

**Robinson Brothers Environmental, Inc.**

**TRANSMITTAL**

From Tilly Ziegler

Date 11/8/2016

**CITY OF MADISON**

**210 MARTIN LUTHER KING JR BLVD**

Job 16196-1

**MADISON WI 53703**

Description CITY OF MADISON POLICE MIDTOWN

EMAIL TO:

Enclosed please find:

SUBMITTALS: Please retain for your records

x	Notice
x	Manifest
x	Insurance Cert
x	Daily Logs
x	Worker Licenses
	other

**Additional Remarks:**

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220 Raemisch Road  
Waunakee, WI 53597

phn (608) 849-6980  
fax (608) 849-6722  
email info@robinsonbros.com

**Asbestos Notification Summary**

**State of Wisconsin Department of Natural Resources  
Bureau of Air Management**



**PROJECT INFORMATION**

<b>Project No:</b>	16196-1
<b>Invoice to:</b>	Abatement Contractor
<b>Notification ID:</b>	17-1198
<b>Notification Status:</b>	Submitted
<b>Notification Type:</b>	Revised
<b>Project Type:</b>	Abatement/Demolition
<b>Insp Start Date:</b>	01/27/2014
<b>Insp End Date:</b>	09/17/2015
<b>Inspector:</b>	SOPHA KIM No:1851
<b>Asbestos Present:</b>	Yes
<b>Postmark Date:</b>	09/22/2016
<b>Abtment Start Date:</b>	10/10/2016
<b>Abtment End Date:</b>	12/30/2016
<b>Ren/Dem Start Date:</b>	10/24/2016
<b>Ren/Dem End Date:</b>	03/31/2017
<b>Working Days:</b>	Mo,Tu,We,Th,Fr
<b>Start Hours:</b>	7:00 AM
<b>End Hours:</b>	3:30 PM
<b>Ordered Demolition:</b>	No
<b>Emergency Date:</b>	No
<b>Project</b>	4016 Mineral Point Rd - Floor tile in breezeway, floor mastic under tile, five basement windows and storm windows, 1 electrical box in basement, and mastic on kitchen sink to be removed. 4018 Mineral Point Rd - TSI on heating and plumbing lines, floor tile and mastic in Chapel, hallways, cafeteria, and storage room, carpet mastic in Chapel, exterior transite window panels under south windows, floor tile and tan mastic in Room 1 in basement, floor tile and black mastic in boiler room entrance, floor tile and mastic in Room 101, aircell pipe insulation on roof drains, metal fire doors, gaskets and refractory in boiler to be removed. Roof tar flashing and paper to remain.
<b>Schedule/Comments:</b>	

**Submitted By:** MELISSA LOWENBERG 10/07/2016 09:35:24

**FACILITY INFORMATION**

<b>Name:</b>	Commercial
<b>Address 1:</b>	4016 and 4018 Mineral Point Road
<b>Address 2:</b>	
<b>City:</b>	Madison
<b>County:</b>	DANE
<b>Zip Code:</b>	53705
<b>Prior Use:</b>	Commercial
<b>Current Use:</b>	Vacant
<b>Age:</b>	67
<b>Size (sqft):</b>	29672
<b>Stories No:</b>	2
<b>Unit No:</b>	1
<b>Contact:</b>	<b>Phone No:</b>
<b>Single family home/garage/less than 5 apartment units?:</b>	NO
<b>Does the project have two or more houses as part of an urban renewal, commercial, or a highway construction project?:</b>	NO

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<b>Owner Name:</b>	City of Madison
<b>Address 1:</b>	210 Martin Luther King Jr. Blvd, Room 115
<b>Address 2:</b>	
<b>City:</b>	Madison
<b>State:</b>	WI
<b>Zip Code:</b>	53703
<b>Contact:</b>	Randall Wiesner
<b>Phone No:</b>	608-266-4366
<b>Email:</b>	RWiesner@cityofmadison.com

State of Wisconsin Department of Natural Resources

Bureau of Air Management



**ASBESTOS REPORT**

**Structures Demolished:** 2

**Inspection Procedures:** Bulk samples, PLM and assumed.

**Description of ACM:** 4016 Mineral Point Rd - Floor tile in breezeway, floor mastic under tile, five basement windows and storm windows, 1 electrical box in basement, and mastic on kitchen sink to be removed. 4018 Mineral Point Rd - TSI on heating and plumbing lines, floor tile and mastic in Chapel, hallways, cafeteria, and storage room, carpet mastic in Chapel, exterior transite window panels under south windows, floor tile and tan mastic in Room 1 in basement, floor tile and black mastic in boiler room entrance, floor tile and mastic in Room 101, aircell pipe insulation on roof drains, metal fire doors, gaskets and refractory in boiler to be removed. Roof tar flashing and paper to remain.

**Description of work:** Wet removal, conventional demolition.

**Work Practices:** Regulated area, HEPA filtered negative air machines, HEPA filtered vacuums, glove bag/enclosure as required, wet removal.

**If new ACM discovered:** Work to be stopped. Owner and regulatory agencies to be notified.

NAME	A. Friable RACM to be Removed	B. NonFriable to be Removed CAT I	B. NonFriable to be Removed CAT II	C. Nonfriable not removed CAT I	C. Nonfriable not removed CAT II
Pipes (linear feet)	1029	0	0	0	0
Surface (square feet)	485	12995	89	9772	0
Volume (cubic feet)	0	0	0	0	0

**ABATEMENT CONTRACTOR**

**Project No:** 16196-1

**Contractor:** Robinson Brothers Environmental Inc

**Address 1:** 220 Raemisch Rd

**Address 2:**

**City:** Waunakee

**County:** Dane

**State:** WI

**Zip Code:** 53597-

**Contact:** Mike Bricco

**Phone No:** 608-849-6980

**E-mail:** info@robinsonbros.com

**Project Manager or Supervisor:**

**First Name:**

**Last Name:**

**Phone:**

Mike

Bricco

608-849-6980

**DEMOLITION CONTRACTOR**

**Contractor:** To Be Determined



# WASTE SHIPMENT RECORD/ASBESTOS MANIFEST

(See Reverse for Instructions)

For Disposal Site Use Only  
 Elevation \_\_\_\_\_  
 North \_\_\_\_\_ East \_\_\_\_\_

Generator	1-A. Special Waste Profile Number <b>AMRL2011-037 (friable)</b>		NESHAP Notified YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		WSR Number <b>35338</b>			
	1-B. Generator Name, Contact Name, and Complete Mailing Address (including Zip Code) <b>16196-J CITY OF MADISON 210 MARTIN LUTHER KING JR BLVD. MADISON, WI 53703</b>					1-C. Generator's Phone Number <b>608-266-4941</b>		
	1-D. Work Site Address <b>CITY OF MADISON POLICE MIDTOWN 4016 &amp; 4012 MINERAL POINT ROAD MADISON, WI 53705</b>					1-E. 24 Hour Emergency Response Telephone Number <b>608-849-6980</b>		
	2. Operator's Name and Complete Mailing Address <b>Robinson Brothers Environmental 720 Paemich Rd. Wausau, WI 54997</b>					Operator's Phone Number <b>608-849-6980</b>		
	3. Waste Disposal Site (WDS) Name and Complete Mailing Address <b>Mallard Ridge Landfill W8470 State Road 11, Delavan, WI 53115</b>					WDS Phone Number <b>262-724-3257</b>		
	4. Name and Address of Responsible Agency <b>DNR AIR MANAGEMENT-South Central Region 2911 Fish Hatchery Rd, Fitchburg, WI 53711</b>							
	5. Description of Materials <b>Floor tile - TSI pipe</b>				6. Containers No. Type		7. Total Quantity yd3	
	friable asbestos <input checked="" type="checkbox"/>				RQ, NA2212, Asbestos, 9, PGIII		395 BA 395 yd3	
	non-friable asbestos				Cat I _____ Cat II _____			
8. Special Handling Instructions and Additional Information 24 HOUR NOTICE GIVEN PRIOR TO DISPOSAL. MUST BE BURIED								
9. GENERATOR/OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. I hereby certify that the asbestos is not contaminated with hazardous, PCB, and/or any special waste.								
Printed/Typed Name and Title <b>marie ans</b>			Signature <i>[Signature]</i>		Date <b>10-20-16</b>			
Transporter	10. Transporter 1 Company Name <b>TOWN AND COUNTRY SANITATION</b>			Driver Signature <i>[Signature]</i>				
	Complete Mailing Address <b>RT 3 BOSCOBEL, WI 53805</b>			Printed Name and Title <b>Joshua W. Jerrett Roll-off Driver</b>				
	Telephone Number (including area code) <b>608-375-5856</b>			Date <b>10-24-2016</b>				
	11. Transporter 2 Company Name			Driver Signature				
Complete Mailing Address			Printed Name and Title					
Telephone Number (including area code)			Date					
Disposal Site	12. Discrepancy Indication Space							
	13. Waste Disposal Site Owner or Operator Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.							
	Printed/Typed Name and Title <b>Barb Becker/Gate Attendant</b>		Signature <i>[Signature]</i>		Date <b>10-24-16</b>			

WHITE - Disposal Site

CANARY - Generator  
(To be mailed by Disposal Site)

PINK - Transporter

GOLD - Generator  
(To be taken prior to disposal)

# WASTE SHIPMENT RECORD / ASBESTOS MANIFEST

(See Reverse for Instructions)

For Disposal Site Use Only

Generator	1-A. Special Waste Profile Number <b>AMRL2011-037 (friable)</b>		NESHAP Notified YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		WSR Number <b>95337</b>		Elevation North _____ East _____		
	1-B. Generator Name, Contact Name, and Complete Mailing Address (including Zip Code) <b>16196-1 CITY OF MADISON 710 MARTIN LUTHER KING JR BLVD, MADISON, WI 53703</b>						1-C. Generator's Phone Number <b>608-255-2345</b>		
	1-D. Work Site Address <b>CITY OF MADISON POLICE MIDTOWN 4016 &amp; 4018 MINERAL POINT ROAD MADISON, WI 53705</b>						1-E. 24 Hour Emergency Response Telephone Number <b>608-849-1990</b>		
	2. Operator's Name and Complete Mailing Address <b>Robinson Brothers Environmental 220 ... WI 53597</b>						Operator's Phone Number <b>608-849-6980</b>		
	3. Waste Disposal Site (WDS) Name and Complete Mailing Address <b>Mallard Ridge Landfill W3470 State Road 11, Delavan, WI 53115</b>						WDS Phone Number <b>262-724-3257</b>		
	4. Name and Address of Responsible Agency <b>DNR AIR MANAGEMENT - South Central Region 1011 Fish Hatchery Rd, Fishburg, WI 53711</b>								
	5. Description of Materials <b>Floor tile / TSE / Black mastic</b>						6. Containers No. Type		7. Total Quantity yd3
	* friable asbestos			RQ, NA2212, Asbestos, 9, PGIII			298	BA	29.8
	non-friable asbestos			Cat I _____ Cat II _____					
8. Special Handling Instructions and Additional Information 24 HOUR NOTICE GIVEN PRIOR TO DISPOSAL, MUST BE BURIED									
9. GENERATOR/OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. I hereby certify that the asbestos is not contaminated with hazardous, PCB, and/or any special waste.									
Printed/Typed Name and Title <b>Mario Cruz</b>				Signature <i>[Signature]</i>			Date <b>10-27-16</b>		
Transporter	10. Transporter 1 Company Name <b>TOWN AND COUNTRY SANITATION</b>				Driver Signature <i>[Signature]</i>				
	Complete Mailing Address <b>RT 3 BOSCOBEL, WI 53805</b>				Printed Name and Title <b>John W. Tarver Roll-off Driver</b>				
	Telephone Number (including area code) <b>608-375-5856</b>				Date <b>10-31-2016</b>				
	11. Transporter 2 Company Name				Driver Signature				
Complete Mailing Address				Printed Name and Title					
Telephone Number (including area code)				Date					
Disposal Site	12. Discrepancy Indication Space								
	13. Waste Disposal Site Owner or Operator Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.								
	Printed/Typed Name and Title <b>Karen Yanko / Gate Attendant</b>			Signature <i>[Signature]</i>			Date <b>10/31/16</b>		

K.Y.  
10/31/16  
K.Y.  
10/31/16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/7/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> M3 Insurance Solutions, Inc. 828 John Nolen Drive Madison WI 53713	<b>CONTACT NAME:</b> Trisha Stark <b>PHONE (A/C, No, Ext):</b> 608.288.2805 <b>E-MAIL ADDRESS:</b> trisha.stark@m3ins.com <b>PRODUCER CUSTOMER ID #:</b> ROBIB-1	<b>FAX (A/C, No):</b> 608.273.1725
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Robinson Brothers Environmental, Inc. 220 Raemisch Road Wausaukee WI 53597	<b>INSURER A:</b> Berkley Regional Specialty Ins	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

### COVERAGES

CERTIFICATE NUMBER: 1634363007

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y		ECP2016853-10	1/1/2016	1/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP2016851-10	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0			FFX2016854-10	1/1/2016	1/1/2017	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCA2016852 - 10	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: 16196-1/City of Madison Policy Midtown, 4016 & 4018 Mineral Point Road, Madison, WI 53705.  
City of Madison is additional insured as respects General Liability where required by written contract.

### CERTIFICATE HOLDER

City of Madison  
210 Martin Luther King Jr Blvd  
Madison WI 53705

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196

Job Name

City of madison police midtown

Date 10-10-16

Supervisor Name

Mario Cruz

Cert #

ACS 16876

Breezeway / B-Room  
Work Area Location

To prep min. Containment, Removal  
Bagged Bag out Clean up  
Description of Work Performed

Type of Material Removed

Floor tile/mastic

Glovebag

Linear Feet

Fittings

Number of Bags Removed:

Safety Meeting Conducted

Start Time

End Time

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading

Second Reading

Third Reading

Fourth Reading

Time Readout

Time Readout

Time Readout

Time Readout

I certify that I have inspected the critical barriers at the start and end of the shift.

Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_



Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed

Signature

Cert #

Reason

Daily






Regulated Area

In

Out

In

out

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Johnny Hernandez		120619		6 00	12 00		
				12 30	5 30		
Mariano Burgos	Mariano Burgos	181221		7 00	12 00	8 40	11 35
				12 30	5 30	-	-
Jose Martinez		224915		7 00	12 00	8 40	11 35
				12 30	5 30	-	-
Mario Velasquez		123925		7 00	12 00	8 35	10 45
				12 30	5 30	-	-
Juanario Carrico		168452		7 00	12 00	8 35	10 45
				12 30	5 30	-	-
TERESA CRUZ	TERESA CRUZ	212375		7 00	12 00	8 35	10 45
				12 30	5 30	-	-
Mario Cruz		16876		7 00	12 00	-	-
				12 30	5 30		



# ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196

Job Name City of Madison police Midtown

Date 10-11-16

Supervisor Name Mario Cruz Cert # ACS 16846

First Floor  
Work Area Location

Finis prep and start Removal-  
Description of Work Performed

Type of Material Removed

Floor tile/mastic

Glovebag	
Linear Feet	Fittings

Number of Bags Removed:

Safety Meeting Conducted \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading	
Time	Readout	Time	Readout

Third Reading		Fourth Reading	
Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.

Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

  
Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
<u>TERESA CRUZ</u>	<u>TERESA CRUZ</u>	<u>212370</u>		<u>7 00</u>	<u>11 00</u>	<u>11 40</u>	<u>5 29</u>
				<u>11 30</u>	<u>5 30</u>	<u>8-29</u>	<u>-</u>
<u>Jose Martinez</u>	<u>JM</u>	<u>224915</u>		<u>7 00</u>	<u>11 00</u>	<u>11 40</u>	<u>5 29</u>
				<u>11 30</u>	<u>5 30</u>	<u>8-28</u>	<u>-</u>
<u>Mario Velasquez</u>	<u>MV</u>	<u>123925</u>		<u>7 00</u>	<u>11 00</u>	<u>11 40</u>	<u>5 29</u>
				<u>11 30</u>	<u>5 30</u>	<u>-</u>	<u>-</u>
<u>Juanita Garcia</u>	<u>JG</u>	<u>106952</u>		<u>7 00</u>	<u>11 00</u>	<u>11 40</u>	<u>5 30</u>
				<u>11 30</u>	<u>5 30</u>	<u>-</u>	<u>-</u>
<u>Mariano Burgos</u>	<u>Mariano Burgos</u>	<u>181291</u>		<u>7 00</u>	<u>11 00</u>	<u>11 40</u>	<u>5 30</u>
				<u>11 30</u>	<u>5 30</u>	<u>-</u>	<u>-</u>
<u>Mario Cruz</u>	<u>MC</u>	<u>ACS 16846</u>		<u>7 00</u>	<u>11 00</u>		
				<u>11 30</u>	<u>5 30</u>		

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196 Job Name City of Madison police Midtow  
 Date 10-12-16 Supervisor Name Mario Cruz Cert # ACS 16876

First Floor Chapel Removal Mastic  
Work Area Location Description of Work Performed

Type of Material Removed: Floor tile/mastic

Glovebag		Number of Bags Removed:
Linear Feet	Fittings	

Safety Meeting Conducted \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading		Third Reading		Fourth Reading	
Time	Readout	Time	Readout	Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.  
 Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

JR  
 Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Mario Cruz	JR	ACS 16876		7 00	12 00		
				12 30	5 30		
Juan Carlos	[Signature]	182432		7 00	12 00	7 15	11 58
				12 30	5 30	12 40	5 30
Mario Velasquez	[Signature]	123925		7 00	12 00	7 15	11 58
				12 30	5 30	12 40	5 30
Jose Martinez	[Signature]	224915		7 00	12 00	7 15	11 58
				12 30	5 30	12 40	5 30
Teresa Cruz	TERESA CRUZ	212375		7 00	12 00	7 15	11 58
				12 30	5 30	12 40	4 45
Mariano Burgos	Mariano Burgos	181221		7 00	12 00	7 15	11 58
				12 30	5 30	12 40	5 30

# ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196

Job Name

City of Madison Police Midtown

Date 10-13-16

Supervisor Name

Mario Cruz Cert # 14516876

First Floor Chapel-  
Work Area Location

Finish Removal Mastic - Clean up.  
Description of Work Performed

Type of Material Removed:  
Floor tile/mastic

Glovebag	
Linear Feet	Fittings

Number of Bags Removed:

--

Safety Meeting Conducted

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading	
Time	Readout	Time	Readout

Third Reading		Fourth Reading	
Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.

Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

JR  
Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Mario Cruz	JR	14516876		7:00	12:00		
				12:30	5:30		
Juanjo Garcia	JR	186482		7:00	12:00	7:15	12:00
				12:30	5:30	12:45	4:00
Jose Martinez	JR	224915		7:00	12:00	7:15	12:00
				12:30	5:30	12:45	3:10
Mario Velasquez	A	123925		7:00	10:00	7:15	10:00
				12:30	—		
TERESA CRUZ	TERESA CRUZ	212375		7:00	12:00	7:20	12:00
				12:30	5:30	12:45	3:10
Mariano Burgos	Mariano Burgos	181021		7:00	12:00	7:15	12:00
				12:30	5:30	12:45	3:10

# ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196 Job Name City of Madison police Midtown  
 Date 10-17-16 Supervisor Name Mario Cruz Cert # ACS 16876

Cafeteria Room # 102-103 Removal Bagged Bag out -  
Work Area Location Description of Work Performed

Type of Material Removed: Floor Tile mastic

Glovebag		Number of Bags Removed:
Linear Feet	Fittings	

Safety Meeting Conducted \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_




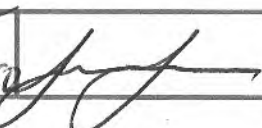
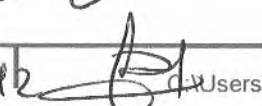
Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading		Third Reading		Fourth Reading	
Time	Readout	Time	Readout	Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.  
 Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

  
 Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Mario Velasquez		123925		7 00	12 00	8 10	12 00
				12 30	5 30	12 45	5 30
Mario Cruz		ACS 16876		7 00	12 00		
				12 30	5 30		
Pedro Cruz	Pedro Cruz	AWW 110523		7 00	12 00	8 45	11 55
				12 30	5 30	12 45	3 44
Mariano Burgos	Mariano Burgos	181221		7 00	12 00	8 10	12 00
				12 30	5 30	12 45	5 30
Juan Carlos Gamin		186452		7 00	12 00	8 10	12 00
				12 30	5 30	12 45	5 30
TERESA CRUZ	TERESA CRUZ	212375		7 00	12 00	8 10	12 00
				12 30	5 30	12 45	5 30
Juan Jasso		232814		7 00	12 00	8 45	11 55
				12 30	5 30	12 45	3 44
Jose Martinez		224915		7 00	12 00	8 10	12 00
				12 30	5 30	12 45	5 30

# ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196 Job Name City Madison police Midtown  
 Date 10-18-16 Supervisor Name Mario Cruz Cert # ACS 16876

First Floor Room 102-103  
Work Area Location Basement

To prep and Removal-  
Description of Work Performed Bagged Bag Out cont Boiler Room

Floortile mastic

Glovebag	
Linear Feet	Fittings

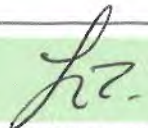
Number of Bags Removed:

Safety Meeting Conducted TSE Start Time \_\_\_\_\_ End Time \_\_\_\_\_

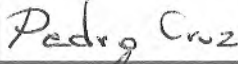

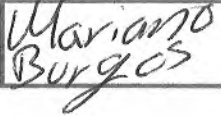
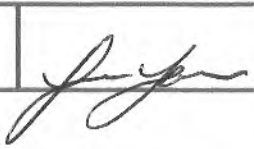


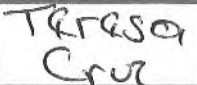

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading		Third Reading		Fourth Reading	
Time	Readout	Time	Readout	Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.  
 Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

  
 Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Pedro Cruz		AWW 110523		7 00	12 00	9 45	12 00
				12 30	5 30	12 49	5 30
Mario Cruz		ACS 16876		7 00	12 00		
				12 30	5 30		
Mariano Burgos		181221		7 00	12 00	9 45	12 00
				12 30	5 30	12 49	5 30
Juan Jasso		232814		7 00	12 00	9 45	12 00
				12 30	5 30	12 49	5 30
Mario Velasquez		123925		7 00	12 00	7 15	11 58
				12 30	5 30	-	-
Juan Maria Gamboa		164152		7 00	12 00	7 15	11 58
				12 30	5 30	-	-
TERESA CRUZ		212375		7 00	12 00	7 15	11 58
				12 30	5 30	-	-
Jose Martinez		224915		7 00	12 00	9 45	12 00
				12 30	5 30	12 49	5 30

# ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196 Job Name City of Madison police Midtown  
 Date 10-19-16 Supervisor Name Mario Cruz Cert # ACS16876

Basement Boiler Room - To Finish Clean up Boiler Room -  
Work Area Location Hall Room - Description of Work Performed  
and starte to prep Hall Room.

Type of Material Removed:  
Floor tile mastic

Glovebag	
Linear Feet	Fittings

Number of Bags Removed:

--

TSI  
 Safety Meeting Conducted Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading		Third Reading		Fourth Reading	
Time	Readout	Time	Readout	Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.  
 Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

[Signature]  
 Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Pedro Cruz	<u>[Signature]</u>	AWW 110523		7 00 12 30	12 00 5 30	7 15 -	11 40 -
Juan Garcia	<u>[Signature]</u>	166454		7 00 12 30	12 00 5 30		
Juan Jasso	<u>[Signature]</u>	232814		7 00 12 30	12 00 5 30	7 15 -	11 40 -
Jose Martinez	<u>[Signature]</u>	224915		7 00 12 30	12 00 5 30	7 15 -	11 40 -
Prescenciano Lara	<u>[Signature]</u>	AWW 111246		7 00 12 30	12 00 5 30		
TERESA CRUZ	<u>[Signature]</u>	212375		7 00 12 30	12 00 5 30		
JUAN GARCIA	<u>[Signature]</u>	1160205		7 00 12 30	12 00 5 30		

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

page 2

Job # 16196  
Date 10-19-16

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Mariana Burgos	Mariana Burgos	181221		7 00	12 00		
				12 30	5 30		
Mario Velasquez	M	123925		7 00	12 00		
				12 30	5 30		
Mario Luis	M	ACS 16876		7 00	12 00		
				12 30	5 30		

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

# ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196 Job Name City of Madison police Midtown  
 Date 10-20-16 Supervisor Name Mario Cruz Cert # ACS 16876

Basement Hall Room Removal Bagged Bag out  
Work Area Location Description of Work Performed

Type of Material Removed: <u>Floor Tile</u>	Glovebag		Number of Bags Removed: <input type="text"/>
	Linear Feet	Fittings	

Safety Meeting Conducted 1st pipe Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading		Third Reading		Fourth Reading	
Time	Readout	Time	Readout	Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.  
 Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

[Signature]  
 Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Pedro Cruz	<u>[Signature]</u>	<u>Acw 110523</u>		7 00	12 00	8 45	12 00
				12 30	5 30	12 50	5 29
mario Cruz	<u>[Signature]</u>	<u>ACS 16876</u>		7 00	12 00		
				12 30	5 30		
Jose Martinez	<u>[Signature]</u>	<u>224915</u>		7 00	12 00	8 45	12 00
				12 30	5 30	12	5 29
Juanario Samilo	<u>[Signature]</u>	<u>106487</u>		7 00	12 00	8 45	12 00
				12 30	5 30	12 49	5 29
Juan Jasso	<u>[Signature]</u>	<u>232814</u>		7 00	12 00	8 40	12 00
				12 30	5 30		
TERESA CRUZ	<u>[Signature]</u>	<u>212375</u>		7 00	12 00	8 40	12 00
				12 30	5 30	12 49	5 28
Manano Burgos	<u>[Signature]</u>	<u>181221</u>		7 00	12 00	8 40	12 00
				12 30	5 30	12 49	5 28
Mario Velasquez	<u>[Signature]</u>	<u>123925</u>		7 00	12 00	8 40	12 00
				12 30	5 30	12 48	5 28



ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196 Job Name City of Madison police Midtown  
 Date 10-24-16 Supervisor Name Mario Cruz Cert # Acs 16876

Basement Hall Room Removal Bagged Bag out  
Work Area Location Description of Work Performed

Type of Material Removed: <u>Floor tile mastic</u>	Glovebag		Number of Bags Removed: <input type="text"/>
	Linear Feet	Fittings	

Safety Meeting Conducted TSI Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading		Third Reading		Fourth Reading	
Time	Readout	Time	Readout	Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.  
 Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

JCZ  
 Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
<u>Mario Cruz</u>	<u>JCZ</u>	<u>Acs 16876</u>		<u>7 00</u>	<u>12 00</u>		
				<u>12 30</u>	<u>6 00</u>		
<u>Mariano Burgos</u>	<u>Mariano Burgos</u>	<u>181221</u>		<u>7 00</u>	<u>12 00</u>	<u>7 22</u>	<u>11 59</u>
				<u>12 30</u>	<u>6 00</u>	<u>12 40</u>	<u>5 45</u>
<u>Pedro Cruz</u>	<u>Pedro Cruz</u>	<u>Acs 110523</u>		<u>7 00</u>	<u>12 00</u>	<u>7 22</u>	<u>11 59</u>
				<u>12 30</u>	<u>6 00</u>	<u>12 40</u>	<u>5 50</u>
<u>Jose Martinez</u>	<u>JM</u>	<u>224919</u>		<u>7 00</u>	<u>12 00</u>	<u>7 22</u>	<u>11 59</u>
				<u>12 30</u>	<u>6 00</u>	<u>12 40</u>	<u>5 59</u>
<u>Garrido Francisco</u>		<u>Acs</u>		<u>7 00</u>	<u>12 00</u>	<u>7 22</u>	<u>11 59</u>
				<u>12 30</u>	<u>6 00</u>	<u>12 40</u>	<u>5 45</u>

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196 Job Name Madison City Police Midtown  
 Date 10-25-16 Supervisor Name Mario Cruz Cert # ACS16876

Work Area Location: Basement Room Hall - youth room 107-108  
 Description of Work Performed: Final Cleanup on R-Hall and start To Remove on Room 107-108 Bagged Bagout

Type of Material Removed:  
Floor Tile mastic

Glovebag  
 Linear Feet  Fittings

Number of Bags Removed:

Safety Meeting Conducted TSE Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading		Third Reading		Fourth Reading	
Time	Readout	Time	Readout	Time	Readout	Time	Readout
12:00	-0.24						

I certify that I have inspected the critical barriers at the start and end of the shift.  
 Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

Jrc  
 Foreman Signature



Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Mario Cruz	Jrc	ACS 16876		7:00	12:00		
				12:30	6:00		
Jaguarito	[Signature]	186952		7:00	12:00	7:10	12:00
Gunn, D.J.	[Signature]			12:30	6:00	12:30	5:29
Isael	Isael	119915		1:30	5:30	1:40	5:29
Daniel Sanchez	Daniel Sanchez						
Jose Martinez	[Signature]	224915		7:00	12:00	7:10	12:00
				12:30	6:00	12:49	5:29
Mariano	Mariana	18221		7:00	12:00	7:10	12:00
Bu. GOS	BURGOS			12:30	6:00	12:50	5:29
Pedro D.	Pedro D.	183462		1:00	11:00	1:30	4:20
Gonzalez	Gonzalez						
Pedro Cruz	Pedro Cruz	AWW 110523		7:00	12:00	7:10	12:00
				12:30	6:00	12:45	5:29

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

page 2

Job # 16196  
Date 10-25-16

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Gustavo A Soriano		AWW 103378		1 00	5 30		
Kevin A Jof		186998		1 00	5 30	1:30	4 10

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

# ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196 Job Name City Madison police Midtown  
 Date 10-26-16 Supervisor Name Mario Cruz Cert # ACS 16876

Work Area Location Basement Room youth - 107-108 Corridor  
 Description of Work Performed To Removal Bagged Bagged

Type of Material Removed: <u>Floor tile mastic</u>	Glovebag		Number of Bags Removed:
	Linear Feet	Fittings	

Safety Meeting Conducted 7:57 Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading		Third Reading		Fourth Reading	
Time	Readout	Time	Readout	Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.  
 Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_  
 Foreman Signature [Signature]

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Mario Cruz	[Signature]	ACS 16876		7:00	12:00		
				12:00	6:30		
Mario Carrillo	[Signature]	16452		7:00	12:00	7:15	12:00
				12:00	6:30	12:45	6:25
Mariano Burgos	Mariano Burgos	181221		7:00	12:00	7:15	12:00
				12:00	6:30	12:45	6:25
Jonathan Trejo	[Signature]	ACS 212314		7:00	12:00	7:15	12:00
				12:30	6:30	12:45	6:25
Leonardo Sanchez	Leonardo Sanchez	141342		7:00	12:00	7:15	12:00
				12:30	6:30	12:45	6:25
Jose Martinez	[Signature]	224918		7:00	12:00	7:15	12:00
				12:30	6:30	12:45	6:29
Esteban Landa	[Signature]	224772		12:30	6:30	1:10	6:30
Maximino Joy	Maximino Joy	121258		12:30	6:30	1:00	6:30

# ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196 Job Name City madison police Midtown-  
 Date 10-27-16 Supervisor Name Maria Cruz Cert # ACS16876

main chapel Boiler Room  
 Work Area Location

Description of Work Performed

Type of Material Removed: <u>Floor Tile mastic</u>	Glovebag		Number of Bags Removed: <input type="text"/>
	Linear Feet	Fittings	

Safety Meeting Conducted TSE Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading		Third Reading		Fourth Reading	
Time	Readout	Time	Readout	Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.  
 Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

J2  
 Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
<u>Mario Cruz</u>	<u>J2</u>	<u>ACS 16876</u>		<u>7 00</u>	<u>12 00</u>		
				<u>12 30</u>			
<u>JANUARIO</u>	<u>[Signature]</u>	<u>105454</u>		<u>7 00</u>	<u>12 00</u>	<u>7 20</u>	<u>12 00</u>
<u>Carrillo</u>				<u>12 30</u>		<u>12 45</u>	
<u>Esteban Lora</u>	<u>[Signature]</u>	<u>224778</u>		<u>7 00</u>	<u>12 00</u>	<u>7 20</u>	
				<u>12 30</u>		<u>12 45</u>	
<u>Leonardo</u>	<u>Leonardo</u>	<u>141342</u>		<u>7 00</u>	<u>12 00</u>		
<u>Sánchez</u>	<u>Sánchez</u>			<u>12 30</u>		<u>12 45</u>	
<u>GUSTAW A</u>	<u>[Signature]</u>	<u>SWW</u>		<u>7 00</u>	<u>12 00</u>		
<u>SORIANO</u>		<u>103379</u>		<u>12 30</u>		<u>12 45</u>	
<u>Maximino Jop</u>	<u>Maximino Jop</u>	<u>121258</u>		<u>7 00</u>	<u>12 00</u>		
				<u>12 30</u>		<u>12 45</u>	
<u>Eloy Perez</u>	<u>Eloy Perez</u>	<u>218201</u>		<u>7 00</u>	<u>12 00</u>		
				<u>12 30</u>			

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

page 2

Job # 16196  
Date 10-27-16

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	out
Mariano Burgos	Mariano Burgos	181221		7:00	12:00		
				12:30		12:45	
Mario Velasquez	A	123925		7:00	12:00		
				12:30		12:45	
Amor Mejia	Amor Mejia	207133		7:00	12:00		
				12:30		12:45	
Jose Martinez	A	224915		7:00	12:00		
				12:30		12:45	

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

page 2

Job # 16196  
Date 10-27-16

Removal TSI pipe Glovebag Method.

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	Out
Soriano Gustavo		103378				7 20	12 00
Sanchez Leonardo		141342				7 20	12 00

# ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

Job # 16196 Job Name City of Madison Police Midtown

Date 10-28-16 Supervisor Name Carlos Chavez Cert # 223450

Mechanical Room  
Work Area Location

Clean pipes  
Description of Work Performed

Type of Material Removed:

Glovebag	
Linear Feet	Fittings

Number of Bags Removed:

Safety Meeting Conducted \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Negative pressure (manometer) check complete 4 times per 10 hours shift

First Reading		Second Reading	
Time	Readout	Time	Readout

Third Reading		Fourth Reading	
Time	Readout	Time	Readout

I certify that I have inspected the critical barriers at the start and end of the shift.

