Robinson Brothers Environmental, Inc. TRANSMITTAL

			From Date	Tilly Ziegler 11/8/2016
	CITY OF MADISON			
	210 MARTIN LUTHE	CR KING JR BLVD	Job	16196-1
	MADISON	WI 53703	Description	CITY OF MADISON POLICE MIDTOWN
	EMAIL TO:			
	Enclosed please f	ind:		
]			
	SUBMITTALS: Please	e retain for your records		
x	Notice	7		
x	Manifest			
Х	Insurance Cert			
х	Daily Logs			
x	Worker Licenses	_		
	other	J		
Additio	onal Remarks:			

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

Project No:



Page:

Bureau of Air Management

PROJECT INFORMATION

Abatement Contractor

16196-1

Notification ID:

17-1198

Notification Status:

Submitted

Notification Type:

Revised

Project Type:

Invoice to:

Abatement/Demolition

Insp Start Date:

01/27/2014

SOPHA KIM No:1851

Insp End Date:

09/17/2015

Inspector: **Asbestos Present:**

Yes 09/22/2016

Postmark Date: **Abtment Start Date:**

10/10/2016

10/24/2016

Abtment End Date: 12/30/2016 03/31/2017

Ren/Dem Start Date: Working Days:

Mo, Tu, We, Th, Fr

Ren/Dem End Date:

Start Hours:

7:00 AM

End Hours:

3:30 PM

Ordered Demolition: Emergency:

No

No

Emergency Date: 4016 Mineral Point Rd - Floor tile in breezeway, floor mastic under

Project

Schedule/Comments: 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.

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

FACILITY INFORMATION

Commercial Name:

Address 1: 4016 and 4018 Mineral Point Road

Address 2:

DANE County: City: Madison

Zip Code: 53705

Prior Use: **Current Use:** Vacant Commercial Age: 67 Size (sqft): 29672 Unit No: Stories No: 1

Contact: Phone No:

NO Single family home/garage/less than 5 apartment units?: Does the project have two or more houses as part of an urban NO

renewal, commercial, or a highway construction project?:

Owner Name: City of Madison

Address 1: 210 Martin Luther King Jr. Blvd, Room 115

Address 2:

State: WI City: Madison

Zip Code: 53703

Contact: Randall Wiesner Phone No: 608-266-4366

Email: RWiesner@citvofmadison.com

Asbestos Notification Summary 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: Work Practices:

Wet removal, conventional demolition.

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

Asbestos Notification Summary

State of Wisconsin Department of Natural Resources

Bureau of Air Management



3

Page:

TRANSPORT INFORMATION

Contractor:

Advanced Disposal-Waunakee

Address 1:

300 Raemisch Rd

Address 2:

City: State: Waunakee WI

County: Zip Code:

Contact: E-mail:

Scott Kleinhans scott.kleinhans@advanceddisposal.co

Phone No: 414-807-7101

DANE

53597

DISPOSAL INFORMATION

Disposal Site:

Mallard Ridge Recycling & Disposal

Address 1:

W8470 Hwy 11

Address 2:

Delavan

County:

Walworth 53115-

City: State:

WI

Zip Code: Phone No:

262-724-3257

Contact: E-mail:

FEE INFORMATION

700 Fee:

Paid:

Date:

Owed:

Reported Agency: DEPARTMENT OF NATURAL RESOURCES

						1
	WASTE SHIPMENT RECORD/ASBESTO	SMA	ANIFEST		For Disp	osal Site Use Only
	(See Reverse for Instructions) 1-A.Special Waste Profile Number NESHAP Notified		WSR Number		Elevation	1
	AMRL2011-03 (prable) VES NO	o ^x	n alia legodeio dai S	5338	North	East
	1-B. Generator Name, Contact Name, and Complete Mailing Address (i	including	Zip Code)	i-C.	Generator's	Phone Number
4	16196-1 CITY OF MADISON	HOUNT	e autgedeadó autora o	mina filoy	08-	266-4941
(9)	1-D. Work Site Address	BLV	D, MADISON, WTS	1703	24 Hour Em	ergency Response
	CITY OF MADISON POLICE MO	DTO	WN at which eathers will	lillios Larif	Telephone N	lumber
	2. Operator's Name and Complete Mailing Address	COAD	MADISON, WI 532	175	ator's Phone	849-6980 Number
	Designation Robinson Brothers Environmental	D saen	DUB DIS SINE SITU BU			849-6980
	3. Waste Disposal Site (WDS) Name and Complete Mailing Address	5259	7 ogen avisados ed s	mine char	Phone Num	anonan frans
	Mallard Ridge Landfill		the Landau St	4.2		ar aretalarde
Generator	4. Name and Address of Responsible Agency	7 53 11	nysical site localich 🐉	ss and plant	262	1-724-3257
Gen	DNR AIR MANAGEMENT-South	Cent	val REgion	sandishe	ine is	A Provincine of
	5. Description of Materials	WI	33711 ST GIETE ENT 10		ntainers	7. Total Quantity
	friable asbestos	. NA2212	2. Asbestos, 9, PGIII	No.	Туре	yd3
t/a	shestoe, that when dry can ix drumbled, universi-	6 001	containing more than	395	BA	395 g/z
	non-friable asbestos Cat		Cat II		William I in	remanded
	Special Handling Instructions and Additional Information HOUR NOTICE GIVEN PRIOR TO DISPOSAL, MUST BE	E BURIE	an ^{(a} s appealos _{al} o	N. CHORD	emente	p alsoparo - , · · · ·
	GENERATOR/OPERATOR'S CERTIFICATION: I hereby declare that ping name and are classified, packed, marked, and labeled, and are in and government regulations. I hereby certify that the asbestos is not contained.	all respec	cts in proper condition for transport	ort by highway	according t	
1	Printed/Typed Name and Title Sig	nature	off Component of	Deau an	-00 (a/h)	Date
-	mario anz	eming	14-10	alense.	emuna o	10-20-16
	10. Transporter 1 Company Name profiles with a specific COUNTRY SANITA	TYCON	Driver Signature	slented	Stational	BISM - JACI
	Complete Mailing Address	81 161	John W. Og	neto	/litrisup	Emer for total
	RT 3 Hollamolni legonga BOSCOBEL WI 53805	ge. d	Printed Name and Title	naga ats:	shot of	endas aut dell M
er	Telephone Number (including area code)	-	Joshua W. Je	rrett	Roll-0	of Driver
Transporter	11. Transporter 2 Company Name	MANITE	Driver Signature	-	a Idiana	i in area alin ei
Tran	or of each transporter used. Print or type full name	admu	BRUITER DOE SEED		an) - ma ame, co	stansporter secu 10. & 1 L. Enter n
	Complete Mailing Address	oe bri	spling responsibility			
	celpt and signature.	Jest LO	Printed Name and Title	of byoden	141 = 11 (CH)	e eneew
no t	Telephone Number (including area code)	BINI B	Date	ET & ST	enan: enan:	nortans lesogeit
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Disposal Site	13. Waste Disposal Site Owner or Operator	A page	2MW bestientus anti-		w) aiute	W. Enlarche signi
Dispo	Certification of receipt of asbestos materials covered by t Printed/Typed Name and Title Sig	this manif	lest except as noted in Item 12.	B Jesoxa	laslinen	Date
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	WASTE SHIPMENT RECORD/ASBESTO (See Reverse for Instructions)	OS MANIFEST	For Disp	osal Site Use Only
	1- A.Special Waste Profile Number NESHAP Notified	WSR Number	Elevation)
	AMRL2011-037 (friable) YES N	95	337 North	East
	1-B. Generator Name, Contact Name, and Complete Mailing Address (D 1 97	1-C. Generator's	seleveno-kelselä
	1-b. Generator Name, Contact Name, and Complete Maining Address ((including zip code)	1-0. Generators	Filone Number
100	16196-1 CITY OF MADISON	n truttered was well as the action of	408-	255 -2345
	1-D. Work Site Address	BLVD, MADISON, WI 537	13	ergency Response
	as unlined and sharper available and lines between a	only at which deniented appropriate re-	Telephone N	
	CITY OF MADISON POLICE MI		DO OF DAY	1-849-1-980 IN
	2. Operator's Name and Complete Mailing Address		Operator's Phone	Number
	Robinson Brothers Environmenta	enter the nume and address (ADDEVOTE 608	849-6980
1	Waste Disposal Site (WDS) Name and Complete Mailing Address	53597 A STATE OF THE STATE OF T	WDS Phone Num	phone foege
	Mallard Ridge Landfill	The state of the s	Weet Holle Hall	at atsudoidde
tor	Il provisos W3470 State Road 11, Delavan, W.	7 53115 Suite Solvens lanlaydo	ors saenborg62	1-724-3257
Generator	4. Name and Address of Responsible Agency	anti tekna akste jaawaqii aminqare	महाकृति क्षा कर	elemisorași (an .)
Ge	DNR AIR MANAGEMENT-South		une and addres	Provide me na
	5. Description of Materials	3 W 32731	6. Containers	7. Total Quantity
-		te mastic	No. Type	yd3
bs	friable asbestos	Q, NA2212, Asbestos, 9, PGIII	298 BA	29 8
	non-friable asbestos Ca	at I Cat II and phe	lo powder.by	resulting to
- 1	Special Handling Instructions and Additional Information	Later transfer to the second second	yas zakanul 6	during the
	24 HOUR NOTICE GIVEN PRIOR TO DISPOSAL, MUST B	BE BURIED		HILLS AND
100	9. GENERATOR/OPERATOR'S CERTIFICATION: I hereby declare the			
	I pind name and are classified backed marked and labeled and are in	all respects in proper condition for transport b	ov highway according t	o applicable international
	ping name and are classified, packed, marked, and labeled, and are in and government regulations. I hereby certify that the asbestos is not co			o applicable international
9	and government regulations. I hereby certify that the asbestos is not co		special waste.	Date
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g.	and government regulations. I hereby certify that the asbestos is not converted. Printed/Typed Name and Title 10. Transporter 1 Company Name	ontaminated with hazardous, POB, and/or any ignature Driver Signature	special waste.	Date
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DCE-230-97



