRED PRESSURE  PERATING SCHEDULE:  C (HR  EXIMUM OPERATING HOURS:  THE ABOVE INFORMATION IS S  FOR WHICH APPLICATION FOR   | THIS EQUIPMENT BOHAUST FLOW RATE  |
| THI<br>REC                 | EXHAUST TEMPERATURE 25 0°F)  STACK SERVES:  • [ ]ONLY  • [ ]OTHER  • MEASURED AT THE ATMOSPHERIC EXP  • "IF THIS ITEM IS CHECKED, SUBMIT TYPE  A PROCESS IS INVOLVED, PLEASE ANSWER  E MAXIMUM HEAT REQUIREMENT  OUIRED PRESSURE  PERATING SCHEDULE:  C (HR  EXIMUM OPERATING HOURS:  THE ABOVE INFORMATION IS S  FOR WHICH APPLICATION FOR   | THIS EQUIPMENT BOHAUST FLOW RATE  |
| THI<br>REC                 | EXHAUST TEMPERATURE 25 0°F)  STACK SERVES:  • [ ]ONLY  • [ ]OTHER  • MEASURED AT THE ATMOSPHERIC EXP  • "IF THIS ITEM IS CHECKED, SUBMIT TYPE  A PROCESS IS INVOLVED, PLEASE ANSWER  E MAXIMUM HEAT REQUIREMENT  OUIRED PRESSURE  PERATING SCHEDULE:  C (HR  EXIMUM OPERATING HOURS:  THE ABOVE INFORMATION IS S  FOR WHICH APPLICATION FOR   | THIS EQUIPMENT BOHAUST FLOW RATE  |
| THI<br>REC<br>11. OP<br>MA | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  • [ ]ONLY • MEASURED AT THE ATMOSPHERIC EXH •*IF THIS ITEM IS CHECKED, SUBMIT TYP  A PROCESS IS INVOLVED, PLEASE ANSWER: E MAXIMUM HEAT REQUIREMENT OUIRED PRESSURE  | THIS EQUIPMENT BOHAUST FLOW RATE  |
| THI REI                    | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  • [ ]ONLY • MEASURED AT THE ATMOSPHERIC EXP • **IF THIS ITEM IS CHECKED, SUBMIT TYF  A PROCESS IS INVOLVED, PLEASE ANSWER: E MAXIMUM HEAT REQUIREMENT OUIRED PRESSURE (PS  PERATING SCHEDULE: (C) (HR  EXIMUM OPERATING HOURS: 4  THE ABOVE INFORMATION IS S  FOR WHICH APPLICATION FOR  SIGNATURE OF RESPONSIBLE MEMBER OF FIRM:  OR PRINT NAME | THIS EQUIPMENT BOHAUST FLOW RATE  |
| THE REC                    | EXHAUST TEMPERATURE 25 0(F) STACK SERVES:  • [ ]ONLY • MEASURED AT THE ATMOSPHERIC EXP • **IF THIS ITEM IS CHECKED, SUBMIT TYF  A PROCESS IS INVOLVED, PLEASE ANSWER: E MAXIMUM HEAT REQUIREMENT OUIRED PRESSURE (PS  PERATING SCHEDULE: (C) (HR  EXIMUM OPERATING HOURS: 4  THE ABOVE INFORMATION IS S  FOR WHICH APPLICATION FOR  SIGNATURE OF RESPONSIBLE MEMBER OF FIRM:  OR PRINT NAME | THIS EQUIPMENT BOHAUST FLOW RATE  |



### PERMIT TO OPERATE



9150 FLAIR DRIVE, EL MONTE, CALIFORNIA 91731

Permit No. D24517 A/N 208860 Page 1

This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership. If the billing for annual renewal fee (Rule 301.f) is not received by the expiration date, contact the District.

Legal Owner

ID 072848

Or Operator:

LOS ANGELES UNIFIED SCHOOL DISTRICT

1240 SOUTH NAOMI AVENUE LOS ANGELES, CA 90021 ATTN: H. E. MENESES

Equipment

located at:

330 EAST 93RD STREET

LOS ANGELES, CA 90003

### **Equipment Description:**

BOILER, PEERLESS BOILER, SECTIONAL TYPE, MODEL NUMBER 210-15-W, SERIAL NUMBER 210-14889, 2940000 BTU/HR, WITH 28 PEERLESS BOILER GAS BURNERS.

#### Conditions:

- 1. OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN COMPLIANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
- 2. THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
- 3. THIS EQUIPMENT SHALL BE FIRED ON NATURAL GAS ONLY.



### PERMIT TO OPERATE



Permit No. D24517 A/N 208860 Page 2

### CONTINUATION OF PERMIT TO OPERATE

#### NOTICE

IN ACCORDANCE WITH RULE 206, THIS PERMIT TO OPERATE OR COPY MUST BE POSTED ON OR WITHIN 8 METERS OF THE EQUIPMENT.

THIS PERMIT DOES NOT AUTHORIZE THE EMISSION OF AIR CONTAMINANTS IN EXCESS OF THOSE ALLOWED BY DIVISION 26 OF THE HEALTH AND SAFETY CODE OF THE STATE OF CALIFORNIA OR THE RULES OF THE AIR QUALITY MANAGEMENT DISTRICT. THIS PERMIT CANNOT BE CONSIDERED AS PERMISSION TO VIOLATE EXISTING LAWS, ORDINANCES, REGULATIONS OR STATUTES OF OTHER GOVERNMENT AGENCIES.

**EXECUTIVE OFFICER** 

By Raquel Puerta/Creighton June 19, 1990



### California Regional Water Quality Control Board

Los Angeles Region



Matthew Rodriquez
Secretary for
Environmental Protection

320 W. 4th Street, Suite 200, Los Angeles, California 90013

Main Phone (213) 576-6600

Records Review FAX (213) 576-6676 E-Mail: RB4-Publicrecords@waterboards.ca.gov

Edmund G. Brown Jr.