Abatement Started at \_\_\_\_\_ and Ended at \_\_\_\_\_

\_\_\_\_\_  
Foreman Signature

Other Comments \_\_\_\_\_

Worker Name Printed	Signature	Cert #	Reason	Daily		Regulated Area	
				In	Out	In	Out
Eloy Perez	Eloy Perez	218801	Clean Load Supplies - And Load	7:00	12:00	7:30	11:00
				12:30	6:30		
Mariano Burgos	Mariano Burgos		↓	7:00	12:00	7:30	12:00
				12:30	6:30		
Mario Velasquez	[Signature]	123925		7:00	12:00	7:30	12:00
				12:30	6:30		
Carlos Chavez	Carlos Chavez	223450		7:00	12:00	7:30	11:00
				12:30	6:30		
Pedro D. Gonzalez	Pedro D. Gonzalez	183462		7:00	12:00	7:30	11:00
				12:30	6:30		
Esquivel Omar	Esquivel Omar	107920		7:00	3:30		
OMAR SOP	OMAR SOP	13711		7:00	12:00	7:30	11:00
				12:30	6:30		



Scott Walker  
Governor

Linda Seemeyer  
Secretary  
October 31, 2016



**State of Wisconsin**  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2659  
MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

ESEQUIEL CRUZ  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# ACS-107920

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

You must have this card with you whenever you are at a regulated asbestos or lead work site.

**Renewing Your Certification**

You may not perform regulated asbestos or lead activities after the expiration date on your card.

Asbestos Disciplines: Schedule your *annual* asbestos refresher training 30-90 days before your training due date and submit your renewal application online or by mail **at least one month before your current card expires.**

Lead Disciplines: Schedule your lead refresher training up to 12 months before the training due date and submit your renewal application online or by mail **at least one month before your current card expires.**

Submit your renewal application by mail if paying by check or money order, or online at [www.dhs.wisconsin.gov/waldo](http://www.dhs.wisconsin.gov/waldo) if paying by VISA or MasterCard credit or debit card.

**Certified Company Affiliation**

You must be affiliated with an appropriately certified Asbestos, Exterior Asbestos, Lead or Lead-Safe Company by ownership, employment or contract before you may perform regulated lead or asbestos work in Wisconsin. Contact the Asbestos and Lead Section for more information.

**To Update Information and Apply Online**

You may make changes to your mailing address, other contact information, or your employer information by going to [www.dhs.wisconsin.gov/waldo](http://www.dhs.wisconsin.gov/waldo) and selecting Asbestos and Lead Online Certification. You may also send changes in writing to the Asbestos and Lead Section at the address below.

Asbestos and Lead Section, Room 137  
P.O. Box 2659  
Madison WI 53701-2659

Phone: (608) 261-6876  
Email: [dhasbestoslead@wi.gov](mailto:dhasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

**ASBESTOS SUPERVISOR**  
Issued By  
**STATE OF WISCONSIN**  
Dept. of Health Services

Esequiel Cruz  
220 Raemisch Rd  
Waunakee WI 53597-9663

ACS-107920	Exp: 10/23/2017	170 lbs	5' 10"
		02/18/1981	Male

Training due by: 10/23/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary June 6, 2016



**State of Wisconsin**  
Department of Health Services

**DIVISION OF PUBLIC HEALTH**

1 WEST WILSON STREET

P O BOX 2659  
MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

OMAR JOP  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# AWW-13711

RECEIVED JUN 09 2016

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

You must have this card with you whenever you are at a regulated asbestos or lead work site.

**Renewing Your Certification**

You may not perform regulated asbestos or lead activities after the expiration date on your card.

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Lead Disciplines: Schedule your lead refresher training up to 12 months before the training due date and submit your renewal application online or by mail **at least one month before your current card expires.**

Submit your renewal application by mail if paying by check or money order, or online at [www.dhs.wisconsin.gov/waldo](http://www.dhs.wisconsin.gov/waldo) if paying by VISA or MasterCard credit or debit card.

**Certified Company Affiliation**

You must be affiliated with an appropriately certified Asbestos, Exterior Asbestos, Lead or Lead-Safe Company by ownership, employment or contract before you may perform regulated lead or asbestos work in Wisconsin. Contact the Asbestos and Lead Section for more information.

**To Update Information and Apply Online**

You may make changes to your mailing address, other contact information, or your employer information by going to [www.dhs.wisconsin.gov/waldo](http://www.dhs.wisconsin.gov/waldo) and selecting Asbestos and Lead Online Certification. You may also send changes in writing to the Asbestos and Lead Section at the address below.

Asbestos and Lead Section, Room 137  
P.O. Box 2659  
Madison WI 53701-2659  
Phone: (608) 261-6876  
Email: [dhsasbestoslead@wi.gov](mailto:dhsasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services

Omar Jop  
220 Raemisch Rd  
Waunakee WI 53597-9663

AWW-13711	Exp: 05/07/2017	165 lbs	5' 04"
		10/10/1978	Male

Training due by: 05/07/2017

Scott Walker  
Governor



**State of Wisconsin**  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2659  
MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

Kitty Rhoades  
Secretary August 11, 2016

AUG 15 2016

CARLOS DANIEL CHAVEZ  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# ACS-223450

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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Asbestos and Lead Section, Room 137  
P.O. Box 2659  
Madison WI 53701-2659

Phone: (608) 261-6876  
Email: [dhsasbestoslead@wi.gov](mailto:dhsasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS SUPERVISOR  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services

Carlos Daniel Chavez  
220 Raemisch Rd  
Waunakee WI 53597-9663

ACS-223450	Exp: 08/21/2017	230 lbs	5' 10"
		02/07/1993	Male

Training due by: 08/21/2017

Scott Walker  
Governor

MAY 16 2016



**State of Wisconsin**  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2659  
MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

Kitty Rhoades  
Secretary May 13, 2016

JHONNY JHOAN HERNANDEZ DANIEL  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# ACS-120649

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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Asbestos and Lead Section, Room 137  
P.O. Box 2659  
Madison WI 53701-2659

Phone: (608) 261-6876  
Email: [dhsasbestoslead@wi.gov](mailto:dhsasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS SUPERVISOR  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services  
Jhonny Jhoan Hernandez Daniel  
220 Raemisch Rd  
Waunakee WI 53597-9663

ACS-120649	Exp: 05/05/2017	192 lbs	5' 06"
		09/21/1989	Male

Training due by: 05/05/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary June 6, 2016



**State of Wisconsin**  
Department of Health Services

DIVISION OF PUBLIC HEALTH  
1 WEST WILSON STREET  
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MADISON WI 53701-2659  
Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

MARIANO BURGOS  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# AWW-181221

RECEIVED JUN 09 2016

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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**ASBESTOS WORKER**  
Issued By  
**STATE OF WISCONSIN**  
Dept. of Health Services

Mariano Burgos  
220 Raemisch Rd  
Waunakee WI 53597-9663

AWW-181221	Exp: 05/30/2017	135 lbs	5' 03"
		10/25/1986	Male

Training due by: 05/30/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary



**State of Wisconsin**  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

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MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

September 1, 2016

JOSE ANGEL MARTINEZ PABLO  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663



ID# AWW-224915

BY: .....