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 liquid fauch endorsement(s)

PRODUCER M3 Insurance Solutions, Inc. 828 John Nolen Drive Madison WI 53713 INSURED Robinson Brothers Environmental, Inc. 220 Raemisch Road Waunakee WI 53597 COVERAGES CERTIFICATE NUMBER: 163436300 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE B PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE A TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS				risha #: ROBI INS Berkle	88.2805 .stark@m3 .EB-1 URER(S) AFFOR y Regiona NSURED NAME TOR OTHER	ins.com DING COVERAGE 1 Specialty Ins REVISION NUMBER: ED ABOVE FOR THE POLICY DOCUMENT WITH RESPECT	NAIC#
·	ADDL SUBR						
LTR TYPE OF INSURANCE	INSR WVD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMITS	3
	Y	ECP2016853-10 BAP2016851-10	1/1/	2016	1/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000 \$100,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000 \$ \$1,000,000
ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICL Project: 16196-1/City of Mad. City of Madison is additional	ison P	olicy Midtown, 401	6 & 4018	Mine	ral Point	Road, Madison, W required by writt	I 53705. en contract.
CERTIFICATE HOLDER			CANCELL	ATION			
City of Madison 210 Martin Luther Ki Madison WI 53705	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 Mario Onz Cert # Acs 16876 Job# 16196 Job Name Date 10-10-16 Supervisor Name Olegn Up Type of Material Removed Glovebag Number of Bags Removed: Fittings Linear Feet -loor file/mostic Safety Meeting Conducted Start Time End Time Negative pressure (manometer) check complete 4 times per 10 hours shift Second Reading Third Reading Fourth Reading Time Readout Time Readout 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 Out In out 00 17064 00 274915 Maryo 123925 Velasque2 45 00 00 20:\Users\Mario Cruz\Documents\Daily Project Log2015 00

ROBINSON BRO	THERS ENVIRO				,			11.	/
Job # <u>/6/96</u> Date <u>/0-//-/</u>		Name /	City o	Cn 3	ladisi	on Pe ert#	Acs 16	11d	town
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Floor tile mas				_End Time)				
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Time Readout	Time Readout		Time	Readout		ime	Readout		
I certify that I have inspect Abatement Started at			end of the shi	ft.	F	oreman S	l ignature		
Other Comments	<u> </u>	0.4#			D - 21		Banda		
Worker Name Printed	Signature	Cert #	Reason	[64	Dail:	Out	Regula		out
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Jose Marting ?	12	- 2249/S		7	00 /	1 00	11 40	5	29
				//_	301				
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Mario Cruz	fiz	ACS 16876		7	300	1 00	,		
	C:\Users	s\Mario Cruz\Do	cuments\Dail\	Project Lo	og2015				