#### **Records Review Request Form**

In order to respond to your request for review of public records, your assistance in indentifying the subject matter of the request is appreciated. Please limit your request to one facility or one site address for each request form. If you know the type of case or file that is being requested, please check the appropriate programs, or indicate if you would like to review all records:

| Name: Carriet Crozzer Date: 10/16/15  Company: Parson 5  Mailing Address: 100 W Valut St.  City: Pasadena State: C4 Zip Code: 9/12/4  Phone Number: 626-940 -2747 Fax Number: E-Mail Address: carret, Crozzer G parsons  Requested Record Type:  PROPES permitting   Individual permits   General forcement (If known, specify the case or site)   Storm Water   General Industrial Stormwater Permit   General Industrial Stormwater Permit   General Construction Stormwater Permit   General Co | file that is being requested, please check the appropriate pro<br>Your contact information:  | grams, or indicate if you would like to review all records: |
|--|--|---|
| Mailing Address: NO Wiland St.  City: Pasadena State: CA Zip Code: 911241  Phone Number: 626-940-2747 Fax Number: E-Mail Address: CARE, CRESTOR GRAVENS  Requested Record Type:  NPDES permitting General permits General permits General permits (If known, specify the TMDL of interest)  Basin Planning (specify amendment or Resolution No. of interest, if appropriate)  Enforcement (If known, specify the case or site)  Storm Water Municipal Permits  Ventura Cal Trans  Cal Trans  Ceneral Industrial Stormwater Permit  General Construction Stormwater Permit  Underground Tanks  Remediation \ Groundwater Permitting  Wate Discharge Requirements (WDR)  More To Groundwater Remediation at Petroleum Hydrocarbon Fuel, Volatile Organic Compound or Havavalent Chronium Impacted Sites  Mail Records  | Name: Carrie Crozier   | Date: (0/16/15  |
| Mailing Address:   100   1/2   1/4   | Company: Parson 5  |   |
| City: Pasadena State: CA Zip Code: 9112-4  Phone Number: 626-940-2747 Fax Number: E-Mail Address: CATTE, CN2:17 G parsons  Requested Record Type:    NPDES permitting  | Mailing Address: 100 Int 1 /alnut St.  |   |
| Requested Record Type:    NPDES permitting   |  | State: CA Zip Code: 91124                                   |
| NPDES permitting   |  |   |
| Individual permits   General permits   Contaminated Sediment     Total Maximum Daily Loads (If known, specify the TMDL of interest)     Basin Planning (specify amendment or Resolution No. of interest, if appropriate)     Enforcement (If known, specify the case or site)     Storm Water  | Requested Record Type:   |   |
| □Contaminated Sediment □Total Maximum Daily Loads (If known, specify the TMDL of interest) □Basin Planning (specify amendment or Resolution No. of interest, if appropriate) □Enforcement (If known, specify the case or site) □Storm Water □Municipal Permits □Ventura □Los Angeles □Cal Trans □Other □General Industrial Stormwater Permit □General Construction Stormwater Permit □Underground Tanks □Remediation □Groundwater Permitting □Waste Discharge Requirements (WDR) □WDR for Groundwater Remediation at Petroleum Hydrocarbon Fuel, Volatile Organic Compound or Hexavalent Chromium Impacted Sites □WDR for Onsite Wastewater Treatment Systems or land discharge  | ☐ Individual permits   |   |
| □Basin Planning (specify amendment or Resolution No. of interest, if appropriate) □Enforcement (If known, specify the case or site) □Storm Water □Municipal Permits □Ventura □Los Angeles □Cal Trans □Other □General Industrial Stormwater Permit □General Construction Stormwater Permit □Underground Tanks □Remediation □Groundwater Permitting □Waste Discharge Requirements (WDR) □WDR for Groundwater Remediation at Petroleum Hydrocarbon Fuel, Volatile Organic Compound or Hexavalent Chromium Impacted Sites □WDR for Onsite Wastewater Treatment Systems or land discharge   |  |   |
| □Enforcement (If known, specify the case or site)  □Storm Water □Municipal Permits □Ventura □Los Angeles □Cal Trans □Other □General Industrial Stormwater Permit □General Construction Stormwater Permit □Underground Tanks □Remediation □Waste Discharge Requirements (WDR) □WDR for Groundwater Remediation at Petroleum Hydrocarbon Fuel, Volatile Organic Compound or Hexavalent Chromium Impacted Sites □WDR for Onsite Wastewater Treatment Systems or land discharge  | □Total Maximum Daily Loads (If known, specify the TMDL of  | interest)   |
| Storm Water  | ☐Basin Planning (specify amendment or Resolution No. of interest   | est, if appropriate)  |
| □ Municipal Permits   □ Ventura   □ Los Angeles   □ Cal Trans   □ Other   □ General Industrial Stormwater Permit   □ General Construction Stormwater Permit   □ Underground Tanks   □ Remediation   □ Groundwater Permitting   □ Waste Discharge Requirements (WDR)   □ WDR for Groundwater Remediation at Petroleum Hydrocarbon Fuel, Volatile Organic   Compound or Hexavalent Chromium Impacted Sites   □ WDR for Onsite Wastewater Treatment Systems or land discharge     □ Land Disposal   □ All Records   |  |   |
| □ Underground Tanks □ Remediation \ □ Groundwater Permitting □ Waste Discharge Requirements (WDR) □ WDR for Groundwater Remediation at Petroleum Hydrocarbon Fuel, Volatile Organic Compound or Hexavalent Chromium Impacted Sites □ WDR for Onsite Wastewater Treatment Systems or land discharge   | <ul><li>□ Ventura</li><li>□ Los Angeles</li><li>□ Cal Trans</li><li>□ Other</li><li>□ General Industrial Stormwater Permit</li></ul>                                   |   |
| □ Remediation \ □ Groundwater Permitting □ Waste Discharge Requirements (WDR) □ WDR for Groundwater Remediation at Petroleum Hydrocarbon Fuel, Volatile Organic Compound or Hexavalent Chromium Impacted Sites □ WDR for Onsite Wastewater Treatment Systems or land discharge   | □Underground Tanks   |   |
| □ Waste Discharge Requirements (WDR) □ WDR for Groundwater Remediation at Petroleum Hydrocarbon Fuel, Volatile Organic Compound or Hexavalent Chromium Impacted Sites □ WDR for Onsite Wastewater Treatment Systems or land discharge □ Land Disposal □ Áll Records  |  |   |
| TAII Records   | <ul> <li>□ Waste Discharge Requirements (WDR)</li> <li>□ WDR for Groundwater Remediation at Petroleum Hydroc Compound or Hexavalent Chromium Impacted Sites</li> </ul> |   |
|  |  |   |
| Time Period of Documents Requested: All From: To:  |  |   |
|  | Time Period of Documents Requested: All From:  | To:   |
| Requested Facility/Site Information  | Requested Facility/Site Information  |   |
| Facility Name: 930 St Elementary School  |  |   |
| Facility Address: 330 E 93 Street  City: Los Angeles State: CA Zip Code: 90003   |  | State: CA Zip Code: 90003                                   |
| Facility WDID No. (if known): UNK  NPDES Permit No. (if known): UNK  |  |   |
| Case No./C.I. No. (if known) Unk   |  | 4.04  |

