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

050287

Payee Vendor ID

ALPINE ABATEMENT ASSOCIATES **ALPINE**

Account #:

50287 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

50287

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

050287

96-353/1232

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

DATE

AMOUNT

2/5/2019

\$74,924.00

PAY TO THE **ORDER**

ALPINE ABATEMENT ASSOCIATES

PO BOX 1557 BEND, OR 97709 CITY OF JOHN DAY

"OSO 28 7" 12 1 2 3 2 0 3 5 3 5 12 5 2 7 0 0 0 9 4 9 0 11

AN 09 2019

CITY OF JOHN DAY

Invoice

_	Date	Invoice #
2012	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
Descrip	tion			Amount
Following DEQ and OSHA guidelines removed coat (and plaster) to the framing, and removed coverings, one piece of mill board and one was Building at 131 W Main in John Day, Oregon.	d the Asbestos conta	aining floor	im	74,924.00
The skim coat and plaster located on the wall floor, was removed together and disposed of a				
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. Sales Tax				0.00
Thank you for your business. Questions regard 541.419.4591.	ing invoice contact i	Ann Marie Tota	<u> </u>	\$74,924.00
				Ψ, 1,32 1100



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

	For DEQ use only	
Date Re	ceived	
Amount	Received	
Check N	Jumber	
Project 1	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

Project Category and Notification fee					
Emergency Abatement Project (Emergency notifications require a 50% fee increase.)					
Emergency Approved by (DEQ state	ff name)			Date	
Reason for Emergency	ation: fire or water o	lamage, dangerous st	ructure etc.)		
Check one:	ition. The or water c	iamage, dangerous st	idetare, etc.)		
 A. \$\sum \$100\$ Projects with less than 40 line abatement project. B. \$\sum \$200\$ Projects from 40 to 259 linear 					
C. \$400 Projects from 260 to 1,299 lin		:•:		•	
D. \$525 Projects from 1,300 to 2,599 l				_	
E. \$900 Projects from 2,600 to 4,999 l		•			
F. \$1,050 Projects from 5,000 to 9,999 G. \$1,700 Projects from 10,000 to 25,9					
H. \$2,800 Projects from 26,000 to 259					
I. \$3,500 Projects 260,000 linear feet	,			_	
Complete the following:					
If this is a revision to a previous notification	n, provide the revision	on number: 1	TO THE STATE OF TH		
List lines that have been revised on this for	rm: 1,3,5				
2. Project start date: 12/11/18	3.	Completion date: 1	2/20/18		
4. Days of week abatement to be worked: Mor	nday-Friday				
5. Hours of abatement work: 8am a.m. /p.m.	-4:30pm/m./p.m. 1	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 Aba	tement Associate	es, Inc.	DEQ licens	se number: 552	
Address: PO Box 1557	Pakitina			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 Cour	nty Landfill	Address: 5601 S	W Houston	Lake Rd Prineville	
Paying 4/7/17	turn nage o	ver		Page 1 of 2	

12. Type of facility: Residence (No. of units), School, Hospital, Apartments, Commercial, Industrial, Equipment, Ship, Other Mixed use residence/commercial, Ship, Other Mixed use residence/commercial, and where 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. B	illings, R. Segura,	W. Westmo	oreland	Phone:	541-388-2672
Oregon Certification number: \$146	303, S14602, S146	04			
15. Is the facility occupied or vacant? vac	ant				
16. Present use of facility: Mixed	16. Present use of facility: Mixed Future use of facility: Mixed Approximate construction date: 1930				te construction date: 1930
17. Survey performed or sample(s) collect	7. Survey performed or sample(s) collected? Survey: ✓ Yes ☐ No Samples: ✓ Yes . No, assumed				
18. Survey or samples collected by Nan	ne: Paulsen Enviror	mental Co	nsulting I	lnc.	Phone: 541-473-2243
19. Is this a demolition? ☐Yes ✓ No C	Complete or Partial de	emolition?		Is this a	renovation? ✓ Yes ☐ No
20. Is the demolition State or local government ordered? Yes ✔ No	Name of government	official who	ordered th	ne demolition	n:
Order date:		Govern	ment initia	ited demoliti	on start date:
21. Facility owner or operator name: City	of John Day			Phone: 5	541-575-0028
Facility owner or operator address: 45	60 East Main St				
City: John Day	State: OR			Zip: 978	345
22. Describe methods of asbestos abateme	ent and disposal:				
Full Scale NPE, Wet Method	ds, Double 6 mill se	ealed & La	beled		
23. Waste hauler name: Alpine Abater	ment Associates, Ir	IC.		Phone:	541-388-2672
Signature: Kara Billings		Date: 11	/29/2018	Phone:	541-388-2672

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

Northwest RegionFax: 503-229-6957Email: deqnwrasbestos@deq.state.or.usEastern RegionFax: 541-388-8283Email: Messina.Frank@deq.state.or.usWestern Region South, Coos Bay, MedfordFax: 541-776-6262Email: Croucher.Steve@deq.state.or.usWestern RegionFax: 503-378-4196Email: Boyd.Dottie@deq.state.or.us

Questions: Call DEQ at 1-800-452-4011 for your regional DEQ office contact or visit: www.oregon.gov/deq

Revised 4/7/17 Page 2 of 2

ASN 4

ASBESTOS WASTE SHIPMENT REPORT FORM



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

Aspestos removal s	. //		Z	FAVER BUILD	1	CANT	97845
	Main		Side	City/State		comp	Zîp
Contact person: 485					Phone: 54	-388-2672	
Continue person San	r's name and add	Alpir	e Al	stement Associates		Phone: 541-38	8-2672
	100 Gerking Me			Bend OR		Deschutes	97701
Street				City/State		County	Zip
Whate diposal site:	Crook County !	andfill			Phone: 54	1-447-2398	
560	1 Houston Lake	Road		Prineville OR		Crook	97754 Zio
Stre	- A	1	. 6 ,	City/State		County	Z-ip
Describe esbestos n	naterials: TEM	QW/Q	MI	ng wall ter	Juse-	ged in Bu	0000
Containers:		: 1	35	of Burnite	Type: 04	ged M DU	REFT 6
Total quantity (subi	o yards):12						
above by proper sh transport according Shipment Record F	lpping name and to all governmen form.	deapth and	find	nackaged marked and l	ahaled, and	are in all respect aining material is	nd accurately described is in proper condition for a recorded on this Waste
Agent: Jack	Billings	1		Cor	mpany:	Albine Aparen	nent Associates Inc.
Address: 65100	Gerking Market	Road Bo	end	OR 97701	_ Phone: _	541-388-26	72
ANSPORTER(S): Transporter #1: (A Agent; Factor Address: 65100 C	Serking Market	Road Ba	nate u/Av end			ine Abatemen i41-388-2672 Date: 172-1	t Associates Inc.
Transporter #2: (A	oknowledgragat of	-	mater	riele)	mpany:	Bar Seve	
Address: 65100			and	- HAMEN COLOR		541-54	
	-2	3	-			Date: 12-	4-18
Signature:	-		\dashv			_ Para.	
MOSALt (Certificati	on of readint of asi	estos met	oriala	covered by this manuest,	excapt as no	ted in hem i i den)
Westh Dienoual Si	ion of reselpt of as	estos mau ty Landfi	orials ill	covered by this manuest,	except as no	ted in Mem I I den	, (.wc
. Wasth Disposal Si	te: Crook Cour	ty Landf	orials ill	oovered by this manifest,	except as no	1:2	
Name and Title:	te: Crook Cour	estos mati ty Landfi	orials ill	covered by this manifest,	except as no		1-14-18
. Wasth Disposal Si	te: Crook Cour	ty Landf	orials	covered by this manifest,	except as no	1:2	1-14-18
Name and Title:	te: Crook Cour	ty Landfi	ilı		except as no		1-14-18
Name and Title: Signature:	te: Crook Cour	ty Landfi	ilı		except as no		1-14-18
Name and Title: Signature:	te: Crook Cour	ty Landfi	ilı		except as no		1-14-18
Name and Title: Signature:	te: Crook Cour	ty Landfi	ilı		except as no		1-14-18
Name and Title: Signature:	te: Crook Cour	ty Landfi	ilı		except as no		1-14-18
Name and Title: Signature: DISCREPANCY	te: Crook Cour	ty Landfi	ilı		except as no		1-14-18

Bar Seven A	Invoice	28073
CONTANTO	Customer: Alpine Abatement	PO#
	Address:	Job John Day
PO Box 890	City, State, Zip:	Date: 17-/14/18
Redmond, OR	Driver: Sean Gimeiner	(1114)
541.548.4747	Truck# 3	
_		
7. 7.	5 hrs track time	
1)00	emoty 40 yrd	
7	7	
	C H	
box,	pick up tull	
		11104
box a	nd dump at	
Crank	County Landfill	
OT GOK	LILLY A CAUCA	
Start Time: 7:00	Finish Time: 2-145	
A finance charge of 2% per men	th, which is an annual percentage rate of 24%, will	
monies due this company for pro	unia. \$35.00 fee ohtrged on all returned checke, Any oducie or services rendered subject to attorney's fee nvoice Buyar acknowledges and accepts liability	
for damage due to material load!	ng or overtoading. Selier shell not be liable in tort or Other duential damages to buyer or to third parties.	
Risk of damage or loss shall be to acknowledges that seller has adv	norne by buyer. By signing this invoice, Buyer rised Buyer of possibility of demage behind curb line	
and releases seller from liability for		
Signature		

C

()

1

CROOK COUNTY LANDF

5601 SW Houston Lake Road Prineville, OR 97754 447-2398

ID 47 SCALE 4 GROSS 44620 Ib INBOUND 12/14/2018 01:54PM

10 47 SCALE 4 GROSS 44620 Ib RECALLED 34900 lb THRE HET 9720 1b 12/14/2018 02:13PM

722147



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.

	10 10 M		
STE GENERATOR: (Contractor, Facility, or Operator) Asbestos removal site name and address: Work	John Day OR	Grant	97845
151 W. Main 31	Tohn Day OR Cirv/State	County	Zip
Street		ne: 541-388-2672	•
Contact person: Jack Billings		Phone: <u>541-38</u>	8-2672
Contractor/Operator's name and address: Alpine Al	datement Associates Inc.		
65100 Gerking Market Road	Bend OR	Deschutes County	9770'1 Zip
Street	City/State	ne: <u>541-447-2398</u>	
Waste disposal site: Crook County Landfill			97754
5601 Houston Lake Road	Prineville OR	Crook	Zîp
Street	City/State	County	
Describe asbestos materials: Plaster		Dage 1	ıs I.R. II.
Containers: Number: 00	<u></u>	se: Bags	N 1 Durito
	!	\mathcal{O}	
Total quantity (cubic yards):			المسال المسال المسال المسالم
OPERATOR'S CERTIFICATION: I hereby de above by proper shipping name and are classified, transport according to all government regulations.	packaged, marked and labele All movement of this asbesto	ed, and are in all respect os-containing material is	s in proper condition fo recorded on this Waste
Shipment Record Form.	Compar	Alnine Ahaten	nent Associates Inc.
Agent: Jack Billings	Compar	iy	
Address: 65100 Gerking Market Road Bend	OP 97701	541-388-26	72
Transporter #1: (Acknowledgment of receipt of mate	Compa	ny: Alpine Abatement	Associates Inc.
Transporter #1: (Acknowledgment of receipt of mate	OR 97701 P	hone: 541-388-2672	
Agent: G5100 Gerking Market Road Bend	OR 97701 P	ny: Alpine Abatement hone: 541-388-2672 Date: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Address: 65100 Gerking Market Road Bend	OR 97701 P	hone: 541-388-2672 Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20-18
Transporter #1: (Acknowledgment of receipt of mate Agent: Roy CE W C5 ware and Address: 65100 Gerking Market Road Bend Signature: #2: (Acknowledgment of receipt of mate	OR 97701 P	hone: 541-388-2672 Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20-18
Transporter #1: (Acknowledgment of receipt of mate Agent: RONCK WESTWAY LAND Address: 65100 Gerking Market Road Bend Signature: Transporter #2: (Acknowledgment of receipt of mate	OR 97701 P	hone: 541-388-2672 Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20-18
Transporter #1: (Acknowledgment of receipt of mate Agent: RONCK WESTWAY AND Address: 65100 Gerking Market Road Bend Signature: Acknowledgment of receipt of mate Agent: Address: 65100 Gerking Market Road Bend Bend	OR 97701 P	hone: 541-388-2672 Date: \72-7	20-18
Transporter #1: (Acknowledgment of receipt of mate Agent: RONCE (L) C5 WARE and Bend Address: 65100 Gerking Market Road Bend Signature: (Acknowledgment of receipt of mate Agent: Address: 65100 Gerking Market Road Bend	OR 97701 P	hone: 541-388-2672 Date: \72-7	20-18
Transporter #1: (Acknowledgment of receipt of mate Agent: 12000 Gerking Market Road Bend Signature: 12: (Acknowledgment of receipt of mate Agent: 12: Address: 65100 Gerking Market Road Bend Signature: 14: Address: 65100 Gerking Market Road Bend Signature: 15: Address: 16: Addre	OR 97701 P	hone: 541-388-2672 Date: \ Phone: Date:	20-18
Transporter #1: (Acknowledgment of receipt of mate Agent: 2000 Gerking Market Road Bend Signature: (Acknowledgment of receipt of mate Agent: Address: 65100 Gerking Market Road Bend Signature: Address: 65100 Gerking Market Road Bend Signature:	OR 97701 P	Date:	20~(8 .w.)
Transporter #1: (Acknowledgment of receipt of mate Agent: 100 Gerking Market Road Bend Signature: 12: (Acknowledgment of receipt of mate Agent: Address: 65100 Gerking Market Road Bend Signature: 15: Address: 65100 Gerking Market Road Bend Signature: 16: Certification of receipt of asbestos material Waste Disposal Site: Crook County Landfill	OR 97701 P	Date:	20~18 .w.)
Transporter #1: (Acknowledgment of receipt of mate Agent: RONCE (1) C5 WARP and Bend Address: 65100 Gerking Market Road Bend Signature: (Acknowledgment of receipt of mate Agent: Address: 65100 Gerking Market Road Bend Signature: Address: 65100 Gerking Market Road Bend Signature: DISPOSAL: (Certification of receipt of asbestos material Waste Disposal Site: Crook County Landfill	OR 97701 P	hone: 541-388-2672 Date: ___________________	·w.)
Transporter #1: (Acknowledgment of receipt of mate Agent: 2000 Gerking Market Road Bend Signature: (Acknowledgment of receipt of mate Agent: Address: 65100 Gerking Market Road Bend Signature: Address: 65100 Gerking Market Road Bend Signature: Certification of receipt of asbestos material Name and Title: Scale House	OR 97701 P	Date:	·w.)
Transporter #1: (Acknowledgment of receipt of mate Agent: Roy CE 1) CS was relayed. Address: 65100 Gerking Market Road Bend Signature: (Acknowledgment of receipt of mate Agent: Address: 65100 Gerking Market Road Bend Signature: Certification of receipt of asbestos material Name and Title: Scale House Signature:	OR 97701 P Prials) Compa OR 97701 P s covered by this manifest, exce	hone: 541-388-2672 Date: ___________________	20-18 .w.)
Transporter #1: (Acknowledgment of receipt of mate Agent: Roll 1) C5 was relayed. Address: 65100 Gerking Market Road Bend Signature: (Acknowledgment of receipt of mate Agent: Address: 65100 Gerking Market Road Bend Signature: Certification of receipt of asbestos material Name and Title: Scale House Signature:	OR 97701 P Prials) Compa OR 97701 P s covered by this manifest, exce	hone: 541-388-2672 Date: ___________________	·w.)
Transporter #1: (Acknowledgment of receipt of mate Agent: RONCE (1) C5 WARE CAVA Address: 65100 Gerking Market Road Bend Signature: (Acknowledgment of receipt of mate Agent: Address: 65100 Gerking Market Road Bend Signature: Certification of receipt of asbestos material 10. Waste Disposal Site: Crook County Landfill Name and Title: Scale House Signature:	OR 97701 P Prials) Compa OR 97701 P s covered by this manifest, exce	hone: 541-388-2672 Date: ___________________	20-18 .w.)
Address: 65100 Gerking Market Road Bend Signature: Transporter #2: (Acknowledgment of receipt of mate Agent: Address: 65100 Gerking Market Road Bend Signature: DISPOSAL: (Certification of receipt of asbestos material 10. Waste Disposal Site: Crook County Landfill Name and Title: Scale House	OR 97701 P Prials) Compa OR 97701 P s covered by this manifest, exce	hone: 541-388-2672 Date: ___________________	20-18 .w.)

#722719



ASN 5

AIR CLEARANCE SAMPLE RESULTS

As Required by OAR 340-248-0270

FOR DEQ USE ONLY	
Date Received:	
Project Number:	

D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Project name and address: (As listed on notification form ASN 1)	Name of person or company that performed the abatement:
Weaver Building	Alpine Abatement Associates, Inc.
131 W Main	a market and the second of the
John Day, OR 97845	
Name of monitoring company:	Date monitoring was performed:
Paulsen Environmental Consulting, Inc.	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
1.	1.
18318-Field Blank	WNL
2.	2.
18319-SE Apartment	.002
18320-SW Apartment	.003
3.	3.
18321-NE Apartment	.003
18322- NW Apartment	.002
10022 Tive Apartmont	1.55-
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	
Submitted by: Kara Billings, Alpine Abatement Associates	Inc. Phone number: 541-388-2672
(NAME AND COMPANY OR TITLE -PLEASE PRINT)	rhone number.

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 541-473-2243 TEL

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

LAB NO.	DATE ANALYZED	CLIENT ID.	FIBERS/CC
	Clea	rances	
18318	12/20/18	В	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

Consulting, Inc. Contractor. alpine abetenent Vale, Oregon 97918-5355 TEL 541-473-2243 FAX 541-473-4226 Paulsen Environmental 2019 Graham Boulevard Employer: Steven Paulsen Sample Collected By: Sample Strategy: Signature: Site: City:

							,	~	
	F/CC	WILL	0005	,003	0003	2000			
	Total F/F	Ф	005	0000	,09	,04			
	l.D.#	183/8				19322			
	Total Vol.		1200 18319	1200 18320	1200	0021			
	Total Time	74 15 16 16 16 16 16 16	120			021			
	Time		9:45 120	9:45 120	9.46 120	9:48			
	Flow Rate		10	01	01	0)			
	Time On		1:45	7:45	7:46	J:48			
	Flow Rate		9/		10				
>	agg res sive		7	/	7	/			
	Location	Field Blank	SE Apartment	Sw Apartment	NI Abartment	NW Anatment			
	dwnd								
	#: O:1	8	1	2	2	4			
	Date	12/20/18							

Stru Wharl

Signature

Laboratory

Peci

PAT ID 11534