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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Madison WI 53701-2659

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**ASBESTOS WORKER**  
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**STATE OF WISCONSIN**  
Dept. of Health Services

Jose Angel Martinez Pablo  
220 Raemisch Rd  
Waunakee WI 53597-9663

AWW-224915	Exp: 10/16/2017	143 lbs	5' 05"
		09/24/1984	Male

Training due by: 10/16/2017

**ASBESTOS WORKER**

Issued By

**STATE OF WISCONSIN**  
Dept. of Health Services

**Mauro Velasquez Velasquez**  
1904 S Layton Blvd  
Milwaukee WI 53215-2220



AWW-123925	Exp: 12/22/2016	150 lbs	5' 03"
		03/02/1989	Male

Training due by: 12/22/2016

Scott Walker  
Governor

Kitty Rhoades  
Secretary



State of Wisconsin  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2659  
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FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

September 1, 2016

JANUARIO GARRIDO VIEYRA  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663



ID# AWW-106452

BY: .....

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services

Januario Garrido Vieyra  
220 Raemisch Rd  
Waunakee WI 53597-9663

AWW-106452	Exp: 11/15/2017	175 lbs	5' 09"
		06/20/1954	Male

Training due by: 11/15/2017



Scott Walker  
Governor

Kitty Rhoades  
Secretary June 6, 2016



**State of Wisconsin**  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

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Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

TERESA CRUZ MENDOZA  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# AWW-212375

RECEIVED JUN 09 2016

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services

Teresa Cruz Mendoza  
220 Raemisch Rd  
Waunakee WI 53597-9663

AWW-212375	Exp: 07/18/2017	135 lbs	4' 11"
		05/20/1971	Female

Training due by: 07/18/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary

APR 15 2016



State of Wisconsin  
Department of Health Services

April 12, 2016

MARIO CRUZ VARGAS  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# ACS-16876

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2859  
MADISON WI 53701-2859

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

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Madison WI 53701-2659  
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Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)



ASBESTOS SUPERVISOR  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services  
Mario Cruz Vargas  
220 Raemisch Rd  
Waunakee WI 53597-9663

ACS:16876	EXP: 04/29/2017	01/19/1274	5' 01"
Training due by: 04/29/2017		125 lbs	MALE

ond Reading / check complete 4 times per 10 hours shift



**ASBESTOS WORKER**

Issued By

**STATE OF WISCONSIN**  
**Dept. of Health Services**

Juan C Jasso Medina

2070 S 7th St

Milwaukee WI 53204-3920

154 lbs

5' 04"

AWW-232814

Exp: 07/08/2017

10/10/1986

Male

Training due by: 07/08/2017

Scott Walker  
Governor

APR 04 2016



DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2659  
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dhs.wisconsin.gov

Kitty Rhoades  
Secretary

State of Wisconsin  
Department of Health Services

March 31, 2016

PEDRO CRUZ VARGAS  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# AWW-110523

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services

Pedro Cruz Vargas  
220 Raemisch Rd  
Waunakee WI 53597-9663

AWW-110523	Exp: 06/09/2017	130 lbs	5' 06"
		10/27/1983	Male

Training due by: 06/09/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary June 6, 2016



State of Wisconsin  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

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RECEIVED JUN 09 2016

CRESCENCIANO LARA MARTINEZ  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# AWW-111246

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

	ASBESTOS WORKER		
	Issued By STATE OF WISCONSIN Dept. of Health Services		
Crescenciano Lara Martinez 220 Raemisch Rd Waunakee WI 53597-9663			
		170 lbs	5' 01"
AWW-111246	Exp: 05/07/2017	11/24/1972	Male

Training due by: 05/07/2017

Scott Walker  
Governor



**State of Wisconsin**  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

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dhs.wisconsin.gov

Kitty Rhoades  
Secretary June 6, 2016

RECEIVED JUN 09 2016

JUAN GARCIA MORALES  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# AWW-116205

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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Submit your renewal application by mail if paying by check or money order, or online at [www.dhs.wisconsin.gov/waldo](http://www.dhs.wisconsin.gov/waldo) if paying by VISA or MasterCard credit or debit card.

**Certified Company Affiliation**

You must be affiliated with an appropriately certified Asbestos, Exterior Asbestos, Lead or Lead-Safe Company by ownership, employment or contract before you may perform regulated lead or asbestos work in Wisconsin. Contact the Asbestos and Lead Section for more information.

**To Update Information and Apply Online**

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Asbestos and Lead Section, Room 137  
P.O. Box 2659  
Madison WI 53701-2659

Phone: (608) 261-6876  
Email: [dhasbestoslead@wi.gov](mailto:dhasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services

Juan Garcia Morales  
220 Raemisch Rd  
Waunakee WI 53597-9663

	155 lbs	5' 06"
AWW-116205	Exp: 05/30/2017	02/14/1965
		Male

Training due by: 05/30/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary

APR 04 2016



State of Wisconsin  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2659  
MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

March 31, 2016

ISAUL DANIEL SANCHEZ  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# AWW-119915

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

You must have this card with you whenever you are at a regulated asbestos or lead work site.

**Renewing Your Certification**

You may not perform regulated asbestos or lead activities after the expiration date on your card.

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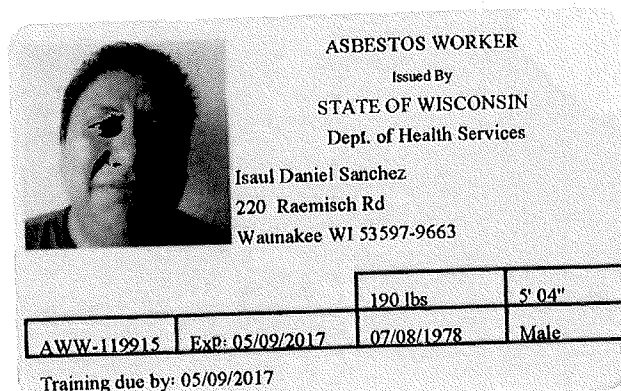
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P.O. Box 2659  
Madison WI 53701-2659  
Phone: (608) 261-6876  
Email: [dhasbestoslead@wi.gov](mailto:dhasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)



ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services

Isaul Daniel Sanchez  
220 Raemisch Rd  
Waunakee WI 53597-9663

AWW-119915	Exp: 05/09/2017	190 lbs	5' 04"
		07/08/1978	Male

Training due by: 05/09/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary



State of Wisconsin  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2659  
MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

September 1, 2016

PEDRO D GONZALEZ MANGUAL  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663



ID# AWW-183462

BY: .....

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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Asbestos and Lead Section, Room 137  
P.O. Box 2659  
Madison WI 53701-2659

Phone: (608) 261-6876  
Email: [dhsasbestoslead@wi.gov](mailto:dhsasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services  
Pedro D Gonzalez Mangual  
220 Raemisch Rd  
Waunakee WI 53597-9663

	150 lbs	5' 06"
AWW-183462	Exp: 10/10/2017	10/15/1984 Male

Training due by: 10/10/2017



Scott Walker  
Governor

Kitty Rhoades  
Secretary



State of Wisconsin  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2659  
MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

September 1, 2016

GUSTAVO A SORIANO  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663



ID# AWW-103378

BY: .....

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

You must have this card with you whenever you are at a regulated asbestos or lead work site.

**Renewing Your Certification**

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P.O. Box 2659  
Madison WI 53701-2659  
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Email: [dhsasbestoslead@wi.gov](mailto:dhsasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services  
Gustavo A Soriano  
220 Raemisch Rd  
Waunakee WI 53597-9663

AWW-103378	Exp: 09/26/2017	150 lbs	5' 07"
		12/22/1954	Male

Training due by: 09/26/2017


with an appropriately certified Asbestos, Lead or Lead-based paint contractor. Before you may perform regulated lead or asbestos work, you must be certified by the State of Wisconsin. Contact the Asbestos and Lead Section for more information.

**Apply Online**  
to your mailing address, other contact information, or your employer  
[www.dhs.wisconsin.gov/waldo](http://www.dhs.wisconsin.gov/waldo) and selecting Asbestos and Lead Online  
Also send changes in writing to the Asbestos and Lead Section at the

Room 137

wi.gov  
nsin.gov

**ASBESTOS WORKER**  
 Issued By  
**STATE OF WISCONSIN**  
 Dept. of Health Services



Kevin Alexandre Jop Vasconcelos  
 1830 W Lincoln Ave Lowr  
 Milwaukee WI 53215-2651

AWW-186998	Exp: 05/11/2017	16/30/1977	210 lbs	6' 00"
------------	-----------------	------------	---------	--------

Training due by: 05/11/2017

Ave. 532  
m.  
-6 p.m.  
p.m.  
e. 5320

10:12 ST:200

Scott Walker  
Governor

Kitty Rhoades  
Secretary  
May 13, 2016



State of Wisconsin  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2659  
MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

JONATAN ALEXIS TREJO BELTRAN  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

MAY 16 2016

ID# ACS-212314

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

You must have this card with you whenever you are at a regulated asbestos or lead work site.

**Renewing Your Certification**

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Asbestos and Lead Section, Room 137  
P.O. Box 2659  
Madison WI 53701-2659

Phone: (608) 261-6876  
Email: [dhasbestoslead@wi.gov](mailto:dhasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS SUPERVISOR  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services  
Jonatan Alexis Trejo Beltran  
220 Raemisch Rd  
Waunakee WI 53597-9663

ACS-212314	Exp: 04/15/2017	148 lbs	5' 04"
		11/20/1995	Male

Training due by: 04/15/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary



State of Wisconsin  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

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Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

September 1, 2016

LEONARDO SANCHEZ HERNANDEZ  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663



ID# AWW-141342

BY: .....

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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P.O. Box 2659  
Madison WI 53701-2659

Phone: (608) 261-6876  
Email: [dhsasbestoslead@wi.gov](mailto:dhsasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

**ASBESTOS WORKER**  
Issued By  
**STATE OF WISCONSIN**  
Dept. of Health Services

Leonardo Sanchez Hernandez  
220 Raemisch Rd  
Waunakee WI 53597-9663

AWW-141342	Exp: 09/26/2017	144 lbs	5' 10"
		01/18/1984	Male

Training due by: 09/26/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary



State of Wisconsin  
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET

P O BOX 2659  
MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

September 1, 2016

ESTEBAN LANDA SANCHEZ  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

RECEIVED  
SEP 06 2016

ID# AWW-224778

BY: .....

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

You must have this card with you whenever you are at a regulated asbestos or lead work site.

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Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services  
Esteban Landa Sanchez  
220 Raemisch Rd  
Waunakee WI 53597-9663

	160 lbs	5' 06"
AWW-224778	Exp: 10/10/2017	08/01/1979
		Male

Training due by: 10/10/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary



State of Wisconsin  
Department of Health Services

DIVISION OF PUBLIC HEALTH

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dhs.wisconsin.gov

January 7, 2016

MAXIMINO JOP SANDOVAL  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

JAN 11 2016

ID# AWW-121258

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

You must have this card with you whenever you are at a regulated asbestos or lead work site.

### Renewing Your Certification

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### Certified Company Affiliation

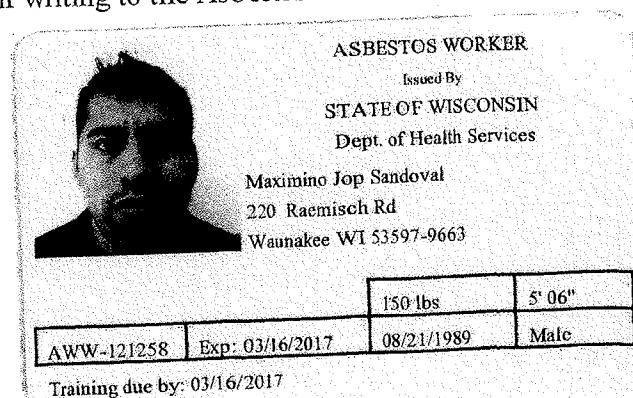
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Madison WI 53701-2659

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Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)



DIVISION OF PUBLIC HEALTH

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TTY: 888-701-1253  
dhs.wisconsin.gov



State of Wisconsin  
Department of Health Services

Scott Walker  
Governor

APR 04 2016

Kitty Rhoades  
Secretary

March 31, 2016

ELOY PEREZ PEREZ  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

ID# AWW-218801

**Congratulations,** your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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**Renewing Your Certification**

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Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services

Eloy Perez Perez  
220 Raemisch Rd  
Waunakee WI 53597-9663

AWW-218801	Exp: 03/20/2017	150 lbs	5' 03"
		10/22/1974	Male

Training due by: 03/20/2017

Scott Walker  
Governor

Kitty Rhoades  
Secretary



**State of Wisconsin**  
Department of Health Services

**DIVISION OF PUBLIC HEALTH**

1 WEST WILSON STREET

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MADISON WI 53701-2659

Telephone: 608 266-1251  
FAX: 608 267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

January 7, 2016

OMAR MEJIA MARTINEZ  
220 RAEMISCH RD  
WAUNAKEE WI 53597-9663

JAN 1 1 2016

ID# AWW-207133

**Congratulations**, your new card for Wisconsin asbestos or lead certification is enclosed. Please contact our office immediately if any of the information on the card is incorrect.

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Email: [dhasbestoslead@wi.gov](mailto:dhasbestoslead@wi.gov)  
Internet: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)



ASBESTOS WORKER  
Issued By  
STATE OF WISCONSIN  
Dept. of Health Services  
Omar Mejia Martinez  
220 Raemisch Rd  
Waunakee WI 53597-9663

		195 lbs	6' 03"
AWW-207133	Exp: 02/14/2017	10/02/1983	Male

Training due by: 02/14/2017