California Environmental Protection Agency



### Crozier, Carrie

From: Gallardo, Laura@Waterboards [Laura.Gallardo@waterboards.ca.gov] on behalf of WB-RB4-

PublicRecords [RB4-PublicRecords@waterboards.ca.gov]

Sent: Monday, October 26, 2015 4:07 PM

To: Crozier, Carrie

Cc: Gallardo, Laura@Waterboards

Subject: RE: Public Records Request - 330 E 93rd St, Los Angeles, CA 90003/Tracking No

2015101609

The Regional Board has reviewed its files and has concluded that it does not have any records that are responsive to your request.

From: Crozier, Carrie [mailto:Carrie.Crozier@parsons.com]

Sent: Friday, October 16, 2015 9:18 AM

To: WB-RB4-PublicRecords

Subject: Public Records Request - 330 E 93rd St, Los Angeles, CA 90003

Hello,

Please see the attached Public Records Review Request Form.

Let me know if you have any questions or need clarification.

Carrie Crozier, PG Senior Environmental Geologist

### PARSONS

100 West Walnut Street ◆ Pasadena, CA 91124 Phone – 626.440.2747 Cell - 626.482.6088 Carrie.Crozier@Parsons.com ◆ www.parsons.com

### CITY OF LOS ANGELES

CALIFORNIA



KEVIN JAMES PRESIDENT

MONICA RODRIGUEZ VICE PRESIDENT

MATT SZABO PRESIDENT PRO TEMPORE

MICHAEL R. DAVIS COMMISSIONER

BARBARA ROMERO COMMISSIONER



ERIC GARCETTI MAYOR **BUREAU OF SANITATION** 

ENRIQUE C. ZALDIVAR DIRECTOR

TRACI J. MINAMIDE CHIEF OPERATING OFFICER

VAROUJ S. ABKIAN ADEL H. HAGEKHALIL ALEXANDER E. HELOU ASSISTANT DIRECTORS

VACANT CHIEF FINANCIAL OFFICER

INDUSTRIAL WASTE MANAGEMENT DIVISION 2714 MEDIA CENTER DRIVE LOS ANGELES, CA 90065 OFFICE: (323) 342-6200 FAX: (323) 342-6111

21-Oct-15 Carrie Crozier Parsons 100 West Walnut Street, Pasadena, CA 91124

### INDUSTRIAL WASTEWATER DISCHARGE PERMIT INFORMATION

Your request to research our files for Industrial Wastewater Discharge permit information was processed by my staff. Our records show the following findings:

Permits have been issued for: LAUSD-93rd Street Elementary School 330 E. 93rd Street, Los Angeles, CA

(see attachments)

[ No citations have been issued for the past 5 years. [ ] Yes, citations have been issued (see attachments).

The cost of generating this report is \$ \$1.30

Please remit a check in the above amount payable to "Department of Public Works" and mail to:

Bureau of Sanitation

Industrial Waste Management Division 2714 Media Center Drive Los Angeles, CA 90065

Attn: Admin Inspection Group

If you have any questions, please contact Adrienne Tong of my staff at (323) 342-6062.

Sincerely,

ENRIQUE C. ZALDIVAR, Director

Bureau of Sanitation

Bellete Yohannes, Chief Env. Compliance Inspector II

Industrial Waste Management Division

IU#-IU095890 STATUS: A SIU SECT.: N DISTRICT: 05 SUBDIST: 01 W-512646 FOG ZONE: 40 SUB-ZONE: 40

INSPECTOR: JASH PATEL, AMPHORN WONG

\* APPLICATION

APPL. REASON: Existing, but Unpermitted Point of Discharge RECEIVED DATE: 02/02/06 RECEIPT #:

\* INDUSTRIAL USER

LEGAL BUS. NAME: Los Angeles Unified School District
DBA NAME: 93RD STREET ELEMENTARY 5582
BUSINESS TYPE Public School Cafeteria

OWNERSHIP TYPE Government

ADDRESS: 330 E 93rd Street

Los Angeles, CA 90003

CONTACT NAME: Maria Tejada TITLE: Cafeteria Manager BTRC: PHONE: (323) 757-5398 EXEMPT

\* INDUSTRIAL USER MAILING ADDRESS

NAME: LAUSD, Energy Unit

333 S Beaudry Avenue, Floor 22 ADDRESS:

Los Angeles, CA 90017

OR P.O. BOX: PHONE: (213) 241-0330

ATTENTION: Tifffany Tan

\* BILLING ADDRESS

LAUSD, Energy Unit NAME:

333 S Beaudry Avenue, Floor 22

Los Angeles, CA 90017

OR P.O. BOX: PHONE: (213) 241-0330

ATTENTION: Tifffany Tan

\* CORPORATE OFFICERS

NAME 1: Arne Rubenstein

TITLE 1: Principal

NAME 2: Kenneth Davis

TITLE 2: Energy and Utilities Manager

\* PROPERTY OWNER

Los Angeles Unified School District NAME:

ADDRESS: 333 S Beaudry Avenue

Los Angeles, CA 90017

OR P.O. BOX: PHONE:

ATTENTION:

\* PERMITTEE LOCATION ADDRESS

DESCRIPTION: 93RD STREET ELEMENTARY 5582

330 E 93rd Street ADDRESS: Los Angeles, CA 90003

OR P.O. BOX: PHONE: (323) 757-5398

ATTENTION: Maria Tejada COUNCIL DIST.: 9 Curren D. Price, Jr

\* GENERAL INFORMATION

STATUS: A

05 Harbor SUB-DISTRICT: 01 DISTRICT:

District

FOG ZONE: SUB-ZONE: 40 40

DISCHARGE START DATE: 08/22/2002

FINAL DISPOSAL CODE: 01 Public Sewer IND. CLASS.: 111 111-Schools

INSP. CLASS.: IP01 Inspection & Control Fee Class 1
BILLING TYPE/FREQ: G Permit for government property / Quarterly

RESTAURANT SEATING CAP: 300

LAUNDRY WASHER COUNT/CAPACITY(lbs): NUMBER OF GARBAGE GRINDER/EFF DATE: 0 /

\* FACILITY CLASSES

CLASS: LIU: FOG

NPDES: NPDES

\* SMR FREQUENCIES

FEDERAL: LOCAL: SURCHARGE:

\* PERMIT CERTIFICATE

PERMIT TYPE: LIU with FOG

PERMIT EFF. DATE: 04/07/2006 AMENDED DATE:

PERMIT EXP. DATE:

SIU GROUP:

\* PERMIT TERMINATION

TERMINATION DATE: TERMINATION REASON:

REQUESTOR:

----- SEWER CONNECTION -----\* LATERAL CONNECTION

DESCRIPTION: Public Sewer - Outlet Num : 0100 WYE MAP ID: 7168-4 SEWER SEWER PERMIT:

PIPE MATERIAL: Concrete SIZE (INCHES): 8 inch

\* FLOW INFORMATION

ORIGINAL TOTAL DISCHARGE FLOW (GPD, CAL.)/EFF. DATE: 100 / 03/22/2006 MAXIMUM TOTAL DISCHARGE FLOW (GPD, CAL.)/EFF. DATE: TOTAL DISCHARGE FLOW (GPD, CAL.) / EFF. DATE: AVG CALENDAR DAY FLOW (GPD, CAL.)/EFF. DATE:

SFC FLOW (GPD, CAL.)

SURCHARGE FLOW (GPD, CAL.) / EFF. DATE: SURCHARGE PSDF FLOW (GPD, CAL.)/EFF. DATE:

AVG OPERATIONAL DAY FLOW (GPD, CAL.)/EFF. DATE:

\* SURCHARGE INFORMATION

QUARTERLY SURCHARGE VALUES: SS: 0 MG/L BOD: 0 MG/L

ZERO BASED QUALITY SURCHARGE INDICATOR: N

| * SAMPLE POINT INFORMATION | * | SAMPLE | POTNT | INFORMATI | ON |
|----------------------------|---|--------|-------|-----------|----|
|----------------------------|---|--------|-------|-----------|----|

SP: 00-001 Sample Point Not Available -- Normal Operation SP TYPE: End-of- SSF: N FLOW METER PRESENT: N EFFECTIVE DATE: 02/05/2004 Pipe

### \* PROCESS UNIT OPERATION

PUO Code:

FBKG 000 Baking - Baking

WASF 000 Floor Washing - Floor Washing

WASI 000 General Equipment Washing - General Equipment Washing

FSAU 000 Saute - Saute

#### \* PRETREATMENT UNIT OPERATION

PTUO CODE:

00001

SC0020 SCREENING - STATIONARY SCREENS

\* SIC

SIC CODE: 8211

Elementary and Secondary Schools

Eating Places 5812

\* NAICS

#### NAICS CODE:

\* COOLING TOWER

#### TONNAGE:

\* OTHER ENVIRONMENTAL PERMIT(S)

PERMIT#/DESCRIPT.: FSE Number from FOG DB / 21379 / IWMD/FOG

FSE Number from FOG DB / 512646 / IWMD/FOG

\* OTHER INDUSTRIAL WASTEWATER PERMIT(S)

PERMIT NUMBER (S):

| PREPARED  | BY: | DATE: |   |
|-----------|-----|-------|---|
| APPROVED  | BY: | DATE: |   |
| ENTERED E | BY: | DATE: | , |

RUN DATE: 10/21/2015 RUN BY: ATONG

### PUBLIC RECORDS REQUEST FORM

<u>ATTENTION REQUESTOR</u>: To fulfill your request for records, please fill out this form completely, and identify specifically the type of records you are requesting. Requests must reasonably describe identifiable records prepared, owned, used, or retained by the Sanitation Districts.

| REQUES  | STOR INFORMAT  | ION  |  |
|---|--|--|--|
| Name: Carrie Crozier  |  | Date: 10/16/15   |  |
| Company: Parsons  |  | 10/  |  |
| Mailing Address: 160 (J- Walv   | nur St   |  |  |
|   | State: CA  | Zip Code: 91124  |  |
| Phone Number: 626 440 2747  |  |  |  |
| Email Address (recommended): carrie   |  |  |  |
|   |  |  |  |
|   | JESTED RECORDS   |  |  |
| Please clearly describ  | ppies of this form, as   |  |  |
| (use additional co  | opies of this form, as   | necessary)   |  |
| Site: 93rd St. Elementary School 330 E 93rd Street Los Angeles, (A 90083  | All Y  | records, for example:<br>discharges, hazmat/chea<br>exclemical use, etc. |  |
| Los Angeles, CA 90083   | Novs,  | Oscharges, hazmat/chia   |  |
| 0 ,   | steraige   | E. Chemical USE, ETC   |  |
| Time Period of Document Requested   | From: All  | To: A()  |  |
| Time I cried of Document Requested  | 110111. /4[[   | 10. //[]   |  |
| Time Period of Document Requested   | From:  | То:  |  |
|   |  |  |  |
| Time Period of Document Requested   | From:  | То:  |  |
| * Requests that are not specific and focused will be will assist you in making focused and effective requestion new documents or records in response to a requestion. | quests for identifiable rec  |  |  |
| Signature of Requestor  |  |  |  |
| Submit requests by mail, email or fax to:   | Records Administr<br>County Sanitation                                     | rator<br>Districts of Los Angeles County                                 |  |
| Only:   | P.O. Box 4998  |  |  |
| t received:   | Whittier, CA 90607-4998 records_administrator@lacsd.org Fax (562) 699-5422 |  |  |
| response issued:  |  |  |  |
| t was closed:   |  |  |  |

