

EAGLE ENVIRONMENTAL INC.

CLOSE OUT PAPER WORK FOR:

PROJECT:

- ☐ License/Company Certification
- ☐ Insurance Certificates
- ☐ Notification
- ☐ Daily Logs
- ☐ Air Samples
- ☐ Manifest
- ☐ Employee Certification
- ☐ Invoice

Thank you for your business. If you have any questions or need further assistance, please do not hesitate to call (801) 936-1155.

PROJECT NUMBER:

LICENSES/COMPANY CERTIFICATIONS



EAGLE ENVIRONMENTAL INC.



CITY OF NORTH SALT LAKE BUSINESS LICENSE

LICENSE NO. 1747

YEAR: 2018

FRED A. JOHNSON

is licensed to conduct business within the city limits of North Salt Lake, Utah for the calendar year or the remaining portion thereof.

EAGLE ENVIRONMENTAL INC
891 W ROBINSON DRIVE #4
NORTH SALT LAKE UT 84054

Mayor

City Recorder

**TO BE DISPLAYED IN A CONSPICUOUS PLACE AT ALL TIMES
NON-TRANSFERABLE**

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Eagle Environmental, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 891 West Robinson Dr. STE #4	Requester's name and address (optional)
	6 City, state, and ZIP code North Salt Lake, UT 84054	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.


Social security number									
			-			-			
or									
Employer identification number									
8	7		-	0	5	1	5	2	6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 05/09/17
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of
Environmental Quality

Alan Matheson
Executive Director

DIVISION OF AIR QUALITY
Bryce C. Bird
Director



DAQA-003-17

December 18, 2017

Fred Johnson
Eagle Environmental, Inc.
891 West Robinson Drive, #4
North Salt Lake, UT 84054

Dear Mr. Johnson:

Re: Utah Asbestos Company Certification Card

The Utah Division of Air Quality (DAQ) has received your Certification Application for Asbestos Company and we are pleased to inform you that your application has been approved. Your new Asbestos company certification card is enclosed with this letter and this card is the sole method of Asbestos company certification documentation that you will receive from the DAQ. Please check the information on your asbestos company certification card carefully and please confirm that the company name and certification expiration date are correct.

Please be aware that your company is certified to perform asbestos projects in accordance with applicable state and federal rules and the use of Utah certified individuals is mandatory. Also, your certification may be revoked or suspended if the Utah certified individual or company are found to be in violation of the asbestos certification and work practices standards found in Utah Administrative Code R307-801 or the National Emission Standard for Asbestos found in Title 40 Code of Federal Regulations Part 61 Subpart M.

If you have any questions about this letter or the enclosed asbestos company certification card, please contact Lisa Haroutunian at (801) 536-4007 or at lhharoutunian@utah.gov.

Sincerely,

Robert W. Ford, Manager
Air Toxics, Lead-Based Paint, and Asbestos Section

RWF:LH:lr *LCA*

INSURANCE CERTIFICATES



EAGLE ENVIRONMENTAL INC.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2018

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

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

PRODUCER The Buckner Company 6550 S Millrock, Suite #300 Salt Lake City UT 84121	CONTACT NAME: Annette Smith PHONE (A/C, No, Ext): 801-937-6765 E-MAIL ADDRESS: asmith@buckner.com FAX (A/C, No): 801-365-0819
INSURED Eagle Environmental, Inc. 891 W Robinson #4 North Salt Lake UT 84054	INSURER(S) AFFORDING COVERAGE INSURER A: Workers Compensation Fund INSURER B: Homeland Insurance Company of New York INSURER C: Atlantic Specialty Insurance Company INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 2000958475**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional \$1m GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	7930060800000	4/1/2018	4/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ContractorsPollution \$ 1,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Pollution <input checked="" type="checkbox"/> MCS90	Y	Y	7930060810000	4/1/2018	4/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	7930060820000	4/1/2018	4/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	Y N/A	1699957	6/1/2018	6/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

