

CITY OF JOHN DAY 450 EAST MAIN PHONE (541) 575-0028

050287

Payee ALPINE ABATEMENT ASSOCIATES

50287

Vendor ID ALPINE

Account #:

2/5/2019

Invoice	Description	Discount	Amount
5779	ALPINE ABATEMENT/MAIN ST APT/5779	\$0.00	\$74,924.00
Total :		\$0.00	\$74,924.00

THE KEY TO DOCUMENT SECURITY • HEAT ACTIVATED THUMB PRINT • ADDITIONAL SECURITY FEATURES INCLUDED • SEE BACK FOR DETAILS

CITY OF JOHN DAY

450 EAST MAIN  
JOHN DAY, OREGON 97845

BANK OF EASTERN OREGON

96-353/1232

050287

50287

\*\*\*\*Seventy Four Thousand Nine Hundred Twenty Four and 00/100 Dollars

DATE

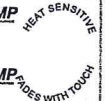
2/5/2019

AMOUNT

\$74,924.00

PAY TO THE ORDER OF ALPINE ABATEMENT ASSOCIATES  
PO BOX 1557  
BEND, OR 97709

CITY OF JOHN DAY



⑈050287⑈ ⑆123203535⑆ 5270009490⑈

RECEIVED

JAN 09 2019

CITY OF JOHN DAY

Invoice



Date	Invoice #
1/8/2019	5779

Bill To
City of John Day 450 E Main Street John Day, OR 97845

P.O. No.	Terms	Due Date	Project
	Due on receipt	1/8/2019	2303.Weaver Bui...

Description	Amount
<p>Following DEQ and OSHA guidelines removed and disposed of asbestos containing skim coat (and plaster) to the framing, and removed the Asbestos containing floor coverings, one piece of mill board and one water heater cover, from the Weaver Building at 131 W Main in John Day, Oregon.</p> <p>The skim coat and plaster located on the walls and ceilings throughout the second floor, was removed together and disposed of as asbestos containing.</p> <p>Alpine Abatement will also remove the exterior lead based paint substrate or prep for new paint in the spring. The work area is to be empty with all furnishing and debris removed by others prior to project start up.</p>	74,924.00
Sales Tax	0.00

Thank you for your business. Questions regarding invoice contact Ann Marie 541.419.4591.	<b>Total</b>	\$74,924.00
--	--------------	-------------

Alpine Abatement Associates, Inc.  
PO Box 1557  
Bend, OR 97709



# ASN 1 DEQ Project Notification Form For Abatement of Friable Asbestos-Containing Material

For DEQ use only	
Date Received	_____
Amount Received	_____
Check Number	_____
Project Number	_____

**Attention:** This notification must be complete, legible and received by DEQ at least 10 days before the start date of any friable asbestos abatement project and accompanied by the appropriate notification fee. Form instructions are online at: [www.oregon.gov/deq](http://www.oregon.gov/deq)

### Project Category and Notification fee

**Emergency Abatement Project** (Emergency notifications require a 50% fee increase.)  
**Emergency Approved by** (DEQ staff name) \_\_\_\_\_ **Date** \_\_\_\_\_  
**Reason for Emergency** \_\_\_\_\_  
 (e.g., explanation: fire or water damage, dangerous structure, etc.)

**Check one:**

- A.  \$100 Projects with less than 40 linear feet or 80 square feet of asbestos-containing material, or for each residential abatement project.
- B.  \$200 Projects from 40 to 259 linear feet or 80 to 159 square feet of asbestos-containing material.
- C.  \$400 Projects from 260 to 1,299 linear feet or 160 to 799 square feet of asbestos-containing material.
- D.  \$525 Projects from 1,300 to 2,599 linear feet or 800 to 1,599 square feet of asbestos-containing material.
- E.  \$900 Projects from 2,600 to 4,999 linear feet or 1,600 to 3,499 square feet of asbestos-containing material.
- F.  \$1,050 Projects from 5,000 to 9,999 linear feet or 3,500 to 5,999 square feet of asbestos-containing material.
- G.  \$1,700 Projects from 10,000 to 25,999 linear feet or 6,000 to 15,999 square feet of asbestos-containing material.
- H.  \$2,800 Projects from 26,000 to 259,999 linear feet or 16,000 to 159,999 square feet of asbestos-containing material.
- I.  \$3,500 Projects 260,000 linear feet or more or 160,000 square feet or more of asbestos-containing material.