### Crozier, Carrie

Hamilton, Charlene [CHamilton@lacsd.org] Monday, October 19, 2015 3:47 PM Crozier, Carrie From: Sent:

To: Subject: file review

330 E 93<sup>rd</sup>, Los Angeles is not in CSD service area. Refer to City of L.A.

Charlene Hamilton Phone-(562) 908-4288 Ext 2929 -(562) 908-4224 E-Mail -chamilton@lacsd.org



CYNTHIA A. HARDING, M.P.H. Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H. Interim Health Officer

Public Health Investigation Administration LEOLA MERCADEL

Chief, Public Health Investigation

5555 Ferguson Drive, Suite 120-04 Commerce, California 90022 TEL (323) 890-7801 ● FAX (323) 728-0217

www.publichealth.lacounty.gov

November 30, 2015

CARRIE CROZIER 100 WEST WALNUT STREET PASADENA, CA 91124

RE: 330 E. 93RD STREET, LOS ANGELES, CA 90003

I, the undersigned, being the Custodian or the Keeper of Records, certify that a thorough search for the records you requested was carried out under my direction and control.

This search revealed no records.

It should be understood that this does not mean that the records you requested do not exist. It is possible that such records may be misfiled; exist under another spelling, another name, or under another classification. However, with the information furnished to our office, and to the best of our knowledge, no records were located.

If you have any questions regarding your request, please contact our office at (323) 890-7806.

Sincerely,

Malissa Lau, Deputy Health Officer

Public Health Investigation

**COR ID No.157458** 

14B1 - NO Records Form Revised 3/15/13



BOARD OF SUPERVISORS

Hilda Solis First District

Mark Ridley-Thomas Second District

Sheila Kuehl Third District

Don Knabe Fourth District

Michael D. Antonovich

Fifth District



CYNTHIA A. HARDING, M.P.H. Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H. Interim Health Officer

**Public Health Investigation Administration LEOLA MERCADEL** 

Chief, Public Health Investigation

5555 Ferguson Drive, Suite 120-04 Commerce, California 90022 TEL (323) 890-7801 ● FAX (323) 728-0217

www.publichealth.lacounty.gov

January 20, 2016

PARSONS
CARRIE CROZIER
100 WEST WALNUT STREET
PASADENA, CA 91124

RE: 330 E. 93RD STREET, LOS ANGELES, CA 90003

I, the undersigned, being the Custodian or the Keeper of Records, certify that a thorough search for the records you requested was carried out under my direction and control.

### This search revealed no records.

It should be understood that this does not mean that the records you requested do not exist. It is possible that such records may be misfiled; exist under another spelling, another name, or under another classification. However, with the information furnished to our office, and to the best of our knowledge, no records were located.

If you have any questions regarding your request, please contact our office at (323) 890-7806.

Sincerely,

Christian Sten, Deputy Health Officer

Public Health Investigation

COR ID No.168

14B1 - NO Records Form Revised 3/15/13



**BOARD OF SUPERVISORS** 

Hilda Solls First District

Mark Ridley-Thomas Second District

Shella Kuehl Third District

Don Knabe Fourth District

Michael D. Antonovich

### **PARSONS**

100 West Walnut Street • Pasadena, California 91124 • (626) 440-6153 • Fax: (626) 440-2993 • www.parsons.com

October 16, 2015

Regional Records Coordinator Department of Toxic Substances Control Phone (818) 717-6521 / Fax (818) 717-6526

Subject: Request for Information

Hello:

Parsons is performing a Phase I Environmental Assessment for a site in Los Angeles. We are requesting information regarding: 1) Hazardous waste/material use, assessments, investigations, cleanups and operations associated with the property located at the following address:

LAUSD – 93<sup>rd</sup> Street Elementary School 330 E 93<sup>rd</sup> Street, Los Angeles, California 90003

Thank you for your assistance. Please contact me with any information at carrie.crozier@parsons.com or call me at (626) 440-2747.

Sincerely,

Carrie Crozier

Parsons





Matthew Rodriquez
Secretary for
Environmental Protection

## Department of Toxic Substances Control



Barbara A. Lee, Director 9211 Oakdale Avenue Chatsworth, California 913:40

October 22, 2015

Ms. Carrie Crozier Parsons 100 West Walnut Street Pasadena, CA 91124

LAUSD -93<sup>rd</sup> Street Elementary School, 330 E. 93<sup>rd</sup> Street, Los Angeles, CA 90003 PR3-101915-02

Dear Ms. Crozier:

We have received your Public Records Act Request for records from the Department of Toxic Substances Control.

After a thorough review of our files we have found that no such records exist at this office pertaining to the site/facility referenced above. However, your request has been forwarded to our Cypress office as they may have records for this facility.

We would like to inform you about Envirostor, a database that provides information and documents on over 5,000 DTSC cleanup sites. EnviroStor can be accessed at: <a href="http://www.envirostor.dtsc.ca.gov/public">http://www.envirostor.dtsc.ca.gov/public</a>. Also, a computer is available in the Central Files of each DTSC Regional Office for use by community members to view EnviroStor.

If you have any questions, would like further information regarding your request or would like an appointment to visit Glendale's Central Files, please contact me at (818) 717-6522.

