

**FINAL REPORT  
EPA BROWNFIELD CLEAN-UP  
FORMER HOUSING AUTHORITY BUILDING  
633 CRAZY HORSE STREET  
LOWER BRULE, SOUTH DAKOTA  
GEOTEK #16-620**

*submitted to*



**Lower Brule Sioux Tribe – Environmental Protection Office  
187 Oyate Circle  
Lower Brule, South Dakota 57548**

**July 12, 2017**



**GEO TEK ENGINEERING  
& TESTING SERVICES, INC.**

909 East 50<sup>th</sup> Street North  
Sioux Falls, South Dakota 57104  
605-335-5512 Fax 605-335-0773

July 12, 2017

Environmental Protection Office  
Lower Brule Sioux Tribe  
187 Oyate Circle  
Lower Brule, SD 557548

Attn: Ms. Mary Jane Gourneau, Brownfields Coordinator

Subj: Final Report - EPA Brownfields Clean-up  
Former Housing Authority Building  
633 Crazy Horse Street  
Lower Brule, South Dakota  
GeoTek #16-620

Dear Ms. Gourneau:

GeoTek Engineering & Testing Services, Inc. is pleased to submit this report of the Brownfields Clean-up of the Former Housing Authority Building site under the EPA Brownfield Clean-up Grant awarded to the Lower Brule Sioux Tribe (LBST). Our work was performed in accordance with the Lower Brule Sioux Tribe's authorization of our July 6, 2016 contract for consulting services. We are transmitting three (3) copies of our report.

Thank you for the opportunity of providing our services on this project. Please contact our office if you have any questions regarding the project or the report.

GeoTek Engineering & Testing Services, Inc.

*Daniel R Hanson*

Daniel R. Hanson, PE  
General Manager  
PE/CPRR #4829

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**FINAL REPORT - EPA BROWNFIELDS CLEAN-UP  
FORMER HOUSING AUTHORITY BUILDING  
633 CRAZY HORSE STREET  
LOWER BRULE, SOUTH DAKOTA  
GEOTEK #16-620**

## **1.0 INTRODUCTION**

GeoTek Engineering & Testing Services, Inc. (GeoTek) is pleased to submit this final report of the EPA Brownfields Clean-up of the Former Housing Authority Building located at 633 Crazy Horse Street in Lower Brule, South Dakota.

GeoTek was selected to provide the services of a Qualified Environmental Profession by the Lower Brule Sioux Tribe – Environmental Protection Office based on a Request for Proposal process. A contract for consulting services was signed between the Lower Brule Sioux Tribe and GeoTek on July 20, 2016.

## **2.0 BACKGROUND**

We understand the Former Housing Authority Building is a single story slab-on-grade structure constructed in the early 1960s. The building has a footprint of about 2100 square feet. The building was used by the Housing Authority and briefly by the Tribal Police. The building has been vacant since 2010.

An “Environmental Site Assessment Transaction Screen” was completed for the project in December of 2012. A “Phase II Environmental Site Assessment” was completed for the site in August 2013. We understand the Lower Brule Sioux Tribe was successful in being awarded a US EPA Brownfield Clean-up Grant to demolish and restore the site of the Former Housing Authority building for future use.

## **3.0 PROJECT DESIGN DEVELOPMENT**

The design of the project was based on a combination of meetings, conference calls, site visits and a community outreach. The community outreach included a September 15, 2016 lunch-n-learn in Lower Brule. Transite sub-slab heat ducting was identified during a site visit.

The design of the project also took into account the “Phase II ESA”, the “Work Plan for CERCLA Clean-up Cooperative Agreement”, the “Final Analysis of Brownfields Clean-up Alternatives (ABCA)” and the Cooperative Agreement.

Based on information collected during these design development activities, the clean-up work was broken down into three separate tasks. These included 1) Hazardous Material Removal, 2) Asbestos Abatement and 3) Demolition to Access Asbestos Material.

A Quality Assurance Project Plan (QAPP) was not deemed necessary for the project because of the contaminants of concern and planned clean-up.

#### **4.0 CLEAN-UP CONTRACTOR PROCUREMENT**

Plans and specifications were developed for each of the three clean-up tasks. A competitive procurement process was used to hire contractors for all three phases of the clean-up work. This was done by placing “Advertisement for Bids” notices in Chamberlain, South Dakota Sun and Sioux Falls, South Dakota Argus Leader newspapers on September 28, 2016 and October 5, 2016.

The bids were publically opened on October 12, 2016. Three or four bids were received for each of the three clean-up tasks. Each clean-up task was awarded to the lowest responsible bidder.

The hazardous material removal and asbestos abatement tasks were awarded to New Horizons, LLC of Lincoln, Nebraska. The demolition to access asbestos was awarded to Doug O’Bryan Contracting, Inc. of Martin, South Dakota. Contracts between the Lower Brule Sioux Tribe and New Horizons, LLC and Doug O’Bryan Contracting, Inc for the three clean-up tasks were signed prior to the work proceeding.

The selected contractors were subject to the requirements of the Lower Brule Sioux Tribal Office (TERO) Ordinance.

The results of the clean-up are outlined below.

#### **5.0 Hazardous Materials Removal**

##### **5.1 General**

GeoTek provided a final visual clearance survey following the removal of hazardous and potentially hazardous materials at the referenced site. The visual survey was conducted following removal of the materials on November 11, 2016. GeoTek (Ms. Tracy Michel) conducted the clearance observations.

##### **5.2 Observations**

The following hazardous and potentially hazardous materials were to be removed per the bid documents and building survey (See Table 1). Between the time of the building survey and the hazardous materials removal activities the site was vandalized and many items were no longer present. Removal of the hazardous materials was conducted by New Horizons, LLC from November 7 to 11, 2016. Photos of the removals and vandalism are in Appendix A. The contractor’s removal documentation is provided in Appendix B.

Table 1: Hazardous and Potentially Hazardous Materials

LOCATION	MATERIALS	APPROXIMATE QUANTITY	ITEM FATE
Room 1	Central A/C Unit	1	vandalized – missing
Room 2	Door Closer	1	solid waste disposal (no oil inside)
Room 2	Fluorescent Ballast	1	recycled
Room 2	Fluorescent Bulb Debris	<2 pounds	solid waste disposal
Room 3	Bath Fan	1	solid waste disposal <sup>1</sup>
Room 3	Fluorescent Bulb Debris	<2 pounds	solid waste disposal
Room 4	Exit Sign	1	recycled
Room 4	Fluorescent Ballast	2	recycled
Room 5	Fluorescent Ballast	1	recycled
Room 6	Door Closer	1	solid waste disposal (no oil inside)
Room 6	Exit sign	1	recycled
Room 6	Fluorescent Ballast	1	recycled
Room 7	Water Heater	1	vandalized – missing
Room 8	Fluorescent Ballast	1	recycled
Room 8	Electrical Service	N/A	vandalized – missing
Room 9	Fluorescent Ballast	1	recycled
Room 10	Fluorescent Ballast	1	recycled
Room 10	Refrigerator	1	vandalized – missing
Room 10	Cleaning Supplies	N/A	solid waste disposal
Room 11	Fluorescent Ballast	2	recycled
Room 11	5 Gallon Pail Corrosive Chem.	1	hazardous waste disposal
Room 12	Bath Fan	1	solid waste disposal <sup>1</sup>
Room 13	Fluorescent Ballast	4	recycled
Room 13	Aerosol Spray Can	1	solid waste disposal
Room 14	Fire Extinguisher	1	vandalized – missing
Room 14	Fluorescent Ballast	1	recycled
Room 15	Gas Furnace	1	vandalized – missing
Room 16	Fluorescent Bulb	4	recycled
Room 16	Fluorescent Ballast	2	recycled
Room 17	Fluorescent Ballast	1	recycled
Room 18	Fluorescent Ballast	1	recycled
Room 19	Circuit Breaker	1	vandalized – missing
Room 20	Fluorescent Bulb	6	vandalized – missing
Room 20	Fluorescent Bulb Debris	<2 pounds	solid waste disposal
Room 20	Surge Protector	1	vandalized – missing
Room 21	Fluorescent Bulb Debris	<2 pounds	solid waste disposal
Room 21	Fluorescent Ballast	6	recycled
Room 21	Fluorescent Bulb	4	vandalized – missing
Room 21	Petroleum Hydrocarbon Spray	1	vandalized – missing

Notes: <sup>1</sup>Removed following asbestos abatement of ceiling texture on 12-01-16

GeoTek personnel (Tracy Michel, PE) mobilized to the site on November 11 and December 1, 2016 to observe that the removals had been completed. The fate of the listed materials is shown in Table 1. Remaining hazardous or potentially hazardous materials were not observed in the building area. The visual clearance therefore passed.

## 6.0 ASBESTOS ABATEMENT

### 6.1 General

GeoTek provided a final visual clearance survey following the removal of asbestos containing materials at the referenced site. The visual survey was conducted following removal of asbestos containing materials on December 11, 2012 and May 2, 2017. GeoTek (Ms. Tracy Michel) conducted the clearance observations

### 6.2 Observations

Identified asbestos containing ceiling texture and black roof sealant were removed per the bid documents and asbestos building survey. Sub-slab asbestos transite pipe was removed after the demolition to access the pipe had been completed. In addition, a change order issued November 22, 2016 authorized the removal of 650 square feet of floor tile on an exterior concrete slab. Table 2 details the removed materials, quantities, and removal dates. Photos of the removals are provided in Appendix A.

Table 2: Asbestos Removal Materials, Quantities and Dates

Material Description	Material Location	Asbestos Content	Friable	Approx. Quantity	Removal Date
ceiling texture	throughout	2-3% chrysotile	yes	2100 ft <sup>2</sup>	Nov 28 to Dec 1, 2016
black sealant	roof, hot water heater vent	10% chrysotile	no	10 ft	
9x9 tan vinyl floor tile	exterior slab	3% chrysotile	no	650 ft <sup>2</sup>	
transite pipe	sub-slab heat ducting	10% chrysotile 3% crocidolite	no	300 ft	Apr 25 to May 1, 2017

GeoTek personnel (Tracy Michel, SD Inspector #7093) mobilized to the site following removal to observe the abatement areas. Remaining asbestos materials listed above, dust, or debris were not observed in the areas of asbestos abatement during final visual observations. The visual clearances therefore passed.