**Complete the following:**

1. If this is a revision to a previous notification, provide the revision number: 1			
List lines that have been revised on this form: 1,3,5			
2. Project start date: 12/11/18		3. Completion date: 12/20/18	
4. Days of week abatement to be worked: Monday-Friday			
5. Hours of abatement work: 8am a.m. /p.m. -4:30pm/p.m. 12/20 8am to 11am			
6. Project site name: Weaver Building			
7. Project site address: 131 W Main			
Building, floor, room or unit number:			
City: John Day		State: OR	County: Grant
			Zip: 97845
8. Project site contact: Aaron Lieuallena			Phone: 541-620-2360
9. Abatement contractor name: Alpine Abatement Associates, Inc.			DEQ license number: 552
Address: PO Box 1557			Phone: 541-388-2672
City: Bend		State: OR	Zip: 97709
10. Quantity of asbestos material to be abated:		Linear feet:	Square feet: 13,838
11. Asbestos disposal site name: Crook County Landfill		Address: 5601 SW Houston Lake Rd Prineville	

12. Type of facility: Residence (No. of units) ____, School <input type="checkbox"/> , Hospital <input type="checkbox"/> , Apartments <input type="checkbox"/> , Commercial <input type="checkbox"/> , Industrial <input type="checkbox"/> , Equipment <input type="checkbox"/> , Ship <input type="checkbox"/> , Other <u>Mixed use residence/commercial</u>		
13. List the asbestos-containing materials to be abated, the percent asbestos by each material, and where the asbestos-containing materials are located in the facility. Attach separate page if needed: Floor Tile 3%-7% Chrysotile located on 2nd floor, with mastic 2% or 10% chrysotile Plaster Texture 3%-4% chrysotile located on walls and ceiling in units 1,4,6 & 8 Sheet rock texture 3% chrysotile located on walls and Ceiling in unit 2 Mill Board assumed ACM located locates in Unit 5 tank insulation assumed ACM located on water tank in unit 2		
14. Oregon Certified Supervisor(s): J. Billings, R. Segura, W. Westmoreland		Phone: 541-388-2672
Oregon Certification number: S14603, S14602, S14604		
15. Is the facility occupied or vacant? <u>vacant</u>		
16. Present use of facility: <u>Mixed</u>	Future use of facility: <u>Mixed</u>	Approximate construction date: <u>1930</u>
17. Survey performed or sample(s) collected?	Survey: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Samples: <input checked="" type="checkbox"/> Yes . No, assumed
18. Survey or samples collected by	Name: <u>Paulsen Environmental Consulting Inc.</u>	Phone: <u>541-473-2243</u>
19. Is this a demolition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Complete or Partial demolition?	Is this a renovation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the demolition State or local government ordered? Yes <input checked="" type="checkbox"/> No	Name of government official who ordered the demolition:	
Order date:	Government initiated demolition start date:	
21. Facility owner or operator name: <u>City of John Day</u>		Phone: <u>541-575-0028</u>
Facility owner or operator address: <u>450 East Main St</u>		
City: <u>John Day</u>	State: <u>OR</u>	Zip: <u>97845</u>
22. Describe methods of asbestos abatement and disposal: <u>Full Scale NPE, Wet Methods, Double 6 mill sealed &amp; Labeled</u>		
23. Waste hauler name: <u>Alpine Abatement Associates, Inc.</u>		Phone: <u>541-388-2672</u>
Signature: <u>Kara Billings</u>	Date: <u>11/29/2018</u>	Phone: <u>541-388-2672</u>

*I certify that the information contained in this notification are true and correct to the best of my knowledge and belief.*

**Reference:** Oregon Administrative Rule 340-248-0260 for applicable notification requirements.

**Please sign this form and deliver or mail with the fee payable to DEQ**

Oregon Department of Environmental Quality  
Financial Services - Revenue Section  
700 NE Multnomah St., Suite 600  
Portland, OR 97232-4100

**Revisions to notifications may be scanned and emailed or faxed to the appropriate DEQ regional office**

<b>Northwest Region</b>	Fax: 503-229-6957	Email: <a href="mailto:deqnwrastbestos@deq.state.or.us">deqnwrastbestos@deq.state.or.us</a>
<b>Eastern Region</b>	Fax: 541-388-8283	Email: <a href="mailto:Messina.Frank@deq.state.or.us">Messina.Frank@deq.state.or.us</a>
<b>Western Region South, Coos Bay, Medford</b>	Fax: 541-776-6262	Email: <a href="mailto:Croucher.Steve@deq.state.or.us">Croucher.Steve@deq.state.or.us</a>
<b>Western Region</b>	Fax: 503-378-4196	Email: <a href="mailto:Boyd.Dottie@deq.state.or.us">Boyd.Dottie@deq.state.or.us</a>

**Questions:** Call DEQ at 1-800-452-4011 for your regional DEQ office contact or visit: [www.oregon.gov/deq](http://www.oregon.gov/deq)

# ASBESTOS WASTE SHIPMENT REPORT FORM

PLEASE PRINT OR TYPE. If you have questions, contact your local DEQ Regional Office in Portland 503-229-5364, Salem 503-378-5086, Medford 541-776-6107, Coos Bay 541-269-2721 ext. 222, Bend 541-633-2019, or Pendleton 541-278-4626.

**WASTE GENERATOR:** (Contractor, Facility, or Operator)

1. Asbestos removal site name and address: WEAVER BUILDING  
131 W. Main SEASIDE OREGON GRANT 97135  
Street City/State County Zip

Contact person: Jack Billings Phone: 541-388-2672

2. Contractor/Operator's name and address: Alpine Abatement Associates Inc. Phone: 541-388-2672  
65100 Gerking Market Road Bend OR Deschutes 97701  
Street City/State County Zip

3. Waste disposal site: Crook County Landfill Phone: 541-447-2398  
5601 Houston Lake Road Prineville OR Crook 97754  
Street City/State County Zip

4. Describe asbestos materials: Asm containing wall texture

5. Containers: Number: 325 Bags in Bunde Type: Bagged in Bunde

6. Total quantity (cubic yards): 12

7. **OPERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport according to all government regulations. All movement of this asbestos-containing material is recorded on this Waste Shipment Record Form.

Agent: Jack Billings Company: Alpine Abatement Associates Inc.

Address: 65100 Gerking Market Road Bend OR 97701 Phone: 541-388-2672

**TRANSPORTER(S):**

8. Transporter #1: (Acknowledgment of receipt of materials)  
Agent: William Westmoreland Company: Alpine Abatement Associates Inc.  
Address: 65100 Gerking Market Road Bend OR 97701 Phone: 541-388-2672  
Signature: William Westmoreland Date: 12-14-18

9. Transporter #2: (Acknowledgment of receipt of materials)  
Agent: Sean Gmeiner Company: Bar Seven A  
Address: 65100 Gerking Market Road Bend OR 97701 Phone: 541-548-4747  
Signature: Sean Gmeiner Date: 12-14-18

**DISPOSAL:** (Certification of receipt of asbestos materials covered by this manifest, except as noted in item 11 below.)

10. Waste Disposal Site: Crook County Landfill  
Name and Title: Scale House Date: 12-14-18  
Signature: [Signature] Phone: 541-447-2398

11. **DISCREPANCY SPACE:** (Add attachments as needed)

(Revised 4/14)

# 722147



ASN 4

# ASBESTOS WASTE SHIPMENT REPORT FORM



PLEASE PRINT OR TYPE. If you have questions, contact your local DEQ Regional Office in Portland 503-229-5364, Salem 503-378-5086, Medford 541-776-6107, Coos Bay 541-269-2721 ext. 222, Bend 541-633-2019, or Pendleton 541-278-4626.

**WASTE GENERATOR:** (Contractor, Facility, or Operator)

1. Asbestos removal site name and address: Weaver Building  
131 W. Main St John Day OR Grant 97845  
Street City/State County Zip

Contact person: Jack Billings Phone: 541-388-2672

2. Contractor/Operator's name and address: Alpine Abatement Associates Inc. Phone: 541-388-2672  
65100 Gerking Market Road Bend OR Deschutes 97701  
Street City/State County Zip

3. Waste disposal site: Crook County Landfill Phone: 541-447-2398  
5601 Houston Lake Road Prineville OR Crook 97754  
Street City/State County Zip

4. Describe asbestos materials: Plaster  
5. Containers: Number: 100 Type: Bags in 1-Burrito

6. Total quantity (cubic yards): \_\_\_\_\_  
7. **OPERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport according to all government regulations. All movement of this asbestos-containing material is recorded on this Waste Shipment Record Form.

Agent: Jack Billings Company: Alpine Abatement Associates Inc.

Address: 65100 Gerking Market Road Bend OR 97701 Phone: 541-388-2672

**TRANSPORTER(S):**

8. Transporter #1: (Acknowledgment of receipt of materials)  
Agent: Royce Westmoreland Company: Alpine Abatement Associates Inc.  
Address: 65100 Gerking Market Road Bend OR 97701 Phone: 541-388-2672  
Signature: [Signature] Date: 12-20-18

9. Transporter #2: (Acknowledgment of receipt of materials)  
Agent: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: 65100 Gerking Market Road Bend OR 97701 Phone: \_\_\_\_\_  
Signature: [Signature] Date: \_\_\_\_\_

**DISPOSAL:** (Certification of receipt of asbestos materials covered by this manifest, except as noted in item 11 below.)