For Information Only
6550 South Millrock Dr Suite 300
Salt Lake City UT 84121

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

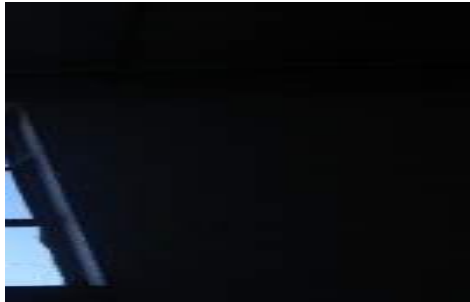
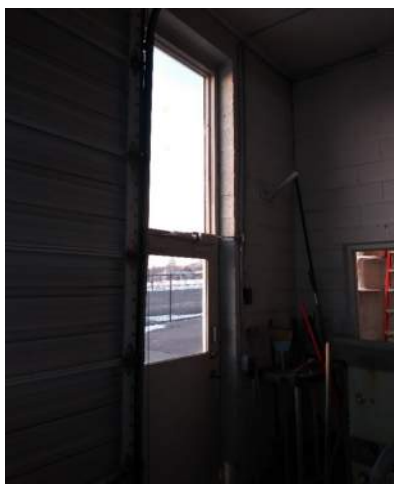
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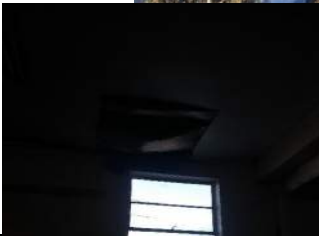
DAILY LOGS



EAGLE ENVIRONMENTAL INC.







AIR SAMPLES



EAGLE ENVIRONMENTAL INC.



Airborne Fiber Analysis

By Phase Contrast Microscopy
NIOSH 7400, Issue 2, (A Counting Rules)



Customer: Eagle Environmental, Inc.
891 West Robinson Drive
North Salt Lake, UT 84054

Attn: Juan Valadez

Lab Order ID: 71902476

Analysis ID: 1902476_PCM

Date Received: 1/29/2019

Project: 21125 12219 Pleasant View Windows

Date Reported: 1/30/2019

Sample ID	Description	Volume	Fibers	Filter	LOD	Conc.
Lab Sample ID	Lab Notes	Filter Area	Fields	(Fibers / mm ²)	(Fibers / cc)	(Fibers / cc)
21125 P-1	Bryan	600 L	11	14	0.0045	0.0090
71902476PCM_1		385 mm ²	100			
21125 E-2	Fernando	60 L	< 5.5	< 7.0	0.045	< 0.045
71902476PCM_2		385 mm ²	100			
21125 FB		0 L	< 5.5	< 7.0	N/A	N/A
71902476PCM_3		385 mm ²	100			

This report relates only to the samples tested and may not be reproduced, except in full, without the written approval of SAI. This report may not be used by the client to claim product endorsement by AIHA or any other agency of the U.S. government. Scientific Analytical Institute participates in the AIHA IHPAT program. IHPAT Laboratory ID: 173190 Unless otherwise noted blank sample correction was not performed on analytical results. Analytical uncertainty available upon request. (Laboratory precision: Sr: 0.45

Sharon Donald (3)

Analyst

Approved Signatory



891 West Robinson Drive
North Salt Lake, UT 84054

Job #:

Phone Number: 1 (801) 936-1155

Fax Number: 1 (801) 936-1505

71902476
21125 12219

Project Name: Pleasant View Windows		Location: 520 W Elberta Dr		Client: Pleasant View City		Date: 1-22-19		Analysis Type (Circle)																
Competent Person: Juan Valadez		Signature: 		Rotometer #: 41		Calibration Date: 7-17		Asbestos PCM TEM	Lead AIR TCLP	Other														
Sample Identification	Time On	Start Flow Rate	Time Off	End Flow Rate	Total Air Volume	Employee	Sample Location	Sample Code	Respir Code	Task Code	Analys Code	Total Minutes	Lab Results	8 HR TWA										
2/1/25 P-1	9:40 AM PM	1.0 LPM	5:40 AM PM	1.0 LPM	600 Liters	Bryan	outside containment	P	HF	OT	PCM	600												
2/1/25 E-1	9:40 AM PM	2.0 LPM	10:20 AM PM	7.0 LPM	60 Liters	Fernando	outside containment	E	HF	OT	PCM	30												
2/1/25 FB								FB																
	AM PM	LPM	AM PM	LPM	Liters																			
	AM PM	LPM	AM PM	LPM	Liters																			
	AM PM	LPM	AM PM	LPM	Liters																			
	AM PM	LPM	AM PM	LPM	Liters																			
	AM PM	LPM	AM PM	LPM	Liters																			
	AM PM	LPM	AM PM	LPM	Liters																			
	AM PM	LPM	AM PM	LPM	Liters																			
	AM PM	LPM	AM PM	LPM	Liters																			
NESHAP <input type="checkbox"/> <NESHAP <input type="checkbox"/>																								
ASBESTOS TASK CODES: AR - Asphalt Roof Removal CA - Clean-up Activities CS - Ceiling Scrape DR - Drywall Removal FM - Fluid Mastic Removal FR - Flooring Removal GR - Glovebag Removal MD - Manual Demolition PA - Prep Activities PR - Pipe TSI Removal RF - RFCI VAT Removal SB - Surfacing Boiler SF - Spray On Fireproofing TR - Transite Removal OT - Other <u>Windows</u>					LEAD TASK CODES: AB - Abrasive Blasting AV - Abrasive Vacuum Blasting CA - Clean-up Activities CR - Component Removal CS - Chemical Stripping ED - Equipment Demolition EE - Encap/Enclosure PA - Preparation Activities MD - Manual Demolition MS - Manual Scraping PS - Pneumatic Scaling/Scabbler WB - Water blasting OT - Other _____					SAMPLING CODES: C - Clearance E - Excursion G - General Environmental P - Personal FB - Field Blank RESPIRATOR CODES: HF - 1/2 Face APR FF - Full-Face APR PA - Full-Face Powered APR SPC - Supplied Air (Continuous Flow) SPD - Supplied Air (Demand Mode)					LAB RESULTS: A - f/cc D - Damaged Filter L - u/m ND - None Detected NA - Not Analyzed O - Overloaded T - s/mm OT - Other _____					Release by Print: <u>Juan Valadez</u> Date: <u>1-22-19</u> Release by Signature: <u></u> Received by Print: <u>Amber</u> Date: <u>1/22</u> Received by Signature: <u>AW</u> Lab Sent To: <u>Sai</u> Date: <u>1/22</u> Lab Signature: <u>N. Hancig</u> Date: <u>1/29 10:30A</u> Turn Around Time: <u>78 HR</u> Purchase Order #:				

MANIFEST



EAGLE ENVIRONMENTAL INC.



JOB # 21125**ASBESTOS COMPLIANCE MANIFEST**

28682 A

PART 1**GENERATOR**

A generator must sign and **retain a handsigned copy** from the designated facility which received the waste. Only handsigned copies are legal documents for generators.

PROJECT NAME: Pleasant View WindowsGENERATOR NAME: Pleasant View CityADDRESS: 570 N Elberta DrADDRESS: 570 N Elberta DrCITY/STATE/ZIP: Pleasant View UT 84414CITY/STATE/ZIP: Pleasant View UT 84414PHONE NO: 801-668-6989Name of Authorized Agent [Signature]Signature [Signature]Receipt Date 01/22/19**PART 2****CONTRACTOR**NAME OF CONTRACTOR: EAGLE ENVIRONMENTAL, INC.ADDRESS: 891 WEST ROBINSON DRIVE #4 ACCT #: 590-1175CITY/STATE/ZIP: NORTH SALT LAKE, UTAH 84054 PHONE: (801) 936-1155

NA 2212

RQ Asbestos

Class 9

PG III

Weight

Cubic yds. 4**RESPONSIBLE AGENCY:**

Division of Air Quality
Dept. of Health
P.O. Box 16690
1950 West North Temple
Salt Lake City, UT 84116-0690
(801) 536-4000