Asbestos ceiling texture, black sealant, and floor tile waste were transported to the Tri-County landfill on December 5, 2016 for disposal. The below floor transite pipe was disposed at the Tri-County Landfill on May 12, 2017. The contractor's removal documentation is provided in Appendix C.

## **7.0 SITE RESTORATION**

Following removal of the sub-slab transite piping the remaining building foundation elements were removed. The sanitary sewer service was capped at the location shown on Figure 1. The water service utility company could not identify the shutoff location so the water service line was not capped at the shut-off valve. The transite pipe and foundation excavations were then backfilled and compacted. Topsoil was imported and the site was seeded. Photos of the restored site area included in Appendix A.

## **8.0 CONCLUSIONS**

Based on our observations it is our opinion that the identified hazardous materials have been removed from the site. In our opinion, the clean-up is protective of human health and the environment. The site is ready for redevelopment without institutional controls or long term monitoring.

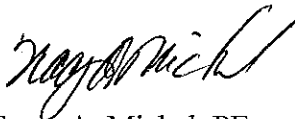
## **9.0 STANDARD OF CARE**

The services performed by GeoTek Engineering & Testing Services, Inc. (GeoTek) on this project have been conducted with that level of care and skill ordinarily exercised by reputable members of the profession, practicing in the same locality under similar budget and time constraints. No other warranty is expressed or implied.

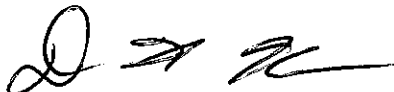
## **10.0 REMARKS**

GeoTek Engineering & Testing Services, Inc. appreciated the opportunity to provide this proposal. Please contact us if you have any questions.

### **GEOTEK ENGINEERING & TESTING SERVICES, INC.**



Tracy A. Michel, PE  
Senior Project Manager  
SD Asbestos Building Inspector #7093



Daniel R. Hanson, PE  
Vice President/General Manager  
PE/CPRR #4829



**APPENDIX A**  
**CLEAN-UP PHOTOS**

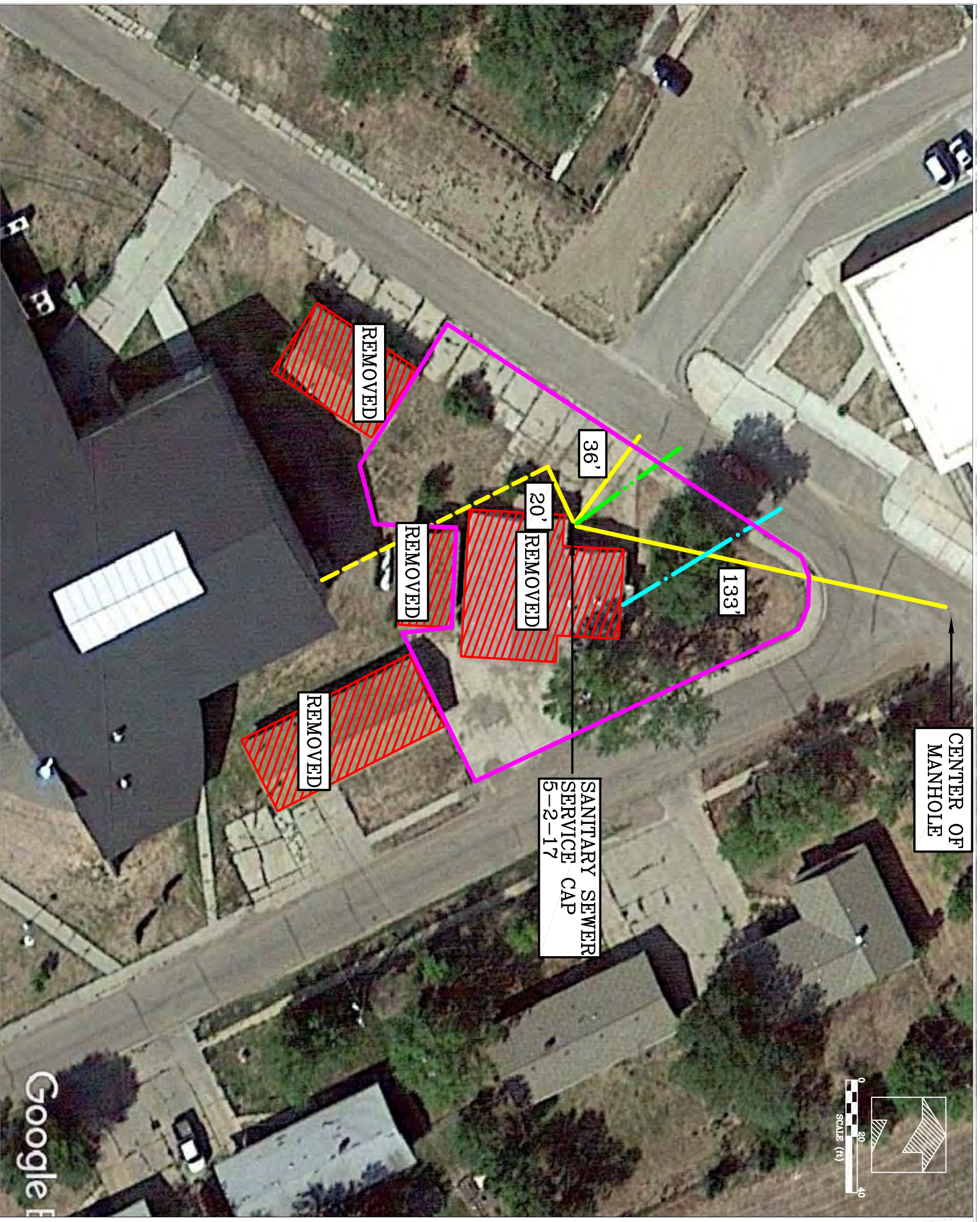


FIGURE 1  
 SANITARY SEWER CAP LOCATION  
 FORMER HOUSING AUTHORITY BUILDING  
 633 CRAZY HORSE STREET  
 LOWER BRULE, SD  
 PROJECT #16-620



Ceiling texture removal (typical). Texture was well adhered and full ceiling removal was more time efficient than texture-only removal.



The water line with ceiling texture overspray was fully removed.



Ceiling removal was completed throughout the interior.



Floor tile removal on the exterior slab. The mastic was not asbestos containing.



Building demolition to expose sub-slab transite pipe.



Transite pipe removal.



Transite pipe wrapped in preparation for collection and disposal.



Transite pipe wrapped in preparation for collection and disposal.



Fluorescent light ballasts collected for recycling.



Exit signs and door closers. Exit signs were recycled. Door closers were opened and did not contain oil. The door closers were disposed as regular solid waste.



5-gallon pail of corrosive material was placed in an overpack drum and disposed as hazardous waste.



Fluorescent bulbs and ballasts were removed.





Only 5 fluorescent bulbs were found in the structure. These were recycled.



Cleaning supplies were disposed as regular solid waste.



Electrical panels were removed by vandals prior to hazardous materials removal.



The furnace was removed by vandals prior to hazardous materials removal.



The water heater was removed by vandals prior to hazardous materials removal.



Final grading of topsoil



Topsoil placed and graded

**APPENDIX B**  
**HAZARDOUS MATERIALS REMOVAL DOCUMENTATION**



*"Innovative Environmental Solutions"*

1201 D Street

Lincoln, NE 68502

402-261-8130

## **Hazardous Material Removal**

Lower Brule Sioux Tribe  
Former Housing Authority Building  
**633 Crazy Horse Street**  
Lower Brule, South Dakota

1. Supervisor Daily Logs
2. Daily Sign-In Sheets
3. Hazardous Material Disposal Documentation

# SUPERVISOR DAILY LOGS











# DAILY SIGN IN SHEETS



# NEW HORIZONS<sub>LLC</sub>

"Innovative Environmental Solutions"

## DAILY SIGN IN SHEET

<b>Project:</b>		<b>Date:</b>	11-8-16
<b>Project Manager:</b>		<b>Reviewer:</b>	

PRINTED NAME	SIGNATURE
Kerry Thompson	Kerry Thompson
Leroy Thurman	Leroy Thurman
Louie Winstan	LW

Personal protective equipment checklist (check required PPE)			
<input type="checkbox"/>	Hard hat	<input type="checkbox"/>	Respiratory (describe type above)
<input type="checkbox"/>	Safety glasses w/sideshields	<input type="checkbox"/>	Hand protection
<input type="checkbox"/>	Shield/goggles/added face protection	<input type="checkbox"/>	Hearing protection
<input type="checkbox"/>	Foot protection	<input type="checkbox"/>	Clothing (long pants, long sleeves)

<b>Identify the hazards of the job:</b>



# NEW HORIZONS<sub>LLC</sub>

*"Innovative Environmental Solutions"*

## DAILY SIGN IN SHEET

<b>Project:</b>		<b>Date:</b>	11-9-16
<b>Project Manager:</b>		<b>Reviewer:</b>	

PRINTED NAME	SIGNATURE
Kerry Thompson	Kerry Thompson
Louie Winston	LW
Leroy Tharman	Leroy Tharman

Personal protective equipment checklist (check required PPE)	
Hard hat	Respiratory (describe type above)
Safety glasses w/sideshields	Hand protection
Shield/goggles/added face protection	Hearing protection
Foot protection	Clothing (long pants, long sleeves)

**Identify the hazards of the job:**

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# NEW HORIZONS<sub>LLC</sub>

*"Innovative Environmental Solutions"*

## DAILY SIGN IN SHEET

<b>Project:</b>		<b>Date:</b>	11-10-16
<b>Project Manager:</b>		<b>Reviewer:</b>	

PRINTED NAME	SIGNATURE
Kerry Thompson	Kerry Thompson
Leroy Thurman	Leroy Thurman
Louie Winston	LW

Personal protective equipment checklist (check required PPE)	
Hard hat	Respiratory (describe type above)
Safety glasses w/sideshields	Hand protection
Shield/goggles/added face protection	Hearing protection
Foot protection	Clothing (long pants, long sleeves)

**Identify the hazards of the job:**

---



---



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# NEW HORIZONS<sub>LLC</sub>

