

APPENDIX B  
SWPPP

**SUBMITTAL COVER SHEET**

THE USE OF THIS SUBMITTAL COVER SHEET IS REQUIRED FOR ALL SUBMITTALS.

Contractor:	<u>Halme Construction Inc.</u>	Submittal No.:	_____
Subcontractor:	_____	Submittal Title:	<u>Stormwater Pollution Prevention Plan (SWPPP)</u>
This Submittal Prepared By:	<u>Dylan Miller</u>	Specification Reference:	<u>31 25 0 - 1.04(C)</u>
Date of Initial Submittal:	<u>01/25/2024</u>	Drawing/Detail Reference:	_____
Date of This Submittal:	<u>01/25/2024</u>		

**Subcontractor to indicate one of the following:**

- This submission is not a proposed Substitution, proposed "Approved Equal" Substitution, or deviation from the Contract Documents.
- This submission includes a proposed "Approved Equal" Substitution as clearly identified in this submittal that meets the requirements of the Contract Documents.
- This submission includes a proposed Substitution or deviation from the Contract Documents as clearly identified in this submittal." All requirements of Section 01 60 00 – Product Requirements have been met.

Submitted By:

Dylan Miller  
Digitally signed by Dylan Miller  
DN: C=US, E=dylanm@halmeconstruction.com,  
O=Halme Construction INC, CN=Dylan Miller  
Date: 2024.01.25 11:04:04-08'00'  
Contractor Signature  
Dylan Miller, Project Engineer  
Contractor Printed Name, Title

Reviewed By:

Blane Dale  
Digitally signed by Blane Dale  
DN: C=US, E=bdale@haleyaldrich.com, O=Haley  
& Aldrich, Inc., CN=Blane Dale  
Reason: I have reviewed this document  
Date: 2024.03.01 17:30:26-07'00'  
Reviewer Signature  
Blane Dale, Engineer  
Reviewer Printed Name, Title

**Construction Manager Submittal Review Summary**

(See Attached General Contractor Review Comments)

- "Reviewed": The Contractor is advised that this means that fabrication, manufacture and/or construction may proceed providing the Work is in compliance with the Contract Documents.
- "Reviewed as Noted": The Contractor is advised that this means that fabrication, manufacture and/or construction may proceed providing the Work is in compliance with the marked notations and the Contract Documents.

**SWPPP requires coverage under the Construction Stormwater General Permit (GSWGP) and associated responsibilities.**

compliance with the marked notations and the Contract Documents. The submittal should be corrected and resubmitted for final distribution.

- "Revise and Resubmit": The Contractor is advised that this means no Work shall be fabricated, manufactured and/or constructed and that the Subcontractor shall make a new submittal for the project. Product submissions marked with this action or notation will not be permitted on the site.
- "Not Reviewed".

# Stormwater Pollution Prevention Plan (SWPPP)

for  
Spokane Gun Club Cleanup Project

Prepared for:  
Central Valley School District

Permittee / Owner	Developer	Operator / Contractor
Halme Construction Inc.	N/A	Halme Construction, Inc.

## Certified Erosion and Sediment Control Lead (CESCL)

Name	Organization	Contact Phone Number
Dylan Miller	Halme Construction, Inc.	(509) 951-2986

## SWPPP Prepared By

Name	Organization	Contact Phone Number
Dylan Miller	Halme Construction, Inc.	(509) 951-2986

## SWPPP Preparation Date

12/22/2023

## Project Construction Dates

Activity / Phase	Start Date	End Date
Construction	February 2024	July 2024

## GENERAL INSTRUCTIONS AND CAVEATS

This template presents the recommended structure and content for preparation of a Construction Stormwater General Permit (CSWGP) Stormwater Pollution Prevention Plan (SWPPP).

The Department of Ecology's (Ecology) CSWGP requirements inform the structure and content of this SWPPP template; however, **you must customize this template to reflect the conditions of your site.**

A Construction Stormwater Site Inspection Form can be found on Ecology's website.  
<https://www.ecology.wa.gov/Regulations-Permits/Permits-certifications/Stormwater-general-permits/Construction-stormwater-permit>

### Using the SWPPP Template

Each section will include instructions and space for information specific to your project. Please read the instructions for each section and provide the necessary information when prompted. This Word template can be modified electronically. You may add/delete text, copy and paste, edit tables, etc. Some sections may be completed with brief answers while others may require several pages of explanation.

Follow this link to a copy of the Construction Stormwater General Permit:  
<https://www.ecology.wa.gov/Regulations-Permits/Permits-certifications/Stormwater-general-permits/Construction-stormwater-permit>

## List of Acronyms and Abbreviations

<b>Acronym / Abbreviation</b>	<b>Explanation</b>
<b>303(d)</b>	Section of the Clean Water Act pertaining to Impaired Waterbodies
<b>BFO</b>	Bellingham Field Office of the Department of Ecology
<b>BMP(s)</b>	Best Management Practice(s)
<b>CESCL</b>	Certified Erosion and Sediment Control Lead
<b>CO<sub>2</sub></b>	Carbon Dioxide
<b>CRO</b>	Central Regional Office of the Department of Ecology
<b>CSWGP</b>	Construction Stormwater General Permit
<b>CWA</b>	Clean Water Act
<b>DMR</b>	Discharge Monitoring Report
<b>DO</b>	Dissolved Oxygen
<b>Ecology</b>	Washington State Department of Ecology
<b>EPA</b>	United States Environmental Protection Agency
<b>ERO</b>	Eastern Regional Office of the Department of Ecology
<b>ERTS</b>	Environmental Report Tracking System
<b>ESC</b>	Erosion and Sediment Control
<b>GULD</b>	General Use Level Designation
<b>NPDES</b>	National Pollutant Discharge Elimination System
<b>NTU</b>	Nephelometric Turbidity Units
<b>NWRO</b>	Northwest Regional Office of the Department of Ecology
<b>pH</b>	Power of Hydrogen
<b>RCW</b>	Revised Code of Washington
<b>SPCC</b>	Spill Prevention, Control, and Countermeasure
<b>su</b>	Standard Units
<b>SWMMEW</b>	Stormwater Management Manual for Eastern Washington
<b>SWMMWW</b>	Stormwater Management Manual for Western Washington
<b>SWPPP</b>	Stormwater Pollution Prevention Plan
<b>TESC</b>	Temporary Erosion and Sediment Control
<b>SWRO</b>	Southwest Regional Office of the Department of Ecology
<b>TMDL</b>	Total Maximum Daily Load
<b>VFO</b>	Vancouver Field Office of the Department of Ecology
<b>WAC</b>	Washington Administrative Code
<b>WSDOT</b>	Washington Department of Transportation
<b>WWHM</b>	Western Washington Hydrology Model

## **Project Information (1.0)**

Project/Site Name: CVSD Gun Club Cleanup  
Street/Location: 19615 E. Sprague Ave.  
City: Spokane Valley State: WA Zip code: 99016  
Subdivision: N/A  
Receiving waterbody: N/A

## **Existing Conditions (1.1)**

Total acreage (including support activities such as off-site equipment staging yards, material storage areas, borrow areas).

Total acreage: 63.7

Disturbed acreage: 45.3

Existing structures: 2

Landscape topography: Flat

Drainage patterns: Overland

Existing Vegetation: Native dryland grasses, deciduous and evergreen tree's.

Critical Areas (wetlands, streams, high erosion risk, steep or difficult to stabilize slopes):  
None

List of known impairments for 303(d) listed or Total Maximum Daily Load (TMDL) for the receiving waterbody: No discharge is proposed

Table 1 includes a list of suspected and/or known contaminants associated with the construction activity.

# Table 1 – Summary of Site Pollutant Constituents

Table 1 - Summary of Chemical Analytical Results-Metals in Soil  
 Remedial Investigation/Feasibility Study  
 Spokane Gun Club  
 Spokane Valley, Washington

Sample Name Sample Number	Sample Depth/Depth Range (inches bgs)	Date Sampled	Arsenic (mg/kg)	Barium (mg/kg)	Cadmium (mg/kg)	Chromium (mg/kg)	Lead (mg/kg)	TCLP Lead (mg/L)	Mercury (mg/kg)	Selenium (mg/kg)	Silver (ng/kg)
Test Pit Samples											
TP-1-6	6	8/2/18	--	--	--	--	25	--	--	--	--
TP-2-6	6	8/2/18	--	--	--	--	27	--	--	--	--
TP-3-6	6	9/25/18	--	--	--	--	26	--	--	--	--
TP-4-6	6	8/2/18	--	--	--	--	23	--	--	--	--
TP-5-6	6	8/2/18	--	--	--	--	26	--	--	--	--
TP-6-6	6	8/2/18	--	--	--	--	41	--	--	--	--
TP-7-6	6	8/2/18	--	--	--	--	44	--	--	--	--
TP-8-6	6	8/2/18	--	--	--	--	73	--	--	--	--
TP-9-6	6	8/2/18	--	--	--	--	75	--	--	--	--
TP-10-6	6	8/2/18	--	--	--	--	140	--	--	--	--
TP-11-6	6	8/2/18	--	--	--	--	72	--	--	--	--
TP-12-6	6	8/2/18	13	190	1.4 U	13	560	--	0.041 U	6.9 U	1.7 U
TP-12-12	12	8/2/18	--	--	--	--	13	--	--	--	--
TP-13-6	6	8/2/18	--	--	--	--	110	--	--	--	--
TP-14-6	6	8/2/18	--	--	--	--	200	--	--	--	--
TP-15-6	6	8/2/18	7.8	140	1.8 U	14	100	--	0.041 U	9 U	2.3 U
TP-15-6	6	8/2/18	5.9	170	1.4 U	11	41	--	0.04 U	7.1 U	1.8 U
TP-17-6	6	8/2/18	11	230	1.5 U	14	470	--	0.046 U	7.6 U	1.9 U
TP-17-12	12	8/2/18	--	--	--	--	200	--	--	--	--
TP-18-6	6	8/2/18	9.4	160	1.6 U	11	620	--	0.039 U	7.9 U	2 U
TP-18-12	12	8/2/18	--	--	--	--	36	--	--	--	--
TP-19-6	6	8/2/18	21 J	190	1.5 UJ	14 J	2,100	--	0.044 U	7.4 UJ	1.8 UJ
TP-19-12	12	8/2/18	--	--	--	--	430	--	--	--	--
TP-19-18	18	9/25/18	8.6	--	--	--	150	--	--	--	--
TP-19-24	24	9/25/18	--	--	--	--	270	--	--	--	--
TP-20-6	6	8/2/18	9.9	160	1.7 U	13	110	--	0.042 U	8.5 U	2.1 U
TP-21-6	6	8/2/18	--	--	--	--	27	--	--	--	--
TP-22-6	6	8/2/18	--	--	--	--	33	--	--	--	--
TP-23-6	6	8/2/18	--	--	--	--	37	--	--	--	--
TP-24-6	6	9/25/18	--	--	--	--	22	--	--	--	--
TP-25-6	6	9/25/18	--	--	--	--	110	--	--	--	--
TP-26-6	6	9/25/18	--	--	--	--	74	--	--	--	--
TP-27-6	6	9/25/18	--	--	--	--	170	--	--	--	--
TP-28-6	6	9/25/18	7.1	--	--	--	33	--	--	--	--
TP-28-6	6	9/25/18	6.8	--	--	--	81	--	--	--	--
TP-30-6	6	9/25/18	13	--	--	--	770	--	--	--	--
TP-30-12	12	9/25/18	--	--	--	--	29	--	--	--	--
TP-31-6	6	9/25/18	8	--	--	--	270	--	--	--	--
TP-31-12	12	9/25/18	--	--	--	--	14	--	--	--	--
TP-32-6	6	9/25/18	11	--	--	--	660	--	--	--	--

\\haley\drch.com\share\pdx\_data\notebooks\150014001\_CVSD\_Remedial\_Investigation\_Feasibility\_Study\Deliverables\Reports\Gun Club RTPS\Attachments\Tables\Table 1\_2\_Summary of Chemical Analytical Results

Table 1 - Summary of Chemical Analytical Results-Metals in Soil  
 Remedial Investigation/Feasibility Study  
 Spokane Gun Club  
 Spokane Valley, Washington

Sample Name Sample Number	Sample Depth/Depth Range (inches bgs)	Date Sampled	Arsenic (mg/kg)	Barium (mg/kg)	Cadmium (mg/kg)	Chromium (mg/kg)	Lead (mg/kg)	TCLP Lead (mg/L)	Mercury (mg/kg)	Selenium (mg/kg)	Silver (ng/kg)
Test Pit Samples											
TP-32-12	12	9/25/18	--	--	--	--	200	--	--	--	--
TP-33-6	6	9/25/18	10	--	--	--	400	--	--	--	--
TP-33-12	12	9/25/18	--	--	--	--	21	--	--	--	--
TP-34-6	6	9/25/18	7.4	--	--	--	81	--	--	--	--
TP-35-6	6	9/25/18	22	--	--	--	1,700	--	--	--	--
TP-35-12	12	9/25/18	--	--	--	--	850	--	--	--	--
TP-36-6	6	9/25/18	6	--	--	--	28	--	--	--	--
TP-37-6	6	9/25/18	21	--	--	--	1,500	--	--	--	--
TP-37-12	12	9/25/18	--	--	--	--	450	--	--	--	--
TP-38-6	6	9/25/18	7.8	--	--	--	27	--	--	--	--
TP-39-6	6	9/25/18	19	190	0.86 U	14	1,700	--	0.07	4.3 U	1.1 U
TP-39-12	12	9/25/18	--	--	--	--	1,600	--	--	--	--
TP-39(35)	35	4/25/19	--	--	--	--	19	--	--	--	--
TP-40-6	6	9/25/18	7.7	--	--	--	13	--	--	--	--
TP-41-6	6	9/25/18	10	--	--	--	700	--	--	--	--
TP-41(24-36)	24-36	4/25/19	--	--	--	--	28	--	--	--	--
TP-42-6	6	9/25/18	7.3	--	--	--	21	--	--	--	--
TP-43-6	6	9/25/18	7.7	--	--	--	45	--	--	--	--
TP-44-6	6	11/8/18	--	--	--	--	20	--	--	--	--
TP-45-6	6	11/8/18	--	--	--	--	100	--	--	--	--
TP-46-6	6	11/8/18	--	--	--	--	2,600	--	--	--	--
TP-46-12	12	11/8/18	--	--	--	--	1,600	--	--	--	--
TP-47-6	6	11/8/18	--	--	--	--	230	--	--	--	--
TP-48-6	6	11/8/18	--	--	--	--	330	--	--	--	--
TP-48-12	12	11/8/18	--	--	--	--	14	--	--	--	--
TP-49-6	6	11/8/18	--	--	--	--	17	--	--	--	--
TP-50-6	6	11/8/18	--	--	--	--	11,000	--	--	--	--
TP-50-12	12	11/8/18	--	--	--	--	1,000	--	--	--	--
TP-51-6	6	11/8/18	--	--	--	--	33	--	--	--	--
TP-52-6	6	11/8/18	--	--	--	--	39,000	--	--	--	--
TP-52-12	12	11/8/18	--	--	--	--	150	--	--	--	--
TP-53-6	6	11/8/18	--	--	--	--	380	--	--	--	--
TP-53-12	12	11/8/18	--	--	--	--	570	--	--	--	--
TP-53(24-36)	24-36	4/25/19	--	--	--	--	13	--	--	--	--
TP-54-6	6	11/8/18	--	--	--	--	220	--	--	--	--
TP-55-6	6	11/8/18	--	--	--	--	16	--	--	--	--
TP-56-6	6	11/8/18	--	--	--	--	420	--	--	--	--
TP-56-12	12	11/8/18	--	--	--	--	730	--	--	--	--
TP-56(24-36)	24-36	4/25/19	--	--	--	--	190	--	--	--	--
TP-57-6	6	11/8/18	--	--	--	--	40	--	--	--	--

Table 1 - Summary of Chemical Analytical Results-Metals in Soil  
 Remedial Investigation/Feasibility Study  
 Spokane Gun Club  
 Spokane Valley, Washington

Sample Name Sample Number	Sample Depth/Depth Range (inches bgs)	Date Sampled	Arsenic (mg/kg)	Barium (mg/kg)	Cadmium (mg/kg)	Chromium (mg/kg)	Lead (mg/kg)	TCLP Lead (mg/L)	Mercury (mg/kg)	Selenium (mg/kg)	Silver (mg/kg)
<b>Test Pit Samples</b>											
TP-58-6	6	11/8/18	--	--	--	--	17	--	--	--	--
TP-59-6	6	11/8/18	--	--	--	--	13	--	--	--	--
TP-60-6	6	11/8/18	--	--	--	--	330	--	--	--	--
TP-60-12	6	11/8/18	--	--	--	--	19	--	--	--	--
TP-61-6	6	11/8/18	--	--	--	--	9.8	--	--	--	--
TP-62-6	6	11/8/18	--	--	--	--	25	--	--	--	--
TP-63-6	6	11/8/18	--	--	--	--	12	--	--	--	--
TP-66(6)	6	2/12/19	--	--	--	--	27	J	--	--	--
TP-67(6)	6	2/12/19	--	--	--	--	20	--	--	--	--
TP-68(6)	6	2/12/19	--	--	--	--	31	--	--	--	--
TP-69 (6)	6	5/20/19	--	--	--	--	50,000	--	--	--	--
TP-69 (12)	12	5/20/19	--	--	--	--	47	--	--	--	--
TP-70 (6)	6	5/20/19	--	--	--	--	250	--	--	--	--
TP-71 (6)	6	5/20/19	--	--	--	--	1,200	--	--	--	--
TP-71 (12)	12	5/20/19	--	--	--	--	80	--	--	--	--
TP-72 (6)	6	5/20/19	--	--	--	--	150	--	--	--	--
TP-73 (0-1')	0-12	12/21/20	--	--	--	--	12	--	--	--	--
TP-74 (0-1')	0-12	12/21/20	--	--	--	--	15	--	--	--	--
TP-75 (0-1')	0-12	12/21/20	--	--	--	--	740	--	--	--	--
TP-75(1-2)	12-24	12/21/20	--	--	--	--	14	--	--	--	--
TP-76 (0-1')	0-12	12/21/20	--	--	--	--	50	--	--	--	--
TP-77 (0-1')	0-12	12/21/20	--	--	--	--	48	--	--	--	--
TP-78 (0-1')	0-12	12/21/20	--	--	--	--	74	--	--	--	--
TP-79 (0-1')	0-12	12/21/20	--	--	--	--	57	--	--	--	--
TP-80 (0-1')	0-12	12/22/20	--	--	--	--	95	--	--	--	--
TP-81 (0-1')	0-12	12/21/20	--	--	--	--	120	--	--	--	--
TP-82 (0-1')	0-12	12/22/20	--	--	--	--	62	--	--	--	--
TP-83 (0-1')	0-12	12/22/20	--	--	--	--	18	--	--	--	--
TP-84 (0-1')	0-12	12/22/20	--	--	--	--	52	--	--	--	--
TP-85 (0-1')	0-12	12/22/20	--	--	--	--	19	--	--	--	--
TP-86(0-1)	0-12	1/4/21	--	--	--	--	11	--	--	--	--
<b>Soil Boring Samples</b>											
B-1(0-6)	0-12	4/25/19	--	--	--	--	1,500	--	--	--	--
B-1(6-12)	6-12	4/25/19	--	--	--	--	11	--	--	--	--
B-3(0-6)	0-12	4/25/19	--	--	--	--	22	J	--	--	--
B-4(0-6)	0-12	4/25/19	--	--	--	--	1,100	--	--	--	--
B-4(6-12)	6-12	4/25/19	--	--	--	--	8.7	--	--	--	--
B-5(0-6)	0-12	4/25/19	--	--	--	--	15	--	--	--	--
B-6(0-6)	0-12	4/25/19	--	--	--	--	1,300	--	--	--	--
B-6(6-12)	6-12	4/25/19	--	--	--	--	7.1	--	--	--	--

Table 1 - Summary of Chemical Analytical Results-Metals in Soil  
 Remedial Investigation/Feasibility Study  
 Spokane Gun Club  
 Spokane Valley, Washington

Sample Name Sample Number	Sample Depth/Depth Range (inches bgs)	Date Sampled	Arsenic (mg/kg)	Barium (mg/kg)	Cadmium (mg/kg)	Chromium (mg/kg)	Lead (mg/kg)	TCLP Lead (mg/L)	Mercury (mg/kg)	Selenium (mg/kg)	Silver (mg/kg)
Test Pit Samples											
B-7(0-6)	0-12	4/25/19	--	--	--	--	620	--	--	--	--
B-7(6-12)	6-12	4/25/19	--	--	--	--	10	--	--	--	--
B-8(0-6)	0-12	4/25/19	--	--	--	--	480	--	--	--	--
B-8(6-12)	6-12	4/25/19	--	--	--	--	8.5	--	--	--	--
B-9(36)	36	4/25/19	--	--	--	--	9.1	--	--	--	--
B-10(36)	36	4/25/19	--	--	--	--	15	--	--	--	--
B-11(36)	36	4/25/19	--	--	--	--	11	--	--	--	--
B-12(96)	96	4/25/19	--	--	--	--	72	--	--	--	--
B-13(42)	42	4/25/19	--	--	--	--	9	--	--	--	--
B-14(0-6)	0-12	4/25/19	--	--	--	--	480	--	--	--	--
B-14(36)	36	4/25/19	--	--	--	--	11	--	--	--	--
B-15(0-6)	0-12	4/25/19	--	--	--	--	24	--	--	--	--
B-19(0-6)	0-12	4/25/19	--	--	--	--	130	--	--	--	--
SB-1(1-2)	12-24	10/6/20	--	--	--	--	110	--	--	--	--
SB-1(3-4)	36-48	10/6/20	8.2	--	--	--	--	--	--	--	--
SB-2(1-2)	12-24	10/6/20	--	--	--	--	280	0.21	--	--	--
SB-2(2-3)	24-36	10/6/20	--	--	--	--	18	--	--	--	--
SB-3(0-1)	0-12	10/6/20	--	--	--	--	13,000	27	--	--	--
SB-3(2-3)	24-36	10/6/20	--	--	--	--	970	--	--	--	--
SB-3(3-4)	36-48	10/6/20	--	--	--	--	21	--	--	--	--
SB-3(4-5)	48-60	10/6/20	13	--	--	--	--	--	--	--	--
SB-4(1-2)	12-24	10/6/20	--	--	--	--	210	--	--	--	--
SB-5(1-2)	12-24	10/6/20	10	--	--	--	--	--	--	--	--
SB-5(2-3)	24-36	10/5/20	--	--	--	--	30	--	--	--	--

**Table 1 - Summary of Chemical Analytical Results-Metals in Soil**  
**Remedial Investigation/Feasibility Study**  
 Spokane Gun Club  
 Spokane Valley, Washington

Sample Name Sample Number	Sample Depth/Depth Range (inches bgs)	Date Sampled	Arsenic (mg/kg)	Barium (mg/kg)	Cadmium (mg/kg)	Chromium (mg/kg)	Lead (mg/kg)	TCLP Lead (mg/L)	Mercury (mg/kg)	Selenium (mg/kg)	Silver (mg/kg)
<b>Test Pit Samples</b>											
SB-6(0-1)	0-12	10/6/20	84	--	--	--	--	--	--	--	--
SB-6(1-2)	12-24	10/6/20	--	--	--	--	2,300	1.9	--	--	--
SB-6(2-3)	24-36	10/6/20	--	--	--	--	25	--	--	--	--
SB-6(3-4)	36-48	10/6/20	9.8	--	--	--	--	--	--	--	--
SB-7(0-1)	0-12	10/6/20	15	--	--	--	--	--	--	--	--
SB-7(1-2)	12-24	10/6/20	--	--	--	--	14	--	--	--	--
SB-8(2-3)	24-36	10/5/20	--	--	--	--	19	--	--	--	--
SB-9(1-2)	12-24	10/5/20	--	--	--	--	510	0.39	--	--	--
SB-9(2-3)	24-36	10/5/20	--	--	--	--	470	0.46	--	--	--
SB-9(3-4)	36-48	10/5/20	--	--	--	--	48	--	--	--	--
SB-10(0-1)	0-12	10/6/20	--	--	--	--	82	0.12	--	--	--
SB-10(5-6)	60-72	10/6/20	--	--	--	--	30	--	--	--	--
SB-11(0-1)	0-12	10/6/20	--	--	--	--	7,700	30	--	--	--
SB-11(2-3)	24-36	10/6/20	--	--	--	--	100	--	--	--	--
SB-12(0-1)	0-12	10/6/20	7.7	--	--	--	--	--	--	--	--
SB-12(1-2)	12-24	10/5/20	--	--	--	--	760	0.46	--	--	--
SB-12(2-3)	24-36	10/5/20	--	--	--	--	570	0.21	--	--	--
SB-12(3-4)	36-48	10/5/20	--	--	--	--	26	--	--	--	--
SB-13(1-2)	12-24	10/5/20	--	--	--	--	13	--	--	--	--
SB-14(1-2)	12-24	10/6/20	--	--	--	--	140	--	--	--	--
SB-15(0-1)	0-12	10/6/20	--	--	--	--	13,000	17	--	--	--
SB-15(2-3)	24-36	10/6/20	--	--	--	--	18	--	--	--	--
SB-16(1-2)	12-24	10/5/20	--	--	--	--	16	--	--	--	--
SB-17(2-3)	24-36	10/5/20	--	--	--	--	18	--	--	--	--
SB-18(5-6)	60-72	10/6/20	--	--	--	--	17	--	--	--	--
<b>Confirmation Samples</b>											
TP-12EX-N	8	11/12/18	--	--	--	--	29	--	--	--	--
TP-12EX-S	8	11/12/18	--	--	--	--	27	--	--	--	--
MTCA Method A Cleanup Level <sup>2</sup>			20	NE	2	19/2000	250	NE	2	NE	NE
Maximum Concentration of Contaminants for the Toxicity Characteristic								5			

**Notes:**

<sup>1</sup>Chemical analyses conducted by TestAmerica of Spokane, Washington. Total Metals by EPA Method 6010C/6010D (As, Ba, Cd, Cr, Pb, Se, Ag) and EPA 7471B (Hg).

<sup>2</sup>MTCA = Washington State, Model Toxics Control Act, Method A Soil Cleanup Levels.

mg/kg = milligrams per kilogram; mg/L = milligrams per liter; NE = Not Established; -- = not tested; TCLP = Toxicity Characteristic Leaching Procedure.

**BOLD** indicates detected concentration is above regulatory limit.

U = analyte not detected at a concentration greater than method reporting limits.

J = estimated value.

**Table 2. Summary of Chemical Analytical Results-PAHs in Soil**  
Remedial Investigation/Feasibility Study  
Spokane River C&S  
Spokane Valley, Washington

Sample Name	Sample Depth/Depth Range (feet/feet)	Date Sampled	Naphthalenes												PAHs (µg/kg)												Carbazoles PAH																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
			1-Methyl			2-Methyl			3-Methyl			4-Methyl			5-Methyl			6-Methyl			7-Methyl			8-Methyl			9-Methyl			10-Methyl			11-Methyl			12-Methyl			13-Methyl			14-Methyl																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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Table 2: Summary of Chemical Analytical Results-PAHs in Soil  
Remedial Investigation/Feasibility Study  
Spokane Gun Club  
Spokane Valley, Washington

Sample Name	Sample Depth/Depth Range (inches/ft)	Date Sampled	PAHs (ug/kg)															
			Naphthalenes					Phenanthrenes					Carbazones/PAH					
			1-Methylphenanthrene	2-Methylphenanthrene	Phenanthrene	1-Methylphenanthrene	2-Methylphenanthrene	Phenanthrene	Fluorene	Pyrene	Benzo[a]anthracene	Benzo[b]fluoranthene	Benzo[k]fluoranthene	Chrysene	Benzo[e]pyrene	Benzo[a]pyrene	Indeno[1,2,3-cd]perylene	Fluoranthene
SB-104-01	48-60	10/30/02	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
SB-173-04	36-48	05/02/02	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
SB-174-02	48-60	05/02/02	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
SB-180-01	72-84	05/02/02	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
SB-180-02	72-84	05/02/02	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
SB-200-01	60-72	05/02/02	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
MPCA Cleanup Level for Unrestricted Land Use			0.009	11	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE

Notes  
 \*Chemical analyses conducted by TetraAmerica Labs of Spokane, Washington. Polycyclic Aromatic Hydrocarbons analyzed by EPA Method 8273D  
 \*MPCA 17.345-TSR was utilized to assess total (PAH) concentration using Toxicity Equivalency Factors shown in Table TSB-2 of MPCA  
 BSLD indicates detected concentration at above regulatory limit  
 tgs = below ground surface  
 ug/kg = micrograms per kilogram  
 NE = cleanup level not established  
 ND = analyte was not detected above method reporting limits (MRL). See analytical report for MRL.  
 -- = Not Applicable  
 SB-(1-2) = Sample Booking Number 1 (Sample Depth) 1 to 2 feet below ground surface  
 MPCA = Model Toxics Control Act  
 PAH = polycyclic aromatic hydrocarbons  
 J = estimated value

## Proposed Construction Activities (1.2)

Description of construction activities (example: site preparation, demolition, excavation):

The proposed project is a voluntary clean up, in coordination with the Washington State Department of Ecology, to remediate site soils impacted by metals from the former gun range operations. Previous environmental studies conducted on the proposed project site, identified lead, arsenic, and polycyclic aromatic hydrocarbons (PAHs) at concentrations above cleanup levels in various areas across the former gun range. The proposed project actions will excavate soils impacted by contamination and place contaminated soils into an onsite repository. Approximately 150,000 cubic yards of soil will be excavated during the proposed process. The proposed repository will be capped with a high-density polyethylene (HDPE) liner that extends to an anchor trench to encapsulate the contaminated soils. The HDPE liner will be covered with soil generated from repository construction and then capped with a vegetative cover. In addition to the remedial excavation, fill, and cap, the proposed project will also demolish two of the site structures and shooting stations. The proposed project will demolish the Clubhouse, and bathroom facility, approximately 7,500 square foot (sq. ft.) metal frame structure and 400 sq. ft. structure.

Description of site drainage including flow from and onto adjacent properties. Must be consistent with Site Map in Appendix A:  
 Existing site collects and infiltrates water through soil throughout the property.

**Stormwater during construction will infiltrate onsite and no discharge is anticipated to occur. Ecology shall be notified if a discharge does occur.**

Description of final stabilization (example: extent of revegetation, paving, landscaping):  
The project will be resurfaced in certain locations with HMA path. All stormwater will be captured onsite as before construction activity. All un-paved surfaces shall be revegetated via sod or seeding application.

*Contaminated Site Information:*

Proposed activities regarding contaminated soils or groundwater (example: on-site treatment system, authorized sanitary sewer discharge):

The proposed project is to remove contaminated material located at the proposed project site. There are no alternative locations for the proposed project based on the proposed project scope.

The proposed project will excavate materials from the contaminated (southern) portion of the site. These impacted soils will be placed into an onsite repository that will be located on the northern section of the proposed project site. Approximately 150,000 cubic yards of contaminated soil will be excavated and filled. Once the repository is filled with the contaminated soils, it will be capped with a HDPE liner and then an additional soil cap. The surface soil cap will require grading for proper drainage.

Areas to be stabilized, as shown on the Drawings, are the locations suspected to contain hazardous levels of lead in the soil (TCLP greater than 5.0 mg/L lead). Soils will be stabilized in-situ. In-situ stabilization is considered any methods used that stabilize the soils within the Hazardous Lead Sampling Units shown on the Drawings prior to transport. This would include but not be limited to such methods as tractor-towed or self-propelled stabilizers/mixers, plows, discs, or stockpiling the soil within the Sampling Unit and mixing with dozers and/or excavators.

## **Construction Stormwater Best Management Practices (BMPs) (2.0)**

The SWPPP is a living document reflecting current conditions and changes throughout the life of the project. These changes may be informal (i.e. hand-written notes and deletions). Update the SWPPP when the CESCL has noted a deficiency in BMPs or deviation from original design.

### **The 12 Elements (2.1)**

#### **Element 1: Preserve Vegetation / Mark Clearing Limits (2.1.1)**

List and describe BMPs: BMP C101E – Preserving Natural Vegetation.

Installation Schedules: BMPs will be installed prior to commencing construction and as applicable to construction activities.

Inspection and Maintenance plan: None. Natural vegetation shall be preserved to the maximum extent possible.

Responsible Staff: Project Superintendent and project Certified Erosion and Sediment Control Lead (CESCL)

## **Element 2: Establish Construction Access (2.1.2)**

Stabilize roadway approaches and temporary access points with the appropriate construction entry BMP to paved roadways where possible. Street sweeping will be employed as necessary.

Installation Schedules: BMPs will be installed prior to commencing construction and as applicable to construction activities.

Inspection and Maintenance plan: Inspection and maintenance will be provided in accordance with the recommendations associated with the specific BMP.

Responsible Staff: Project Superintendent and project Certified Erosion and Sediment Control Lead (CESCL)

### Element 3: Control Flow Rates (2.1.3)

Will you construct stormwater retention and/or detention facilities?

Yes                    **No**

Will you use permanent infiltration ponds or other low impact development (example: rain gardens, bio-retention, porous pavement) to control flow during construction?

Yes                    **No**

List and describe BMPs:        N/A

Installation Schedules:        N/A

Inspection and Maintenance plan:    N/A

Responsible Staff:        N/A

## **Element 4: Install Sediment Controls (2.1.4)**

List and describe BMPs:

BMP C150E – Materials on Hand will be maintained on site and employed as needed.

BMP C233E – Silt fence will be installed as necessary to prevent sedimentation.

BMP C235E – Wattles will be utilized on slopes as necessary to trap sediment.

Installation Schedules: BMPs will be installed as necessary prior to and during construction to prevent sediment migration. Stock piles will be placed in a location not subject to run-off of stormwater

Inspection and Maintenance plan: Inspection and maintenance will be provided in accordance with the recommendations associated with the specific BMP.

Responsible Staff: Project Superintendent and project Certified Erosion and Sediment Control Lead (CESCL)

## Element 5: Stabilize Soils (2.1.5)

### East of the Cascade Mountains Crest, except the Central Basin\*

Season	Dates	Number of Days Soils Can be Left Exposed
During the Dry Season	July 1 – September 30	10 days
During the Wet Season	October 1 – June 30	5 days

Soils must be stabilized at the end of the shift before a holiday or weekend if needed based on the weather forecast.

Anticipated project dates: Start date: February 2024 End date: July 2024

Will you construct during the wet season?

Yes No

List and describe BMPs:

BMP C120E – Temporary and Permanent Seeding; disturbed surfaces will be permanently stabilized with hydroseed after establishing final grade or having been unworked for more than 30 days.

BMP C123E - Plastic Covering will be utilized as needed for soil piles left idle for more than 5 or 10 days (dependent on season) or if rain events are forecast with precipitation greater than 0.1” or predicted to be high intensity.

BMP C140E - Dust Control will be implemented to control fugitive dust during construction.

Installation Schedules: Sodding will be implemented as soon as possible after soil disturbing activities. Seeding will take place within the designated window for Eastern Washington

Inspection and Maintenance plan: Inspection and maintenance will be provided in accordance with the recommendations associated with the specific BMP.

Responsible Staff: Project Superintendent and project Certified Erosion and Sediment Control Lead (CESCL)

## **Element 6: Protect Slopes (2.1.6)**

Will steep slopes be present at the site during construction?

Yes                    **No**

List and describe BMPs:        N/A

Installation Schedules:        N/A

Inspection and Maintenance plan:    N/A

Responsible Staff:    N/A

## **Element 7: Protect Drain Inlets (2.1.7)**

List and describe BMPs:        N/A

Installation Schedules:        N/A

Inspection and Maintenance plan:    N/A

Responsible Staff:    N/A

## **Element 8: Stabilize Channels and Outlets (2.1.8).**

Provide stabilization, including armoring material, adequate to prevent erosion of outlets, adjacent stream banks, slopes, and downstream reaches, will be installed at the outlets of all conveyance systems.

No stormwater will be discharged to a channel or outlet as a result of this project. Stormwater will be retained on site.

List and describe BMPs: N/A

Installation Schedules: N/A

Inspection and Maintenance plan: N/A

Responsible Staff: N/A

## Element 9: Control Pollutants (2.1.9)

The following pollutants are anticipated to be present on-site:

Lead and Arsenic

List and describe BMPs:

Pollutants will be contained and separated from uncontaminated soils throughout the entirety of the project.

If additional polluted soils are encountered during construction, these impacted soils will be placed into an onsite repository that will be located on the northern section of the proposed project site, once the repository is filled with the contaminated soils, it will be capped with a HDPE liner and then an additional soil cap.

Installation Schedules: N/A

Inspection and Maintenance plan: N/A

Responsible Staff: N/A

Will maintenance, fueling, and/or repair of heavy equipment and vehicles occur on-site?

Yes No

List and describe BMPs: We have prepared an SPCC Plan for the project. ASTs will not be located within the project area. Fueling and lubing activities will be provided from mobile equipment not stored within the project area.

Installation Schedules: SPCC plan will be in place prior to beginning construction activities.

Inspection and Maintenance plan: As specified by the SPCC plan

Responsible Staff: Project Superintendent and project Certified Erosion and Sediment Control Lead (CESCL)

Will wheel wash or tire bath system BMPs be used during construction?

Yes No

List and describe BMPs: N/A

Installation Schedules: N/A

Inspection and Maintenance plan: N/A

Responsible Staff: N/A

Will pH-modifying sources be present on-site?

**Table 3 – pH-Modifying Sources**

X	None
	Bulk cement
	Cement kiln dust
	Fly ash
	Other cementitious materials
	New concrete washing or curing waters
	Waste streams generated from concrete grinding and sawing
	Exposed aggregate processes
	Dewatering concrete vaults
	Concrete pumping and mixer washout waters
	Recycled concrete
	Other (i.e. calcium lignosulfate) [please describe]

List and describe BMPs:

BMP C150E - Materials on Hand will be maintained on site and employed as needed.

Installation Schedules: N/A

Inspection and Maintenance plan: Inspection and maintenance will be provided in accordance with the recommendations associated with the specific BMP.

Responsible Staff: Project Superintendent and project Certified Erosion and Sediment Control Lead (CESCL

Concrete trucks must not be washed out onto the ground, or into storm drains, open ditches, streets, or streams. Excess concrete must not be dumped on-site, except in designated concrete washout areas with appropriate BMPs installed.

## Element 10: Control Dewatering (2.1.10)

**Table 4 – Dewatering BMPs**

	Infiltration
	Transport off-site in a vehicle (vacuum truck for legal disposal)
	Ecology-approved on-site chemical treatment or other suitable treatment technologies
	Sanitary or combined sewer discharge with local sewer district approval (last resort)
	Use of sedimentation bag with discharge to ditch or swale (small volumes of localized dewatering)

List and describe BMPs: Dewatering is not anticipated

Installation Schedules: N/A

Inspection and Maintenance plan: N/A

Responsible Staff: N/A

## **Element 11: Maintain BMPs (2.1.11)**

All temporary and permanent Erosion and Sediment Control (ESC) BMPs shall be maintained and repaired as needed to ensure continued performance of their intended function.

Maintenance and repair shall be conducted in accordance with each particular BMP specification (see *Volume II of the SWMMWW* or *Chapter 7 of the SWMMEW*).

Visual monitoring of all BMPs installed at the site will be conducted at least once every calendar week and within 24 hours of any stormwater or non-stormwater discharge from the site. If the site becomes inactive and is temporarily stabilized, the inspection frequency may be reduced to once every calendar month.

All temporary ESC BMPs shall be removed within 30 days after final site stabilization is achieved or after the temporary BMPs are no longer needed.

Trapped sediment shall be stabilized on-site or removed. Disturbed soil resulting from removal of either BMPs or vegetation shall be permanently stabilized.

Additionally, protection must be provided for all BMPs installed for the permanent control of stormwater from sediment and compaction. BMPs that are to remain in place following completion of construction shall be examined and restored to full operating condition. If sediment enters these BMPs during construction, the sediment shall be removed and the facility shall be returned to conditions specified in the construction documents.

## Element 12: Manage the Project (2.1.12)

The project will be managed based on the following principles:

- Projects will be phased to the maximum extent practicable and seasonal work limitations will be considered.
- Inspection and monitoring:
  - Inspection, maintenance and repair of all BMPs will occur as needed to ensure performance of their intended function.
  - Site inspections and monitoring will be conducted in accordance with Special Condition S4 of the CSWGP. Sampling locations are indicated on the [Site Map](#). Sampling station(s) are located in accordance with applicable requirements of the CSWGP.
- Maintain an updated SWPPP.
  - The SWPPP will be updated, maintained, and implemented in accordance with Special Conditions S3, S4, and S9 of the CSWGP.

As site work progresses the SWPPP will be modified routinely to reflect changing site conditions. The SWPPP will be reviewed monthly to ensure the content is current.

**Table 5 – Management**

	Design the project to fit the existing topography, soils, and drainage patterns
	Emphasize erosion control rather than sediment control
	Minimize the extent and duration of the area exposed
	Keep runoff velocities low
	Retain sediment on-site
	Thoroughly monitor site and maintain all ESC measures
	Schedule major earthwork during the dry season
	Other (please describe)





## Element 13: Protect Low Impact Development (LID) BMPs (2.1.13)

None present within project area.

### Pollution Prevention Team (3.0)

Table 7 – Team Information

<b>Title</b>	<b>Name(s)</b>	<b>Phone Number</b>
<b>Certified Erosion and Sediment Control Lead (CESCL)</b>	Dylan Miller	(509)-951-2986
<b>Resident Engineer</b>	N/A	
<b>Emergency Ecology Contact</b>	Jefferson Davis	(509) 329-3565
<b>Emergency Permittee/ Owner Contact</b>	Cody Hebrank	(509) 425-3387
<b>Non-Emergency Owner Contact</b>	Jeff Jurgensen	(509) 290-9239
<b>Monitoring Personnel</b>	Dylan Miller	(509)-951-2986
<b>Ecology Regional Office</b>	Eastern Region Office	(509) 329-3400

## Monitoring and Sampling Requirements (4.0)

Monitoring includes visual inspection, sampling for water quality parameters of concern, and documentation of the inspection and sampling findings in a site log book. A site log book will be maintained for all on-site construction activities and will include:

- A record of the implementation of the SWPPP and other permit requirements
- Site inspections
- Stormwater sampling data

File a blank form under Appendix D.

The site log book must be maintained on-site within reasonable access to the site and be made available upon request to Ecology or the local jurisdiction.

Numeric effluent limits may be required for certain discharges to 303(d) listed waterbodies. See CSWGP Special Condition S8 and Section 5 of this template.

Complete the following paragraph for sites that discharge to impaired waterbodies for fine sediment, turbidity, phosphorus, or pH:

### Site Inspection (4.1)

Site inspections will be conducted at least once every calendar week and within 24 hours following any discharge from the site. For sites that are temporarily stabilized and inactive, the required frequency is reduced to once per calendar month.

The discharge point(s) are indicated on the Site Map (see Appendix A) and in accordance with the applicable requirements of the CSWGP.

### Stormwater Quality Sampling (4.2)

#### Turbidity Sampling (4.2.1)

Requirements include calibrated turbidity meter or transparency tube to sample site discharges for compliance with the CSWGP. Sampling will be conducted at all discharge points at least once per calendar week.

Method for sampling turbidity:

**Table 8 – Turbidity Sampling Method**

	Turbidity Meter/Turbidimeter (required for disturbances 5 acres or greater in size)
	Transparency Tube (option for disturbances less than 1 acre and up to 5 acres in size)

The benchmark for turbidity value is 25 nephelometric turbidity units (NTU) and a transparency less than 33 centimeters.

If the discharge's turbidity is 26 to 249 NTU or the transparency is less than 33 cm but equal to or greater than 6 cm, the following steps will be conducted:

1. Review the SWPPP for compliance with Special Condition S9. Make appropriate revisions within 7 days of the date the discharge exceeded the benchmark.
2. Immediately begin the process to fully implement and maintain appropriate source control and/or treatment BMPs as soon as possible. Address the problems within 10 days of the date the discharge exceeded the benchmark. If installation of necessary treatment BMPs is not feasible within 10 days, Ecology may approve additional time when the Permittee requests an extension within the initial 10-day response period.
3. Document BMP implementation and maintenance in the site log book.

If the turbidity exceeds 250 NTU or the transparency is 6 cm or less at any time, the following steps will be conducted:

1. Telephone or submit an electronic report to the applicable Ecology Region's Environmental Report Tracking System (ERTS) within 24 hours.  
<https://www.ecology.wa.gov/About-us/Get-involved/Report-an-environmental-issue>
  - Central Region (Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, Yakima): (509) 575-2490
  - Eastern Region (Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman): (509) 329-3400
  - Northwest Region (King, Kitsap, Island, San Juan, Skagit, Snohomish, Whatcom): (425) 649-7000
  - Southwest Region (Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum,): (360) 407-6300
2. Immediately begin the process to fully implement and maintain appropriate source control and/or treatment BMPs as soon as possible. Address the problems within 10 days of the date the discharge exceeded the benchmark. If installation of necessary treatment BMPs is not feasible within 10 days, Ecology may approve additional time when the Permittee requests an extension within the initial 10-day response period
3. Document BMP implementation and maintenance in the site log book.
4. Continue to sample discharges daily until one of the following is true:
  - Turbidity is 25 NTU (or lower).
  - Transparency is 33 cm (or greater).
  - Compliance with the water quality limit for turbidity is achieved.
    - 1 - 5 NTU over background turbidity, if background is less than 50 NTU
    - 1% - 10% over background turbidity, if background is 50 NTU or greater
  - The discharge stops or is eliminated.

## pH Sampling (4.2.2)

pH monitoring is required for “Significant concrete work” (i.e. greater than 1000 cubic yards poured concrete or recycled concrete over the life of the project). The use of engineered soils (soil amendments including but not limited to Portland cement-treated base [CTB], cement kiln dust [CKD] or fly ash) also requires pH monitoring.

For significant concrete work, pH sampling will start the first day concrete is poured and continue until it is cured, typically three (3) weeks after the last pour.

For engineered soils and recycled concrete, pH sampling begins when engineered soils or recycled concrete are first exposed to precipitation and continues until the area is fully stabilized.

If the measured pH is 8.5 or greater, the following measures will be taken:

1. Prevent high pH water from entering storm sewer systems or surface water.
2. Adjust or neutralize the high pH water to the range of 6.5 to 8.5 su using appropriate technology such as carbon dioxide (CO<sub>2</sub>) sparging (liquid or dry ice).
3. Written approval will be obtained from Ecology prior to the use of chemical treatment other than CO<sub>2</sub> sparging or dry ice.

Method for sampling pH:

**Table 8 – pH Sampling Method**

	pH meter
	pH test kit
	Wide range pH indicator paper

## **Discharges to 303(d) or Total Maximum Daily Load (TMDL) Waterbodies (5.0)**

### **303(d) Listed Waterbodies (5.1)**

Is the receiving water 303(d) (Category 5) listed for turbidity, fine sediment, phosphorus, or pH?

Yes                    No

List the impairment(s): N/A

List and describe BMPs: N/A

### **TMDL Waterbodies (5.2)**

Waste Load Allocation for CWSGP discharges:

List and describe BMPs: N/A

Discharges to TMDL receiving waterbodies will meet in-stream water quality criteria at the point of discharge.
--

The Construction Stormwater General Permit Proposed New Discharge to an Impaired Water Body form is included in Appendix F.

## **Reporting and Record Keeping (6.0)**

### **Record Keeping (6.1)**

#### **Site Log Book (6.1.1)**

A site log book will be maintained for all on-site construction activities and will include:

- A record of the implementation of the SWPPP and other permit requirements
- Site inspections
- Sample logs

#### **Records Retention (6.1.2)**

Records will be retained during the life of the project and for a minimum of three (3) years following the termination of permit coverage in accordance with Special Condition S5.C of the CSWGP.

Permit documentation to be retained on-site:

- CSWGP
- Permit Coverage Letter
- SWPPP
- Site Log Book

Permit documentation will be provided within 14 days of receipt of a written request from Ecology. A copy of the SWPPP or access to the SWPPP will be provided to the public when requested in writing in accordance with Special Condition S5.G.2.b of the CSWGP.

#### **Updating the SWPPP (6.1.3)**

The SWPPP will be modified if:

- Found ineffective in eliminating or significantly minimizing pollutants in stormwater discharges from the site.
- There is a change in design, construction, operation, or maintenance at the construction site that has, or could have, a significant effect on the discharge of pollutants to waters of the State.

The SWPPP will be modified within seven (7) days if inspection(s) or investigation(s) determine additional or modified BMPs are necessary for compliance. An updated timeline for BMP implementation will be prepared.

## **Reporting (6.2)**

### **Discharge Monitoring Reports (6.2.1)**

**Cumulative soil disturbance is one (1) acre or larger; therefore,** Discharge Monitoring Reports (DMRs) will be submitted to Ecology monthly. If there was no discharge during a given monitoring period the DMR will be submitted as required, reporting “No Discharge”. The DMR due date is fifteen (15) days following the end of each calendar month.

DMRs will be reported online through Ecology’s WQWebDMR System.

<https://www.ecology.wa.gov/Regulations-Permits/Guidance-technical-assistance/Water-quality-permits-guidance/WQWebPortal-guidance>

### **Notification of Noncompliance (6.2.2)**

If any of the terms and conditions of the permit is not met, and the resulting noncompliance may cause a threat to human health or the environment, the following actions will be taken:

1. Ecology will be notified within 24-hours of the failure to comply by calling the applicable Regional office ERTS phone number (Regional office numbers listed below).
2. Immediate action will be taken to prevent the discharge/pollution or otherwise stop or correct the noncompliance. If applicable, sampling and analysis of any noncompliance will be repeated immediately and the results submitted to Ecology within five (5) days of becoming aware of the violation.
3. A detailed written report describing the noncompliance will be submitted to Ecology within five (5) days, unless requested earlier by Ecology.

Anytime turbidity sampling indicates turbidity is 250 NTUs or greater, or water transparency is 6 cm or less, the Ecology Regional office will be notified by phone within 24 hours of analysis as required by Special Condition S5.A of the CSWGP.

- Central Region at (509) 575-2490 for Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, or Yakima County
- Eastern Region at (509) 329-3400 for Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, or Whitman County
- Northwest Region at (425) 649-7000 for Island, King, Kitsap, San Juan, Skagit, Snohomish, or Whatcom County

- Southwest Region at (360) 407-6300 for Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, or Wahkiakum

Include the following information:

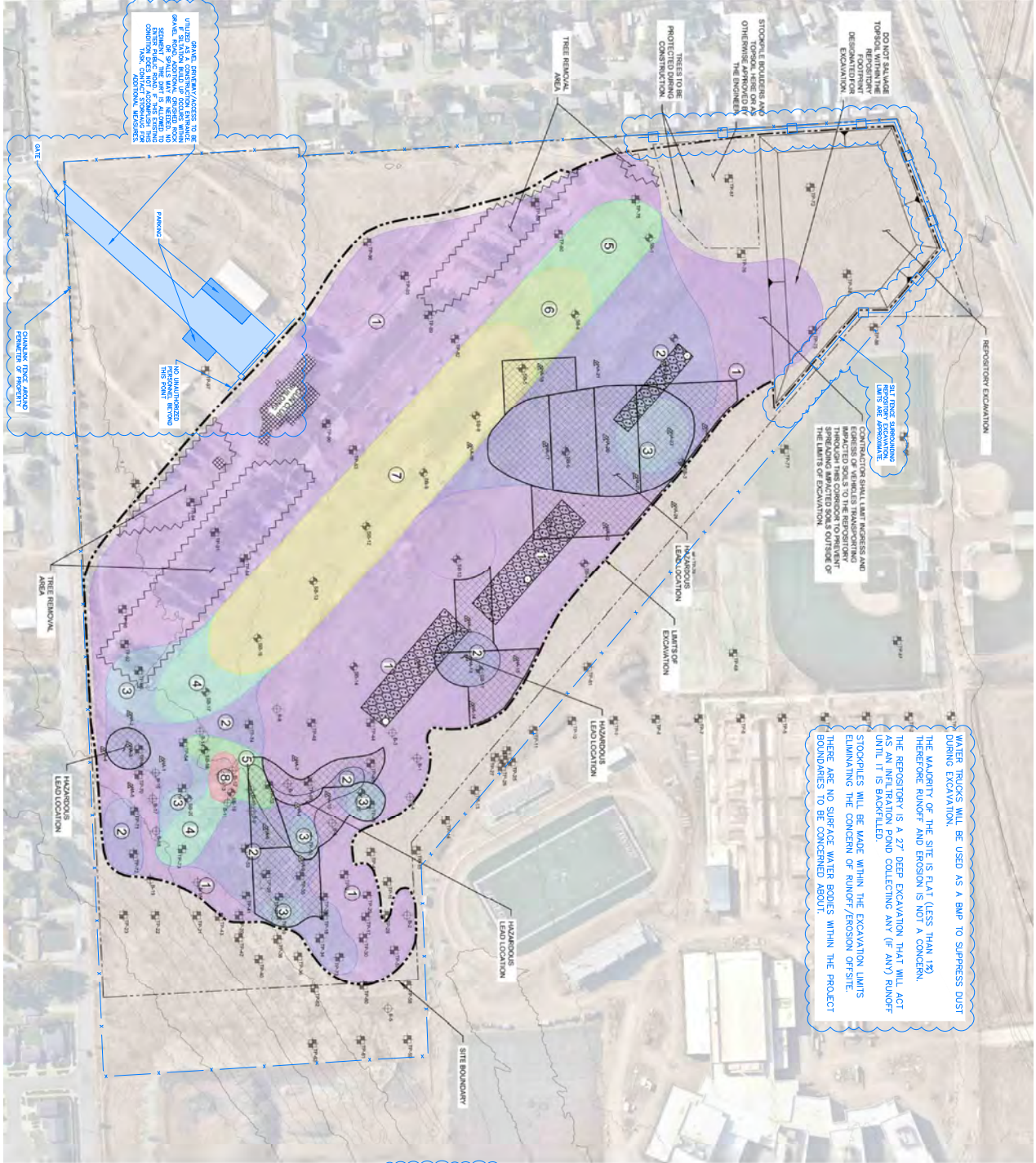
1. Your name and / Phone number
2. Permit number
3. City / County of project
4. Sample results
5. Date / Time of call
6. Date / Time of sample
7. Project name

In accordance with Special Condition S4.D.5.b of the CSWGP, the Ecology Regional office will be notified if chemical treatment other than CO<sub>2</sub> sparging is planned for adjustment of high pH water.

# Appendix/Glossary

## A. Site Map





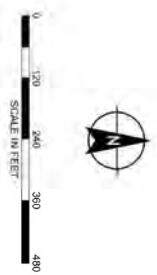
WATER ROCKS WILL BE USED AS A BMP TO SUPPRESS DUST THE MAJORITY OF THE SITE IS FLAT (LESS THAN 1%) THEREFORE RUNOFF AND EROSION IS NOT A CONCERN, THE RESERVOIR IS A 27' DEEP EXCAVATION THAT WILL ACT AS AN INFILTRATION POND COLLECTING ANY (IF ANY) RUNOFF UNTIL IT IS BACKFILLED. STOCKPILES WILL BE MADE WITHIN THE EXCAVATION LIMITS ELIMINATING THE CONCERN OF RUNOFF/EROSION OFFSITE. THERE ARE NO SURFACE WATER BODIES WITHIN THE PROJECT BOUNDARIES TO BE CONCERNED ABOUT.

NUMBER	CUT DEPTH (FT)	COLOR	VOLUME OF CUT (CY)
1	1	Blue	37,665
2	2	Green	25,984
3	3	Yellow	8,823
4	4	Orange	7,291
5	5	Red	10,741
6	6	Dark Red	8,072
7	7	Black	14,570
8	8	Black	2,704
TOTAL			125,848

**NOTES**

1. RESERVOIR EXCAVATION NOT INCLUDED IN THE TABLE ABOVE.
2. AREA 2 IN THE TABLE ABOVE ONLY INCLUDES THE VOLUME OF CUT FROM 1 TO 2 FEET DEEP BECAUSE THE VOLUME FROM 0 TO 1 FEET IS INCLUDED IN AREA 1.
3. AREA 3 IN THE TABLE ABOVE ONLY INCLUDES THE VOLUME OF CUT FROM 2 TO 3 FEET DEEP BECAUSE THE VOLUME FROM 0 TO 2 FEET IS INCLUDED IN AREA 2.
4. CONTRACTOR SHALL STABILIZE HAZARDOUS LEAD LOCATIONS IN SITUATION AS APPROVED BY THE ENGINEER PRIOR TO EXCAVATION OF IMPACTED SOILS WITHIN THE LIMITS OF HAZARDOUS LEAD EXCAVATION.
5. IMPACTED SOILS SHALL NOT BE TRANSPORTED OUTSIDE OF THE LIMITS OF EXCAVATION.
6. CONTRACTOR SHALL REMOVE AND STOCKPILE TOPSOIL REVEALED AT THE DISTURBED AREA IN ACCORDANCE WITH THE SPECIFICATION.