Sincerely,

Glenn Castillo/cs

Regional Records Coordinator

### PARSONS

100 West Walnut Street • Pasadena, California 91124 • (626) 440-6153 • Fax: (626) 440-2993 • www.parsons.com

October 16, 2015

Regional Records Coordinator Department of Toxic Substances Control Fax (714) 484-5318

Subject: Request for Information

Hello:

Parsons is performing a Phase I Environmental Assessment for a site in Los Angeles. We are requesting information regarding: 1) Hazardous waste/material use, assessments, investigations, cleanups and operations associated with the property located at the following address:

LAUSD – 93<sup>rd</sup> Street Elementary School 330 E 93<sup>rd</sup> Street, Los Angeles, California 90003

Thank you for your assistance. Please contact me with any information at carrie.crozier@parsons.com or call me at (626) 440-2747.

Sincerely,

Carrie Crozier

**Parsons** 





### Department of Toxic Substances Control

Edmund G. Brown Jr. Governor

Barbara A. Lee, Director 5796 Corporate Avenue Cypress, California 90630

October 20, 2015

Carrie Crozier **PARSONS** 100 West Walnut Street Pasadena, CA 91124

LAUSD- 93<sup>RD</sup> STREET ELEMENTARY SCHOOL 330 E 93<sup>RD</sup> STREET, LOS ANGELES, PR4-1001915-13

Dear Ms. Crozier:

The Department of Toxic Substances Control has received your letter to review records under the Public Records Act.

After a thorough review of our files we have found that no such records exist at this office pertaining to the site/facility referenced above.

We would like to inform you about EnviroStor, a database that provides information and documents on over 5,000 DTSC cleanup sites. EnviroStor can be accesses at: http://www.envirostor.dtsc.ca.gov/public. Also, a computer is available at each DTSC Regional File Room Office for use by community members to view EnviroStor.

If you have any questions or would like further information regarding your request, please contact me at (714) 484-5337.

Sincerely,

Julie Johnson Julie Johnson Regional Records Coordinator

### LOS ANGELES FIRE DEPARTMENT UNDERGROUND TANKS REQUEST FOR FIRE PREVENTION RECORDS ADDRESS: 200 NORTH MAIN ST., 17TH FLR.RM.1700 NEW OFFICE# - 213-978-3700 NEW EMAIL lafd.usttestnotify@lacity.org

## PLEASE GIVE US 7 TO 10 BUSINESS DAYS TO HONOR YOUR REQUEST.

### ONE ADDRESS ONLY - PER SHEET IED ¥

| ▼ COMPLETE THIS BUX. ONE I               | FUR EACH PROPERTY CONCERNED \                               |
|--|---|
| PHONE NO: (326 ) 440 2747                | EMAIL: Carrie. Crozier G Parsons.com                        |
| NAME OF REQUESTER (PLEASE PRINT):Carrie  | Crozier   |
| REPRESENTING (COMPANY NAME): Parsons     |   |
| SIGNATURE: Cric                          | DATE: 10 / 26 / 15  |
| DRIVER LIC NO: 87609417                  | EXP: 7/31/20-20   |
| ADDRESS FOR WHICH RECORDS ARE REQUESTED: | 330 £ 93rd Street Los Angeles 90003                         |
|  |   |
| REASON FOR REQUEST: Phase I Site A       | 455essment  |
|  |   |
| NO COPY SERVICES ALLOWED                 | BILLING & ACCOUNTS RECEIVABLE                               |
| NO GOT / BERVIOLD ALLOWED                | 16 <sup>TH</sup> FL, Rm. 1620, 200 N. MAIN (REV CODE #3887) |
| FOR OFFICE USE ONLY:                     | NO FILE FOUND   |
|  | NO LITE LOOK  |
| A REVIEW ONLY (NO COPIES)                |   |
| REQUEST COPIES                           |   |
| NUMBER OF                                |   |
| PAGES:                                   |   |
| x .10 ¢                                  |   |
|  |   |
| + \$11.00                                |   |
|  |   |
| TOTAL FEE AMOUNT:                        |   |

10/15/2015 01:53 9164458526 PAGE 01/01



### Office of the State Fire Marshal

Pipeline Safety Division P.O. Box 944246 Sacramento, CA 94244-2460

Request ID: 10192015SFM001

TO: PARSONS

CARRIE CROZIER 100 W WALNUT STREET PASADENA, CA 91124

Phone: 626 440 6153 Fax: 626 440 2993 FROM:

Lisa Dowdy

Phone: Fax: (916) 445-8477 (916) 445-8526

### PIPELINE LOCATION REQUEST FOR:

330 E 93RD STREET LOS ANGELES, CA 90003

# THERE ARE NO PIPELINES JURISDICTIONAL TO THE STATE FIRE MARSHAL IN THE AREA FOR WHICH YOU HAVE INQUIRED.

- FOR NATURAL GAS PIPELINES PLEASE CONTACT YOUR LOCAL GAS COMPANY
- FOR OTHER TYPES OF PIPELINE PLEASE CONTACT THE DIVISION OF OIL AND GAS  $\,$  AT  $\,$  (714) 816-6847
- FOR PUBLIC UTILITIES PLEASE CONTACT THE PUBLIC UTILITIES COMMISSION AT (415) 703-2782

Disclaimer: The pipeline information and data represented in this correspondence varies in accuracy, scale, origin and completeness and may be changed at any time without notice. While the Office of the State Fire Marshal, Pipeline Safety Division (OSFM/PSD) makes every effort to provide accurate information, OSFM/PSD makes no warranties as to the suitability of this product for any particular purpose. Any use of this information is at the user's own risk.

For further information or suggestions regarding the data on this site, please contact the Office of the State Fire Marshal, Pipeline Safety Division at P.O. Box 944246, Sacramento, CA 94244 or call (916) 445-8477.



# CALIFORNIA PUBLIC RECORDS ACT RECORDS REQUEST FORM

| Requestor Information:   |
|--|
| Name: Carrie Crozier   |
| Organization/Affiliation: Parsons  |
| Address:100 W Walnut St, Pasadena, CA 91124  |
| Daytime Phone Number: 626-440-2747   |
| Fax Number (if available):   |
| Email Address (if available):carrie.crozier@parsons.com  |
| Request Information:  Today's Date:10/16/15  |
| Records Requested (Please describe in detail):   |
| Site: 93rd Street Elementary School 330 E 93rd Street Los Angeles, CA 90003  I am requesting information on transformers and/or PCBs at or adjacent to the subject address.  If this site is not within your jurisdiction, please let me know. |
| Dates involved in requested documentation: All available   |
| Record Number (e.g., provide Contract, Case, or Board Resolution number if available):   |

The information requested, while not required, will assist in our response to your CPRA request.