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG Mario Cras Cert # ACS 16876 Job#/6196 Job Name Supervisor Name Glovebag Number of Bags Removed: Type of Material Removed: Linear Feet Fittings Floor Tiles Safety Meeting Conducted _____End Time ____ Start 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 Cert # Regulated Area Signature Reason Daily Out out 00 58 45 58

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG City of Madison police Midtain Job# 16196 Job Name Date 10-13-16 Supervisor Name Glovebag Number of Bags Removed: Type of Material Remoyed: Fittings Linear Feet =100x Tile Safety Meeting Conducted Start Time_ End Time Negative pressure (manometer) check complete 4 times per 10 hours shift Second Reading First 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 Out 00 00 00 Martinez 229715 10 0 00 00 10 00 10

Job# <u>/ 6/96</u>			Oity					lice	e M	idta
Date 10-17-	16 Supervis	or Name	mar	To Ca	8	Cert #	Ac	516	87	6
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certify that I have inspec			end of the sl	hift.		1	EZ			
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ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG Job#/6/96 Job Name Date 10-19-16 Supervisor Name Glovebag Number of Bags Removed: Type of Material Removed: Linear Feet Fittings Safety Meeting Conducted ____End Time Start Time_ Negative pressure (manometer) check complete 4 times per 10 hours shift First Reading Fourth Reading Second Reading Third 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_ Daily Worker Name Printed Cert # Regulated Area Signature Reason Out In $\mathcal{A} = \emptyset$ 40 00 00 40 30 40 224915 30 30 00 Tereso 30 00 NIDOC 1004 30

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG page 2

Job # <u>/6/96</u> Date <u>/0 - 19 - /</u>6

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ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

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Date 10-24-1		ame 2	mario	Crus		Cert #	A	<u> </u>	68	76
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		Gloveba				Number o	of Bags	Remov	ed:	
Type of Material Removed: f-loov file Most.	<i>,"</i> c	Linear Feet	Fittir	igs						
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ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG Madison Bity Police Midtown. Job# 16196 Job Name Date 10-25 16 Cert # Supervisor Name Glovebag Number of Bags Removed: Type of Material Removed: Floor Tile Mastic Linear Feet **Fittinas** Safety Meeting Conducted Start Time End Time Negative pressure (manometer) check complete 4 times per 10 hours shift Second Reading Third Reading Fourth Reading Readout Time Readout Time Readout 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 _____ Foreman Signature Other Comments Worker Name Printed Cert # Regulated Area Signature Reason Daily Out 00 00 29 I Suil 40 5:29 30 119915 00 000 10 224415 Oto 00 00 29 CO 20 83469 Pedro Guz Pedro Cuz Auw 00 00

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG page 2

Worker Name Printed Signature Cert # Reason Daily Regulated Area Out out bustava DWU 30 00 530 10 186998

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

ROBINSON BROTH	IERS ENVIRONM						
Job# 16196	Job Name	12	ty Man	lisor,	poli	ce Mia	/texn
Date/0-26-16			vio Cru	7	Cert #	Acs/	6876
Basement Re- Work Area Location 10	em yawth - 7-108 Corridor	<u> 70 %</u>	Zemoval Descri	Bu of ption of v	GLES Pork Perior	Bayor med	cel
Type of Material Removed:	Line	Glovebag ear Feet	Fittings	1	Number of E	Bags Remov	/ed:
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I certify that I have inspected Abatement Started at			the shift.	Ī	Forentan Si	7 ,Z gnature	***************************************
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	Mariano Joges 18	1221	7/2	00	12 00 6 30	7 15 12 45	12 00

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Sáichez	Sanchez 141	1342	12	2 30	630	12 45	6 25
			7	23 4 1	12 00	7 15	12 00
Jose Martinez	22	1918	12	30	6 30	12 45	6 29
Estera Landa	82 720	1772	12	3 <i>6</i>	6 30	1 10	6 30
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ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG Petis mudison police Midtown-Job# 16/96 Job Name Maria and Cert# Date 10-27-16 Supervisor Name Boxler Room Description of Work Performed Glovebag Number of Bags Removed: Type of Material Removed: inear Feet **Fittings** Floor Tile masti 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 Readout Time 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 Cert # Signature Regulated Area Reason Daily Out 20 20 00 165450 00 Legnords 00 Leonardo 45 00 12 45 00 00 00 ELON Perez