Transportation Regulations for asbestos are:**EPA Regulations are:** 40CFR Subpart 61.150☒ FRIABLE 100497 UT☐ NON-FRIABLE 100498 UTSpecial handling instruction (if any): [Signature]Name of Authorized Agent [Signature]Signature [Signature]Receipt Date 01/22/19**PART 3****TRANSPORTER**A transporter must keep a copy of each manifest signed. **Obtain the handwritten signature** of the initial transporter.and date of acceptance on the manifest. This must remain on file for three years. Emergency contact: (801) 910-0408**In case of accident or spill, inspect bag for holes damage. Keep all material wet until clean-up crews responds.**TRANSPORTER #1: EAGLE ENVIRONMENTAL, INC. PHONE NO.: (801) 936-1155ADDRESS: 891 WEST ROBINSON DRIVE #4 NORTH SALT LAKE, UTAH 84054Name of Authorized Agent [Signature]Signature [Signature]Receipt Date 01/22/19TRANSPORTER #2: ☒ ADVANCED WASTE PO BOX 540378 NORTH SALT LAKE, UTAH 84054 (801) 294-4888Name of Authorized Agent [Signature]Signature [Signature]Receipt Date 01/25/19**PART 4****DESTINATION**

A designated facility must **retain a handsigned copy** of the manifest on file for three years.

SITE NAME: Mountain View LandfillADDRESS: 6976 West California Ave. SLC, UT 84104PHONE NO.: (801) 250-0555**RESPONSIBLE AGENCY:**

Division of Air Quality
Dept. of Health
P.O. Box 144820
195 N. 1950 W., 4th Floor
Salt Lake City, UT 84114-4820
(801) 536-4000

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent [Signature]Signature [Signature]Receipt Date 01/25/19

Discrepancy Indication _____

UT 1 WHITE: Generator GREEN: Final Transporter YELLOW: Contractor PINK: Landfill GOLD: Transporter 1

EMPLOYEE CERTS & PHYSICALS



EAGLE ENVIRONMENTAL INC.



HEALTH
UNIVERSITY OF UTAH

Rocky Mountain Center
for Occupational and Environmental Health
Department of Family & Preventive Medicine
391 Chipeta Way, Suite C
Salt Lake City UT 84108
Phone: (801) 581-4055
Fax: (801) 585-5275

THIS CERTIFIES THAT

Bryan Rodriguez

*HAS COMPLETED THE REQUISITE TRAINING FOR
ASBESTOS ACCREDITATION UNDER TSCA TITLE II*

**PRACTICES AND PROCEDURES IN
ASBESTOS ABATEMENT**

Asbestos Contractor/Supervisor Training

DATE: December 3-6, 2018
EXAM: December 6, 2018
NUMBER: 4.0150
EXPIRES: December 6, 2019
CREDITS: 4.0 CEUs / 4.01 ABIH CM Points

A handwritten signature in black ink that reads "Connie Crandall".

Connie Crandall, MBA, MA
Continuing Education Director



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of
Environmental Quality

Alan Matheson
Executive Director

DIVISION OF AIR QUALITY
Bryce C. Bird
Director

Utah Asbestos Certification



Bryan Rodriguez
ASB-6802

Supervisor (Exp. 12/06/2019)



Bryce C. Bird

Director, Utah Division of Air Quality

December 13, 2018

DAQA-001-18

Bryan Rodriguez
Eagle Environmental, Inc.
891 West Robinson Drive, #4
North Salt Lake, UT 84054

Dear Mr. Rodriguez:

Re: Utah Asbestos Program Individual Certification Card

The Utah Division of Air Quality (DAQ) has reviewed your Utah Asbestos Program Certification Application for Individuals and we are pleased to inform you that your application has been approved. Your new asbestos program individual certification card is enclosed with this letter and this card is the sole method of individual certification documentation that you will receive from the DAQ.

Please check the information on your asbestos program certification card carefully. Please confirm that the photograph, name, and certification discipline(s) are correct. Also, please remember to keep your current asbestos program certification card with you at all times when you are performing regulated asbestos work activities.

Please contact Tamie Call at (801) 536-4007 or at twcall@utah.gov if you have any questions regarding this letter or the enclosed asbestos program certification card.

Sincerely,

Robert W. Ford, Manager
Air Toxics, Lead-Based Paint, and Asbestos Section

RWF:TC:lr LCA



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 10-15-18

EMPLOYEE NAME: Bryan Rodriguez

RESPIRATOR: Model: North Size: L Protector Factor: 10

TEST CONDUCTOR NAME: Guillermo Ibanez

TEST CONDUCTOR SIGNATURE: [Signature]

CONDITION OF RESPIRATOR: Poor: Good: Excellent: New: X

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? No

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? No

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST? No

TEST: PASS: X FAIL:

TEST SUBJECT SIGNATURE: Bryan Rodriguez

Respirator Card

801-975-1600

Concentra Medical Center

2290 S. Redwood Road

SLC, UT 84110

Name: Bryan RodriguezID#: 01058 Date Issued: 11/15/18Employer: Eagle Environmental

The above individual has been examined for respirator fitness. This evaluation included the Respirator Questionnaire in accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. This card is valid for one year from issue date unless medical status changes.

Medical Examiner's Signature: [Signature] License Number: 9129303-1205 UT



Rocky Mountain Center
for Occupational and Environmental Health
Department of Family & Preventive Medicine
391 Chipeta Way, Suite C
Salt Lake City UT 84108
Phone: (801) 581-4055
Fax: (801) 585-5275

THIS CERTIFIES THAT

Fernando J. Cerezo

*HAS COMPLETED THE REQUISITE TRAINING FOR
ASBESTOS ACCREDITATION UNDER TSCA TITLE II*

**PRACTICES AND PROCEDURES IN
ASBESTOS ABATEMENT**

Asbestos Contractor/Supervisor Training

DATE: December 3-6, 2018
EXAM: December 6, 2018
NUMBER: **101236**
EXPIRES: December 6, 2019
CREDITS: 4.0 CEUs / 4.01 ABIH CM Points

A handwritten signature in black ink that reads 'Connie Crandall'.

Connie Crandall, MBA, MA
Continuing Education Director



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of
Environmental Quality

Alan Matheson
Executive Director

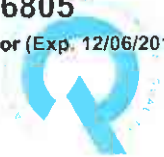
DIVISION OF AIR QUALITY
Bryce C. Bird
Director

Utah Asbestos Certification



Fernando Cerezo
ASB-6805

Supervisor (Exp. 12/06/2019)



Bryce C. Bird
Director, Utah Division of Air Quality

December 13, 2018

DAQA-001-18

Fernando Cerezo
Eagle Environmental, Inc.
891 West Robinson Drive, #4
North Salt Lake, UT 84054

Dear Mr. Cerezo:

Re: Utah Asbestos Program Individual Certification Card

The Utah Division of Air Quality (DAQ) has reviewed your Utah Asbestos Program Certification Application for Individuals and we are pleased to inform you that your application has been approved. Your new asbestos program individual certification card is enclosed with this letter and this card is the sole method of individual certification documentation that you will receive from the DAQ.

Please check the information on your asbestos program certification card carefully. Please confirm that the photograph, name, and certification discipline(s) are correct. Also, please remember to keep your current asbestos program certification card with you at all times when you are performing regulated asbestos work activities.

Please contact Tamie Call at (801) 536-4007 or at twcall@utah.gov if you have any questions regarding this letter or the enclosed asbestos program certification card.

Sincerely,

Robert W. Ford, Manager
Air Toxics, Lead-Based Paint, and Asbestos Section

RWF:TC:lr *RAH*



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 10-15-2018

EMPLOYEE NAME: Fernando Cerezo

RESPIRATOR: Model: North Size: S Protector Factor: 10

TEST CONDUCTOR NAME: Guillermo Ibanez

TEST CONDUCTOR SIGNATURE: [Signature]

CONDITION OF RESPIRATOR: Poor: ____ Good: ____ Excellent: ____ New: X

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? No

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? No

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST? No

TEST: PASS: X FAIL: ____

TEST SUBJECT SIGNATURE: [Signature]

Respirator Card

801-975-1600

Concentra Medical Center

2390 S. Redwood Road

SLC, UT 84119

Name: Fernando CerezoID#: 2449 Date Issued: 11/15/18Employer: Eagle Environmental

The above individual has been examined for respirator fitness. This evaluation included the Respirator Questionnaire in accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. This card is valid for one year from issue date unless medical status changes.