10. Waste Disposal Site: Crook County Landfill  
Name and Title: Scale House Date: 12-20-18  
Signature: [Signature] Phone: 541-447-2398

11. **DISCREPANCY SPACE:** (Add attachments as needed)  
\_\_\_\_\_  
\_\_\_\_\_

#722719



# ASN 5

## AIR CLEARANCE SAMPLE RESULTS

As Required by OAR 340-248-0270

FOR DEQ USE ONLY

Date Received: \_\_\_\_\_

Project Number: \_\_\_\_\_

Project name and address: (As listed on notification form ASN 1)  
Weaver Building  
131 W Main  
John Day, OR 97845

Name of person or company that performed the abatement:  
**Alpine Abatement Associates, Inc.**

Name of monitoring company:  
Paulsen Environmental Consulting, Inc.

Date monitoring was performed:  
12/20/18

Describe containment(s) in spaces below:

List clearance results (in fibers/cc) in spaces below: *This space may not be left blank!*

1.  
18318-Field Blank

1.  
WNL

2.  
18319-SE Apartment  
18320-SW Apartment

2.  
.002  
.003

3.  
18321-NE Apartment  
18322- NW Apartment

3.  
.003  
.002

ATTACH LAB REPORT (For each clearance sample, show: Air volume collected, include sample duration and flow rate; number of fields and fibers counted; and BLANK fiber count). For clearance samples, both PCM and TEM are accepted methods of analysis.

Submitted by: Kara Billings, Alpine Abatement Associates Inc. Phone number: 541-388-2672  
(NAME AND COMPANY OR TITLE -PLEASE PRINT)

**Questions?** Call DEQ at 1-800-452-4011 for the location and phone of your local Asbestos coordinator. [Click here](#) to find this online.

**Mail, email or fax** to the appropriate DEQ regional office. Fax numbers: Portland 503-229-6957, Bend 541-388-8283, Medford 541-776-6262, Salem 503-378-4196, Coos Bay 541-269-7984, Pendleton 541-278-0168



PAULSEN ENVIRONMENTAL CONSULTING, INC.

1550 THOUSAND SPRINGS RD  
VALE, OREGON 97918-5807  
TEL 541-473-2243  
FAX 541-473-4226



PHASE CONTRAST MICROSCOPY REPORT

PAT NO. 11534

December 21, 2018

Prepared for: Alpine Abatement Associates, Inc.  
P.O. Box 1557  
Bend, Oregon 97708

Project: 131 W Main, John Day

<u>LAB NO.</u>	<u>DATE ANALYZED</u>	<u>CLIENT ID.</u>	<u>FIBERS/CC</u>
----------------	----------------------	-------------------	------------------

Clearances

18318	12/20/18	B	WNL
18319	12/20/18	1	.002
18320	12/20/18	2	.003
19321	12/20/18	3	.003
19322	12/20/18	4	.002

ODEQ Clearance = .01 f/cc  
WNL = WITHIN NORMAL LIMITS  
TDTC = too dirty to count

Steven M. Paulsen, Raula Paulsen, Michael Paulsen  
Microscopist

# PROJECT AIR SAMPLE LOG

Sample Collected By: Steven Paulsen  
 Signature: *Steven Paulsen*  
 Site: 131 W Main  
 City: John Day  
 Sample Strategy: Clearances

Contractor: Alpine Abatement  
 Employer: \_\_\_\_\_  
 Paulsen Environmental Consulting, Inc.  
 2019 Graham Boulevard  
 Vale, Oregon 97918-5355  
 TEL 541-473-2243  
 FAX 541-473-4226



Date	I.D.#	Pump	Location	agg res sive	Flow Rate	Time On	Flow Rate	Time Off	Total Time	Total Vol.	I.D. #	Total F/F	F/CC
12/20/19	B	-----	Field Blank	---	-----	-----	-----	-----	-----	-----	18318	0	WNL
	1		SE Apartment	✓	10	7:45	10	9:45	120	1200	18319	0.05	0002
	2		SW Apartment	✓	10	7:45	10	9:45	120	1200	18320	0.08	0003
	3		NE Apartment	✓	10	7:46	10	9:46	120	1200	18321	0.09	0003
	4		NW Apartment	✓	10	7:46	10	9:46	120	1200	18322	0.04	0002

Signature: *Steven Paulsen*  
 Signature: PECI  
 Laboratory: \_\_\_\_\_

PAT ID 11534