### General Information

#### Requests:

Requests may be submitted by regular mail, electronic mail, or facsimile to:

Los Angeles Department of Water and Power CPRA Clearinghouse Systems Support Division P. O. Box 51111, Room 1520 Los Angeles, CA 90051-5700

Email: CPRA@ladwp.com

FAX: (213) 367-0088

- Requestors are encouraged to provide a detailed written description of the records being requested. Clear and specific descriptions make it easier to determine if responsive records are in the possession of the LADWP.
- Requestors are encouraged to check LADWP.com before submitting a CPRA request, as the records sought may be posted at the LADWP Internet site.

### Responses:

- Allow up to ten calendar days to receive a response to your request. A typical response letter may state that records are available for review, that additional time is required to search for records, or that no responsive records were found.
- Responsive records may be viewed at LADWP's downtown Los Angeles headquarters by scheduling a review session. Details regarding how to schedule a review session are included in the response letter.
- Some records are exempt from disclosure under the Public Records Act and other legal reasons may prevent records from being disclosed to the public.

### Fees and Payments:

- There is no fee for the records review session. However, there are fees associated with duplication of records.
  - The duplication fee is \$0.10 per page for standard-sized documents (8 ½" x 11" or 8 ½" x 14" white paper with black ink) and \$0.25 per page for large-sized documents (11" x 17" inch white paper with black ink.)
  - Additional costs may apply for postage (e.g., first class U.S. Mail or expedited delivery), photographs, color reproductions, over-sized drawings, or special programming associated with electronic records.
- All payments are due at the time copies of records are requested. Checks should be made payable in U.S. funds to the Los Angeles Department of Water and Power.
  - o For in-person payments, either cash or check is accepted.
  - For mail-in payments, requestors are encouraged to send checks (not cash) in order to ensure payments reach the CPRA Clearinghouse.

10/22/15 08:11:34

POWER DISTRIBUTION FACILITIES MANAGEMENT TRANSFORMER PCB TEST HISTORY

NF341001-V01 PAGE: 01

Cntrct: A431

Xfmr Nbr: Y00198 Actvty: A Sta Nbr: IS0736-01

Cntrct Yr: 9999 Matl Cd: 2849693 Mfg Cd: DS Rovd Dt: KVA Size: 000750.0

Serial: B-49062

Type: PAD Pri Volt: 34400 Sec Volt: 480Y/277

PCB PCB PCB Tst Sample < 2 (PPM) Test Date Number Number · Test Lab 000001 12 31 1999 P036258 DWP

PF1=Main Menu PF2=Xfmr Menu PF3=Xfmr Data PF4=Clear Scrn PF7=Page Bkwd PF8=Page Frwd NFTR605 Last page. All selected records displayed. LTERM: TPXGR449

NF340401-V06 POWER DISTRIBUTION FACILITIES MANAGEMENT 10/22/15 TRANSFORMER RECORD DATA 08:11:23

Cut Pending To: Mode: R Dest Dt:

Dspl EPA: Phase: 3 Tr Rec: Y00198 A Serial: B-49062 Mfg: DS KVA Size: 000750.0 - 000750.0 Prot: Sec Volt: 480Y/277 Pri Volt: 34400 Pol: S Type: PAD

Imped: 05.59 Imped Dt: 01 24 1968 Accessories: 0.0 PCB PPM: 0000001 PCB Dt: 12 31 1999 Oil Volume (gals):

Salvage Dt: Salvage Bid:

Cause: Rmk: Failure Comp: Rovd Dt: Mfg PCB less than 2: Matl Cd: 2849693 Cntrct Yr: 9999

Cntrct: A431 Wst Char Dt: Disposal Dt: Spc Srv Remove Dt Manifest: Install Dt Remove Auth

Sta Nbr Install Auth 10/31/1968 IS0736-01 51-132-1

PF5=PCB Tests PF4=Clear Scrn PF3=Select Scr PF10=Xfmr Hist PF1=Main Menu PF2=Xfmr Menu PF9=Sta Data PF8=Next Xfmr PF14=Gases Test PF15=PCB/Retro PF6=Elec Tests PF7=Prev Xfmr PF13=Cut Hist PF11=Actv/Inactv Xfmr

1992-09-09-11.11.32.263011 Last Change: XRCARRA LTERM: TPXGR449

### Zen Your Way





### Registered Tower Detail - Tower (1)



• Ownership Info

| Rep   | Company:<br>Contact:<br>Phone:<br>Email: | SBA Monarch Towers II, LLC<br>Edward G Roach<br>(561)995-7670<br>ERoach@sbasite.com | Address:          | 5900 Broken Sound Pkwy NW<br>Boca Raton, FL, 33487                    |
|-------|--|---|-------------------|---|
| Owner | Company:<br>Contact:<br>Phone:<br>Email: | SBA Monarch Towers II, LLC<br>Not Recorded<br>(561)995-7670<br>ERoach@sbasite.com   | Attn:<br>Address: | Edward G. Roach<br>5900 Broken Sound Pkwy NW<br>Boca Raton, FL, 33487 |

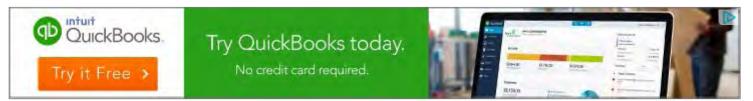
### • Tower Characteristics

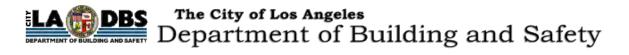
| Registration #:   | 1276445     | Ground Elev:         | 127.0 feet               |
|-------------------|-------------|----------------------|--------------------------|
| Latitude:         | 33.9518     | Height Of Structure: | 55.1 feet                |
| Longitude:        | -118.2741   | Overall Height:      | 182.1 feet               |
| Structure Type:   | Tower       | Structure Address:   | Sergio Property 2CA32414 |
| Status:           | Constructed |                      | Los Angeles, CA          |
| Date Constructed: | 10/21/2010  |                      |                          |