*"Innovative Environmental Solutions"*

## DAILY SIGN IN SHEET

<b>Project:</b>		<b>Date:</b>	11-16-16
<b>Project Manager:</b>		<b>Reviewer:</b>	

PRINTED NAME	SIGNATURE
Kerry Thompson	Kerry Thompson
Louie Winston	LW
Leroy Thurman	Leroy Thurman

Personal protective equipment checklist (check required PPE)			
<input type="checkbox"/>	Hard hat	<input type="checkbox"/>	Respiratory (describe type above)
<input type="checkbox"/>	Safety glasses w/sideshields	<input type="checkbox"/>	Hand protection
<input type="checkbox"/>	Shield/goggles/added face protection	<input type="checkbox"/>	Hearing protection
<input type="checkbox"/>	Foot protection	<input type="checkbox"/>	Clothing (long pants, long sleeves)

<b>Identify the hazards of the job:</b>

HAZARDOUS MATERIAL DISPOSAL  
DOCUMENTATION



# BILL OF LADING

161118-44390

## CUSTOMER

## GENERATOR

ANGEL ENVIRONMENTAL LLC PO BOX 32 GREENWOOD, MO 64034	LOWER BRULE SIOUX TRIBE 187 OYATE CIRCLE LOWER BRULESD, SD 57548
---	--

SHIPPING OR P.O. #	DATE: 11/18/16	X	<b>PICKUP</b>	<b>DELIVERED</b>
--------------------	----------------	---	---------------	------------------

QUANTITY	LAMP TYPE	DRUM				
5	Fluorescent ≤ 4' and Compacts	DROP	4'(190) 0	4'(80) 0	8' 0	Steel 0
	Fluorescent > 4'	PICKUP	4'(190) 1	4'(80) 0	8' 0	Steel 0
	All Shielded Fluorescent	RECEIVED	A P	DATE		
	U-Shape and Circular	PROCESSED	A P	DATE		
	High-Intensity Discharge	<b>COMPUTERS</b>				
Est: _____ Lbs	Crushed Lamps (Act. _____ Lbs.)	DRUM	TYPE	EST (Lbs)	ACT (Lbs)	
	Other _____					
TOTAL UNITS	NOTES					

QUANTITY	BALLASTS	BATTERIES			
PCB	Non PCB	DRUM	TYPE	EST (Lbs)	ACT (Lbs)
	3027		Ballasts (Fluorescents 4' & under)		
			Ballasts (Fluorescents over 4')		
			HID Ballasts		
			Capacitors		
			Other Items _____		
TOTAL UNITS		<b>TOTAL UNITS RECEIVED</b>			

TOTAL UNITS NOTES <p style="font-size: 1.5em; font-family: cursive;">3 totes</p>	NOTES
--	-------

RECEIVED, subject to the classification and regulations in effect on the date of issue of this Bill of Lading, the property described above in apparent good order except as noted (*exact contents of packages unknown*). RECEIVED, subject to the terms and conditions of A-TEC Recycling, Inc. Service Agreement or Contract of Services. All lamps to be processed for recycling within 24 hours after receipt at the destination A-TEC Recycling Facility as indicated in the Service Agreement or Contract of Services.

This is to certify that the above described lamps/ballasts were picked up or delivered as noted for recycling. The packages contain the materials as described and do not contain any non-described material.	Customer or Generator Authorized By: <u>[Signature]</u> Date: <u>11-16/16</u> In: _____ Out: _____ EPA# <b>IA0000109827</b> A-TEC Recycling, Inc. Accepted By: <u>[Signature]</u>
---	--

# CERTIFICATE OF RECYCLING

*A-TEC Recycling Inc. hereby certifies that the following described materials were recycled in accordance with all applicable Federal, State and County Regulations on the date as indicated.*

Processing

Date: 8-Dec-16

Receiving

Number: 161118-44390

## Items Received and Recycled

Quantity	Description
26	Ballasts - non PCB
5	Fluorescent 4' and Under

Certificate issued to:

ANGEL ENVIRONMENTAL LLC  
PO BOX 32  
GREENWOOD, MO 64034

Generator:

LOWER BRULE SIOUX TRIBE  
187 OYATE CIRCLE  
LOWER BRULESD, SD 5754-8



BY *Larry Young*

DATE December 8, 2016

276691-16

2573566

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved: OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number

CESQG

2. Page 1 of 2

3. Emergency Response Phone

(877) 577-2669

4. Manifest Tracking Number

009466233 FLE

5. Generator's Name and Mailing Address

LOVER BRULE SIOUX TRIBE  
533 CRAZY HORSE STREET

Generator's Phone: LOVER BRULE SD 57518

Generator's Site Address (if different than mailing address)

LOVER BRULE SIOUX TRIBE FORMERLY HOUSING AUTH BLDG  
533 CRAZY HORSE STREET  
LOVER BRULE SD 57518  
\*mail to angel

6. Transporter 1 Company Name  
STERICYCLE SPECIALTY WASTE SOLUTIONS INC

U.S. EPA ID Number

MNS000110924

7. Transporter 2 Company Name

PIONEER TANK LINES, INC.

U.S. EPA ID Number:

MND044176113

8. Designated Facility Name and Site Address

SOLVENT RECOVERY, LLC  
716 Mulberry Street

U.S. EPA ID Number

Facility's Phone: KANSAS CITY, MO 64101 (800) 765-8732

10D000610766

9a: HM

9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

10. Containers:

No.

Type

11. Total Quantity

12. Unit Wt/Vol

13. Waste Codes

X

1. UN1760 WASTE CORROSIVE LIQUIDS, N.O.S. (SODIUM HYDROXIDE) - PG II

001

DF  
DIT

075

P

D002

X

2. UN1950 WASTE AEROSOLS, FLAMMABLE, N.O.S. (PETROLEUM HYDROCARBONS) - PG I

D001

X

3. NON-REGULATED LIQUID (HYDRAULIC OIL)

X

4.

14. Special Handling Instructions and Additional Information

(1) 013214-00 - ERG(154) CORROSIVE CLEANER (2) 013215-00 - ERG(126) AEROSOL LOOSEPACK (3) 013213-00 - HYDRAULIC OIL

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that this waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name

Stephen Brown

Signature

[Signature]

Month Day Year

11 17 16

16. International Shipments

Import to U.S.

Export from U.S.

Port of entry/exit

Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Cory McGraw

Signature

[Signature]

Month Day Year

11 17 16

Transporter 2 Printed/Typed Name

Bob Rowley

Signature

[Signature]

Month Day Year

11 12 16

18. Discrepancy

18a. Discrepancy Indication Space

Quantity

Type

Residue

Partial Rejection

Full Rejection

18b. Alternate Facility (or Generator)

Manifest Reference Number

U.S. EPA ID Number

HOV

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

DEC 02 2016

Month Day Year

11 02 16

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. HM

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a.

Printed/Typed Name

Cam Sen

Signature

[Signature]

Month Day Year

11 18 16

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved: OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator ID Number CESQG	22. Page 2 of 2	23. Manifest Tracking Number 009466233FLE
--	----------------------------------	--------------------	--

24. Generator's Name  
LOWER BRULE SIOUX TRIBE  
633 CRAZY HORSE STREET, LOWER BRULE SD 57548

25. Transporter 03 Company Name  
NORTRU, LLC

U.S. EPA ID Number  
MID021087275

26. Transporter \_\_\_\_\_ Company Name

U.S. EPA ID Number \_\_\_\_\_

27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

TRANS ONLY

32. Special Handling Instructions and Additional Information

33. Transporter 3. Acknowledgment of Receipt of Materials  
Printed/Typed Name: *Debra Roer* Signature: *Me* Month: 11 Day: 20 Year: 2016

34. Transporter Acknowledgment of Receipt of Materials  
Printed/Typed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

35. Discrepancy  
HOV  
DEC 02 2016

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems)

GENERATOR  
TRANSPORTER  
DESIGNATED FACILITY

**Stericycle - Solvent Recovery LLC**  
**RCRA Land Disposal Restriction Notification Form EZ - Page 1 of 2**

<b>Generator:</b>	LOWER BRULE SIOUX TRIBE: FORMER HOUSE AUTHORITY BLDG.	<b>US EPA ID No.</b>	CESQG
<b>Profile No.</b>	813214-00 813215-00	<b>Manifest Doc. No.</b>	009466233FLE

The wastes identified on this form are subject to the land disposal restrictions of 40 CFR Part 268. The wastes do not meet the treatment standards specified in Part 268, Subpart D. Pursuant to 40 CFR 268.7(a), the required information applicable to each waste is identified below (check all boxes that apply). *If D001-D043 boxes are checked generator must determine the underlying hazardous constituents [268.9(a)]. Complete and attach Form UC to address underlying hazardous constituents as defined at 268.2(i) (unless D001 nonwastewaters treated by CMBST, RORGS, OR POLYM of 268.42, Table 1):*

▪ **Treatability Group:**       Wastewater       Nonwastewater  
*(Wastewaters contain less than 1% filterable solids and less than 1% Total Organic Carbon)*

- D001 Ignitable (except for High TOC) managed in non-CWA/non-CWA-equivalent/non Class I SDWA systems
- D001 Ignitable (except for High TOC) managed in CWA/ CWA-equivalent/Class I SDWA systems
- D001 High TOC Ignitable (greater than 10% total organic carbon)
- D002 Corrosive managed in non-CWA/non-CWA-equivalent/non Class I SDWA systems
- D002 Corrosive managed in CWA/ CWA-equivalent/Class I SDWA systems
- D003 Reactive Sulfides based on 261.23(a)(5)
- D003 Reactive Cyanides based on 261.23(a)(5)
- D003 Water Reactives based on 261.23(a)(2),(3) and (4) managed in non-CWA/non-CWA-equivalent/non Class I
- D003 Water Reactives based on 261.23(a)(2),(3) and (4) managed in CWA/ CWA-equivalent/Class I SDWA systems
- D003 Other Reactives based on 261.23(a)(1)(6)
- D004 Arsenic       D005 Barium       D006 Cadmium       D006 Cadmium-containing batt
- D007 Chromium       D008 Lead       D008 Lead acid batteries      RLEAD
- D009 High mercury inorganic (>260 mg/kg total), including incinerator residue and residues from RMERC
- D009 High-mercury organic (>260 mg/kg total), not including incinerator residue
- D009 Low-mercury (<260 mg/kg total)
- D009 All D009 wastewaters
- D010 Selenium
- D011 Silver
- D012 Endrin       D023 *o*-Cresol       D033 Hexachlorobutadiene
- D013 Lindane       D024 *m*-Cresol       D034 Hexachloroethane
- D014 Methoxychlor       D025 *p*-Cresol       D035 Methyl ethyl ketone
- D015 Toxaphene       D026 Cresols (Total)       D036 Nitrobenzene
- D016 2,4-D       D027 *p*-Dichlorobenzene       D037 Pentachlorophenol
- D017 2,4,5-TP (Silvex)       D028 1,2-Dichloroethane       D038 Pyridine
- D018 Benzene       D029 1,1-Dichloroethylene       D039 Tetrachloroethylene
- D019 Carbon tetrachloride       D030 2,4-Dinitrotoluene       D040 Trichloroethylene
- D020 Chlordane       D031 Heptachlor       D041 2,4,5-Trichlorophenol
- D021 Chlorobenzene       D032 Hexachlorobenzene       D042 2,4,6-Trichlorophenol
- D022 Chloroform       D043 Vinyl chloride

**If this shipment carries additional waste codes that are not addressed above, identify them here (subcategory, if any, can be determined from the 268.40 table of treatment standards (e.g, low-TOC ignitables). If listed code treatment standard does not address a characteristic, identify characteristic above (56 FR 3872):**

<u>EPA Waste Code</u>	<u>Subcategory (if applicable)</u>	<u>EPA Waste Code</u>	<u>Subcategory (if applicable)</u>
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**Stericycle - Solvent Recovery LLC**  
**RCRA Land Disposal Restriction Notification EZ - Page 2 of 2**

In addition, the following wastes are included in this shipment:

- F001-F005 spent solvents. (If this box is checked, complete the F001-F005 section on this form. Check the hazardous waste number(s) that applies, and identify the constituents likely to be present in the waste.)

The wastes identified on this form are subject to the land disposal restrictions of 40 CFR Part 268. The wastes do not meet the treatment standards specified in 40 CFR Part 268.40. The required information applicable to each waste is identified below (check all boxes that apply) If listed code treatment standard does not address a characteristic, identify characteristic above(56 FR 3872):

**F001-F005 Spent Solvents**

Check the box(es) that applies; identify the individual constituents likely to be present.

<u>Hazardous waste description</u>	<u>Regulated hazardous constituents</u>	
<input type="checkbox"/> F001 Spent halogenated solvents used in degreasing	Carbon tetrachloride Tetrachloroethylene Trichloroethylene Trichloromonofluoromethane	Methylene chloride 1,1,1-Trichloroethane 1,1,2-Trichloro-1,2,2-trifluoroethane
<input type="checkbox"/> F002 Spent halogenated solvents	Chlorobenzene Methylene chloride 1,1,1-Trichloroethane Trichloroethylene Trichloromonofluoromethane	<i>o</i> -Dichlorobenzene Tetrachloroethylene 1,1,2-Trichloroethane 1,1,2-Trichloro-1,2,2-trifluoroethane
<input type="checkbox"/> F003 Spent non-halogenated solvents	Acetone Cyclohexanone* Ethyl benzene Methanol* Xylenes (total)	<i>n</i> -Butyl alcohol Ethyl acetate Ethyl ether Methyl isobutyl ketone
<input type="checkbox"/> F004 Spent non-halogenated solvents	<i>m</i> -Cresol <i>p</i> -Cresol Nitrobenzene	<i>o</i> -Cresol Cresol-mixed isomers (cresylic acid)
<input type="checkbox"/> F005 Spent non-halogenated solvents	Benzene 2-Ethoxyethanol Methyl ethyl ketone Pyridine	Carbon disulfide* Isobutyl alcohol 2-Nitropropane Toluene

\*The treatment standards for carbon disulfide, cyclohexanone, and methanol nonwastewaters are based on the TCLP and apply to spent solvent nonwastewaters containing only one, two, or all three of these constituents. The treatment standards for these three constituents do not apply when any of the other F001-F005 constituents are present in the waste.

- This shipment includes F039 multisource leachate, as identified on the attached sheet(s). [If this box is checked, attach Form UC to identify individual underlying hazardous constituents likely to be present in the waste.]
- This shipment includes hazardous debris. [If this box is checked, complete and attach Form HD.]
- This shipment includes contaminated soil. [If this box is checked, complete and attach Form CS.]

*As an authorized representative of the generator named above and being familiar with the waste through analysis and testing or through knowledge of the waste, all the information submitted in this Land Disposal Restriction notification form, is true and correct to the best of my knowledge.*

Stephen Bram  
Printed Name

[Signature]  
Signature

11-17-16  
Date



**Stericycle - Solvent Recovery LLC**  
**RCRA Land Disposal Restriction Notification Form UC**

<b>Generator:</b>	LOWER BRULE SIOUX TRIBE: FORMER HOUSE AUTHORITY BLDG.	<b>US EPA ID No.</b>	CESQG
<b>Profile No.</b>	813214-00 813215-00	<b>Manifest Doc. No.</b>	009466233FLE

*In accordance with 40 CFR 268.7(a) and 268.9 special requirements, the underlying hazardous constituents must be addressed in this waste. Per 268.2(i), "underlying hazardous constituent" means any constituent listed in 268.48, Table UTS—Universal Treatment Standard which can reasonably be expected to be present at the point of generation of the hazardous waste, at a concentration above the constituent-specific UTS treatment standard. Refer to Form-EZ (attached) for the waste code(s), treatability group, and subcategory applicable to this waste.*

**Please check the appropriate box(es):**

- This shipment includes D001 [other than 1) high-TOC ignitables, or 2) other ignitables that will be combusted or recovered], D002, D003 (other than reactive cyanides/sulfides and unexploded ordnance/other explosive devices subject to an emergency response), D004-D011 (other than those waste subcategories that have specified treatment methods in 268.40), and/or D012-D043 (other than D012-D017 wastewaters) characteristic wastes. The wastes will not be managed in CWA/CWA-equivalent/Class I SDWA systems and are indicated below. The underlying hazardous constituents in the waste, as defined in 268.2(i), are identified below or on the following page(s).
- This shipment includes F039 multisource leachate. The individual constituents likely to be present are identified below or on the following page(s).
- This shipment includes contaminated soil subject to 268.49. The constituents subject to treatment as decreed in 268.49(d) are identified below or on the following page(s).
- I have reviewed the UTS list of 268.48, and per 268.7(a), I have determined that there are no underlying hazardous constituents reasonably expected to be present in this waste.
- I have reviewed the UTS list of 268.48, and per 268.7(a), I have determined that underlying hazardous constituents are present in this waste. The underlying hazardous constituents are identified below and/or on the accompanying pages:

**The determination of underlying hazardous constituents was based on:**

- Generator's knowledge of the waste
- Analysis

*As an authorized representative of the generator named above and being familiar with the waste through analysis and testing or through knowledge of the waste, all the information submitted in this Land Disposal Restriction notification form, is true and correct to the best of my knowledge.*

Stephen Brown  
**Printed Name**

[Signature]  
**Signature**

11-17-16  
**Date**

**I. Organic Constituents:**

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> A2213<br><input type="checkbox"/> Acenaphthene<br><input type="checkbox"/> Acenaphthylene<br><input type="checkbox"/> Acetone<br><input type="checkbox"/> Acetonitrile<br><input type="checkbox"/> Acetophenone<br><input type="checkbox"/> 2-Acetylaminofluorene<br><input type="checkbox"/> Acrolein<br><input type="checkbox"/> Acrylamide<br><input type="checkbox"/> Acrylonitrile<br><input type="checkbox"/> Aldicarb sulfone<br><input type="checkbox"/> Aldrin | <input type="checkbox"/> 4-Aminobiphenyl<br><input type="checkbox"/> Aniline<br><input type="checkbox"/> Anthracene<br><input type="checkbox"/> Aramite<br><input type="checkbox"/> Barban<br><input type="checkbox"/> Bendiocarb<br><input type="checkbox"/> Bendiocarb<br><input type="checkbox"/> Benomyl<br><input type="checkbox"/> Benz(a)anthracene<br><input type="checkbox"/> Benzal chloride<br><input type="checkbox"/> Benzene<br><input type="checkbox"/> Benzo(b)fluoranthene | <input type="checkbox"/> Benzo(k)fluoranthene<br><input type="checkbox"/> Benzo(g,h,i)perylene<br><input type="checkbox"/> Benzo(a)pyrene<br><input type="checkbox"/> alpha-BHC<br><input type="checkbox"/> beta-BHC<br><input type="checkbox"/> delta-BHC<br><input type="checkbox"/> gamma-BHC<br><input type="checkbox"/> Bromodichloromethane<br><input type="checkbox"/> Bromomethane/Methyl bromide<br><input type="checkbox"/> 4-Bromophenyl phenyl ether<br><input type="checkbox"/> n-Butyl alcohol | <input type="checkbox"/> Butyl benzyl phthalate<br><input type="checkbox"/> Butylate<br><input type="checkbox"/> 2-sec-Butyl-4,6-dinitrophenol/Dinoseb<br><input type="checkbox"/> Carbaryl<br><input type="checkbox"/> Carbenzadim<br><input type="checkbox"/> Carbofuran<br><input type="checkbox"/> Carbofuran phenol<br><input type="checkbox"/> Carbon disulfide<br><input type="checkbox"/> Carbon tetrachloride<br><input type="checkbox"/> Carbosulfan<br><input type="checkbox"/> Chlordane (alpha and gamma isomers) | <input type="checkbox"/> p-Chloroaniline<br><input type="checkbox"/> Chlorobenzene<br><input type="checkbox"/> Chlorobenzilate<br><input type="checkbox"/> 2-Chloro-1,3-butadiene<br><input type="checkbox"/> Chlorodibromomethane<br><input type="checkbox"/> Chloroethane<br><input type="checkbox"/> bis(2-Chloroethoxy)methane<br><input type="checkbox"/> bis(2-Chloroethyl)ether<br><input type="checkbox"/> 2-Chloroethyl vinyl ether<br><input type="checkbox"/> Chloroform<br><input type="checkbox"/> bis(2-Chloroisopropyl)ether |
|--|---|--|--|---|

**Stericycle - Solvent Recovery LLC**  
**RCRA Land Disposal Restriction Notification Form UC**

- p-Chloro-m-cresol
- Chloromethane/Methyl chloride
- 2-Chloronaphthalene
- 2-Chlorophenol
- 3-Chloropropylene
- Chrysene
- o-Cresol
- m-Cresol (difficult to distinguish from p-cresol)
- p-Cresol (difficult to distinguish from m-cresol)
- m-Cumenyl methylcarbamate
- Cycloate
- Cyclohexanone
- o,p'-DDD
- p,p'-DDD
- o,p'-DDE
- p,p'-DDE
- o,p'-DDT
- p,p'-DDT
- Dibenz(a,h)anthracene
- Dibenz(a,e)pyrene
- 1,2-Dibromo-3-chloropropane
- 1,2-Dibromoethane/Ethylene dibromide
- Dibromomethane
- m-Dichlorobenzene
- o-Dichlorobenzene
- p-Dichlorobenzene
- Dichlorodifluoromethane
- 1,1-Dichloroethane
- 1,2-Dichloroethane
- 1,1-Dichloroethylene
- trans-1,2-Dichloroethylene
- 2,4-Dichlorophenol
- 2,6-Dichlorophenol
- 2,4-Dichlorophenoxyacetic acid/2,4-D
- 1,2-Dichloropropane
- cis-1,3-Dichloropropylene
- trans-1,3-Dichloropropylene
- Dieldrin
- Diethyl phthalate

- Diethylene glycol, dicarbamate
- p-Dimethylaminoazobenzene
- 2,4-Dimethyl phenol
- Dimethyl phthalate
- Dimetilan
- Di-n-butyl phthalate
- 1,4-Dinitrobenzene
- 4,6-Dinitro-o-cresol
- 2,4-Dinitrophenol
- 2,4-Dinitrotoluene
- 2,6-Dinitrotoluene
- Di-n-octyl phthalate
- Di-n-propylnitrosamine
- 1,4-Dioxane
- Diphenylamine (difficult to distinguish from diphenylnitrosamine)
- Diphenylnitrosamine (difficult to distinguish from diphenylamine)
- 1,2-Diphenylhydrazine
- Disulfoton
- Dithiocarbamates (total)
- Endosulfan I
- Endosulfan II
- Endosulfan sulfate
- Endrin
- Endrin aldehyde
- EPTC
- Ethyl acetate
- Ethyl benzene
- Ethyl cyanide/Propanenitrile
- Ethyl ether
- Ethyl methacrylate
- Ethylene oxide
- bis(2-Ethylhexyl) phthalate
- Famphur
- Fluoranthene
- Fluorene
- Formetanate hydrochloride
- Formparanate
- Heptachlor
- Heptachlor epoxide
- Hexachlorobenzene
- Hexachlorobutadiene

- Hexachlorocyclopentadiene
- Hexachloroethane
- Hexachloropropylene
- HxCDDs (All Hexachlorodibenzo-p-dioxins)
- HxCDFs (All Hexachlorodibenzofurans)
- Indeno (1,2,3-c,d) pyrene
- Iodomethane
- 3-Iodo-2-propynyl n-butylcarbamate
- Isobutyl alcohol
- Isodrin
- Isolan
- Isosafrole
- Kepone
- Methacrylonitrile
- Methanol
- Methapyrilene
- Methomyl
- Methoxychlor
- Methyl ethyl ketone
- Methyl isobutyl ketone
- Methyl methacrylate
- Methyl methansulfonate
- Methyl parathion
- 3-Methylcholanthrene
- 4,4-Methylene bis(2-chloroaniline)
- Methylene chloride
- Metolcarb
- Mexacarbate
- Molinate
- Naphthalene
- 2-Naphthylamine
- o-Nitroaniline
- p-Nitroaniline
- Nitrobenzene
- 5-Nitro-o-toluidine
- o-Nitrophenol
- p-Nitrophenol
- N-Nitrosodiethylamine
- N-Nitrosodimethylamine
- N-Nitroso-di-n-butylamine
- N-Nitrosomethylethylamine
- N-Nitrosomorpholine

- N-Nitrosopiperidine
- N-Nitrosopyrrolidine
- Oxamyl
- Parathion
- Total PCBs (sum of all PCB isomers, or all Aroclors)
- Pebulate
- Pentachlorobenzene
- PeCDDs (All Pentachlorodibenzo-p-dioxins)
- PeCDFs (All Pentachlorodibenzofurans)
- Pentachloroethane
- Pentachloronitrobenzene
- Pentachlorophenol
- Phenacetin
- Phenanthrene
- Phenol
- o-Phenylenediamine
- Phorate
- Phthalic acid
- Phthalic anhydride
- Physostigmine
- Physostigmine salicylate
- Promecarb
- Pronamide
- Propnam
- Propoxur
- Prosulfocarb
- Pyrene
- Pyridine
- Safrole
- Silvex/2,4,5-TP
- 1,2,4,5-Tetrachlorobenzene
- TCDDs (All Tetrachlorodibenzo-p-dioxins)
- TCDFs (All Tetrachlorodibenzofurans)
- 1,1,1,2-Tetrachloroethane
- 1,1,2,2-Tetrachloroethane
- Tetrachloroethylene
- 2,3,4,6-Tetrachlorophenol
- Thiocarb
- Thiophanate-methyl
- Tirpate

- Toluene
- Toxaphene
- Triallate
- Tribromomethane/Bromoform
- 1, 2, 4-Trichlorobenzene
- 1,1,1-Trichloroethane
- 1,1,2-Trichloroethane
- Trichloroethylene
- Trichloromonofluoromethane
- 2,4,5-Trichlorophenol
- 2,4,6-Trichlorophenol
- 2,4,5-Trichlorophenoxyacetic acid/2,4,5-T
- 1,2,3-Trichloropropane
- 1,1,2-Trichloro-2,2,2-trifluoroethane
- Triethylamine
- tris-(2,3-Dibromopropyl) phosphate
- Vernolate
- Vinyl chloride
- Xylenes-mixed isomers (sum of o-,m-, and p-xylenes)

**II. Inorganic Constituents:**

- Antimony
- Arsenic
- Barium
- Beryllium
- Cadmium
- Chromium (Total)
- Cyanides (Total)
- Cyanides (Amenable)
- Fluorides
- Lead
- Mercury—Nonwastewater from Retort
- Mercury—All Others
- Nickel
- Selenium
- Silver
- Sulfide
- Thallium
- Vanadium
- Zinc

**APPENDIX C**  
**ASBESTOS ABATEMENT DOCUMENTATION**



*"Innovative Environmental Solutions"*

1201 D Street

Lincoln, NE 68502

402-261-8130

### **Asbestos Abatement**

Lower Brule Sioux Tribe  
Former Housing Authority Building  
633 Crazy Horse Street  
Lower Brule, SD

1. NESHAP Notifications
2. Disposal Manifests
3. Supervisor Daily Logs
4. Daily Sign-In Sheets

# NESHAP NOTIFICATIONS

## NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
I. Type of Notification (O=Original R=Revised C=Canceled) <input type="radio"/>					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Lower Brule Sioux Tribe					
Address: 187 Oyate Circle					
City: Lower Brule	State: South Dakota	Zip: 57548			
Contact: George Honeywell		Tel: 605-473-0163			
REMOVAL CONTRACTOR: New Horizons Environmental, LLC					
Address: 1201 D Street					
City: Lincoln	State: Nebraska	Zip: 68502			
Contact: Dustin Huenink		Tel: 402-913-8112			
OTHER OPERATOR: Doug O' Bryan Contracting, Inc.					
Address: 21617 US Hwy. 18					
City: Martin	State: South Dakota	Zip: 57551			
Contact:		Tel: 605-685-6281			
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/>					
IV. IS ASBESTOS PRESENT? (Yes/No) <input checked="" type="radio"/>					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Former Housing Authority Building					
Address: 633 Crazy Horse Street					
City: Lower Brule	State: South Dakota	County: Lyman			
Site Location: 633 Crazy Horse Street					
Building Size: 2,125 SF	# of Floors: 1	Age in Years: unk			
Present Use: Vacant	Prior Use: Commercial				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	Overspray on pipes			LnFt: 35	Ln M:
Surface Area	ceiling texture	floor tile		SqFt: 2,100	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/18/2016				Complete: 12/31/2016	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/18/2016				Complete: 12/31/2016	

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**

Demolition to be completed by Doug O'Bryan Contracting, Inc.

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

Ceiling texture will be removed utilizing wet removal, critical barriers, and negative air machine. Overspray on pipe will be cut and wrapped. Sealant will be removed non-friably.

**XII. WASTE TRANSPORTER #1**

Name: Byre Brothers, Inc.

Address: 170 Old Airport Rd.

City: Chamberlain

State: South Dakota

Zip: 57325

Contact Person: Sandy

Tel: 605-234-5771

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIII. WASTE DISPOSAL SITE**

Name: Tri-County Landfill

Address: 24978 349th Ave.

City: Pukwana

State: South Dakota

Zip: 57370

Tel: 605-894-4535

**XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

**XV. FOR EMERGENCY RENOVATIONS:**

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

**XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:**

Stop work, contact owner, and contact regulatory agency

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.**

  
(Signature of Owner/Operator)

11/04/2016

(Date)

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

  
(Signature of Owner/Operator)

11/04/2016

(Date)



April 25, 2017

Ms. Kristin Jendrek  
EPA Region 8  
1595 Wynkoop Street  
Denver, Colorado 80202

Subject: Former Housing Authority Building  
633 Crazy Horse Street  
Lower Brule, South Dakota

Dear Ms. Jendrek,

New Horizons will be on-site at the Former Housing Authority Building on May 1 through May 2, 2017 to remove 300 LF of non-friable transite. I have included the original notification for reference.

After the removal of the transite is completed the project will be finished.

If you have questions or require any additional information, please feel free to call me at (402) 261-8130.

Sincerely,

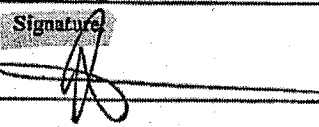
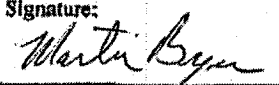
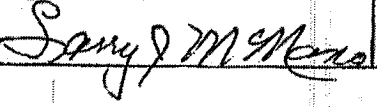
A handwritten signature in black ink, appearing to read "D. Huenink", is written over a light green rectangular background.

Dustin Huenink  
Project Manager  
New Horizons Enterprises, LLC



# DISPOSAL MANIFESTS

### ASBESTOS WASTE SHIPMENT RECORD

<b>1. Work site name and mailing address:</b> Former Housing Auth. Building 633 Crazy Horse Street Lower Brule, SD	<b>Owner's Name:</b> Lower Brule Sioux Tribe George Honeywell	<b>Owner's Telephone No:</b> 605-473-0163
<b>2. Operator's name and address:</b> New Horizons Environmental, LLC 1201 D Street Lincoln, NE 68502		<b>Operator's Telephone No:</b> 402-261-8130
<b>3. Waste disposal site (WDS) name, mailing address and physical site location:</b> Tri-County Landfill 24978 349th Ave Pukwana, SD 57370		<b>WDS Phone No:</b> 605-894-4535
<b>4. Name and address of responsible agency:</b> EPA - Region 8		
<b>5. Description of materials:</b> <i>Tile / ceiling</i>	<b>6. Containers:</b> No.:                      Type: <i>Frickle</i>	<b>7. Total Quantity:</b> <i>445</i>
<b>8. Special handling instructions and additional information:</b>		
<b>9. OPERATORS CERTIFICATION:</b> I hereby declare that the content 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.		
<b>Print/type name and title:</b> <i>Jalanda Simonds</i>	<b>Signature:</b> 	<b>Date (M/D/YY):</b> <i>12/1/16</i>
<b>TRANSPORTER</b>		
<b>10. Transporter 1: (Acknowledgment of receipt of materials)</b> Byre Brothers, Inc.		
<b>Print/type name and title, address and telephone no.</b> 170 Old Airport Rd. Chamberlain, SD 57325 605-234-5771	<b>Signature:</b> 	<b>Date (M/D/YY):</b> <i>12-5-16</i>
<b>11. Transporter 2: (Acknowledgment of receipt of materials)</b>		
<b>Print/type name and title, address and telephone no.</b>	<b>Signature:</b>	<b>Date (M/D/YY):</b>
<b>DISPOSAL SITE</b>		
<b>12. Discrepancy indication space:</b> <div style="text-align: center; margin-top: 10px;"><i>none</i></div>		
<b>TRI COUNTY LANDFILL</b> <b>24978 349<sup>TH</sup> AVE</b> <b>PUKWANA, SD 57370-6422</b>		
<b>13. Waste disposal site</b> Owner or operator certification of receipt of asbestos materials covered in item 12.		
<b>Print/type name and title:</b> <i>Kathy J. McManus</i> mgr.	<b>Signature:</b> 	<b>Date (M/D/YY):</b> <i>12-5-16</i>

\*\*Please fax copy of manifest to 402-261-8136

75' w of 100 Ego  
1640 along 100 N of Cente

**ASBESTOS WASTE SHIPMENT RECORD**

1. Work site name and mailing address: Former Housing Auth. Building 633 Crazy Horse Street Lower Brule, SD		Owner's Name: Lower Brule Sioux Tribe George Honeywell	Owner's Telephone No: 605-473-0163
2. Operator's name and address: New Horizons Environmental, LLC 1201 D Street Lincoln, NE 68502		Operator's Telephone No: 402-261-8130	
3. Waste disposal site (WDS) name, mailing address and physical site location: Tri-County Landfill 24978 349th Ave Pukwana, SD 57370		WDS Phone No: 605-894-4535	
4. Name and address of responsible agency: EPA - Region 8			
5. Description of materials: Transite pipe	6. Containers No.: Bags	Type: Bags	7. Total Quantity: 300 LF
8. Special handling instructions and additional information:			
9. OPERATORS CERTIFICATION: I hereby declare that the content 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.			
Print/type name and title: Kerry Thompson	Signature: Kerry Thompson	Date (M/D/YY): 5-1-17	
<b>TRANSPORTER</b>			
10. Transporter 1: (Acknowledgment of receipt of materials) Byrre Brothers, Inc.			
Print/type name and title, address and telephone no. 170 Old Airport Rd. Chamberlain, SD 57325 605-234-5771	Signature: [Signature]	Date (M/D/YY): 5-12-17	
11. Transporter 2: (Acknowledgment of receipt of materials)			
Print/type name and title, address and telephone no.	Signature:	Date (M/D/YY):	
<b>DISPOSAL SITE</b>			
12. Discrepancy indication space: [Signature]			
13. Waste disposal site Owner or operator certification of receipt of asbestos materials covered by this manifest except as noted in item 12.			
Print/type name and title: LARRY J. McMANUS	Signature: Larry J. McManus	Date (M/D/YY): 5/12/17	

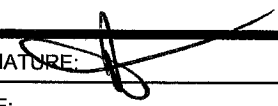
\*\*Please fax copy of manifest to 402-261-8136

# SUPERVISOR DAILY LOGS

# DAILY OBSERVATION LOG

CLIENT: _____	PROJECT LOCATION: <u>633 Crazy Horse St</u>	DATE: <u>11/28/16</u>
CONTRACTOR: <u>New Horizon</u>	WORK AREA: _____	PAGE NO: _____
PROJECT NO: _____		
REPRESENTATIVE: <u>Sabrina Simonds</u>		

7:00 pulled up and unloaded supplies
9:00 started to pop tile - outside!
11:00 went to warm up!!
11:30 started back on tile
12:00 <del>popped</del> stopped for lunch
12:30 picked up tile & bagged out!
1:00 started removed carpet !!
5:00 done with carpet
5:10 pulled lights
8:30 bag out
7:30 off

NAME (PRINT): _____	SIGNATURE: 
TITLE/CERT. NO: _____	DATE: _____
Reviewed By: _____	

# ASBESTOS PROJECT OBSERVATION LOG/CHECKLIST

Date: 11/28/16  
 Project Location: Lower Budar

- Interior  
      Floor No.: \_\_\_\_\_ Description: \_\_\_\_\_  
      Room No.: \_\_\_\_\_ Description: \_\_\_\_\_
- Exterior  
      Roofing       Siding       Other \_\_\_\_\_  
      Windy       Rain/Snow      Temperature: \_\_\_\_\_ °F

Contractor Information  
 Company Name: \_\_\_\_\_ Crew Size: 5  
 Supervisor: \_\_\_\_\_ Foreman: Wilke

**Contractor Personal Protective Equipment (PPE)**

- Clothing:  Disposable coveralls w/hood       Other \_\_\_\_\_  
 Feet:    Disposable booties    Rubber boots    Other \_\_\_\_\_  
 Respirator:  Air purifying    1/2 mask    full face    powered  
                Supplied air w/full face  
                SCBA       Continuous flow mode       Pressure demand mode

**Asbestos Waste Generated**

- Poly bags    Boxes    Barrels    Other \_\_\_\_\_  
 Material(s) removed: Tile      Estimated quantity disposed: \_\_\_\_\_

**Activities Conducted and Conditions Observed**

- Setup/Preparation    Glovebag    Gross Removal    Visual Inspection    Cleanup  
 Other \_\_\_\_\_

General	N/A	No	Yes	
Building occupants present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Where: _____
Sampling performed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Airborne personal <input type="checkbox"/> Airborne area <input type="checkbox"/> Bulk
Sample No(s): _____				

Photographs taken	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location(s): _____
Barrier tape/ribbon at perimeter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Warning signs at entrances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____

**Work Area**

Work area secured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Supervisor's certificate posted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Sign-in log maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Floor and walls covered	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____

2 poly layers (floor & 12" up wall)            Action taken: \_\_\_\_\_

Edges (sealed & inspected)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Critical barriers & poly intact	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
HVAC system (off & sealed)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Electrical power secured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Entry curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Decontamination unit maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Negative air pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____

- Pressure differential reading   Location: \_\_\_\_\_ in. of H<sub>2</sub>O
- Pressure differential reading   Location: \_\_\_\_\_ in. of H<sub>2</sub>O

**Work Practices**

Material worked wet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
HEPA vacuujm(s) used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Work area cleaned daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Personnel decontamination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Procedures per specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Wastewater disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Job safety (fall, scaffolding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____

**Other comments/conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# ASBESTOS PROJECT OBSERVATION LOG/CHECKLIST

Date: 11/29/16  
 Project Location: Lower levels

- Interior  
 Floor No.: \_\_\_\_\_ Description: Tile  
 Room No.: \_\_\_\_\_ Description: \_\_\_\_\_
- Exterior  
 Roofing  Siding  Other \_\_\_\_\_  
 Windy  Rain/Snow Temperature: \_\_\_\_\_ °F

Contractor Information  
 Company Name: New Horizon Crew Size: 5  
 Supervisor: Selma Foreman: Willie

**Contractor Personal Protective Equipment (PPE)**

- Clothing:  Disposable coveralls w/hood  Other \_\_\_\_\_  
 Feet:  Disposable booties  Rubber boots  Other \_\_\_\_\_  
 Respirator:  Air purifying  1/2 mask  full face  powered  
 Supplied air w/full face  SCBA  Continuous flow mode  Pressure demand mode

**Asbestos Waste Generated**

- Poly bags  Boxes  Barrels  Other \_\_\_\_\_  
 Material(s) removed: \_\_\_\_\_ Estimated quantity disposed: \_\_\_\_\_

**Activities Conducted and Conditions Observed**

- Setup/Preparation  Glovebag  Gross Removal  Visual Inspection  Cleanup  
 Other \_\_\_\_\_

**General**

- |                                  | N/A                      | No                                  | Yes                                 |   |
|----------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| Building occupants present       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Where: _____  |
| Sampling performed               | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> Airborne personal <input type="checkbox"/> Airborne area <input type="checkbox"/> Bulk |
| Sample No(s): _____              |                          |                                     |                                     |   |
| Photographs taken                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Location(s): _____  |
| Barrier tape/ribbon at perimeter | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Action taken: _____   |
| Warning signs at entrances       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Action taken: _____   |