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG page 2

Job# <u>/6/96</u>
Date <u>/0-27-(6</u>

Worker Name Printed	Signature	Cert #	Reason	Daily In Out	Regulated Area In out
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ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG page 2 Removal TSI pipe Glovebug Method-Worker Name Printed Signature Cert# Reason Regulated Area Soriano 20 00

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG

ROBINSON BROTHERS ENVIRONMENTAL, INC. DAILY PROJECT LOG ity of Mudison Police Midtown Job Name Supervisor Name Glovebag Number of Bags Removed: Type of Material Removed: Linear Feet Fittings End Time _ Safety Meeting Conducted Start Time_ Negative pressure (manometer) check complete 4 times per 10 hours shift Fourth Reading First Reading Second Reading Third Reading Readout Time Readout Time Readout Time Readout Time 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_ Daily Cert# Reason Regulated Area **Worker Name Printed** Signature Out In out 7:30 00 17:00 218801 17:00 7:30 7:00 12:00 7:30 17:00 nawo 1:00 123925 2:30 6:30 12:00 7:30 11:00 1:00 6.30 7:30 20 11.00 700 3:30 7:00 107920 7:30 1100 7:00 2:00 OMAIRIO 6:36 12:30

Scott Walker Governor

Linda Seemeyer Secretary October 31, 2016



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

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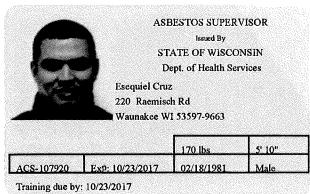
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Asbestos and Lead Section, Room 137

P.O. Box 2659 Madison WI 53701-2659

Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov



DIVISION OF PUBLIC HEALTH

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RECEIVED JUND & COM ID# AWW-13711

Scott Walker Governor

1,4

Kitty Rhoades Secretary June 6, 2016

> OMAR JOP 220 RAEMISCH RD **WAUNAKEE WI 53597-9663**

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Department of Health Services

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address below.

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Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov



Issued By STATE OF WISCONSIN Dept. of Health Services 220 Raemisch Rd

Waunakee WI 53597-9663

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

Training due by: 05/07/2017

DIVISION OF PUBLIC HEALTH

Scott Walker Governor

Kitty Rhoades Secretary August 11, 2016



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

State of Wisconsin Department of Health Services

CARLOS DANIEL CHAVEZ 220 RAEMISCH RD WAUNAKEE WI 53597-9663

ID# ACS-223450

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Phone: (608) 261-6876 Email: dhsasbestoslead@wi.gov Internet: 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

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

Training due by: 08/21/2017

Scott Walker Governor

Kitty Rhoades

Secretary May 13, 2016

MAY 1 6 2016



State of Wisconsin Department of Health Services

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

ID# ACS-120649

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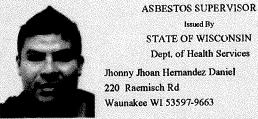
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Madison WI 53701-2659

Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov



		192 lbs	5' 06"
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The second secon	SERVICE CONTRACTOR CON		

Training due by: 05/05/2017

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



State of Wisconsin
Department of Health Services

Kitty Rhoades Secretary June 6, 2016

Scott Walker

Governor

MARIANO BURGOS 220 RAEMISCH RD WAUNAKEE WI 53597-9663 PECEIVED JUNO 9 2016

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Issued By

STATE OF WISCONSIN

Dept. of Health Services

Mariano Burgos

220 Raemisch Rd

Waunakee WI 53597-9663

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Training due by: 05/30/2017

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



Kitty Rhoades Secretary

Scott Walker

Governor

September 1, 2016

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



ID# AWW-224915

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Renewing Your Certification

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Certified Company Affiliation

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To Update Information and Apply Online

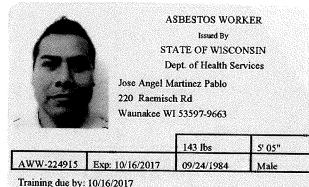
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address below.