### History

| Purpose      | Status  | Date         |          | Addnl Info                    |  |
|--------------|---------|--------------|----------|-------------------------------|--|
| New Reg      | Granted | 10/22/2010   |          |                               |  |
| Constructed  | Granted | 10/22/2010   |          |                               |  |
| Owner Change | Granted | 04/20/2012   | Assignor | Mobilitie Investments II, LLC |  |
| ogo          | 0. 0    | 0 20. 20 . 2 | Owner    | SBA Monarch Towers II, LLC    |  |
|              |         |              | Rep      | SBA Monarch Towers II, LLC    |  |

© 2004-2009 by General Data Resources, Inc.





Parcel Profile - Report Date: 1/20/2016 3:54:00 PM JOB ADDRESS(ES)

330 E 93RD ST, LOS ANGELES, CA 90003

315 E 95TH ST, LOS ANGELES, CA 90003

### 1. PARCEL LEGAL DESCRIPTION INFORMATION:

Legal Decription:

| Tract:                                      | TR 25535      |
|---|---------------|
| Block:                                      |               |
| Lot:  | LT 1          |
| Arb:  | NO            |
| Modifier:                                   | NO            |
| Map Reference Number for Tract Recordation: | M B 667-59    |
| Parcel Identification Number:               | 094-5A205 373 |

### 2. BASIC ZONING INFORMATION FOR PARCEL:

| Alquist-Priolo Fault Zone:         | NO                                  |
|------------------------------------|-------------------------------------|
| Area Planning Commission:          | South Los Angeles                   |
| Baseline Hillside Ordinance:       | NO                                  |
| Baseline Mansionization Ordinance: | NO                                  |
| Certified Neighborhood Council:    | Empowerment Congress Southeast Area |
| Community Redevelopment Area:      | NO                                  |
| Council District:                  | 9                                   |
| District Map:                      | 094-5A205                           |
| Flood Hazard Zone:                 | NO                                  |
| Hillside Grading Area:             | NO                                  |
| Hillside Ordinance Area:           | NO                                  |
| 145 8 1 5 80 1 4                   |                                     |

| LA Preliminary Fault Study Area: (/OnlineServices/PermitReport/DisplayPDF?path=LAPFRSA.pdf) | NO                    |
|---|-----------------------|
| Planning Area / Community Name:   | Southeast Los Angeles |
| Zone(s):  | PF-1                  |

| 3. GEOGRAPHICALLY ORIENTED PARCEL INFORMATION: | 3. GEOGRAPHICALLY ORIENTED PARCEL INFORMATION: |  |  |
|--|--|--|--|
| 500 Foot School Zone:                          | YES  |  |  |
| Airport Hazard Area:                           | NO   |  |  |
| Alley:   | NO   |  |  |
| Building and Safety Branch Office:             | LA   |  |  |
| Building Line Setback:                         | NO   |  |  |
| Census Tract:                                  | 2406.00  |  |  |
| City Street R/W:                               | NO   |  |  |
| City Walk R/W:                                 | NO   |  |  |
| Coastal Zone Conservation Act:                 | NO   |  |  |
| Community Design Overlay District:             | NO   |  |  |
| Community Noise Equiv. Level:                  | NO   |  |  |
| Compacted Filled Ground:                       | NO   |  |  |
| Division of Land:                              | NO   |  |  |
| Division of Land Exemption:                    | NO   |  |  |
| Earthquake-Induced Landslide Area:             | NO   |  |  |
| Earthquake-Induced Liquefaction Area:          | YES  |  |  |
| Easement:                                      | NO   |  |  |
| Energy Zone:                                   | 8  |  |  |
| Environmentally Sensitive Area:                | NO   |  |  |
| Fire District:                                 | NO   |  |  |
| Front Yard Setback:                            | NO   |  |  |
| Future Street:                                 | NO   |  |  |
| GPI Plan Route Office:                         | NO   |  |  |
| High Wind Area:                                | NO   |  |  |

| Highway Dedication:        | NO        |
|----------------------------|-----------|
| Hillside Street:           | NO        |
| Lot Cut Date:              | NO        |
| Lot Size:                  | NO        |
| Lot Type:                  | NO        |
| Methane Hazard Site:       | NO        |
| Nat. Water Course:         | NO        |
| Near Source Zone Distance: | 3.2       |
| Oil Well Area:             | NO        |
| Parcel Area (sqft):        | 280436.90 |
| Parcel Map Exemption:      | NO        |
| Parking District:          | NO        |
| Parking Layout:            | NO        |
| Private Street:            | NO        |
| Read Yard Setback:         | NO        |
| Side Yard Setback:         | NO        |
| Thomas Brothers Map Grid:  | 704-D3    |
|                            | 704-D4    |
| Vacated Street/Alley:      | NO        |
| Vehicular Access Waived:   | NO        |

### 4. CITY DOCUMENTS ASSOCIATED WITH PARCEL:

| Community Development Block Grant: | LARZ-Central City                     |
|------------------------------------|---------------------------------------|
|                                    | SEZ-LOS ANGELES STATE ENTERPRISE ZONE |
| City Planning Case(s):             | CPC-1996-398-CPR                      |
|                                    | CPC-1990-346-CA                       |
|                                    | CPC-1983-506-SP                       |
|                                    | CPC-20937                             |
| Ordinance:                         | ORD-174172-SA1070                     |
|                                    | ODD 171692                            |

|                             | URD-17 1002                               |
|-----------------------------|---|
|                             | ORD-171681                                |
|                             | ORD-162128                                |
| Specific Plan Area:         | South Los Angeles Alcohol Sales           |
| Zoning Information File(s): | ZI-2374 LOS ANGELES STATE ENTERPRISE ZONE |

### 5. OTHER PARCEL RELATED INFORMATION: