

DUPLICATE

PROJECT DOCUMENTATION

HELENA HOUSING AUTHORITY
LEAD REMOVAL
HELENA, MT LEWIS AND CLARK COUNTY
FINAL LOGS
VOLUME IX
OCTOBER 26, 1992 TO APRIL 30, 1993

ASBESTOS, INC.
REMOVAL AND REFINISHING
P. O. BOX 1277
RAPID CITY, SD 57709-1277
(605) 342-5634

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VOLUME

IX

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

OWNER REPRESENTATIVE CERTIFICATE OF SUBSTANTIAL COMPLETION

PROJECT DATA

Name: HELENA Housing
Address: 812 ABBEY
Owner Name: Helena Housing Authority

Number: 2nd Block
Inspection Area: 402, 403, 405, 406, 407, 409, 417, 418, 420, 413, 310

VISUAL
A. SATISFACTORY

Signature: Mark Keller
Print Name: MARK KELLER

Date: 11/25/92
Title: Maint. Supervisor

B. SATISFACTORY PENDING THE FOLLOWING CORRECTIVE ACTIONS

All Punch list items complete

C. SATISFACTORY; ALL ITEMS IN B, ABOVE CORRECTED

Signature: _____
Print Name: _____

Date: 11/25/92
Date: 11/25/92

ANALYTICAL CLEARANCE AIR TESTS

A. Laboratory Name: Chem-Northern, INC.

Wipe test conducted by Ed Johnson.

Owner/Owner representative hereby authorizes this certification of substantial completion.

Signature: N. J. Campeau
Print Name: N. J. CAMPEAU

Date: 11/25/92
Date: 11/25/92

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

OWNER REPRESENTATIVE CERTIFICATE OF SUBSTANTIAL COMPLETION

PROJECT DATA

Name: HELENA Housing Authority

Number: 1st Block

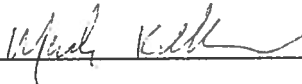
Address: BIZ ABBEY

Inspection Area: 401, 404, 411, 412,
414, 415, 416, 423,
425, 427, 435, 436
324

Owner Name: HELENA Housing Auth.

VISUAL

A. SATISFACTORY

Signature: 

Date: 11/17/92

Print Name: MARK KELLER

Title: Maint Supervisor

B. SATISFACTORY PENDING THE FOLLOWING CORRECTIVE ACTIONS

North door on Apt 427 won't latch (Entry) Storm door
strike plate needs adjusting

C. SATISFACTORY; ALL ITEMS IN B, ABOVE CORRECTED

Signature: _____

Date: _____

Print Name: _____

Date: _____

ANALYTICAL CLEARANCE AIR TESTS

A. Laboratory Name: Chen-Northern, Inc

Wipe test conducted by Ed Johnson

Owner/Owner representative hereby authorizes this certification of substantial completion.

Signature: 

Date: 12-1-92

Print Name: N. J. CAMPEAU

Date: 12-1-92

~~_____~~

**ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.**

OWNER REPRESENTATIVE CERTIFICATE OF SUBSTANTIAL COMPLETION

PROJECT DATA

Name: Helena Housing Authority
Address: 812 Abbey
Helena, Montana
Owner Name: Wanda K. [unclear] HHA

Number: PHASE 3
Inspection Area: 422-421-408
424-428424

VISUAL

A. SATISFACTORY

Signature _____

Date: _____

Print Name _____

Title: _____

B. SATISFACTORY PENDING THE FOLLOWING CORRECTIVE ACTIONS

C. SATISFACTORY; ALL ITEMS IN B, ABOVE CORRECTED

Signature _____

Date: _____

Print Name _____

Date: _____

ANALYTICAL CLEARANCE ^{Wipe} AIR TESTS

A. Laboratory Name: Chen-Northern, Inc. by Ed [unclear]

Wipe test conducted

Owner/Owner representative hereby authorizes this certification of substantial completion.

Signature: [Signature]

Date: 12-15-92

Print Name: _____

Date: _____

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

OWNER REPRESENTATIVE CERTIFICATE OF SUBSTANTIAL COMPLETION

PROJECT DATA

Name: Helena Housing Authority
Address: 812 Abbey
Helena, Montana
Owner Name: Mark C. Hill HHA

Number: #4
Inspection Area: 430,431,432
433, 307, 313

VISUAL
A. SATISFACTORY

Signature _____ Date: _____
Print Name _____ Title: _____

B. SATISFACTORY PENDING THE FOLLOWING CORRECTIVE ACTIONS

C. SATISFACTORY; ALL ITEMS IN B, ABOVE CORRECTED

Signature _____ Date: _____
Print Name _____ Date: _____

ANALYTICAL CLEARANCE ^{Wipe} AIR TESTS

A. Laboratory Name: Clean-Northern, Inc. by Ed Johnson

Wipe test conducted

Owner/Owner representative hereby authorizes this certification of substantial completion.

Signature: [Signature] Date: 12-15-92
Print Name: _____ Date: _____

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

OWNER REPRESENTATIVE CERTIFICATE OF SUBSTANTIAL COMPLETION

PROJECT DATA

Name: Helena Housing Authority
Address: 812 Abbey
Helena, Montana
Owner Name: Helena Housing Authority

Number: PAASE 5

Inspection Area: 305-306-323
315-314429

VISUAL

A. SATISFACTORY

Signature _____

Date: _____

Print Name _____

Title: _____

B. SATISFACTORY PENDING THE FOLLOWING CORRECTIVE ACTIONS

C. SATISFACTORY; ALL ITEMS IN B, ABOVE CORRECTED

Signature _____

Date: _____

Print Name _____

Date: _____

ANALYTICAL CLEARANCE AIR TESTS

A. Laboratory Name: Chem-Northern Inc. by Ed Johnson.

Wipe test conducted

Owner/Owner representative hereby authorizes this certification of substantial completion.

Signature: Mark Keller

Date: 1-5-93

Print Name: Mark Keller

Date: 1-5-93

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

OWNER REPRESENTATIVE CERTIFICATE OF SUBSTANTIAL COMPLETION

PROJECT DATA

Name: Helena Housing Authority
Address: 812 Abbey
Helena, MT
Owner Name: Helena Housing Authority

Number: 410-311-309-314-318

Inspection Area: 410-311-309
314-318

VISUAL

A. SATISFACTORY

Signature _____

Date: _____

Print Name _____

Title: _____

B. SATISFACTORY PENDING THE FOLLOWING CORRECTIVE ACTIONS

C. SATISFACTORY; ALL ITEMS IN B, ABOVE CORRECTED

Signature _____

Date: _____

Print Name _____

Date: _____

ANALYTICAL CLEARANCE ^{Wipe} AIR TESTS

A. Laboratory Name: Chen-Northern, Inc.

Wipe test conducted by Ed Johnson.

Owner/Owner representative hereby authorizes this certification of substantial completion.

Signature: [Signature]

Date: 1-19-93

Print Name: N.J. Campbell

Date: _____

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

OWNER REPRESENTATIVE CERTIFICATE OF SUBSTANTIAL COMPLETION

PROJECT DATA

Name: _____
Address: _____
Owner Name: _____

Number: 317-319-312
Inspection Area: 317-319-312

VISUAL

A. SATISFACTORY

Signature _____
Print Name _____

Date: _____
Title: _____

B. SATISFACTORY PENDING THE FOLLOWING CORRECTIVE ACTIONS

C. SATISFACTORY; ALL ITEMS IN B, ABOVE CORRECTED

Signature _____
Print Name _____

Date: _____
Date: _____

ANALYTICAL CLEARANCE AIR TESTS

A. Laboratory Name: Chen-Northern, Inc

Wipe test conducted by Ed Johnson.

Owner/Owner representative hereby authorizes this certification of substantial completion.

Signature: Mark Keller
Print Name: MARK KELLER

Date: 1/26/93
Date: 1/26/93

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

OWNER REPRESENTATIVE CERTIFICATE OF SUBSTANTIAL COMPLETION

PROJECT DATA

Name: _____
Address: _____
Owner Name: _____

Number: _____

Inspection Area: 301-302-303
304-320-

VISUAL

A. SATISFACTORY

Signature: 
Print Name: MARK KELLER

Date: 1/12/43
Title: Plant Supervisor

B. SATISFACTORY PENDING THE FOLLOWING CORRECTIVE ACTIONS

C. SATISFACTORY; ALL ITEMS IN B, ABOVE CORRECTED

Signature: _____
Print Name: _____

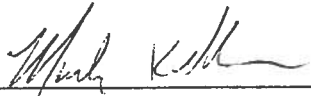
Date: _____
Date: _____

ANALYTICAL CLEARANCE AIR TESTS

A. Laboratory Name: Chem-Northern, Inc. by Ed Johnson.

Wipe test conducted

Owner/Owner representative hereby authorizes this certification of substantial completion.

Signature: 
Print Name: MARK KELLER

Date: 2/2/43
Date: _____

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

OWNER REPRESENTATIVE CERTIFICATE OF SUBSTANTIAL COMPLETION

PROJECT DATA

Name: _____
Address: _____
Owner Name: _____

Number: 128-129223-224-225
Inspection Area: 223-224-225
128-129

VISUAL

A. SATISFACTORY

Signature _____
Print Name _____

Date: _____
Title: _____

B. SATISFACTORY PENDING THE FOLLOWING CORRECTIVE ACTIONS

C. SATISFACTORY; ALL ITEMS IN B, ABOVE CORRECTED

Signature _____
Print Name _____

Date: _____
Date: _____

ANALYTICAL CLEARANCE AIR TESTS

A. Laboratory Name: Chen-Northern, Inc.

Wipe test conducted by Ed Johnson

Owner/Owner representative hereby authorizes this certification of substantial completion.

Signature: Mark Keller
Print Name: Mark KELLER

Date: _____
Date: 2/3/93

11

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: Helene Housley
Address: 812 Abby
Helene Mt
Owner Name: Helene Housley Authority

Number: I

Inspection Area: 401-422-414-3404
425-423-427-435-434-
415-414-411-412-414-324

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input checked="" type="checkbox"/> other _____ | <input checked="" type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

N/A

Chen-Northern Inc. ; ED [Signature]
I.H / Owner Rep. Signature

11/17/92
Date

Rudy Salcedo
Contractor Rep. Signature

11/17/92
Date

A.P 430 - 1021

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: HELENA HOUSING
Address: 812 Abby
HELENA MT.
Owner Name: HELENA HOUSING INC

Number: 2ND BLK
Inspection Area: 402-403-405-404
407-409-417-418-420-413-310

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input checked="" type="checkbox"/> other _____ | <input checked="" type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

N/A

Chen-Northern, Inc ; Ed
I.H / Owner Rep. Signature
Ruby Salcedo
Contractor Rep. Signature

11/25/92
Date
11/25/92
Date

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: Helena Housing Authority
Address: 812 Abbey
Helena, Montana
Owner Name: Helena Housing Authority

Number: PHASE # 3
Inspection Area: 422-421-408-424
428-424

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input checked="" type="checkbox"/> other _____ | <input checked="" type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

Chen-Northon, Inc. Ed. Chen
I.H. / Owner Rep. Signature

12/4/92
Date

Ruby Salcedo
Contractor Rep. Signature

12/4/92
Date

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: Helena Housing Authority
Address: 812 Abbey
Helena, Montana
Owner Name: Helena Housing Authority

Number: #41
Inspection Area: 430-431-432
433-307-~~431~~-313

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input checked="" type="checkbox"/> other _____ | <input checked="" type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

Chen - Northern, Inc. by Ed Chen
I.H / Owner Rep. Signature

12/11/92
Date

Randy Salcedo
Contractor Rep. Signature

12/11/92
Date

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: Delena Housing Authority
Address: 812 Ardley
Neioma, Missouri
Owner Name: Delena Housing Authority