Medical Examiner's Signature

License Number

KIRSTEN CALLARI, PA-C 6724153-1206



Rocky Mountain Center
for Occupational and Environmental Health
Department of Family & Preventive Medicine
391 Chipeta Way, Suite C
Salt Lake City UT 84108
Phone: (801) 581-4055
Fax: (801) 585-5275

THIS CERTIFIES THAT


Juan Carlos Valadez

*HAS COMPLETED THE REQUISITE TRAINING FOR
ASBESTOS ACCREDITATION UNDER TSCA TITLE II*

ATTENDED AN ANNUAL REFRESHER COURSE IN
PRACTICES AND PROCEDURES IN
ASBESTOS ABATEMENT

Asbestos Contractor/Supervisor Refresher

DATE: November 16, 2018
NUMBER: ~~181089~~
EXPIRES: November 16, 2019
CREDITS: 0.80 CEUs / 1.34 ABIH CM Points


Connie Crandall, MBA, MA
Continuing Education Director



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of
Environmental Quality

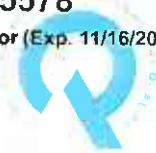
Alan Matheson
Executive Director

DIVISION OF AIR QUALITY
Bryce C. Bird
Director

Utah Asbestos Certification

Juan Carlos Valadez
ASB-5578

Supervisor (Exp. 11/16/2019)



Bryce C. Bird

Director, Utah Division of Air Quality

November 30, 2018

DAQA-001-18

Juan Carlos Valadez
Eagle Environmental, Inc.
891 West Robinson Drive, #4
North Salt Lake, UT 84054

Dear Mr. Valadez:

Re: Utah Asbestos Program Individual Certification Card

The Utah Division of Air Quality (DAQ) has reviewed your Utah Asbestos Program Certification Application for Individuals and we are pleased to inform you that your application has been approved. Your new asbestos program individual certification card is enclosed with this letter and this card is the sole method of individual certification documentation that you will receive from the DAQ.

Please check the information on your asbestos program certification card carefully. Please confirm that the photograph, name, and certification discipline(s) are correct. Also, please remember to keep your current asbestos program certification card with you at all times when you are performing regulated asbestos work activities.

Please contact Tamie Call at (801) 536-4007 or at twcall@utah.gov if you have any questions regarding this letter or the enclosed asbestos program certification card.

Sincerely,

Robert W. Ford, Manager
Air Toxics, Lead-Based Paint, and Asbestos Section

RWF:TC:lr *LCA*
LW



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 07-05-17

EMPLOYEE NAME: Juan C. Veladez

RESPIRATOR: Model: North Size: L Protector Factor: 10

TEST CONDUCTOR NAME: Guillermo Ibanez

TEST CONDUCTOR SIGNATURE: [Signature]

CONDITION OF RESPIRATOR: Poor: Good: Excellent: X New:

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? No

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? No

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST? No

TEST: PASS: X FAIL:

TEST SUBJECT SIGNATURE: Juan Veladez

Respirator Card

801-975-1600

Concentra Medical Center

2390 S. Redwood Road
SLC, UT 84119

Name: Juan Valdez

ID#: _____ Date Issued: 7/3/18

Employer: Eagle Environmental

The above individual has been examined for respirator fitness. This evaluation included the Respirator Questionnaire in accordance with 29 CFR 1910.134. this limited evaluation is specific to respirator use only. This card is valid for one year from issue date unless medical status changes.

MELANIE KAMMERMAN, PA-C 8428681-1206

Medical Examiner's Signature

License Number

M. Kammerman PAC

INVOICE



EAGLE ENVIRONMENTAL INC.



Eagle Environmental
891 Robinson Dr. #4
North Salt Lake, UT, 84054-1234
Phone: 801-936-1155

INVOICE

Reference Nbr.: 001159
Date: 04-Mar-2019
Due Date: 03-Apr-2019
Customer ID: 3121
Currency: US

BILL TO:		Project Address
Pleasant View City 520 W. Elberta Dr. Pleasant View UTAH 84414 United States of America Attn: Dana Shuler		Pleasant View Storage Bldg 520 W. Elberta Dr. Pleasant View, Utah, 84414
CUSTOMER REF. NBR.	TERMS	CONTACT
	30 Days	
Description		PRICE

Scope of Work: Removed, transported, and disposed of approximately 155 LF of window glazing (6 Windows) and 520 LF of caulking around doors and windows.

Total Due: \$2,100.00

Contact: Dana Shuler

NOTE:

Sales Total: 2,100.00
Tax Total: 0.00
Discount Total: 0.00
Total (US): 2,100.00