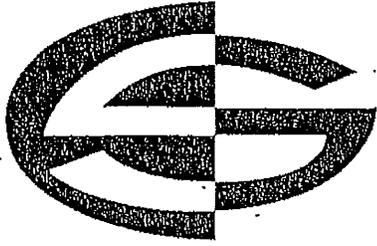


SOPA Facility



**SPECIALIZED
ENVIRONMENTAL INC.**

Hazardous Remediation
Demolition

2130 South Dupont Drive
Anaheim, California 92806-6101
Tel (714) 938-1088 • Fax: (714) 938-1195
Lic#: 712428



**SPECIALIZED
ENVIRONMENTAL INC.**

Certificate of Completion

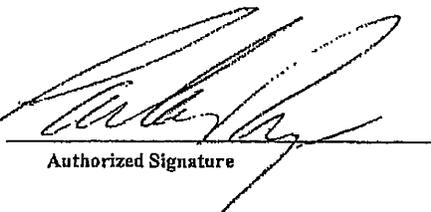
Project Name: Majestic Realty Job No: SA02-069
Address: 17370 Gale Ave.
City of Industry, CA. 91746
Work Area: Supply Room & Restroom
Work Description: Removal and disposal of 250 SF of mastic and Removal and disposal of 15 LF of transite pipe

The work for the above referenced project has been completed in accordance with applicable requirements of the U.S. Environmental Protection Agency, the Occupational Safety and Health Administration, the National Institute for Occupational Safety and Health, and other Federal, State, County and local agencies, including CAL/OSHA and the South Coast Air Quality Management District.

A representative of Specialized Environmental Inc. has visually inspected the work area subsequent to abatement.

The work, as described in SEI's Proposal SA-5881 dated February 20, 2002, to which this certificate applies, is hereby declared to be complete.

Specialized Environmental Inc.

By: 
Authorized Signature

Carlos Reyes, President March 29, 2002
Printed Name / Title Date

P:\Data\admin\forms1\CmpCrt-Gaur-Wrnty\Complete SA02-069.wpd



SPECIALIZED
ENVIRONMENTAL INC.

Post-Job Submittal

for:

*Majestic Realty
13131 Crossroads Parkway
North, Suite 115
City of Industry, CA. 91746*

Jobsite:

*Majestic Realty
2 Restrooms, 1 Storage Room
17370 Gale Ave.
City of Industry, CA. 91746
SA02-069*

Submitted to:

*Majestic Realty
Attn: Sandy
13131 Crossroads Parkway
North, Suite 115
City of Industry, CA. 91746*

Table of Contents

POST-JOB SUBMITTAL

Majestic Realty

13131 Crossroads Parkway

North, Suite 115

City of Industry, CA. 91746

SA02-069

- 1. NOTIFICATION**
- 2. INSURANCE**
- 3. DAILY CHECK LOG**
- 4. JOB ROSTER**
- 5. AREA EXIT AND ENTRY LOG**
- 6. SAFETY MEETING AND TRAINING**
- 7. WATER FILTRATION LOG**
- 8. MANOMETER LOG**
- 9. PERSONAL MONITORING LOG**
- 10. LABORATORY CERTIFICATION**
- 11. WASTE HAULER AND LANDFILL**
- 12. MANIFEST**
- 13. EMPLOYEE CERTIFICATION**

NOTIFICATIONS

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

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

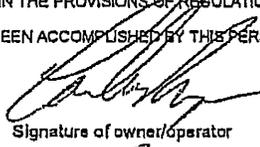
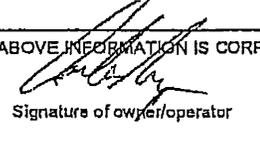
MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

AQMD USE ONLY		BOREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #
COMPLETED BY		Leo Orellana	COMPANY		Specialized Environmental Inc.	PHONE 714/ 938-1088
DATE	2/22/02	CHECK #	FEE \$	54.64	PROJECT #	SA02-069
NOTIFICATION TYPE	<u>ORIGINAL</u>	REVISION DATES	REVISION OTHER	(HIGHLIGHT)	CANCELLATION	
PROJECT TYPE	DEMOLITION	ORDERED DEMO	RENOVATION (REMOVAL)	<u>EMERGENCY REMOVAL</u>	PLANNED RENO (ANNUAL)	
SITE INFORMATION	SITE NAME Majestic					
SITE ADDRESS	17370 Gale Ave			CROSS STREET	Azusa	
CITY	City of Industry	STATE	Ca	ZIP	91746	COUNTY Los Angeles
DESCRIBE WORK LOCATION	2 abandon restrooms & one storage room in NW corner					
BUILDING SIZE (sq ft)	25,000	NUMBER OF FLOORS	1	BUILDING AGE (YEARS)	24	NUMBER OF DWELLING UNITS
BLDG PRIOR / PRESENT USE	<u>COMMERCIAL</u>	HOSPITAL	INDUSTRIAL	OTHER	OFFICE	PUBLIC BLDG HOUSE SCHOOL SHIP UNIV/COLLEGE
SITE OWNER	Edward P. Roski, Jr & James/ M.Staff		ADDRESS 13191 Crossroads Parkway North, Suite 115			
CITY	City of Industry	STATE	Ca	ZIP	91746	CONTACT Sandra Van West PHONE 562/948-4387
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? <u>YES</u> NO	ASBESTOS SURVEY? <u>YES</u> NO	ASBESTOS REMOVED? <u>NO</u>	BUILDING TO BE DEMOLISHED? <u>YES</u> NO		
PROJECT DATES	START 2/25/02	END 2/25/02	WORK SHIFT (AM/PM) 7a-3:30p			
ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE	CLASS I	CLASS II	TOTAL AMOUNT (add row) 517		
ASBESTOS REMOVAL FROM	<u>SURFACES</u>	PIPES		COMPONENTS		
AMOUNT OF EACH TYPE OF ASBESTOS (In square feet)	ACOUSTIC CEILING	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO 250
FLOOR TILES (VAT) 250	DRYWALL	PLASTER	TRANSITE 17	ROOFING	OTHER (describe)	
CONTRACTOR INFORMATION	CSLB LICENSE # 712428	OSHA REG # 621	SCAQMD ID# 106250			
NAME	Specialized Environmental Inc.	ADDRESS 2130 S. Dupont Drive				
CITY	Anaheim	STATE: CA	ZIP: 92806	SITE SUPVR	M. Hermende	PHONE 714/ 938-1088
WASTE TRANSPORTER #1	Specialized Environmental, Inc.		LANDFILL	AZUSA LAND RECLAMATION		
ADDRESS:	2130 S. Dupont Drive		ADDRESS	1201 W. Gladstone Street		
CITY:	Anaheim	STATE: CA	ZIP: 92806	CITY	Azusa	STATE CA ZIP 91702

*Asbestos surveys are required prior to Demolition and Renovation

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

SA02-069

WASTE TRANSPORTER #2 BDC Special Waste Services	WASTE STORAGE SITE																								
ADDRESS 766 S. Ayon. Ave.	ADDRESS																								
CITY Azusa STATE CA ZIP 91702	CITY STATE ZIP																								
CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # 1, 2, 3, 4, 5 or other 1 For asbestos removals circle the combination of Rule 1403 procedures used. Procedure 4 and 5 submit plans for AQMD prior approval.																									
ASBESTOS DETECTION PROCEDURE: CIRCLE THE PROCEDURES AND ANALYTICAL METHODS USED TO DETERMINE ASBESTOS IN THE BUILDING: Bulk Sampling, Inspection, Survey, PLM, PCM, TEM, Assumed as Asbestos, Describe Other:																									
FOR DEMOLITION GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:																									
FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:																									
AUTHORIZING PERSON:	TITLE:																								
DATE OF ORDER:	DATE ORDERED TO BEGIN:																								
FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT: Sandra Van Westen, Property Manager, Majestic Management, 2/22/02, 562/948-4387																									
EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN: Please see attached letter requesting a waiver of the 14-day notification period to avoid financial burden.																									
CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. ISOLATE WORK AREA, INSTITUTE FIBER CONTROL MEASURES. NOTIFY BUILDING OWNER, PROCEED AS DIRECTED INCLUDING REVISED NOTIFICATIONS.																									
TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION SCAQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.																									
Specialized Environmental Inc. Carlos Reyes Company Name Print name of owner/operator	 Signature of owner/operator President 2/22/02 Title of owner/operator Date																								
Specialized Environmental Inc. Carlos Reyes Company Name Print name of owner/operator	 Signature of owner/operator President 2/22/02 Title of owner/operator Date																								
Notifications can not be accepted without the required fee (AQMD Rule 301). Asbestos removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the project size. Fees are as Follows.																									
<table border="0"> <tr> <td>DEMOLITION OR ASBESTOS REMOVAL</td> <td></td> </tr> <tr> <td>FROM 100 TO 1,000 SQUARE FEET</td> <td>\$ 27.96</td> </tr> <tr> <td>FROM 1,001 TO 5,000 SQUARE FEET</td> <td>\$ 85.47</td> </tr> <tr> <td>FROM 5,001 TO 10,000 SQUARE FEET</td> <td>\$ 200.07</td> </tr> <tr> <td>MORE THAN 10,000 SQUARE FEET</td> <td>\$ 313.72</td> </tr> <tr> <td>DEMOLITION OF LESS THAN 100 SQ FT</td> <td>\$ 27.96</td> </tr> </table>	DEMOLITION OR ASBESTOS REMOVAL		FROM 100 TO 1,000 SQUARE FEET	\$ 27.96	FROM 1,001 TO 5,000 SQUARE FEET	\$ 85.47	FROM 5,001 TO 10,000 SQUARE FEET	\$ 200.07	MORE THAN 10,000 SQUARE FEET	\$ 313.72	DEMOLITION OF LESS THAN 100 SQ FT	\$ 27.96	<table border="0"> <tr> <td>PROCEDURE 4 OR 5 PLAN</td> <td>\$313.72</td> </tr> <tr> <td>SPECIAL HANDLING FEE</td> <td>\$76.68</td> </tr> <tr> <td>REVISION OF NOTIFICATION</td> <td>\$11.31</td> </tr> <tr> <td>RETURNED CHECK CHARGE</td> <td>\$27.74</td> </tr> <tr> <td>CANCELLATION OF NOTIFICATION</td> <td>\$ 0.00</td> </tr> <tr> <td>RESIDENTIAL ASBESTOS REMOVAL</td> <td>\$27.96</td> </tr> </table> <p align="center">* owner-occupied, single-unit dwelling</p>	PROCEDURE 4 OR 5 PLAN	\$313.72	SPECIAL HANDLING FEE	\$76.68	REVISION OF NOTIFICATION	\$11.31	RETURNED CHECK CHARGE	\$27.74	CANCELLATION OF NOTIFICATION	\$ 0.00	RESIDENTIAL ASBESTOS REMOVAL	\$27.96
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ATTENTION: Keep a copy of your notification. State law requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. For your convenience please mail and do not hand carry to AQMD.																									

Certified Mail Document No: 7001 1140 0004 3719 3124

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

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

FORMS, INSTRUCTIONS, AND THE RULE 1403 CAN BE OBTAINED FROM AQMD WEB SITE AT [HTTP://WWW.AQMD.GOV](http://www.aqmd.gov)

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

MAJESTIC MANAGEMENT CO.

February 21, 2002

13191 Crossroads Parkway North, Suite 115 • City of Industry, CA 91746-3497
Office (562) 692-9581 • FAX (562) 695-0441

Mr. Carlos Reyes
Specialized Environmental, Inc.
2130 S. Dupont Drive
Anaheim, CA 92806-6101

SUBJECT: Asbestos Abatement
17370 Gale Avenue.
City of Industry, CA

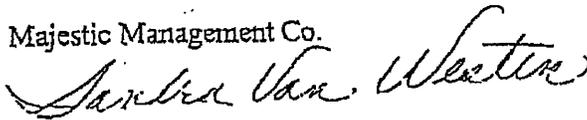
We are requesting that you submit an emergency asbestos notification to the South Coast Air Quality Management District in order to proceed immediately with the removal of previously unidentified asbestos material.

Approximately 250 square feet of asbestos containing mastic associated with brown floor tile and 15 linear feet of transite piping located in the ceiling space above the water heater. The two week waiting period for this work would create an unacceptable monetary hardship for the project. The general contractor is not licensed to remove this material and work cannot proceed on schedule unless this material is removed as soon as possible.

Please call me at (562) 948-4387 should further information be required to expedite this process. Thank you for your efforts on our behalf.

Sincerely,

Majestic Management Co.



Sandra Van Westen
Property Manager

INSURANCE CERTIFICATE

CORD

CERTIFICATE OF LIABILITY

DATE (MM/DD/YY)
02/22/2002

INSURER

Serial # AB424

GENDS ENVIRONMENTAL INS. SVCS, LLC
305 GENE AUTRY WAY
ANAHEIM, CA 92808
LICENSE #0C78875
(714) 634-2683 (714) 634-3704

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

SPECIALIZED ENVIRONMENTAL INC.
2130 SOUTH DUPONT DRIVE
ANAHEIM, CA 92806-6101

COMPANY A	ZURICH AMERICAN	A+XV
COMPANY B	AMERICAN GUARANTEE	A+XV
COMPANY C	STEADFAST INS. CO.	A+XV
COMPANY D	AMERICAN ZURICH INS. CO.	A+XV

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	AAO3679236-01	12/5/01	12/5/02	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> ASBESTOS/ LEAD				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> POLLUTION				MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/>				
B	AUTOMOBILE LIABILITY	BAP3765291-01	12/5/01	12/5/02	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	<input checked="" type="checkbox"/> HIRED PHYSICAL DAMAGE \$25,000				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
C	EXCESS LIABILITY	SUO3691639-01	12/5/01	12/5/02	EACH OCCURRENCE \$ 9,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 9,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC3639780-01	12/5/01	12/5/02	<input checked="" type="checkbox"/> RETROACTIVE LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE \$ 1,000,000
C	OTHER CONTRACTORS POLLUTION LIABILITY MOLD	CPL3882609-00	12/5/01	12/5/02	GENERAL AGGREGATE 1,000,000
					OCCURRENCE 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
MAJESTIC MANAGEMENT CO. AND EDWARD P. ROSKI, JR. ARE INCLUDED AS ADDITIONAL INSURED ON GENERAL LIABILITY WITH RESPECTS TO WORK PERFORMED FOR THEM BY THE NAMED INSURED.
RE: 17370 GALE AVE
ENDORSEMENT TO BE ISSUED BY INSURING COMPANY.

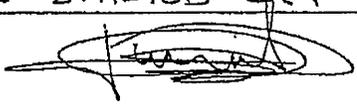
MAJESTIC MANAGEMENT CO.
ATTN: GINA VENAGAS
13191 CROSSROADS PARKWAY NORTH, SUITE 115
CITY OF INDUSTRY, CA 91746

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE OF INDEPENDENT INSURANCE AGENCY

DAILY CHECK LIST & LOG

DAILY CHECK LIST AND LOG

PROJECT NO: SA02-069			DATE: 02-25-02			DAY OF THE WEEK: MONDAY			
PROJECT NAME: MAJESTIC			WORK AREA LOCATION: TWO REST ROOMS & STORAGE ROOM						
STARTING TIME: 7:00 AM		FINISH TIME: 3:30 PM		NUMBER OF BAGS:					
				HAZARDOUS:		NON-HAZARDOUS:			
NUMBER OF AIR SAMPLES TAKEN		BASELINE:	PERSONAL:	AREA:	AFT:	FINAL AIR	PCM:	TEM:	
TODAY OF THE FOLLOWING:						CLEARANCE:			
DESCRIPTION		YES	NO	N/A	DESCRIPTION		YES	NO	N/A
Work Area Isolated		/			GFCI On Site/In Use		/		
Critical Barriers/Isolation Barriers Maintained		/			Decontamination System Functioning		/		
HVAC System Turned Off/Sealed		/			Evidence of Water Leaks			/	
Negative Pressure maintained in Work Area		/			Water Shut-Off			/	
Smoke Test/Manometer (If yes, circle type)		/			Fire Exits/Fire Extinguishers		/		
Negative Pressure Reading (Note reading)		/			Air Sample Results Posted		/		
Signs Posted at Work Area		/			Safety/Fire Meeting (If yes, Attach Report)		/		
Work Area Secure		/			Asbestos Load Out (If yes, state time)		/		
EPA/OSHA/Municipal Job Notification Posted		/			Asbestos Waste Properly Wet/Labeled		/		
EPA/OSHA Regulations Posted		/			Dumpster Lined/Secure		/		
Specification/Scope of Work on Site		/			Dump Manifest on Site		/		
Respirators in Use		/			Worker Training/Medical Records on Site		/		
Respirator Type <u>HOUGH 1/2 FACE</u>		/			Air Sample Plan On Site		/		
Coveralls in Use/On Site		/			AFD Filter Change		/		
Electrical Panels Lock/Tag Out		/			Visual Inspection of Work		/		
DESCRIPTION OF WORK									
7:00 AM - I MOSES HERNANDEZ, SUPERVISOR OF S.E.I ARRIVED AT JOB SITE WIT 2 S.E.I WORKERS TO PERFORM A SCOPE OF WORK, WORKERS WERE INSTRUCTED WITH SAFETY MEETING AND AFTER THAD SIGNED ENTRY/EXIT LOG CREW STARTED MOBILIZATION OF EQUIPMENT & MATERIAL. BY THIS TIME THE BUILDING STILL CLOSE.									
7:30 AM. BY THIS TIME THE FORMAN OF PAINTERS CREW OPENED THE BUILDING AND GIVE US ACCESS TO THE WORK AREA, S.E.I WORKERS STARTED MOBILIZATION OF EQUIPMENT & MATERIAL TO THE WORK AREA									
8:00 AM. CREW WERE ASSIGNED TO STARTED SET UP OF CONTAINMENT ON TWO BATHROOMS ON NORTH WEST CORNER									
9:00 AM - STARTED SET UP ON AIR FILTRATION SYSTEM									
Foremans: 		TOTAL MAN DAYS THIS DATE: _____			+ O/T HOURS THIS DATE: _____				
Signature		TOTAL MAN DAYS JOB TO DATE: _____			+ O/T HOURS JOB TO DATE: _____				

JOB SITE ROSTER

AREA ENTRY & EXIT LOG

SAFETY MEETING & TRAINING

WATER FILTRATION LOG

SEI

SPECIALIZED ENVIRONMENTAL INC.

2130 S. DUPONT RD.

ANAHEIM, CA 92806

(714) 938-1088 / fax (714) 938-1195

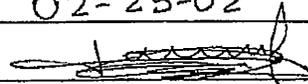
WATER FILTRATION LOG

Project: MAJESTIC

Job No.: SA02-069

Date: 02-25-02

Foreman: MOSES HERNANDEZ

Signature: 

TYPE M/C FILTER													
.1 MIC	N/A												
.5 MIC													
.10 MIC													
.20 MIC													

HOG FILTRATION CHANGE

HOG I.D. #	TIME	PRE	SEC	TIME	PRE	SEC	TIME	PRE	SEC	TIME	HEPA
A0026A2	9:30 AM	✓	✓	12:30 PM	✓	✓					
SEI-3397	9:30 AM	✓	✓	12:30 PM	✓	✓					

MANOMETER LOG

**PERSONAL AIR
MONITORING RESULTS**

COLLECTOR: 02-25-02
 NUMBER: SA02-069
 ADDRESS: 17370 GALE AV.
 NAME: MOSES HERMANDEZ
 PLEASE TAG AND BY: M. Abby

SPECIALIZED ENVIRONMENTAL INC.
 2130 South Dupont Drive
 Anaheim, California 92806-6101
 Tel (714) 938-1000, Fax (714) 938-4185

ASBESTOS/LEAD AIR SAMPLE DATA SHEET

NUMBER OF MEN IN WORK AREA: _____
 PERSONAL PROTECTION: _____
 FULL SUIT UP
 HALF FACE RESPIRATOR
 FULL FACE RESPIRATOR
 PAPER
 TYPE OF RESPIRATOR: _____
 OTHER: _____

SAMPLE #	PUMP #	CALL DATE	DESCRIPTION	AIRBN EMPLOYEE	EMPLOYEE NAME SOC. SEC. NO.	START TIME	STOP TIME	PRE-FLOW (PPM)	POST-FLOW (PPM)	TOTAL TIME (MIN)	TOTAL VOLUME (L)	FIBER S/CC
09-01			Blank									0/100
59-02	020	2-25-02	Fluor-Fiber Excursion Limit			8:30 AM	9:00 AM	2.0 ⁵ /m	2.0 ⁵ /m	30 min		1/100
59-03	020	2-25-02	Flock tile & marble removal removite fire removal	EMP	JESUS VARGAS 609-54-7260	9:00 AM	12:30 AM	2.0 ⁴ /m	2.0 ⁵ /m	200 min		2.5/100

COMMENTS: Pump was calibrated prior to test

AB SUBMITTED TO:

CHAIN OF CUSTODY

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME
	02-25-02 7:50 PM		2-26-02
	2-26-02		2-28-02

FROM: 4388

WHITE: LAB 4388 YELLOW: OFFICE

**LABORATORY
CERTIFICATION**

ENVIRONMENTAL
CONSULTANT/LABORATORY

ASSET ENVIRONMENTAL CONSULTANT
5011 ARGOSY AVENUE, SUITE 5
HUNTINGTON BEACH, CA 92649
714/379-9099 • fax 714/379-9096

NVLAP CERTIFICATE OF ACCREDITATION LAB CODE: 1020704-0

AUG-17-2001 14:54

MILESTONE

P.02/04

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/17/2001

INSURER (949)852-0909 FAX (949)852-1131

Milestone Insurance Brokers
P.O. Box 19592
Corporate Park, Ste 130
Irvine, CA 92623-9598

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED Asset Environmental
ASSET Group, Inc.
5011 Argosy Avenue, Ste 5
Huntington Beach, CA 92649

INSURER A: General Star Indemnity/Sherwood Ins. Bro
INSURER B: Safeco Insurance Company
INSURER C: State Compensation Ins. Fund
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TRAIL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	IYG34736 SE	05/29/2001	05/22/2002	EACH OCCURRENCE \$ 2,000, FIRE DAMAGE (Any one fire) \$ 50, MED EXP (Any one person) \$ Excl 4 PERSONAL & ADV INJURY \$ 2,000, GENERAL AGGREGATE \$ 2,000, PRODUCTS - COMP/OP AGG \$ 2,000,
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR \$2,500 DEDUCTIBLE				
	<input checked="" type="checkbox"/> Professional Liability <input checked="" type="checkbox"/> Pollution*				
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC *CLAIMS MADE FORH					
B	AUTOMOBILE LIABILITY	BA2348637	07/10/2001	05/22/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000, BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO				
	<input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
A	EXCESS LIABILITY	IXG363935B	05/29/2001	05/22/2002	EACH OCCURRENCE \$ 4,000, AGGREGATE \$ 4,000, \$ \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
	<input type="checkbox"/> DEDUCTIBLE				
	<input type="checkbox"/> RETENTION \$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	IS67079-00	08/01/2000	08/01/2002	WC STATUS: [] OTHER: [] E.L. EACH ACCIDENT \$ 1,000, E.L. DISEASE - EA EMPLOYER \$ 1,000, E.L. DISEASE - POLICY LIMIT \$ 1,000,
	OTHER				

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Specialized Environmental, Inc. is named as additional insured per CG2010 attached.

RE: Various Jobs

*Ten (10) day notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER CANCELLATION

Specialized Environmental, Inc.
Attn: Leo
2130 S Dussan Drive
Anaheim, CA 92805

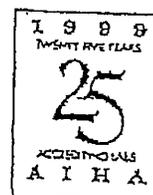
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

ACORD CORPORATION



February 22, 1999



DAVID POMERANTZ
ASSET
1111 MOCKINGBIRD LANE
SUITE 253
DALLAS TX 75247

Lab ID# 10524

Dear DAVID POMERANTZ:

Enclosed are your Proficiency Analytical Testing (PAT) Round 136 results.

Your Password to enter data via the internet is now included on the results form included with the samples. Your password is in the upper left hand corner (next to your lab ID#) of the mailing address label. Please do not call AIHA for your password. Because of security concerns, passwords will not be given over the phone.

Please note: After submitting your data on the PAT data web site, it is very important to print the confirmation page. Save this page as verification that results have been submitted.

The address to enter PAT results is: <http://www.aiha.org/proftest.htm>

PAT round 137 sample kits will be mailed to laboratories around April 1, 1999. The metals will be cadmium, zinc and lead. The organic solvents will be 1,2-Dichloroethane (DCE), Tetrachloroethylene (PCE) and Trichloroethylene (TCE). Results will be due to AIHA on May 3, 1999. If you have any questions, please contact Carl Bell at AIHA, (703) 849-8888.

The AIHA Laboratory Quality Assurance Application for AIHA accreditation
is now available on-line.

<http://www.aiha.org>

The application covers the following programs:

1. Industrial Hygiene Laboratory Accreditation Program (IHLAP) including Bulk Asbestos as an analyte
2. Environmental Lead Laboratory Accreditation Program (ELLAP)
3. Asbestos Analysts Registry (AAR)
4. Environmental Microbiology Accreditation Program (EMLAP)

Sincerely,

Carl Bell

PROFICIENCY ANALYTICAL TESTING (PAT) PROGRAM
 INDIVIDUAL LABORATORY REPORT FOR ROUND 136
 LAB ID=10524 FEBRUARY 17, 1999
 ASSET, DALLAS, TX 75247

CONTAMINANT (ASV.)	UNIT	SAMPLE NO.	REPORTED RESULTS	MEAN VALUES *	ACCEPTABLE RANGE#	Z & SCORE	LAB D PERFORMANCE
					LOWER UPPER		
ASBESTOS/FIBERS (Asa/MMF)	(F/MM2)	1	80.9000	113.0517	53.3953 151.0576	-1.54	A
	(F/MM2)	2	339.7000	147.9893	72.5143 250.1020	5.15	H
	(F/MM2)	3	489.9000	337.3013	189.0796 528.1227	2.45	A
	(F/MM2)	4	636.9000	537.8550	316.5377 817.4964	1.07	A

- * Mean values are the mean of the all laboratories based on original scales except for asbestos. Asbestos results are calculated based on transformed data. Therefore, asbestos performance limits are not symmetrical to the mean values.
- # Upper limit: mean value + 3 standard deviations
 Lower limit: mean value - 3 standard deviations
- Z Z Score = (reported result - mean value) / standard deviation
- Q A: Analysis acceptable -1 Results not reported
 H: Results > upper limit (Z > 3), not acceptable L: Results < lower limit (Z < -3), not acceptable
- Note: the acceptability of reported results is based on z-scores. This is why a reported result may appear acceptable according to performance limits, but be identified as an outlier.

PROFICIENCY ANALYTICAL TESTING (PAT) PROGRAM
SUMMARY RESULTS OF ALL LABS FOR ROUND 136

CONTAMINANT (UNIT)	SAMPLE NO.	X	MEAN*	STDEV	RSD(%)	# LABS RATED	# OF LABS ACCEPTABLE	# LOW OUTLIER	# HIGH OUTLIER
CADMIUM (MG)	1	294	0.0029	0.000168	5.8	294	272	13	9
	2	294	0.0162	0.000664	4.1	294	275	13	6
	3	294	0.0125	0.000526	4.2	294	281	11	2
	4	294	0.0134	0.000559	4.2	294	273	16	5
CHROMIUM (MG)	1	291	0.2047	0.012184	6.0	291	281	6	4
	2	291	0.1871	0.011059	5.9	291	281	5	5
	3	291	0.0694	0.003904	5.6	291	258	9	14
	4	291	0.1565	0.009136	5.8	291	275	10	6
LEAD (MG)	1	299	0.0387	0.00175	4.5	299	278	13	8
	2	299	0.0386	0.002443	4.2	299	287	8	4
	3	299	0.0292	0.001413	4.8	299	273	13	8
	4	299	0.0775	0.003098	4.0	299	277	14	8
SILICA (MG)	1	77	0.0709	0.012826	18.1	77	74	2	1
	2	77	0.0814	0.014191	17.4	77	72	1	4
	3	77	0.1227	0.019376	15.8	77	75	0	2
	4	77	0.1452	0.022156	15.3	77	75	1	1
ASBESTOS/FIBERS (F/M ²) +	1	907	113.0517	22.61034	20.0	907	858	13	35
	2	907	147.9893	29.59786	20.0	907	832	31	22
	3	907	337.3013	36.30717	16.8	907	850	22	33
	4	907	537.8530	83.49312	15.5	907	837	31	39
BENZENE (MG)	1	282	0.0714	0.005039	7.1	282	265	5	12
	2	282	0.1160	0.006903	6.0	282	263	6	13
	3	282	0.2119	0.010536	5.0	282	266	6	10
	4	282	0.0932	0.005985	6.4	282	265	6	11
O-XYLENE (MG)	1	282	0.5558	0.031146	5.6	282	262	6	14
	2	282	0.1478	0.01046	7.1	282	264	4	12
	3	282	0.6341	0.035054	5.5	282	264	8	10
	4	282	0.8772	0.047171	5.4	282	262	9	11
TOLUENE (MG)	1	282	0.7197	0.032841	4.6	282	250	13	19
	2	282	1.0065	0.045493	4.5	282	266	10	6
	3	282	0.2398	0.011155	4.7	282	256	10	16
	4	282	0.5130	0.023621	4.6	282	264	4	14

- * MEAN - The mean of the all laboratories. These values were listed on the individual laboratory report.
- σ STD - standard deviation
- % RSD - relative standard deviation = ((STD/MEAN)*100%)
- + - Results for fibers are calculated on transformed data.

Proficiency Analytical Testing Program

Round 136

Table C: All Labs Performance Limits

CT	CNT ABRV	FILTER	TRANSFORMED		K	STD	ESD	RSD (% LIMITS)	RSD LIMITS ASSIGNED	LOWER LIMIT	UPPER LIMIT
			WINSORIZED MEAN	MEAN VALUE							
1	CAD	1	0.00287	0.00227	294	0.000168	0.05639	0.0563913		0.00237	0.00337
		2	0.016249	0.016249	294	0.006664	0.04066	0.0406566		0.01426	0.01824
		3	0.012661	0.012661	294	0.000526	0.04222	0.0422227		0.01088	0.01404
		4	0.01333	0.01333	294	0.000559	0.04164	0.0418369		0.01167	0.01503
	CNR	1	0.204707	0.204707	291	0.012184	0.05952	0.0595203		0.16815	0.24126
		2	0.187126	0.187126	291	0.011059	0.0591	0.0590978		0.15395	0.2203
		3	0.069383	0.069383	291	0.003904	0.05627	0.0562677		0.05767	0.08109
		4	0.156543	0.156543	291	0.009136	0.05256	0.0526627		0.12913	0.18395
	LEA	1	0.038693	0.038693	299	0.00175	0.04522	0.0452201		0.03344	0.04394
		2	0.058563	0.058563	299	0.002443	0.04171	0.0417082		0.05124	0.06589
		3	0.029244	0.029244	299	0.001413	0.04833	0.0483276		0.025	0.03343
		4	0.077453	0.077453	299	0.003098	0.03993	0.04	assigned	0.06816	0.08675
4	SIL	1	0.070254	0.070254	77	0.012826	0.18102	0.1810179		0.05238	0.10933
		2	0.081447	0.081447	77	0.014191	0.17426	0.1742411		0.05887	0.12402
		3	0.122669	0.122669	77	0.019376	0.15795	0.1579508		0.06454	0.1808
		4	0.145179	0.145179	77	0.022154	0.15261	0.1526124		0.07971	0.21165
5	ASS	1	10.63258	113.0517	907	22.61034	0.22175	0.2	assigned	55.3953	191.057
		2	12.76509	147.9893	907	29.59786	0.20415	0.2	assigned	72.5149	250.102
		3	18.34577	337.3015	907	56.50717	0.16793	0.1679272		189.08	528.123
		4	23.1917	537.855	907	83.49312	0.15523	0.1552335		316.538	817.496
4	BN2	1	0.071391	0.071391	282	0.005059	0.07087	0.0708667		0.03921	0.08657
		2	0.11395	0.11395	282	0.006903	0.05934	0.0593379		0.09524	0.13666
		3	0.211859	0.211859	282	0.010336	0.04973	0.0497319		0.18025	0.24347
		4	0.093211	0.093211	282	0.005985	0.06642	0.0664204		0.07526	0.10116
	OXT	1	0.555826	0.555826	282	0.031166	0.05603	0.0560347		0.46739	0.54726
		2	0.167754	0.167754	282	0.01066	0.07079	0.0707935		0.11637	0.17713
		3	0.634088	0.634088	282	0.035054	0.05528	0.0552833		0.52892	0.73925
		4	0.877221	0.877221	282	0.047171	0.05377	0.0537754		0.73571	1.01873
	TOL	1	0.719672	0.719672	282	0.032881	0.04569	0.0456894		0.62133	0.81832
		2	1.00651	1.00651	282	0.045493	0.0452	0.0451989		0.87003	1.14299
		3	0.239841	0.239841	282	0.011155	0.04651	0.0465099		0.20638	0.27331
		4	0.513013	0.513013	282	0.023621	0.04604	0.0460427		0.44215	0.58387

**WASTE HAULER &
LANDFILL**

WASTE HAULER

SPECIALIZED ENVIRONMENTAL, INC.
2130 S. DUPONT RD.
ANAHEIM, CA 92806
(714) 938 - 1088

EPA NO: CAR000008367
HAZARDOUS WASTE
TRANSPORTER REGISTRATION NO:3458

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/05/2001

PRODUCER
 LEGENDS ENVIRONMENTAL INS.SVCS,LLC
 1305 GENE ATRY WAY
 ANAHEIM, CA 92805
 LICENSE #0C79875
 (714) 634-2683 (714) 634-3704

Serial # A7789

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

INSURED
 SPECIALIZED ENVIRONMENTAL, LLC
 2130 SOUTH DUPONT DRIVE
 ANAHEIM, CA 92806-6101

COMPANY A	ZURICH AMERICAN	A+XV
COMPANY B	AMERICAN GUARANTEE	A+XV
COMPANY C	STEADFAST INS. CO.	A+XV
COMPANY D	AMERICAN ZURICH INS. CO.	A+XV

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.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	AAO367923-01	12/5/01	12/5/02	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> ASBESTOS/ LEAD POLLUTION				PRODUCTS + COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY	BAP3765291-01	12/5/01	12/5/02	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED PHYSICAL DAMAGE \$25,000				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
C	EXCESS LIABILITY	SUO3691639-01	12/5/01	12/5/02	EACH OCCURRENCE \$ 9,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$ 9,000,000
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC3633780-01	12/5/01	12/5/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	THE PROPRIETOR PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000
C	OTHER MOLD LIABILITY	TBD	12/5/01	12/5/02	GENERAL AGGREGATE 1,000,000 OCCURRENCE 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

BIDDING & INFORMATION PURPOSES

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE OF INDEPENDENT INSURANCE AGENCY



Winston H. Hickox
Agency Secretary
California Environmental
Protection Agency

Department of Toxic Substances Control

Edwin F. Lowry, Director
8800 Cal Center Drive
Sacramento, California 95826-3200

JAN 22 2002



Gray Davis
Governor

HAZARDOUS WASTE TRANSPORTER REGISTRATION

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

Specialized Environmental, Inc.
2130 S. Dupont Drive
Anaheim, California 92806

TRANSPORTER REGISTRATION NO: 3458

EXPIRATION DATE: February 28, 2003

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS, DIVISION 4.5.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.

FOR REGISTRATION INFORMATION, PLEASE CONTACT MS. TARI PATTERSON AT (916) 255-4368.


(AUTHORIZED SIGNATURE)

JAN 22 2002

(DATE)

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Web-site at www.dtsc.ca.gov.

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
RESEARCH AND SPECIAL PROGRAMS ADMINISTRATION



HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR 2001-2002

Registrant: SPECIALIZED ENVIRONMENTAL INC
Attn: Martin Bolanos
2130 S. Dupont Dr
Anaheim, CA 92806-6101

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 082001 851 002J Issued: 09/05/01 Expires: 06/30/02

Record keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with RSPA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, DHM-60 Research and Special Programs Administration, U.S. Department of Transportation, 400 Seventh Street, SW, Washington, DC 20590, telephone (202) 366-4109.

WASTE HAULER

BDC Special Waste Services

P.O. Box 946

AZUSA, CA. 91702

(800) 221- 4232

(626) 969 - 1394

(626) 969 - 4971 (FAX)

EPA NO:

CAR000017657

HAZARDOUS WASTE

TRANSPORTER REGISTRATION

NO: 3720

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
RESEARCH AND SPECIAL PROGRAMS ADMINISTRATION



HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR 2001-2002

Registrant: BDC SPECIAL WASTE SERVICES
Attn: Steve Amromin
766 So Ayon Avenue
Azusa, CA 91702-5123

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 053101 703 014J

Issued: 06/04/01

Expires: 06/30/02

Record keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with RSPA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, DHM-60 Research and Special Programs Administration, U.S. Department of Transportation, 400 Seventh Street, SW, Washington, DC 20590, telephone (202) 366-4109.

Alliance for Uniform HazMat Transportation
Procedures
Uniform Program Credentials



ALLIANCE
For Uniform
HAZMAT
Transportation
Procedures

BDC SPECIAL WASTE SERVICES
766 SOUTH AYON AVENUE
AZUSA CALIFORNIA 91702

USDOT Census #: 375375
ICC #: 265711
EPA Transportation Ids: CARR000017657
Intrastate Motor Carrier #:

Phone Number to call in case of an accident or emergency: 626-969-1384

Uniform Program ID: UPM-375375-NV

Certified By: *Donna Redman*

Issuance Date: October 30, 2000

Expiration: December 31, 2001

Issuing Agency: Nevada Highway Patrol

Agency Phone Number: (775) 684-4522





STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
INDUSTRY OPERATIONS DIVISION



REGISTRATION RECEIPT - Truck

SSRS Unit MS# H150
P.O. Box 932332
Sacramento, CA 94232-2232
(916) 657-6636

In accordance with Public Law 104-88,
this receipt (evidencing compliance
with FHWA registration regulations)
must be carried in the vehicle cab and
may not be altered. Alteration will
result in confiscation and penalties.

ICC Nbr: 265711
USA WASTE OF CALIFORNIA, INC.
BDC SPECIAL WASTE SERVICES
766 S. AYON
AZUSA, CA 91702

Effective: 01/01/2001 Expires: 12/31/2001
Receipt No: TRM012460 (Initial Order)

This receipt authorizes this motor carrier
to operate in the following states:

***** ID(00001), NM(00001), TX(00001),
UT(00001), WA(00001), *****

Form RS-3

Mail to:
USA WASTE OF CALIFORNIA, INC.
BDC SPECIAL WASTE SERVICES
2250 GRASS VALLEY HWY. 152
AZUBURN, CA 95603



Winston H. Hickox
Agency Secretary
California Environmental
Protection Agency

Department of Toxic Substances Control

Edwin F. Lowry, Director
8800 Cal Center Drive
Sacramento, California 95826-3200



Gray Davis
Governor

HAZARDOUS WASTE TRANSPORTER REGISTRATION

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

BDC Special Waste Services
766 So. Ayon Avenue
Azusa, California 91702

TRANSPORTER REGISTRATION NO: 3720

EXPIRATION DATE: July 31, 2002

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO
TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN
ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE
HEALTH AND SAFETY CODE AND TITLE 22 OF THE CALIFORNIA CODE OF
REGULATIONS, DIVISION 4.5

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF
HAZARDOUS WASTE.

FOR REGISTRATION INFORMATION, PLEASE CONTACT MS. TARI PATTERSON AT
(916) 255-4368.

May Mosier

(AUTHORIZED SIGNATURE)
JUL 24 2001

(DATE)

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption.
For a list of simple ways you can reduce demand and cut your energy costs, see our Web site at www.dtc.ca.gov.



AZUSA LANDFILL
WASTE MANAGEMENT

TO: All Azusa Land Reclamation Customers

FROM: Leigh Ann Cullen, Waste Acceptance

DATE: January 4, 1999

SUBJECT: Procedures for Disposal of Asbestos Containing Wastes

111 W. Glendale Street
Azusa, CA 91701
(626) 334-0719
(626) 567-1129 Fax

The following are the acceptance procedures for disposal of asbestos containing waste at Azusa Land Reclamation, as well as information, which will answer some recurring questions.

GENERAL INFORMATION

The Azusa Land Reclamation (ALR) landfill operates under permits from the California Integrated Waste Management Board, the Regional Water Quality Control Board, and the City of Azusa. The landfill accepts non-hazardous waste as well as asbestos as allowed by the California Health & Safety Code.

ALR is a regulated non-hazardous waste landfill, which accepts inert waste and is permitted to accept asbestos and asbestos containing material, both friable and nonfriable, under RWQCB Waste Discharge Permits. The landfill EPA number is CAD 009007626. ALR requires that generators and transporters of asbestos containing wastes follow all appropriate regulations for the packaging, labeling, and transporting of the wastes.

DEFINITIONS

ASBESTOS CONTAINING WASTES - are wastes, which contain greater than one-percent (%) asbestos, by weight.

FRIABLE ASBESTOS CONTAINING WASTE - is one which can be reduced to a powder or dust under hand pressure when dry. Friable wastes are classified as hazardous by the Department of Toxic Substances Control.

NONFRIABLE ASBESTOS CONTAINING WASTE - is considered to be non-hazardous regardless of asbestos content. Nonfriable asbestos containing wastes may become friable by improper handling, removal, transport or disposal. Nonfriable containing material that may be considered friable include, but are not limited to, fractured or crushed asbestos products, transite siding, mastic, roofing felt, roofing tiles, cement wall pipes and vinyl floor tiles.

PACKAGING

Asbestos containing wastes must be contained or packaged and transported in one of the following ways.

In sealed, leak-tight and non-returnable containers (e.g. plastic bags of 6-mil thickness, cartons, or drums) from which fibers cannot escape. Waste within containers must be adequately wetted to prevent blowing of fibers in case the container is broken.

For bulk wastes that will not fit into containers without additional breaking, place wastes into sealed and leak-tight wrapping after wetting. If the wastes are to be placed directly in trailers or drop-boxes, the trailer or drop-box should be lined with plastic sheeting. The wrapping should be sealed (e.g. with duct tape). This method is known as burrito wrapping. The trailer or drop-box is to be covered or trapped.

Nonfriable material should be packaged so as to prevent fibers from becoming air blown if material become broken during transport. Burrito wrapping works well for most nonfriable material. Frayed ends of AC pipe must be wrapped to prevent fibers from blowing.

LABELING AND MARKING

It is required that ALL packaging (bags and wrappers) of asbestos containing waste be labeled with a CAUTION label. This applies to friable and nonfriable asbestos containing wastes. Attachment I gives examples of approved label wording from the various regulations.

Hazardous waste marking per Title 22, Section 00262.32 requires additional language be used for friable asbestos containing waste, or when transporting asbestos containing waste on a Uniform Hazardous Manifest. The hazardous waste marking on each bag must contain generator name, address and manifest document number. A Class 9 marking label must also be placed on each bag. An example is attached. The marking must be on a white background to meet regulations.

Please note that labeling and marking requirements must be on each primary containment package bag. Labeling or marking on a burrito wrap only does not meet the regulations.

PROPER PROTECTIVE EQUIPMENT

ALR requires that all drivers or individuals entering the asbestos areas to be properly trained in the handling of asbestos wastes. All drivers prior to entering the site must complete an ACM qualification certification. All drivers are required to wear an approved respirator with HEPA filter cartridges. Hard hat and orange traffic vests are also required when exiting the vehicle. ALR also requires that persons unloading waste wear appropriate clothing. Shirts and long pants are required, protective footwear is recommended.

MANIFESTS

The California State Department of Toxic Substance Control (DTSC) has increased enforcement of proper manifesting procedures. Please ensure that manifests are completed and correct prior to arrival at the facility.

ALR mails out the generator copy of the completed manifest within a few days of receipt. There have been many copies returned or lost due to incorrect addresses. Please ensure that the address placed in box 3 of the uniform hazardous waste manifest is the correct mailing address. This address, (not the site address) must be a valid address where the generator receives their mail. A site address must also be provided adjacent to the mailing address, if different.

The proper description, which should appear in box 11a, is R.Q., ASBESTOS, 9 NA 2212, III. Also accepted will be R.Q., ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S., 9, UN3077, (ASBESTOS). Please ensure this reads correctly on the manifest.

The state waste code for asbestos is 151 and should be placed in box 1 of the shaded area. An EPA waste code number is not required.

A Land Disposal Restriction Form (LDR) is required to accompany each hazardous waste manifest. (Attachment 2).

Cubic yards are also required to be provided on the manifest.

Space 19, Discrepancy Space, is used by the landfill to record any significant discrepancy found on the manifests.

ALR is requesting its customer's cooperation in the proper handling of asbestos material. Non-compliance with these procedures may result in the loss of disposal privileges. Should you have any questions please do not hesitate to call

APPROVED LABEL WORDING

Caution Labels for All Bags

CAUTION
CONTAINS ASBESTOS FIBERS
AVOID CREATING DUST
BREATHING ASBESTOS MAY CAUSE
~~SERIOUS BODILY HARM~~
(TITLE 8, SECTION 5208)

CAUTION
CONTAINS ASBESTOS FIBERS
AVOID OPENING OR BREAKING CONTAINER
BREATHING ASBESTOS IS HAZARDOUS TO YOUR HEALTH

OR

DANGER
CONTAINS ASBESTOS FIBERS
AVOID CREATING DUST
CANCER AND LUNG DISEASE HAZARD
(RULE 1403, SCAQMD)

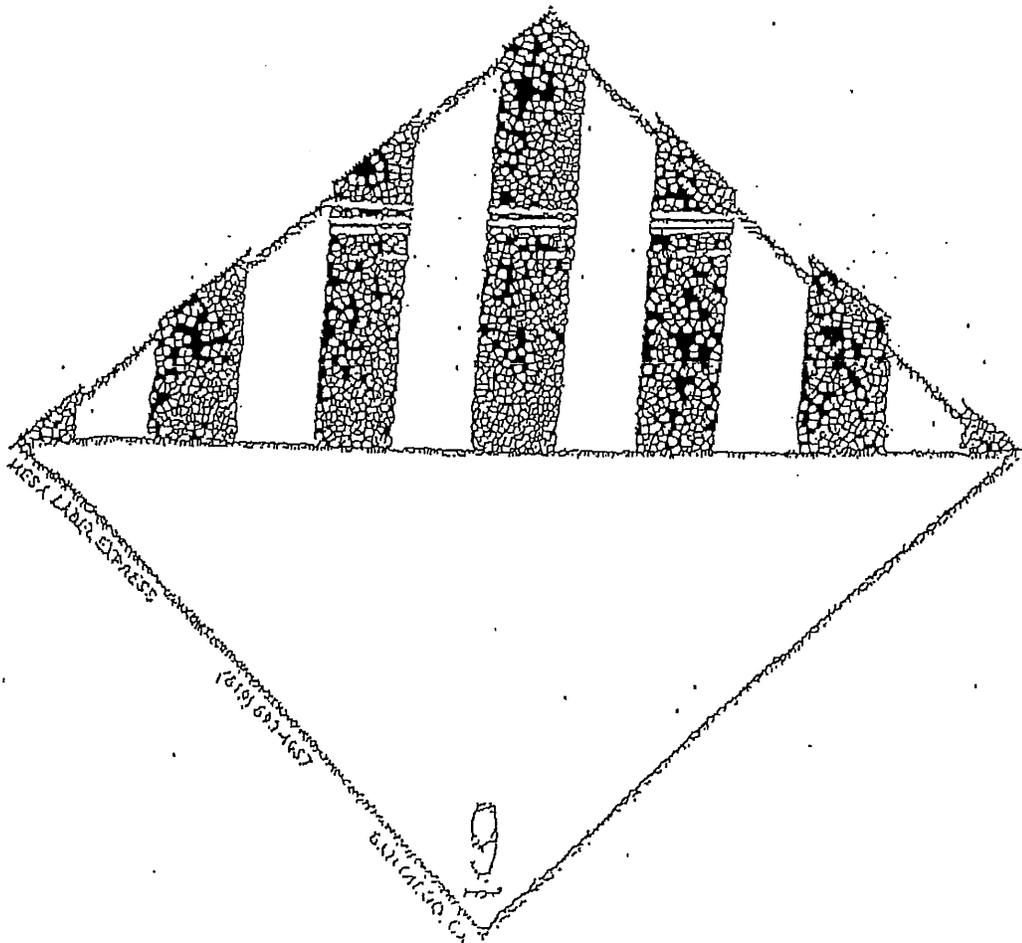
CAUTION CONTAINS ASBESTOS
AVOID OPENING OR BREAKING CONTAINER
BREATHING ASBESTOS IS HAZARDOUS
TO YOUR HEALTH
(NESHAP, 40 CFR 61.153 (b)(1) (iv))

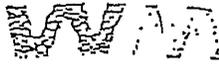
Additional labeling required if material is friable asbestos material, i.e.
transported as a hazardous waste, per Title 22, section 66262.32.

HAZARDOUS WASTE
STATE AND FEDERAL LAW
PROHIBITS IMPROPER DISPOSAL
IF FOUND, CONTACT THE NEAREST
POLICE OR PUBLIC SAFETY AUTHORITY
OF THE CALIFORNIA DEPARTMENT OF
HEALTH SERVICES

Generator Name _____
Generator Address _____
Manifest Document Number _____

PACKAGE MARKING REQUIRED ON ALL FRAGILE ASBESTOS
Required on each bag
Class 9 identification
Must be on a White Background and no smaller than shown below





AZUSA LAND RECLAMATION COMPANY
ACM QUALIFICATION
ASBESTOS MANAGEMENT/CERTIFICATION

AZUSA LANDFILL
A WASTE MANAGEMENT FACILITY

1211 W. Clarendon Street
Azusa, CA 91702
(626) 334-0718
(626) 987-1539 Fax

Disposal of Asbestos Containing Materials (ACM) at Waste Management's Azusa Land Reclamation Landfill must be performed in an environmentally sound and safe manner, handling and disposal must follow the applicable state, local and federal regulatory policies as well as those of Waste Management. The following checklist is designed to ensure the proper disposal of ACM waste streams.

To assure proper management of all ACM loads please read and sign the certification below:

1. I have inspected the ACM load for proper packaging and labeling.
2. My transportation vehicle has the necessary markings required for the transportation of ACM.
3. I have the required personnel protective equipment (consisting of at least a respirator, disposal gloves and a Tyvek suit).
4. I have been properly fit tested for my respirator.
5. I understand that if there is an asbestos spill, it will need to be cleaned up, re-wetted and re-bagged. All spills, regardless of size must be reported to the Operations Manager. The Operations Manager will initiate the proper Spill Response Plan.
6. When asbestos containing materials are unloaded, it shall be done in such a manner as not to rupture any bags or produce any airborne particulate matter.

I have read and understand these procedures as outlined above. I realize these procedures are to ensure my safety and the safety of all other personnel involved. Failure to adhere to these procedures may result in disciplinary action for the landfill employees and the prohibition of my future ability to personally use this or other Waste Management facilities.

Driver Signature _____

Azusa Land Reclamation

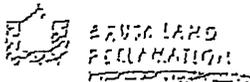
AZUSA LAND RECLAMATION (ALR) is a USA Waste Services Company. As a member of the USA Waste Services family of companies ALR staff is dedicated to providing our customers environmentally safe disposal and the highest quality service at competitive prices.

ALR accepts non hazardous inert wastes, as well as, asbestos containing wastes, and tires. The site has been in operation since the 1960's. The facility is equipped with leachate and gas collection systems to meet regulatory guidelines. The disposal area is fully lined with a Subtitle D liner system. The landfill is a regulated non hazardous waste landfill which operates under permits from the California Integrated Waste Management Board, Regional Water Quality Control Board, and the City of Azusa.

ALR in a partnership with TRS, a specialized thermal remediation service provider, operate a Soil Recycling Facility. The Azusa Soil Recycling Facility utilizes thermal desorption for the treatment of non hazardous contaminated soils. The Azusa Soil Recycling program gives you peace of mind by helping you eliminate potential liabilities in the management of contaminated soils.

ALR is conveniently located in the City of Azusa approximately 2 miles from the interchange of the 605 and 210 freeways. The facility has easy access to the working face, with an all-weather road, making the site accessible during raining weather. Assistance in unloading waste is available.

Location:
1211 West Gladstone
Azusa, CA 91702
(626) 334-0719



The Quality Plus Choice
* Environmental Protection * Economic Value *

ACCEPTABLE MATERIALS

ASBESTOS AND ASBESTOS CONTAINING WASTES

- Both Friable and Non Friable
- Segregated Asbestos Disposal Area
- No Co-Mingling of Wastes
- Strict Adherence to Asbestos Manifest Procedures
- Load Screening for Unacceptable Wastes

TIRES

- Auto and Truck Tires, With or Without Rims
- Giants and Off Road Tires
- State Tire Manifest and Hauler Registration Required
- All Tires are Sorted for Recycling or Shredded for Landfill

INERT WASTES

- Concrete With or Without Rebar
- Asphalt
- Clean Fill Dirt
- Soil

SOIL RECYCLING PLANT

- Treatment of Non-Hazardous Hydrocarbon Contaminated Soil
- Lined Soil Pre-Processing Area
- Subsurface Vapor Detection System
- Incoming loads are inspected
- Strict Post Treatment Analysis
- Following Treatment Certificate of Recycling is Issued

OPERATING PERMITS

Landfill
EPA Number 009007626
RWQCB WDR 88-133 (amended 89-17)
Solid Waste Facility Permit 19AA0013
Asbestos Certificate No. 425
Azusa Conditional Use Permit C-131
South Coast AQMD Permits

Soil Recycling Plant
RWQCB WDR 95-132
AQMD 1166 permit
AQMD F6493
AQMD F6502
Azusa Permit P-94-98

The Quality Plus Choice

• Superior Quality • Superior Service • Superior Value

CERTIFICATE OF INSURANCE

Date: (MM/DD/YY)
12/28/2000

PRODUCER
Aon Risk Services of Texas, Inc.
2000 Bering Drive, Suite 900
Houston, Texas 77057
/13/430-6000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED: WASTE MANAGEMENT, INC. and
USA Waste of California, Inc.
Dba BDC - Special Waste Services
766 South Ayon Avenue
Azusa, CA 91702-5123

Insurer A:	Pacific Employers Insurance Company
Insurer B:	Continental Casualty Company
Insurer C:	ACE American Insurance Company
Insurer D:	Indemnity Insurance North America
Insurer E:	National Union Fire Insurance Co. of PA

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY BE EXHAUSTED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS		
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	HDO G19902559	1/1/2001	1/1/2002	EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (ANY ONE PER)	\$ 1,000,000	
	<input checked="" type="checkbox"/> OCCURRENCE				MED EXP (PER PERSON)		
	<input checked="" type="checkbox"/> XCU INCLUDED				PERSONAL & ADV INJURY	\$ 2,000,000	
	<input checked="" type="checkbox"/> ISO FORM CG 00 01 10 93				GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS/COMP, OP, AGG	\$ 4,000,000	
	<input checked="" type="checkbox"/> PROJECT						
<input checked="" type="checkbox"/> LOCATION							
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	ISA H07686031	1/1/2001	1/1/2002	COMBINED SINGLE LIMIT (EACH ACCIDENT)	\$ 5,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						
	<input checked="" type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
<input checked="" type="checkbox"/> MCS-80							
B	<input checked="" type="checkbox"/> EXCESS LIABILITY	CUP-247892731	1/1/2001	1/1/2002	EACH OCCURRENCE	\$ 25,000,000	
	<input checked="" type="checkbox"/> OCCURRENCE	XOOG 19902675			AGGREGATE	\$ 25,000,000	
	<input checked="" type="checkbox"/> CLAIMS MADE	346 71 06					
D	<input checked="" type="checkbox"/> WORKERS' COMPENSATION and EMPLOYERS LIABILITY	WLR C42982453	1/1/2001	1/1/2002	WORKERS' COMPENSATION	STATUTOR	
	A	SCF C42982532 (WI)			EL EACH ACCIDENT	\$ 1,000,000	
					EL DISEASE-EA EMPLOYEE	\$ 1,000,000	
					EL DISEASE-POLICY LIMIT	\$ 1,000,000	

REMARKS: DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT PROVISIONS:

- CHECK BOX BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES AS REQUIRED BY WRITTEN CONTRACT.
 CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER:

"For Bid Purposes Only"
C/o USA Waste of California, Inc.
Dba BDC Special Waste Services

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. EXCEPT 10 DAYS NOTICE FOR NONPAYMENT.

Jon Douglas Burnham

Jon Douglas Burnham, Aon Risk Services of Texas, Inc.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 9, R-2-1
75 HAWTHORNE STREET
SAN FRANCISCO, CA 94105

EPA RCRA IO NUMBER STATEMENT

DATE: 01/25/97

FRANK GUTIERREZ, MGR
BOC FALCON SPEC WASTE SERVICES
PO BOX 662
SIERRA MADRE, CA 91025

The U.S. Environmental Protection Agency (EPA) has assigned an EPA Identification (IO) Number to your location. EPA has assigned this IO number in response to your Notification of Regulated Activity Form (Form 8700-12) received from your installation on 01/22/97.

By submitting the Form 8700-12, your installation has notified EPA of the Resource Conservation and Recovery Act (RCRA) regulated waste activities shown below in accordance with Section 3010 of RCRA. The EPA IO number for this location is also referred to as a 'RCRA IO number' and is to be used on transport manifests and any other hazardous waste management documents required under Subtitle C of RCRA.

The following RCRA IO Number: CAR000017657
is assigned to: BOC FALCON SPEC WASTE SERVICES
766 S AYON AVE, AZUSA CA

EPA has listed your status as: Transporter.

Installation's EPA waste codes:

RCRA waste codes submitted on Form 8700-12: (Note: Not every waste code your installation submitted on Form 8700-12 may fit in the space above).

PLEASE SEE THE REVERSE FOR ADDITIONAL INFORMATION ON RCRA IO NUMBER POLICY.

CITY OF AZUSA

BUSINESS - PROFESSION - TRADE LICENSE

The person, firm or corporation named below is granted this certificate pursuant to the provisions of the City Business Tax Ordinance. Issuance of this certificate is not an endorsement, nor certification of compliance with other ordinances or laws, nor an assurance that the proposed use is in conformance with the city zoning regulations. This certificate is issued without verification that the taxpayer is subject to or exempt from licensing by the State of California.

DESCRIPTION: *Vehicle Storage Yard*

BUSINESS NAME: *B D C Special Waste Services*

BUSINESS LOCATION: *766 S Ayon Ave
Azusa CA 91702*

1st OWNER NAME: *Una Waste Services, Inc*

2nd OWNER NAME:

*B D C Special Waste Services
766 S Ayon Ave
Azusa CA 91702*

Business License Number: *006458*
Effective Date: *01/25/2001*
Expiration Date: *01/31/2002*

TO BE POSTED IN A CONSPICUOUS PLACE OR CARRIED IN VEHICLE

NOT TRANSFERABLE



CALIFORNIA STATE BOARD OF EQUALIZATION
INTERNATIONAL FUEL TAX AGREEMENT
(IFTA) LICENSE

Registration Year 2001
Expiration Date 12/31/01

IFTA ACCOUNT NUMBER CA954038880
BOE ACCOUNT NUMBER IF RT 59007970

This license is valid until the expiration date above unless canceled or revoked before that date.

A copy of this license must appear in each qualified motor vehicle.

BDC SPECIAL WASTE SERVICES
USA WASTE OF CALIFORNIA INC
2290 GRASS VALLEY HWY #152
AUBURN CA 95603

766 S. AYON
SIERRA MADRE CA 91025

BOE-442-IFTA REV. 2 (11-00)

THIS LICENSE IS NON-TRANSFERABLE.

Above is your International Fuel Tax Agreement (IFTA) license. This license is issued by the California State Board of Equalization (Board) under the terms of the International Fuel Tax Agreement (IFTA). This license is valid for qualified motor vehicles operated by the licensee in all IFTA jurisdictions.

This license, or an exact copy of this license, must be carried in the cab of each qualified motor vehicle registered under the California IFTA program. Along with this license, each vehicle must display one set of valid California IFTA decals on the exterior portion of the truck's cab; one decal on each side. In lieu of the IFTA decals, a valid California International Fuel Tax Agreement (IFTA) Temporary Decal Permit (Form BOE-442-T) may be carried in the cab of the vehicle.

If you do not carry a copy of the IFTA license or do not display the IFTA decals in the required locations on the vehicle(s) (or carry in the cab a valid California IFTA Temporary Decal Permit), it will subject the vehicle operator to the requirement to purchase a fuel trip permit, issuance of a citation and/or imposition of a fine, and possible seizure and sale of the vehicle.

As a holder of this license, you accept certain responsibilities. You must keep adequate records that document the amount of fuel purchased, used, or stored; the amount of fuel tax paid; any fuel use that is exempt from tax; and the number of miles your qualified motor vehicle(s) operated in all IFTA and non-IFTA jurisdictions. Generally, you must keep records for four years.

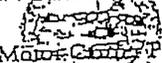
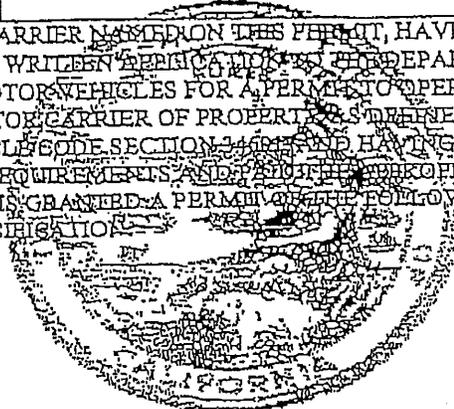
You must file an IFTA Quarterly Fuel Use Tax Report (Form IFTA-100/101) no later than the last day of the month following the quarterly reporting period. You must file your report with the exact miles traveled and gallons consumed during the reporting period. You must file your quarterly report even if you did not purchase any fuel or operate your vehicles in any IFTA jurisdiction during the reporting period.

Your license is valid only for the entity named and type of ownership specified (for example, sole proprietorship, corporation, partnership, limited liability company, etc.). You should notify the Board immediately if you make ownership changes, sell your business, stop operating, or otherwise close your California IFTA license account. Upon closure of your account, you must destroy this license and all copies and remove all related decals issued by the California State Board of Equalization from your vehicles.

This license is valid only if issued by the California State Board of Equalization. Any agent or other person who alters or otherwise produces unauthorized fuel tax credentials is creating fraudulent documents, the use of which may result in civil liability, criminal prosecution or revocation of the license.

If you have any questions, please call the Fuel Taxes Division at 916-322-9689 or Information Center at 1-800-400-7115. You may also write to the State Board of Equalization; Fuel Taxes Division MIC:65; PO Box 942879; Sacramento, CA 94279-0085.

STATE BOARD OF EQUALIZATION
Fuel Taxes Division

MOTOR CARRIER PERMIT		 A Public Service Agency			
DEPARTMENT OF MOTOR VEHICLES  Motor Carrier Permit Branch P.O. Box 952370 Sacramento, CA 94232-3700 U S A WASTE OF CALIFORNIA INC 2655 RIVERSIDE AVE BLOOMINGTON, CA 92316 USA		Valid From:	08/01/2000	Valid Through:	07/31/2001
		CA#:	0001243		
THE CARRIER NAMED ON THIS PERMIT, HAVING MADE WRITTEN APPLICATION TO THE DEPARTMENT OF MOTOR VEHICLES FOR A PERMIT TO OPERATE AS A MOTOR CARRIER OF PROPERTY AS DEFINED IN VEHICLE CODE SECTION 14601 AND HAVING MET THE REQUIREMENTS AND PAID THE APPROPRIATE FEES, IS GRANTED A PERMIT OF THE FOLLOWING CLASSIFICATION:		 Private For Hire			
Pmt Date:	08/01/2000	Office #:	154		
Account #:	28851	Tech ID:	JW		
Sequence #:	0002	Amt Paid:	\$3,415.00		

8-15-01

New permit on its way. DMV is behind on sending them out.

ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980

Form Approved
OHS No. 2125-007

Issued to USA Waste of California, Inc.
DBA ADC Special Waste Services of 765 South Ayon Avenue, Azusa, CA 91702

Dated at Livingston, NJ 07039 this 17th day of January, 1998

Amending Policy No. ISA E07404864 Effective Date 01/01/00

Name of Insurance Company Pacific Employers Insurance Company

Telephone Number (212) 602-4600 Countersigned by [Signature]
Pacific Employers Insurance Company

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "", for the limits shown:
 This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.

This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions which result in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

ENVIRONMENTAL RESTORATION means restitution for the loss,

damage, or destruction of natural resources arising out of the actual discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, wildlife.

PROPERTY DAMAGE means damage to or loss of use of tan property.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

or violation thereof, shall relieve the company from liability or the payment of any final judgment, within the limits of liability herein described; irrespective of the financial condition, insolvency, bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and company. The insured agrees to reimburse the company for any amount made by the company on account of any accident, claim, suit involving a breach of the terms of the policy, and for any amount that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement in force,

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel payment.

The limits of the company's liability for the amounts provided in this endorsement apply separately to each accident, and no amount under the policy because of any one accidental occurrence to reduce the liability of the company for the payment of the amounts resulting from any other accident.

The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of damage and commodity involved. The motor carrier has the MOTOR CARRIER'S obligation to carry the required limits of financial responsibility. THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. THE SCHEDULES ARE FOR INFORMATION PURPOSES ONLY.

SCHEDULE OF LIMITS
Public Liability

Type of Carriage	Commodity Transported	Minimum Insurance
(1) For-hire (In interstate or foreign commerce).	Property (nonhazardous).	\$ 750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Divisions 1.1, 1.2, and 1.3 materials; any quantity of Division 2.3 Hazard Zone A or Division 6.1, Packing Group 1, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	5,000,000
(3) For-hire and Private (In interstate or foreign commerce; in any quantity) or (In intrastate commerce; in bulk only).	Oil listed in 49 CFR 172.101; hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	1,000,000
(4) For-hire and Private (In interstate or foreign commerce).	Any quantity of Division 1.1, 1.2 or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	5,000,000

Note: The type of carriage listed under numbers (1), (2), and (3) applies to vehicles with a gross vehicle weight rating of 10,000 pounds or more. The type of carriage listed under number (4) applies to all vehicles with a gross vehicle weight rating of less than 10,000 pounds.

SCHEDULE OF LIMITS
Public Liability

For-hire motor carriers of passengers operating in interstate or foreign commerce

Vehicle Seating Capacity	Minimum Insurance
(1) Any vehicle with a seating capacity of 16 passengers or more.	\$ 5,000
(2) Any vehicle with a seating capacity of 15 passengers or less.	1,000

LANDFILL

BFI / AZUSA LAND RECLAMATION
COMPANY, INC.
P.O. Box 949
1201 WEST GLADSTONE STREET
AZUSA, CA. 91702
(626) 334 - 0719.

EPA ID NUMBER:

CAD009007626



AZUSA LANDFILL
A WASTE MANAGEMENT COMPANY

1311 W. Clidstone Street
Azusa, CA 91702
(626) 334-0719
(626) 968-1529 Fax

January 3, 2000

Dear Customer:

Enclosed you will find a copy of our asbestos handling procedures, and asbestos related permits. These packages have been compiled for your use and distribution as needed.

The permit package has been revised to include only those permits, which apply. The facility no longer is required by the State of California to hold an Asbestos Certificate. LA County has not issued a new Hazardous Waste permit. After many calls to them, they have admitted to just being behind in sending out the new permits. You may call 213-881-2444, if you need verification that the permit is current. The City of Azusa permit that was included in past packages is not landfill related and has been removed from the package.

A list of regulatory contacts has also been included for your reference.

I hope that this package of information will serve your needs. Please do not hesitate to call me if you require additional information.

Sincerely,

A handwritten signature in cursive script that reads "Leigh Ann Cullen".
Leigh Ann Cullen



AZUSA LANDFILL
A WASTE MANAGEMENT COMPANY

1211 W. Chabrone Street
Azusa, CA 91702
(626) 314-0719
(626) 969-1524 Fax

TO: All Azusa Land Reclamation Customers
FROM: Leigh Ann Cullen, Waste Acceptance
DATE: January 4, 2000
SUBJECT: Procedures for Disposal of Asbestos Containing Wastes

The following are the acceptance procedures for disposal of asbestos containing waste at Azusa Land Reclamation, as well as information, which will answer some recurring questions.

GENERAL INFORMATION

The Azusa Land Reclamation (ALR) landfill operates under permits from the California Integrated Waste Management Board, the Regional Water Quality Control Board, and the City of Azusa. The landfill accepts non-hazardous waste as well as asbestos as allowed by the California Health & Safety Code.

ALR is a regulated non-hazardous waste landfill, which accepts inert waste and is permitted to accept asbestos and asbestos containing material, both friable and nonfriable, under RWQCB Waste Discharge Permits. The landfill EPA number is CAD 009007626. ALR requires that generators and transporters of asbestos containing wastes follow all appropriate regulations for the packaging, labeling, and transporting of the wastes.

DEFINITIONS

ASBESTOS CONTAINING WASTES - are wastes, which contain greater than one-percent (%) asbestos, by weight.

FRIABLE ASBESTOS CONTAINING WASTE - is one which can be reduced to a powder or dust under hand pressure when dry. Friable wastes are classified as hazardous by the Department of Toxic Substances Control.

NONFRIABLE ASBESTOS CONTAINING WASTE - is considered to be non-hazardous regardless of asbestos content. Nonfriable asbestos containing wastes may become friable by improper handling, removal, transport or disposal. Nonfriable containing material that may be rendered friable include, but are not limited to, fractured or crushed asbestos products, transite siding, mastic, roofing felts, roofing tiles, cement water pipes and vinyl floor tiles.

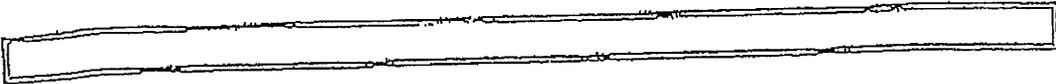


AZUSA LANDFILL
A WASTE MANAGEMENT COMPANY

1211 W. Glendora Street
Azusa, CA 91702
(626) 334-0719
(626) 969-1529 Fax

Azusa Land Reclamation

Facility Permits and Agency Contacts



Facility Permits

The following are attached:

- * EPA Number CAD 009007626
- * Solid Waste Facility Permit 19-AA-0013
- * L.A County Hazardous Waste License (new permit has not been issued)
006049-1
- * Facility Certificate of Insurance

Other Facility Permits

- * RWQCB WDR 60-22, 86-59, 88-133
- * Azusa Conditional Use Permit C-151
- * Various South Coast AQMD Permits

Regulatory Contacts

RWQCB - Rod Nelson (323) 266-7548
LEA, LA County Health - Michael Edencdo (213) 831-4151
AQMD- Kimberly Bolander (909) 396-2379



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID NUMBER

CAD069007626

AZUSA LAND RECLAMATION CO INC
PO. BOX 949
AZUSA

CA 91702

INSTALLATION ADDRESS

1201 W GLADSTONE AVENUE
AZUSA

CA 91702

ACCORD. CERTIFICATE OF INSURANCE

EMAR GROUP, INC.
 264 EISENHOWER PARKWAY
 LIVINGSTON, NJ 07039

873-994-3131

AZUSA LAND RECLAMATION
 1211 W. GLADSTONE
 AZUSA, CA 91702
 ATTN: JOE WORKMAN

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY	A PACIFIC EMPLOYERS INS. CO.
COMPANY	B TRANSCONTINENTAL INS. CO.
COMPANY	C
COMPANY	D

WE HEREBY CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY ENDORSEMENT, TENDOR 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 HEREON IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTA	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	HQO G10898483	1/01/00	1/01/01	GENERAL AGGREGATE	\$ 2000000
					PRODUCTS-SERVICES/OP AGG	\$ 2000000
					PERSONAL & ADY INJURY	\$ 1000000
					EACH OCCURRENCE	\$ 1000000
					FIRE DAMAGE (Any one fire)	\$ 1000000
WED EXP (Any one person)	\$					
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ISA H07404004	1/01/00	1/01/01	COMBINED SINGLE LIMIT	\$ 1000000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
					AUTO OLY, EA ACCIDENT	\$
	<input type="checkbox"/> DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				OTHER THAN AUTO OLYS	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
					EACH OCCURRENCE	\$ 2500000
					AGGREGATE	\$ 2500000
B	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CPU 187040342	1/01/00	1/01/01	EACH OCCURRENCE	\$ 2500000
					AGGREGATE	\$ 2500000
						\$
					<input checked="" type="checkbox"/> STATUTORY LIMITS	\$
					EACH ACCIDENT	\$ 100000
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETORS PARTNER/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WLR C42649018	1/01/00	1/01/01	DISEASE - POLICY LIMIT	\$ 100000
					DISEASE - EACH EMPLOYEE	\$ 100000
						\$
						\$
						\$

DESCRIPTION OF OPERATIONS FOR EACH POLICY (SEE POLICY)

S. A. M. P. L. E.

IF ANY OF THE ABOVE POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL NOTIFY TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, UNLESS TO THE EXTENT OF ANY OTHER NOTICE WHICH MAY BE GIVEN OR LIABILITY OF ANY OF THE ABOVE POLICIES BE CANCELLED OR AMENDMENT.

1000907
 EVEL W. SOLDONE, PRESIDENT

SOLID WASTE FACILITY PERMIT

1. Facility Permit Number:
19-AA-0013

<p>2. Name and Street Address of Facility: Azusa Land Reclamation Company Landfill (ALRC) 1201 West Gladstone Street Azusa, CA. 91702</p>	<p>3. Name and Mailing Address of Operator: Azusa Land Reclamation 1201 West Gladstone Street Azusa, CA. 91702 Vice President: Mark Clicker</p>	<p>4. Name and Mailing Address of Owner: BFI Inc./American Sheds Division 1201 West Gladstone Street Azusa, CA. 91702 Vice President: Mark Clicker</p>
---	---	--

5. Specifications:

a. Permitted Operations:

- | | |
|--|--|
| <input type="checkbox"/> Composting Facility (mixed waste) | <input type="checkbox"/> Processing Facility |
| <input type="checkbox"/> Composting Facility (yard waste) | <input type="checkbox"/> Transfer Station |
| <input checked="" type="checkbox"/> Landfill Disposal Site | <input type="checkbox"/> Transformation Facility |
| <input type="checkbox"/> Materials Recovery Facility | <input type="checkbox"/> Other: _____ |

b. Permitted Hours of Operation:

Disposing of waste and refuse 6:00 A.M. to 8:00 P.M., Mon.-Sat.
Open to Public 6:00 A.M. to 8:00 P.M., Mon.-Sat.

c. Permitted Tons per Operating Day:

	Total:	8500	Tons/Day
* Non-hazardous - Refuse		6500	Tons/Day
* Non-hazardous - Sludge (See Section #14 of Permit)		N/A	Tons/Day
* Non-hazardous - Separated or Co-mingled Recyclable		N/A	Tons/Day
* Non-hazardous - Other (See Section #14 of Permit)		N/A	Tons/Day
* Designated Waste (See Section #14 of Permit)		N/A	Tons/Day
* Haz. Waste (See Sec. #14 & 15 of Permit)		N/A	Tons/Day

d. Estimated Traffic Volume:

	Total:	N/A	Vehicles/Day
* Incoming Waste Materials		N/A	Vehicles/Day
* Outgoing Waste Materials (for disposal)		N/A	Vehicles/Day
* Outgoing Materials from the materials recovery operations		N/A	Vehicles/Day

e. Key Design Parameters (detailed parameters are shown on site plans):

	Total	Disposal	Transfer	MRF	Composting	Transformation
Permitted Area (acres)	383 ±	383 acres	N/A ±	N/A ±	N/A ±	N/A ±
Remaining Capacity		34,100,000 cyds. as of 3/31/96* <small>*See Condition # 2 of C-1</small>	N/A tpd	N/A	N/A tpd	N/A tpd
Max. Elevation (ft. MSL)		*580 ft. <small>*See Condition # 2 of C-1</small>				
Max. Depth (ft. MSL)		355 ft.				
Estimated Closure Date		Closure: Approx. Year 2010 @ 6500 tpd* <small>*See Condition # 2 of C-1</small>				

This permit is granted solely to the operator named above. Upon a significant change in design or operation from that described herein, this permit is subject to revocation or suspension. The attached findings and conditions are integral parts of this permit and supersede the conditions of any previously issued solid waste facility permits.

<p>6. Approval: Approving Officer Signature RICHARD HANSON, CHIEF Name/TITLE</p>	<p>7. Local Enforcement Agency Name and Address: County of Los Angeles Department of Health Services Solid Waste Management Program 2525 Corporate Place, Suite 150 Monterey Park, California 91754</p>
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<p>8. Received by CIVILAS: APR 27 1998</p>	<p>9. CIVILAS Concurrence Date: JUN 22 1998</p>
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<p>10. Permit Review Due Date: JUNE 28, 2001</p>	<p>11. Permit Issued Date: JUN 20 1998</p>
--	--

MANIFESTS

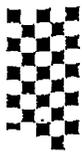
MB 02-22-02

NON-HAZARDOUS WASTE SHIPMENT RECORD

Profile # 12367

1. Generator: Name, Address and Phone Number SA02-069 EDWARD P. ROSKI, JR & JAMES/M. STAFFORD TRUSTEE 13191 CROSSROADS PARKWAY NORTH, STE 115, CITY OF INDUSTRY, CA 91746 562-948-4387 ATTN: SANDRA VAN WESTERN		2. EPA ID Number	
4. Transporter 1: Company Name, Address and Phone Number SPECIALIZED ENVIRONMENTAL, INC. 2130 S. DUPONT DRIVE, ANAHEIM, CA 92806 714/938-1088		5. EPA ID Number CAR000008367	
6. Transporter 2: Company Name, Address and Phone Number BDC SPECIAL WASTE SERVICES 766 S. AYON AVE, AZUSA, CA 91702 800/221-4232		7. EPA ID Number CAR000017657	
8. Disposal Facility: Name, Address and Phone Number AZUSA LAND RECLAMATION 1201 W. GLADSTONE STREET AZUSA, CA 91702		9. EPA ID Number CAD009007626	
10. Description of Materials	Containers Number Type	Total Quantity	Unit Weight/Volume
1 VAT AND MASTIC / TRANSITE	18 BA	0002	Y
2			
11. Special Handling Instructions Do not break bags or cause dust. Avoid breathing dust. Bury separately with refuse. Cover with backfill. Approved respiratory equipment and protective clothing required.			
12. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name Paul Lambert	Signature <i>Paul Lambert</i>	Date 2/25/02	
13. Transporter 1: Acknowledgment of Receipt of Materials			
Printed/Typed Name Dan Garcia	Signature <i>Dan Garcia</i>	Date 2.25.02	
14. Transporter 2: Acknowledgment of Receipt of Materials			
Printed/Typed Name	Signature	Date	
15. Discrepancy Indication Space			
16. Disposal Facility: Acknowledgment of Receipt of Materials			
Printed/Typed Name	Signature	Date	

**EMPLOYEE MEDICALS,
FITNESS TESTS & TRAINING**



Preliminary Clearance For Use Of Respirator and For Working With Asbestos

To: Laborer's Local and Employer

Date: FEB 01 2002

Re: Moses Hernandez

SSN: 622-10-4449

The above named person was examined today. At this time there do not appear to be any contraindications to having him/her wear protective equipment and to wear any type of respirator for use in working with potentially hazardous materials. He/she does not appear to be at any increased risk from the harmful effects of asbestos.

He/she has been informed of the results of this physical and has been told about the increased health danger of smoking tobacco products combined with working with asbestos.

A full report of the physical exam, pulmonary function test, and chest Xray will be sent in the future.

This clearance to work with asbestos may be rescinded upon my receipt of the radiologist's report of the chest Xray.

Yours truly, Helene Mba

physician signature

HELENA MBA, M.D.

printed physician name

SPECIALIZED ENVIRONMENTAL INC.

Attachment A

RESPIRATOR FIT TEST AND TRAINING ACKNOWLEDGEMENT

Employee Name MOSES HERNANDEZ Soc. Sec. No. 622-10-4449 Date 12/26/01

Respirator(s) Tested	Quantitative Results
Make & Model <u>7700 North 1/2 face</u> Size <u>M</u>	<u>N/A</u>
Make & Model <u>PAPER SURVIVAR</u> Size <u>ONE SIZE</u>	<u>N/A</u>

Type of Test
Quantitative _____ Qualitative X Isoamyl Acetate _____ Irritant Smoke X

Test Exercises

<input checked="" type="checkbox"/> Positive/negative pressure test	<input checked="" type="checkbox"/> Reading (Rainbow Passage)
<input checked="" type="checkbox"/> Normal breathing	<input checked="" type="checkbox"/> Grimace
<input checked="" type="checkbox"/> Deep breathing	<input checked="" type="checkbox"/> Bend over and touch knees
<input checked="" type="checkbox"/> Turn head side to side	<input checked="" type="checkbox"/> Jogging in place
<input checked="" type="checkbox"/> Nod head up and down	<input checked="" type="checkbox"/> Breathe Normally

This certifies that the above named test subject has been informed of the hazards involved working with asbestos and has been given instruction in the use and care of the respirator selected.

Instructor Signature [Signature] Date 12.26.01

I certify that I understand the exercises which have been shown to me today in properly fitting my respirator. I have been instructed about how to properly clean and maintain the respirator, and how to field test and inspect my respirator to include the following: a) when respirators will be employed/exposure protection: b) Ramifications of respirator misuse: c) When engineering controls can and cannot be used in lieu of respiratory equipment: d) why the particular respirators are selected: e) limitations of the selected respirators: f) wearing the respirator: g) maintenance, cleaning and care of respirators: h) recognizing and handling emergency situations) inspecting the respirator: j) use of air purifying respirator: k) use of air supplied respiratory equipment: l) purpose of medical evaluation: m) proper fit testing techniques. An individual has been available to interpret this information in the event that I do not speak English.

I have been informed that the atmosphere in which I will be working may contain airborne asbestos concentrations in excess of the P. E. L. of 0.1 f/cc. I understand that there may be a need for respiratory protection at these levels of exposure.

I have been informed that exposure to asbestos fibers is associated with several health hazards, and that when smoking is combined with exposure there is a significantly greater risk of contracting lung cancer. I understand that I am not to have any obstructions on my face (i.e. beards, large sideburns, bridge supports on glasses, etc.) that may cause respirator to fit improperly.

Employee Signature [Signature]

Date 12/26/01



FITNESS FOR DUTY FORM

NAME: Jesus Vargas SS# _____ AGE 22 ✓
DATE OF EXAM MAR 19 2001 EMPLOYER _____

TYPE OF EXAMINATION:

- Pre-employment Periodic DOT Overseas Return to work Pulmonary function Asbestos
- Other _____

RECOMMENDATIONS:

The following medical recommendations are based on a review of the health, history, examination findings, related tests or studies and the specific physical capacities required for the position applied for or currently held by the examinee.

- The examination indicates no significant pathological condition. Can be assigned to any work consistent with skills and training.
- The examination indicates no-occupational pathological conditions, to be followed by the personal physician. Can be assigned to any work consistent with skills and training.
- The examinations indicates no-occupational pathological conditions, to be followed by the personal physician. Acceptable for work, but should not be reassigned without a review from the Medical Department.
- The examination indicates that a pathological condition exists which limits work assignment as follows:

- Lifting over _____ lbs.
- Use of hearing protection devices
- Walking Use of correction lenses
- Climbing structures Work above ground
- Bending Shift/Overtime work
- Driving Operating machinery
- Temperature limits Driving company vehicles
- Other _____

- Eligible for expatriate assignment or overseas travel.
- Results of audiometric exam indicates significant threshold shift since baseline audiogram. Advised to wear hearing protection. Audiogram to be/ not to be repeated in _____
- Results of audiometric exam indicate moderate hearing loss. Advised to wear hearing protection.
- Does not meet criteria for employment at this time.

CERTIFICATION:

- Approved for work with hazardous materials.
- Approved for use of respirators.
- Approved for use of personal protective equipment.
- Medically qualified under DOT regulations.
- Audiometric test completed.
- Mechanical visual screening completed.
- No pathological conditions has been detected in the above named individual that would place him at risk of material health impairment from exposure to: _____
- The patient has been informed of this results of this physical examination.

PHYSICIAN: Nasser Mehrez MD DATE: MAR 19 2001
SIGNATURE: _____ DATE: _____

SPECIALIZED ENVIRONMENTAL INC.

Attachment A

RESPIRATOR FIT TEST AND TRAINING ACKNOWLEDGEMENT

Employee Name JESUS VARGAS Soc. Sec. No. 605-54-9260 Date 12/28/01

Respirator(s) Tested
Make & Model 7700 North 1/2 face Size LG Quantitative Results N/A
Make & Model PAP SURVIVOR Size ONE SIZE Quantitative Results N/A

Type of Test
Quantitative _____ Qualitative X Isoamyl Acetate _____ Irritant Smoke X

Test Exercises
 Positive/negative pressure test Reading (Rainbow Passage)
 Normal breathing Grimace
 Deep breathing Bend over and touch knees
 Turn head side to side Jogging in place
 Nod head up and down Breathe Normally

This certifies that the above named test subject has been informed of the hazards involved working with asbestos and has been given instruction in the use and care of the respirator selected.

Instructor Signature [Signature] Date 12/28/01

I certify that I understand the exercises which have been shown to me today in properly fitting my respirator. I have been instructed about how to properly clean and maintain the respirator, and how to field test and inspect my respirator to include the following: a) when respirators will be employed/exposure protection: b) Ramifications of respirator misuse: c) When engineering controls can and cannot be used in lieu of respiratory equipment: d) why the particular respirators are selected: e) limitations of the selected respirators: f) wearing the respirator: g) maintenance, cleaning and care of respirators: h) recognizing and handling emergency situations) inspecting the respirator: j) use of air purifying respirator: k) use of air supplied respiratory equipment: l) purpose of medical evaluation: m) proper fit testing techniques. An individual has been available to interpret this information in the event that I do not speak English.

I have been informed that the atmosphere in which I will be working may contain airborne asbestos concentrations in excess of the P. E. L. of 0.1 f/cc. I understand that there may be a need for respiratory protection at these levels of exposure.

I have been informed that exposure to asbestos fibers is associated with several health hazards, and that when smoking is combined with exposure there is a significantly greater risk of contracting lung cancer. I understand that I am not to have any obstructions on my face (i.e. beards, large sideburns, bridge supports on glasses, etc.) that may cause respirator to fit improperly.

Employee Signature JESUS VARGAS Date 12/28/01

EPA ACCREDITED



Nº 4831
AHERA APPROVED

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

Jesus Vargas

HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

November 17, 2001

FOR

ASBESTOS ABATEMENT

WORKER TRAINING - ANNUAL REFRESHER

(SPANISH INSTRUCTION)

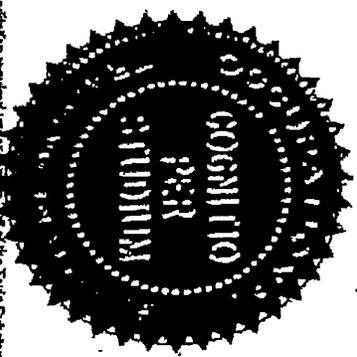
COURSE DATES : November 17, 2001 EXAM DATE : November 17, 2001

AAWT-R - 605-01

ACCREDITATION NO.

November 17, 2002

EXPIRATION DATE



AUTHORIZED SIGNATURE

J. M. Shilberg
J. M. Shilberg - Pres.

Caesar Tenorio

EXAM ADMINISTRATOR
CA-017-12

Caesar Tenorio

For purposes of accreditation required under Section 103 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc. (Occupating) - 4901 Baker St., Suite 2315, Costa Mesa, CA 92626, TEL: 971-458-7844

Verified by Silamita

10-16-2001

FITNESS FOR DUTY FORM

NAME: Alfredo Flores SS# 604-182140 AGE 204
DATE OF EXAM JUN 27 2001 EMPLOYER _____

TYPE OF EXAMINATION:

- Pre-employment Periodic DOT Overseas Return to work Pulmonary function Asbestos
- Other _____

RECOMMENDATIONS:

The following medical recommendations are based on a review of the health, history, examination findings, related tests or studies and the specific physical capacities required for the position applied for or currently held by the examinee.

- The examination indicates no significant pathological condition. Can be assigned to any work consistent with skills and training.
- The examination indicates no-occupational pathological conditions, to be followed by the personal physician. Can be assigned to any work consistent with skills and training.
- The examination indicates non-occupational pathological conditions, to be followed by the personal physician. Acceptable for work, but should not be reassigned without a review from the Medical Department.
- The examination indicates that a pathological condition exists which limits work assignment as follows:

- Lifting over _____ lbs.
- Walking
- Climbing structures
- Bending
- Driving
- Temperature limits
- Other _____
- Use of hearing protection devices
- Use of correction lenses
- Work above ground
- Shift/Overtime work
- Operating machinery
- Driving company vehicles

- Eligible for expatriate assignment or overseas travel.
- Results of audiometric exam indicates significant threshold shift since baseline audiogram. Advised to wear hearing protection. Audiogram to be not to be repeated in _____
- Results of audiometric exam indicate moderate hearing loss. Advised to wear hearing protection.
- Does not meet criteria for employment at this time.

CERTIFICATION:

- Approved for work with hazardous materials.
- Approved for use of respirators.
- Approved for use of personal protective equipment.
- Medically qualified under DOT regulations.
- Audiometric test completed.
- Mechanical visual screening completed.
- No pathological conditions has been detected in the above named individual that would place him at risk of material health impairment from exposure to: _____
- The patient has been informed of this results of this physical examination.

PHYSICIAN: Nasir Mahid, M.D. MD DATE: JUN 27 2001
SIGNATURE: _____

SPECIALIZED ENVIRONMENTAL INC.

Attachment A

RESPIRATOR FIT TEST AND TRAINING ACKNOWLEDGEMENT

Employee Name ALBERTO FLORES Soc. Sec. No. 604-18-2140 Date 12-28-01

Respirator(s) Tested
Make & Model 7700 North 1/2 face Size LG Quantitative Results N/A
Make & Model PAP2 SUBVIAIR Size ONE SIZE Quantitative Results N/A

Type of Test
Quantitative _____ Qualitative X Isoamyl Acetate _____ Irritant Smoke X

Test Exercises
 Positive/negative pressure test Reading (Rainbow Passage)
 Normal breathing Grimace
 Deep breathing Bend over and touch knees
 Turn head side to side Jogging in place
 Nod head up and down Breathe Normally

This certifies that the above named test subject has been informed of the hazards involved working with asbestos and has been given instruction in the use and care of the respirator selected.

Instructor Signature [Signature] Date 12 / 28 / 01

I certify that I understand the exercises which have been shown to me today in properly fitting my respirator. I have been instructed about how to properly clean and maintain the respirator, and how to field test and inspect my respirator to include the following: a) when respirators will be employed/exposure protection: b) Ramifications of respirator misuse: c) When engineering controls can and cannot be used in lieu of respiratory equipment: d) why the particular respirators are selected: e) limitations of the selected respirators: f) wearing the respirator: g) maintenance, cleaning and care of respirators: h) recognizing and handling emergency situations) inspecting the respirator: j) use of air purifying respirator: k) use of air supplied respiratory equipment: l) purpose of medical evaluation: m) proper fit testing techniques. An individual has been available to interpret this information in the event that I do not speak English.

I have been informed that the atmosphere in which I will be working may contain airborne asbestos concentrations in excess of the P. E. L. of 0.1 f/cc. I understand that there may be a need for respiratory protection at these levels of exposure.

I have been informed that exposure to asbestos fibers is associated with several health hazards, and that when smoking is combined with exposure there is a significantly greater risk of contracting lung cancer. I understand that I am not to have any obstructions on my face (i.e. beards, large sideburns, bridge supports on glasses, etc.) that may cause respirator to fit improperly.

Employee Signature ALBERTO FLORES Date 12 28 01

EPA ACCREDITED



AHERA APPROVED

Nº 04125

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

Alberto Flores

HAS SUCCESSFULLY COMPLETED A 4 DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON
July 22, 2001
FOR

ASBESTOS ABATEMENT
WORKER TRAINING
(SPANISH INSTRUCTION)

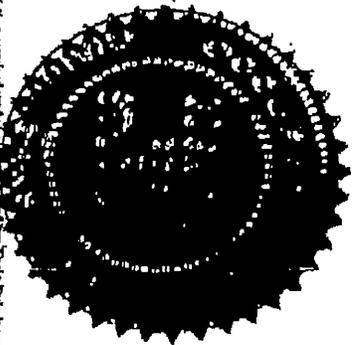
COURSE DATES : July 19-22, 2001 EXAM DATE : July 22, 2001

AAWTF - 428-01

ACCREDITATION NO.

July 22, 2002

EXPIRATION DATE



Ward M. Wilsey
Ward M. Wilsey
AUTHORIZED SIGNATURE
John M. Wilsey
John M. Wilsey
EXAM ADMINISTRATOR

For purposes of accreditation assigned under the jurisdiction of the Trade Subcommittee Council Act (7300)
Occupational Training Institute, Inc (Proprietary) - 2800 Shawnee St., Irvine, CA 92618, TEL: 949-455-7044