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

Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov





ASBESTOS WORKER

Issued By

STATE OF WISCONSIN

Dept. of Health Services

Mauro Velasquez Velasquez

1904 S Layton Blvd

Milwaukee WI 53215-2220

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Training due by: 12/22/2016

Scott Walker Governor

Kitty Rhoades Secretary



State of Wisconsin Department of Health Services

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

JANUARIO GARRIDO VIEYRA 220 RAEMISCH RD WAUNAKEE WI 53597-9663



ID# AWW-106452

BY: -----

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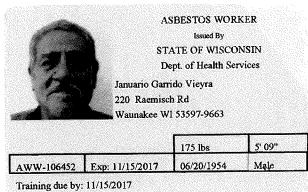
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Asbestos and Lead Section, Room 137 P.O. Box 2659 Madison WI 53701-2659

Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov



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



Department of Health Services

Scott Walker Governor

Kitty Rhoades Secretary June 6, 2016

> TERESA CRUZ MENDOZA 220 RAEMISCH RD WAUNAKEE WI 53597-9663



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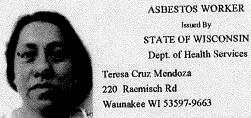
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Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov



		135 lbs	4' 11"
AWW 212275	Exp: 07/18/2017	05/20/1971	Female
AWW-212373	EXP. UILIOIZULI	T ON WOLLT	

Training due by: 07/18/2017

Scott Walker Governor

Kitty Rhoades Secretary

April 12, 2016



DIVISION OF PUBLIC HEALTH

Department of Health Services State of Wisconsin

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

P O BOX 2659 MADISON WI 53701-2859 1 WEST WILSON STREET

ID# ACS-16876

WAUNAKEE WI 53597-9663 220 RAEMISCH RD MARIO CRUZ VARGAS

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

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Renewing Your Certification

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

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

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

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. Certified Company Affiliation
You must be affiliated with an appropriately certified Asbestos, Exterior Asbestos, Lead or Lead-

To Update Information and Apply Online

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

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



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Training due by: 04/29/2017



ASBESTOS WORKER

bound By

STATE OF WISCONSIN

Dept. of Health Services

Juan C Janso Medina

2070 S 70 St

Milweukee WI 53204-3920

AWW-232814 Exp; 67/08/2017 10/10/1986 Make

Training due by: 07/08/2017

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.

APR 0 4 2016

Kitty Rhoades Secretary

Scott Walker

Governor

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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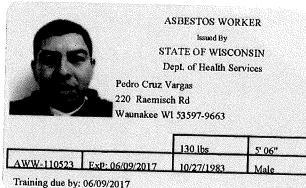
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Madison WI 53701-2659

Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov



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RECEIVED JUNDO 8 2016

Scott Walker Governor

Kitty Rhoades Secretary June 6, 2016



CRESCENCIANO LARA MARTINEZ 220 RAEMISCH RD WAUNAKEE WI 53597-9663

ID# AWW-111246

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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 Internet: www.dhs.wisconsin.gov



ASBESTOS WORKER Issued Rv STATE OF WISCONSIN Dept. of Health Services Crescenciano Lara Martinez 220 Raemisch Rd Waunakee W1 53597-9663

		170 lbs	5'01"
		1 1/U IOS	
A 33/33/ 111046	Exp: 05/07/2017	11/24/1972	Male

Training due by: 05/07/2017

Kitty Rhoades Secretary June 6, 2016



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

RECEIVED JUND 9 2016

ID# AWW-I16205

JUAN GARCIA MORALES 220 RAEMISCH RD WAUNAKEE WI 53597-9663

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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Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov

ASBESTOS WORKER Issued By STATE OF WISCONSIN Dept. of Health Services Juan Garcia Morales 220 Raemisch Rd Waunakee W1 53597-9663

			5' 06"
AWW-116205	Exp: 05/30/2017	02/14/1965	Male
The state of the s			

Training due by: 05/30/2017

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



APR 0 4 2016

Kitty Rhoades Secretary

Scott Walker

Governor

State of Wisconsin Department of Health Services

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.

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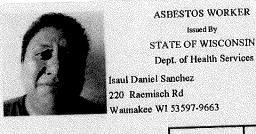
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Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov



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			5' 04"
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I AWW-119912	DXP US/US/20X		

Training due by: 05/09/2017

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

Scott Walker

Governor

Secretary

State of Wisconsin Department of Health Services

September 1, 2016

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



ID# AWW-183462

B Y:

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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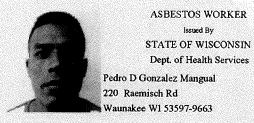
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Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov



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

Training due by: 10/10/2017

Kitty Rhoades Secretary



State of Wisconsin Department of Health Services

Telephone: 608 266-1251 FAX: 608 267-2832 TTY: 888-701-1253

1 WEST WILSON STREET

MADISON WI 53701-2659

dhs.wisconsin.gov

P O BOX 2659

September 1, 2016

GUSTAVO A SORIANO 220 RAEMISCH RD WAUNAKEE WI 53597-9663



ID# AWW-103378

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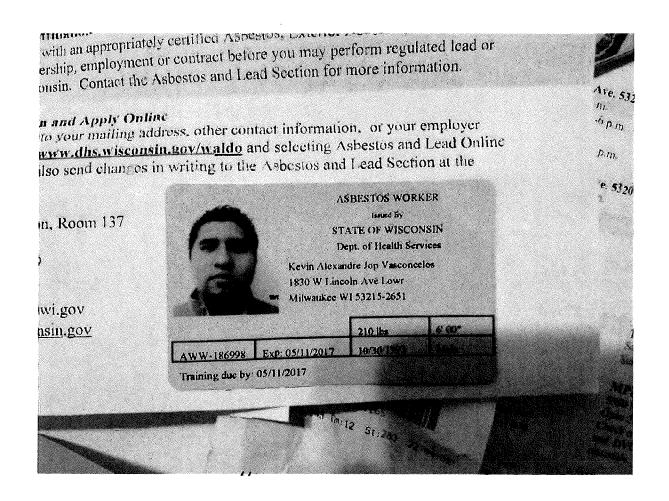
Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: 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

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

Training due by: 09/26/2017



Kitty Rhoades Secretary May 13, 2016



State of Wisconsin Department of Health Services

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 1 6 2016

ID# ACS-212314

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Phone: (608) 261-6876

Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov



ASBESTOS SUPERVISOR
Issued By
STATE OF WISCONSIN
Dept. of Health Services
Jonatan Alexis Trejo Beltran
220 Raemisch Rd

220 Raemisch Rd Waunakee WI 53597-9663

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

Training due by: 04/15/2017

Kitty Rhoades Secretary



State of Wisconsin

Department of Health Services

1 WEST WILSON STREET

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LEONARDO SANCHEZ HERNANDEZ WAUNAKEE WI 53597-9663

BY:....

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Renewing Your Certification

September 1, 2016

220 RAEMISCH RD

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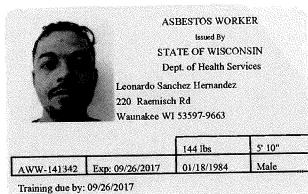
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Email: dhsasbestoslead@wi.gov Internet: www.dhs.wisconsin.gov



Kitty Rhoades Secretary



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



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.

Renewing Your Certification

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

<u>Asbestos Disciplines</u>: 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.

<u>Lead Disciplines</u>: 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 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.

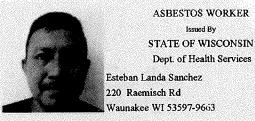
To Update Information and Apply Online

You may make changes to your mailing address, other contact information, or your employer information by going to www.dhs.wisconsin.gov/waldo 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 Internet: www.dhs.wisconsin.gov



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

Training due by: 10/10/2017

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Kitty Rhoades Secretary

Scott Walker

Governor

January 7, 2016

MAXIMINO JOP SANDOVAL 220 RAEMISCH RD WAUNAKEE WI 53597-9663

JAN 1 1 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.

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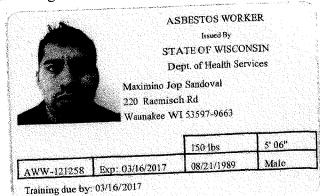
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Madison WI 53701-2659

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APR 0 4 2016

Scott Walker

Kitty Rhoades

Governor

Secretary

1,4

State of Wisconsin Department of Health Services

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

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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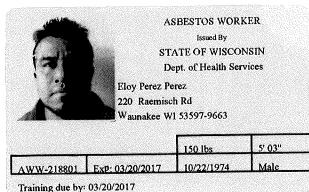
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DIVISION OF PUBLIC HEALTH

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



Scott Walker Governor

Kitty Rhoades Secretary

State of Wisconsin Department of Health Services

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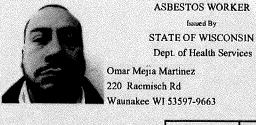
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	195 lbs 6' 03"
AWW-207133 Exp: 02/14/2017	10/02/1983 Male

Training due by: 02/14/2017