**Work Area**

- |  |                                     |                          |                                     |                     |
|--|-------------------------------------|--------------------------|-------------------------------------|---------------------|
| Work area secured                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Supervisor's certificate posted                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Sign-in log maintained                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Floor and walls covered                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| <u>2 poly layers (floor &amp; 12" up wall)</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Edges (sealed & inspected)                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Critical barriers & poly intact                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| HVAC system (off & sealed)                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Electrical power secured                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Entry curtains                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Decontamination unit maintained                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Negative air pressure                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |

• Pressure differential reading Location: \_\_\_\_\_ in. of H<sub>2</sub>O

• Pressure differential reading Location: \_\_\_\_\_ in. of H<sub>2</sub>O

**Work Practices**

- |                                      |                                     |                          |                                     |                     |
|--------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---------------------|
| Material worked wet                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| HEPA vacu(m)s used                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Work area cleaned daily              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Personnel decontamination            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Procedures per specifications        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Wastewater disposal                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Job safety (fall, scaffolding, etc.) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |

**Other comments/conditions:** \_\_\_\_\_

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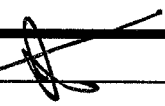
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# DAILY OBSERVATION LOG

CLIENT: _____	PROJECT LOCATION: _____	DATE: <u>11/30/16</u>
CONTRACTOR: _____	WORK AREA: _____	PAGE NO: _____
PROJECT NO: _____		
REPRESENTATIVE: _____		

7:00 PPE back on the ceiling
9:00 still on the ceiling
10:30 water run/Back getting it Done!!
12:00 Lunch
12:30 Back on the ceiling
4:00 85% done 3 rooms left
6:00 done with ceiling now bagging
7:00 done with cleaning + bagging out
7:30 off

NAME (PRINT): _____	SIGNATURE: 
TITLE/CERT. NO: _____	DATE: _____
Reviewed By: _____	

# ASBESTOS PROJECT OBSERVATION LOG/CHECKLIST

Date: 11/30/16  
 Project Location: Lower Brook

- Interior  
 Floor No.: \_\_\_\_\_ Description: \_\_\_\_\_  
 Room No.: \_\_\_\_\_ Description: \_\_\_\_\_
- Exterior  
 Roofing                       Siding                       Other \_\_\_\_\_  
 Windy                           Rain/Snow                      Temperature: \_\_\_\_\_ °F

Contractor Information  
 Company Name: New Horizon Crew Size: 5  
 Supervisor: Selvanth Suman Foreman: Willie

**Contractor Personal Protective Equipment (PPE)**

- Clothing:  Disposable coveralls w/hood                       Other \_\_\_\_\_  
 Feet:  Disposable booties                       Rubber boots                       Other \_\_\_\_\_  
 Respirator:  Air purifying                       1/2 mask                       full face                       powered  
 Supplied air w/full face  
 SCBA                       Continuous flow mode                       Pressure demand mode

**Asbestos Waste Generated**

- Poly bags                       Boxes                       Barrels                       Other \_\_\_\_\_  
 Material(s) removed: \_\_\_\_\_ Estimated quantity disposed: \_\_\_\_\_

**Activities Conducted and Conditions Observed**

- Setup/Preparation                       Glovebag                       Gross Removal                       Visual Inspection                       Cleanup  
 Other \_\_\_\_\_

**General**

- |                                  | N/A                                 | No                                  | Yes                                 |   |
|----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| Building occupants present       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Where: _____  |
| Sampling performed               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> Airborne personal <input type="checkbox"/> Airborne area <input type="checkbox"/> Bulk |
| Sample No(s): _____              |                                     |                                     |                                     |   |
| Photographs taken                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Location(s): _____  |
| Barrier tape/ribbon at perimeter | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Action taken: _____   |
| Warning signs at entrances       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Action taken: _____   |

**Work Area**

- |                                     |                                     |                          |                                     |                     |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---------------------|
| Work area secured                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Supervisor's certificate posted     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Sign-in log maintained              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Floor and walls covered             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Action taken: _____ |
|                                     |                                     |                          |                                     |                     |
| 2 poly layers (floor & 12" up wall) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Action taken: _____ |
|                                     |                                     |                          |                                     |                     |
| Edges (sealed & inspected)          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Critical barriers & poly intact     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| HVAC system (off & sealed)          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Electrical power secured            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Entry curtains                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Decontamination unit maintained     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Negative air pressure               | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| • Pressure differential reading     | Location: _____                     |                          |                                     | _____ in. of        |
| H <sub>2</sub> O                    |                                     |                          |                                     |                     |
| • Pressure differential reading     | Location: _____                     |                          |                                     | _____ in. of        |
| H <sub>2</sub> O                    |                                     |                          |                                     |                     |

**Work Practices**

- |                                      |                                     |                          |                                     |                     |
|--------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---------------------|
| Material worked wet                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| HEPA vacu(m)s used                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Work area cleaned daily              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Personnel decontamination            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Procedures per specifications        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |
| Wastewater disposal                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Action taken: _____ |
| Job safety (fall, scaffolding, etc.) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Action taken: _____ |

**Other comments/conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# ASBESTOS PROJECT OBSERVATION LOG/CHECKLIST

Date: 12/1/16  
 Project Location: Lower Brub

- Interior  
 Floor No.: \_\_\_\_\_ Description: \_\_\_\_\_  
 Room No.: \_\_\_\_\_ Description: \_\_\_\_\_
- Exterior  
 Roofing       Siding       Other \_\_\_\_\_  
 Windy       Rain/Snow      Temperature: \_\_\_\_\_ °F

Contractor Information  
 Company Name: New Horizon Crew Size: 5  
 Supervisor: Juliana Simons Foreman: Willie

- Contractor Personal Protective Equipment (PPE)**  
 Clothing:  Disposable coveralls w/hood       Other \_\_\_\_\_  
 Feet:  Disposable booties       Rubber boots       Other \_\_\_\_\_  
 Respirator:  Air purifying       1/2 mask       full face       powered  
 Supplied air w/full face  
 SCBA       Continuous flow mode       Pressure demand mode

- Asbestos Waste Generated**  
 Poly bags       Boxes       Barrels       Other \_\_\_\_\_  
 Material(s) removed: \_\_\_\_\_ Estimated quantity disposed: \_\_\_\_\_

- Activities Conducted and Conditions Observed**  
 Setup/Preparation       Glovebag       Gross Removal       Visual Inspection       Cleanup  
 Other \_\_\_\_\_

General	N/A	No	Yes	
Building occupants present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Where: _____
Sampling performed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Airborne personal <input type="checkbox"/> Airborne area <input type="checkbox"/> Bulk
Sample No(s): _____				
Photographs taken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Location(s): _____
Barrier tape/ribbon at perimeter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Warning signs at entrances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____

Work Area	N/A	No	Yes	
Work area secured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Supervisor's certificate posted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Sign-in log maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Floor and walls covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
2 poly layers (floor & 12" up wall)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Edges (sealed & inspected)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Critical barriers & poly intact	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
HVAC system (off & sealed)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Electrical power secured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Entry curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Decontamination unit maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Negative air pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
• Pressure differential reading	Location: _____			in. of
H <sub>2</sub> O				
• Pressure differential reading	Location: _____			in. of
H <sub>2</sub> O				

Work Practices	N/A	No	Yes	
Material worked wet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
HEPA vacu(m)s used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Work area cleaned daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Personnel decontamination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Procedures per specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____
Wastewater disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Job safety (fall, scaffolding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Action taken: _____

**Other comments/conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# ASBESTOS PROJECT OBSERVATION LOG/CHECKLIST

Date: 5-1-17

Project Location: \_\_\_\_\_

Interior  
 Floor No.: \_\_\_\_\_ Description: \_\_\_\_\_  
 Room No.: \_\_\_\_\_ Description: \_\_\_\_\_

Exterior  
 Roofing       Siding       Other Transite pipe  
 Windy       Rain/Snow      Temperature: \_\_\_\_\_ °F

Contractor Information  
 Company Name: New Horizons      Crew Size: 1  
 Supervisor: \_\_\_\_\_ Foreman: \_\_\_\_\_

**Contractor Personal Protective Equipment (PPE)**

Clothing:  Disposable coveralls w/hood       Other \_\_\_\_\_  
 Feet:  Disposable booties       Rubber boots       Other \_\_\_\_\_  
 Respirator:  Air purifying       1/2 mask       full face       powered  
 Supplied air w/full face  
 SCBA       Continuous flow mode       Pressure demand mode

**Asbestos Waste Generated**

Poly bags       Boxes       Barrels       Other \_\_\_\_\_

Material(s) removed: \_\_\_\_\_ Estimated quantity disposed: \_\_\_\_\_

**Activities Conducted and Conditions Observed**

Setup/Preparation       Glovebag       Gross Removal       Visual Inspection       Cleanup  
 Other \_\_\_\_\_

**General**

	<b>N/A</b>	<b>No</b>	<b>Yes</b>	
Building occupants present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Where: _____
Sampling performed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Airborne personal <input type="checkbox"/> Airborne area <input type="checkbox"/> Bulk

Sample No(s): \_\_\_\_\_

Photographs taken       N/A       No       Yes      Location(s): \_\_\_\_\_

Barrier tape/ribbon at perimeter       N/A       No       Yes      Action taken: \_\_\_\_\_

Warning signs at entrances       N/A       No       Yes      Action taken: \_\_\_\_\_

**Work Area**

Work area secured       N/A       No       Yes      Action taken: \_\_\_\_\_

Supervisor's certificate posted       N/A       No       Yes      Action taken: \_\_\_\_\_

Sign-in log maintained       N/A       No       Yes      Action taken: \_\_\_\_\_

Floor and walls covered       N/A       No       Yes      Action taken: \_\_\_\_\_

2 poly layers (floor & 12" up wall)       N/A       No       Yes      Action taken: \_\_\_\_\_

Edges (sealed & inspected)       N/A       No       Yes      Action taken: \_\_\_\_\_

Critical barriers & poly intact       N/A       No       Yes      Action taken: \_\_\_\_\_

HVAC system (off & sealed)       N/A       No       Yes      Action taken: \_\_\_\_\_

Electrical power secured       N/A       No       Yes      Action taken: \_\_\_\_\_

Entry curtains       N/A       No       Yes      Action taken: \_\_\_\_\_

Decontamination unit maintained       N/A       No       Yes      Action taken: \_\_\_\_\_

Negative air pressure       N/A       No       Yes      Action taken: \_\_\_\_\_

• Pressure differential reading      Location: \_\_\_\_\_ in. of H<sub>2</sub>O

• Pressure differential reading      Location: \_\_\_\_\_ in. of H<sub>2</sub>O

**Work Practices**

Material worked wet       N/A       No       Yes      Action taken: \_\_\_\_\_

HEPA vacu(m)s used       N/A       No       Yes      Action taken: \_\_\_\_\_

Work area cleaned daily       N/A       No       Yes      Action taken: \_\_\_\_\_

Personnel decontamination       N/A       No       Yes      Action taken: \_\_\_\_\_

Procedures per specifications       N/A       No       Yes      Action taken: \_\_\_\_\_

Wastewater disposal       N/A       No       Yes      Action taken: \_\_\_\_\_

Job safety (fall, scaffolding, etc.)       N/A       No       Yes      Action taken: \_\_\_\_\_

**Other comments/conditions:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# ASBESTOS PROJECT OBSERVATION LOG/CHECKLIST

Date: 5-2-17

Project Location: \_\_\_\_\_

Interior  
 Floor No.: \_\_\_\_\_ Description: \_\_\_\_\_  
 Room No.: \_\_\_\_\_ Description: \_\_\_\_\_

Exterior  
 Roofing       Siding       Other transite pipe  
 Windy       Rain/Snow      Temperature: \_\_\_\_\_ °F

Contractor Information  
 Company Name: New Horizons      Crew Size: 1  
 Supervisor: \_\_\_\_\_ Foreman: \_\_\_\_\_

**Contractor Personal Protective Equipment (PPE)**

Clothing:  Disposable coveralls w/hood       Other \_\_\_\_\_  
 Feet:  Disposable booties       Rubber boots       Other \_\_\_\_\_  
 Respirator:  Air purifying       1/2 mask       full face       powered  
 Supplied air w/full face  
 SCBA       Continuous flow mode       Pressure demand mode

**Asbestos Waste Generated**

Poly bags       Boxes       Barrels       Other \_\_\_\_\_  
 Material(s) removed: \_\_\_\_\_ Estimated quantity disposed: \_\_\_\_\_

**Activities Conducted and Conditions Observed**

Setup/Preparation       Glovebag       Gross Removal       Visual Inspection       Cleanup  
 Other \_\_\_\_\_

**General**

	N/A	No	Yes	
Building occupants present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Where: _____
Sampling performed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Airborne personal <input type="checkbox"/> Airborne area <input type="checkbox"/> Bulk
Sample No(s): _____				

Photographs taken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Location(s): _____
Barrier tape/ribbon at perimeter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Warning signs at entrances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____

**Work Area**

Work area secured	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Supervisor's certificate posted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Sign-in log maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Floor and walls covered	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____

2 poly layers (floor & 12" up wall)                        Action taken: \_\_\_\_\_

Edges (sealed & inspected)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Critical barriers & poly intact	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
HVAC system (off & sealed)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Electrical power secured	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Entry curtains	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Decontamination unit maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Negative air pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____

• Pressure differential reading      Location: \_\_\_\_\_      \_\_\_\_\_ in. of H<sub>2</sub>O

• Pressure differential reading      Location: \_\_\_\_\_      \_\_\_\_\_ in. of H<sub>2</sub>O

**Work Practices**

Material worked wet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
HEPA vacu(m)s used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Work area cleaned daily	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Personnel decontamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Procedures per specifications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Wastewater disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____
Job safety (fall, scaffolding, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Action taken: _____

**Other comments/conditions:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



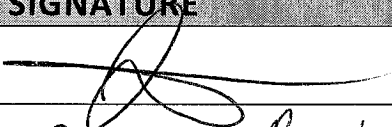


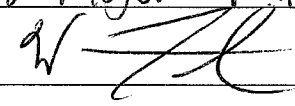
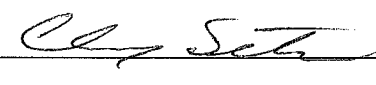
# DAILY SIGN-IN SHEETS

# NEW HORIZONS<sub>LLC</sub>

*"Innovative Environmental Solutions"*

## DAILY SIGN IN SHEET

<b>Project:</b>	Former HA - Abatement	<b>Date:</b>	11/28/16
<b>Project Manager:</b>		<b>Reviewer:</b>	

PRINTED NAME	SIGNATURE
Alvonda Simmonds	
John Ross	
Majok Riak	
Willie Foote	
Chuck Stables	

Personal protective equipment checklist (check required PPE)			
<input type="checkbox"/>	Hard hat	<input type="checkbox"/>	Respiratory (describe type above)
<input type="checkbox"/>	Safety glasses w/sideshields	<input type="checkbox"/>	Hand protection
<input type="checkbox"/>	Shield/goggles/added face protection	<input type="checkbox"/>	Hearing protection
<input type="checkbox"/>	Foot protection	<input type="checkbox"/>	Clothing (long pants, long sleeves)

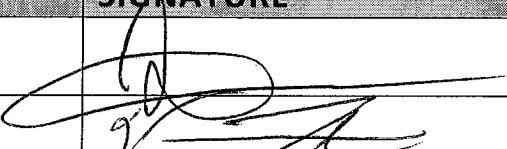

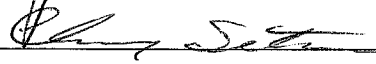
Identify the hazards of the job:

# NEW HORIZONS LLC

*"Innovative Environmental Solutions"*

## DAILY SIGN IN SHEET

<b>Project:</b>	Formex HA- Abatement	<b>Date:</b>	11/24/16
<b>Project Manager:</b>		<b>Reviewer:</b>	

PRINTED NAME	SIGNATURE
Alonka Simonds	
Willie Foote	
Matej Riak	Matej Riak
John Ross	John Ross
Chuck Stobler	

Personal protective equipment checklist (check required PPE)			
	Hard hat		Respiratory (describe type above)
	Safety glasses w/sideshields		Hand protection
	Shield/goggles/added face protection		Hearing protection
	Foot protection		Clothing (long pants, long sleeves)

<b>Identify the hazards of the job:</b>

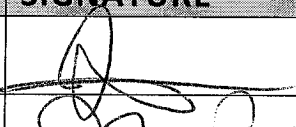
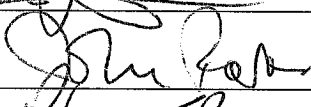
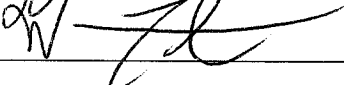
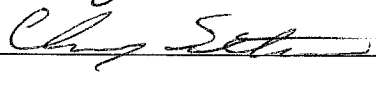
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# NEW HORIZONS LLC

*"Innovative Environmental Solutions"*

## DAILY SIGN IN SHEET

<b>Project:</b>	Former HA-Abatement	<b>Date:</b>	11/30/16
<b>Project Manager:</b>		<b>Reviewer:</b>	

PRINTED NAME	SIGNATURE
JAVANTA Simonds	
John Ross	
Willie Fook	
Ching Seton	
Mayok Biak	

Personal protective equipment checklist (check required PPE)			
	Hard hat		Respiratory (describe type above)
	Safety glasses w/sideshields		Hand protection
	Shield/goggles/added face protection		Hearing protection
	Foot protection		Clothing (long pants, long sleeves)

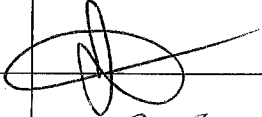

Identify the hazards of the job:

# NEW HORIZONS<sub>LLC</sub>

*"Innovative Environmental Solutions"*

## DAILY SIGN IN SHEET

<b>Project:</b>		<b>Date:</b>	12/1/16
<b>Project Manager:</b>		<b>Reviewer:</b>	

PRINTED NAME	SIGNATURE
Salvatore Simmonds	
Chuck Stalder	
Willie Foote	
Major Biak	
John Ross	

Personal protective equipment checklist ( <i>check required PPE</i> )			
<input type="checkbox"/>	Hard hat	<input type="checkbox"/>	Respiratory (describe type above)
<input type="checkbox"/>	Safety glasses w/sideshields	<input type="checkbox"/>	Hand protection
<input type="checkbox"/>	Shield/goggles/added face protection	<input type="checkbox"/>	Hearing protection
<input type="checkbox"/>	Foot protection	<input type="checkbox"/>	Clothing (long pants, long sleeves)

Identify the hazards of the job:

# NEW HORIZONS<sub>LLC</sub>

*"Innovative Environmental Solutions"*

## DAILY SIGN IN SHEET

<b>Project:</b>		<b>Date:</b>	5-1-17
<b>Project Manager:</b>		<b>Reviewer:</b>	

PRINTED NAME	SIGNATURE
Kerry Thompson	Kerry Thompson
Reggie Temple	Reggie Temple

Personal protective equipment checklist <i>(check required PPE)</i>			
	Hard hat		Respiratory (describe type above)
	Safety glasses w/sideshields		Hand protection
	Shield/goggles/added face protection		Hearing protection
	Foot protection		Clothing (long pants, long sleeves)

<b>Identify the hazards of the job:</b>



# NEW HORIZONS<sub>LLC</sub>

*"Innovative Environmental Solutions"*

## DAILY SIGN IN SHEET

<b>Project:</b>		<b>Date:</b>	5-2-17
<b>Project Manager:</b>		<b>Reviewer:</b>	

PRINTED NAME	SIGNATURE
Kerry Thompson	Kerry Thompson
Ragie Temple	Ragie Temple

Personal protective equipment checklist ( <i>check required PPE</i> )			
<input type="checkbox"/>	Hard hat	<input type="checkbox"/>	Respiratory (describe type above)
<input type="checkbox"/>	Safety glasses w/sideshields	<input type="checkbox"/>	Hand protection
<input type="checkbox"/>	Shield/goggles/added face protection	<input type="checkbox"/>	Hearing protection
<input type="checkbox"/>	Foot protection	<input type="checkbox"/>	Clothing (long pants, long sleeves)

<b>Identify the hazards of the job:</b>