Number: 5
Inspection Area: 305-304-
313-315-314-4/29

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input checked="" type="checkbox"/> other _____ | <input checked="" type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

Mark K. [Signature]
I.H / Owner Rep. Signature
Rudy Salcido
Contractor Rep. Signature

1/5/92
Date
12/17/92
Date

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: Helena Housing Authority
Address: 812 Abdul Street
Helena, Montana, 59601
Owner Name: Helena Housing Authority

Number: _____

Inspection Area: 301-302-303-
304-320

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input checked="" type="checkbox"/> other _____ | <input checked="" type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

Ed Johnson - Chen-Northern, Inc.
I.H / Owner Rep. Signature

01-12-93
Date

Randy Salcedo
Contractor Rep. Signature

1/12/93
Date

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: Helena Housing Authority
Address: 812 Abbey
Helena, MT
Owner Name: Helena Housing Authority

Number: 410-311-309-318-316
Inspection Area: 410-311
309-316-318

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input checked="" type="checkbox"/> other _____ | <input checked="" type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

Ed Johnson (Chen-Northen, Inc.)
I.H / Owner Rep. Signature
Ruby Salcido
Contractor Rep. Signature

01-19-93
Date
1/19/97
Date

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: Helena Housing Authority
Address: 812 Abbey Street
Helena, Montana, 59601
Owner Name: Helena Housing Authority

Number: 319-317-312

Inspection Area: 319-317-312

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

Ed [Signature]
I.H / Owner Rep. Signature

01-21-93
Date

Rudy Salcedo
Contractor Rep. Signature

1/21/93
Date

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: _____
Address: _____
Owner Name: _____

Number: 123-224-225-129-12
Inspection Area: 123-224-225-129
128

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input checked="" type="checkbox"/> other _____ | <input checked="" type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

M. K. K.
I.H. / Owner Rep. Signature

2/3/93
Date

Rudy Salcedo
Contractor Rep. Signature

2/3/93
Date

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: Helena Housing Authority
Address: 812 Abbey
Helena MT 59101
Owner Name: Helena Housing Authority

Number: 219-220-226
Inspection Area: 219-220-226

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input checked="" type="checkbox"/> other _____ | <input checked="" type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

Mark Vella
I.H / Owner Rep. Signature

2/9/93
Date

Randy Salcido
Contractor Rep. Signature

2/5/93
Date

ASBESTOS, INC.
DBA ASBESTOS SPECIALISTS, INC.

CONTRACTOR FINAL INSPECTION REPORT

PROJECT DATA

Name: Helena Housing
Address: 812 Abbey
Helena mjt 591601
Owner Name: _____

Number: 209-210-105
Inspection Area: 209.210-105

CONTRACTOR CERTIFICATION

A. The abatement contractor hereby certifies that they have visually inspected the following surfaces for visible lead dust, debris, and residue:

Please check applicable surfaces completely free of visible lead dust, debris or lead residue:

- | | |
|---|---|
| <input checked="" type="checkbox"/> floor | <input checked="" type="checkbox"/> registers |
| <input checked="" type="checkbox"/> horizontal surfaces | <input checked="" type="checkbox"/> lights |
| <input checked="" type="checkbox"/> pipes | <input checked="" type="checkbox"/> equipment and fixed items |
| <input checked="" type="checkbox"/> ventilation equipment | <input checked="" type="checkbox"/> remaining barriers |
| <input checked="" type="checkbox"/> walls and ceilings | <input checked="" type="checkbox"/> ductwork |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |

B. Work area clean-up observations:

- initial wet cleaning performed
- abated surfaces encapsulated
- poly encapsulated and bagged
- wet cleaning after poly removal
- ready for clearance air testing

C. Waste disposal:

- removed from site, containerized, and labeled
- contaminated water properly disposed
- waste manifest used with NESHAP compliances
- transported per DOT regulations

Explain all blocks not checked. If not applicable, explain why:

Mark Kuhl
I.H / Owner Rep. Signature

2/16/93
Date

Ruby Salcedo
Contractor Rep. Signature

2/16/93
Date