**STORHÄUG EROSION SEDIMENT CONTROL PLAN**  
 PURPOSE OF DOCUMENT:  
 ONLY ITEMS THAT ARE BUBBLED FALL WITHIN STORHÄUG'S SCOPE / DELINEATION. THIS SHEET WAS TAKEN FROM C-301 OF THE SPAD GUN CLUB CLEANUP PROJECT AND SEDIMENT CONTROL MEASURES TO ACCOMPANY THE SWPPP DOCUMENT AS PREPARED BY HAAME CONSTRUCTION.



	DATE	01/03/2024
	DRAWN	JMS
	CHECKED	AJS
	PROJECT NO.	23-465
SHEET TITLE CONTRACTOR EROSION AND SEDIMENT CONTROL PLAN FOR SWPPP DOCUMENT PROJECT TITLE CVSD GUN CLUB CLEANUP PROJECT 19615 E SPRAGUE AVENUE SPOKANE VALLEY, WASHINGTON 99016		
NO. _____ DATE BY _____		
1 OF 2 ESC		

510 east third avenue | spokane, wa | 99202  
 p 509.242.1000 | f 509.242.1001

**SPOKANE ESC STANDARD NOTES**

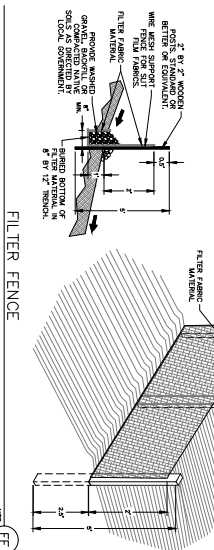
1. THE FOLLOWING CONSTRUCTION SEQUENCE SHALL BE FOLLOWED IN ORDER TO BEST MINIMIZE THE POTENTIAL FOR EROSION AND SEDIMENTATION CONTROL PROBLEMS:
  - 1.1. INSTALL TEMPORARY ESC BARRIERS, CONSTRUCTION SEDIMENT TRAPPING BARRS ONE OF THE FIRST
  - 1.2. CLEAR DRIVE AND TRUCK DRIVE FOR ROADS, TEMPORARY ACCESS POINTS AND UTILITY LOCATIONS.
  - 1.3. CLEAR DRIVE AND TRUCK DRIVE FOR ROADS, TEMPORARY ACCESS POINTS AND UTILITY LOCATIONS.
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**CONCRETE WASHOUT AREA**

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**SEDIMENT NOTES**

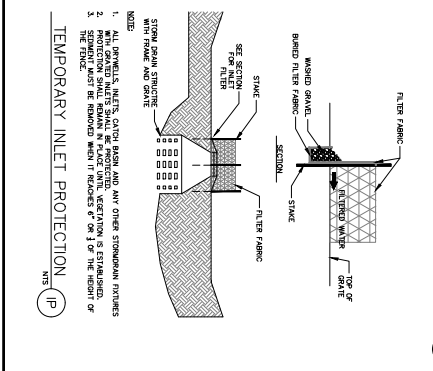
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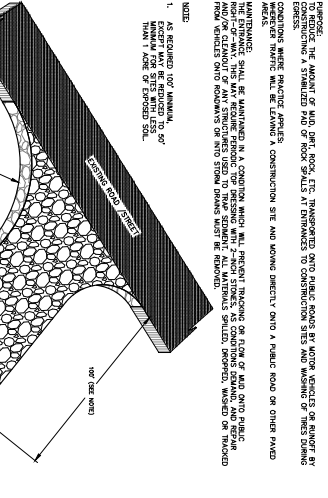
**HYDROSEED SPECIFICATIONS**

1. ALL DISTURBED AREAS TO BE SEED AS FOLLOWS UNLESS IN CONFLICT WITH LANDSCAPE PLAN.
2. SEED SHALL BE HYDROSEEDING, AND METHOD OF CONFORMANCE WITH STATE AND FEDERAL REGULATIONS.
3. THE SEED DELIVERED TO THE JOB SITE.
4. SEED SHALL BE HYDROSEEDING, AND METHOD OF CONFORMANCE WITH STATE AND FEDERAL REGULATIONS.
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**TEMPORARY INLET PROTECTION**

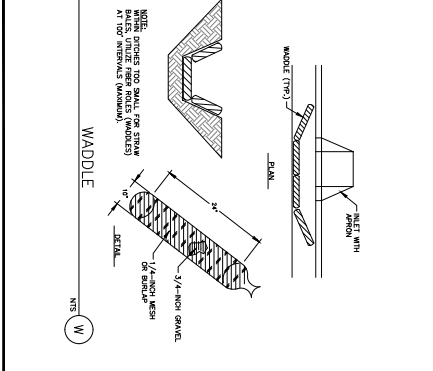


**STABILIZED CONSTRUCTION EXIT / TIRE WASH**



1. AS REQUIRED FOR MAINTENANCE, THE STABILIZED CONSTRUCTION EXIT / TIRE WASH SHALL BE PROVIDED AT ALL CONSTRUCTION SITES WHERE CONCRETE IS USED.
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**WADDLE**



DATE: 01/05/2024  
 DRAWN: JMS  
 CHECKED: AJS  
 23-455  
 PROJECT NO. 23-455  
 DRAWING NO. 2 OF 2  
 ESC

PROJECT TITLE: CVSD GUN CLUB CLEANUP PROJECT  
 19615 E SPRAGUE AVENUE  
 SPOKANE VALLEY, WASHINGTON 99016

storhäug  
 510 east third street | spokane, wa 99201  
 p 509.242.1000 | f 509.242.1001

## **BMP C140E: Dust Control**

### ***Purpose***

Dust control prevents wind transport of dust from disturbed soil surfaces onto roadways, into drainage systems, and into receiving waters. Wind erosion is a significant cause of soil movement from construction sites in eastern Washington. Although wind erosion can contribute to water quality impacts, dust control is regulated in some areas of eastern Washington primarily through local air quality authorities. Where such an entity exists, contact the local air quality authority for appropriate and required BMPs for dust control to implement at your project site.

### ***Conditions for Use***

Use dust control in areas (including roadways) subject to surface and air movement of dust where on-site or off-site impacts on roadways, drainage systems, or receiving waters are likely.

### ***Design and Installation Specifications***

- Vegetate or mulch areas that will not receive vehicle traffic. In areas where planting, mulching, or paving is impractical, apply gravel or landscaping rock.
- Limit dust generation by clearing only those areas where immediate activity will take place, leaving the remaining area(s) in the original condition, if stable. Maintain the original ground cover as long as practical.
- Construct natural or artificial windbreaks or windscreens. These may be designed as enclosures for small dust sources.
- Sprinkle the site with water until the surface is wet. Repeat as needed. To prevent carryout of mud onto the street, see [BMP C105E: Stabilized Construction Access](#) and [BMP C106E: Wheel Wash](#).
- Irrigation water can be used for dust control. Irrigation systems should be installed as a first step on sites where dust control is a concern.
- Spray exposed soil areas with a dust palliative, following the manufacturer's instructions and cautions regarding handling and application. Used oil is prohibited from use as a dust suppressant. Local jurisdictions may approve other dust palliatives such as calcium chloride or polyacrylamide (PAM).
- PAM ([BMP C126E: Polyacrylamide for Soil Erosion Protection](#)) added to water at a rate of 0.5 pounds per 1,000 gallons of water per acre and applied from a water truck is more effective than water alone. This is due to the increased infiltration of water into the soil and reduced evaporation. In addition, small soil particles are bonded together and are not as easily transported by wind. Adding PAM may reduce the quantity of water needed for dust control, especially in eastern Washington. PAM should not be directly applied to water or allowed to enter a water body.
- Contact your local air pollution control authority for guidance and training on other dust control measures. Compliance with the local air pollution control authority constitutes compliance with this BMP. See the following website for more information:

<https://ecology.wa.gov/About-us/Our-role-in-the-community/Partnerships-committees/Clean-air-agencies>

- Use vacuum street sweepers.
- Remove mud and other dirt promptly so it does not dry and then turn into dust.

Techniques that can be used for unpaved roads and lots include the following:

- Reduce speed limits. High vehicle speed increases the amount of dust stirred up from unpaved roads and lots.
- Upgrade the road surface strength by improving particle size, shape, and mineral types that make up the surface and base materials.
- Add surface gravel to reduce the source of dust emission. Limit the amount of fine particles < 0.075 millimeters to 10% to 20%.
- Use geotextile fabrics to increase the strength of new roads or roads undergoing reconstruction.
- Encourage the use of alternate, paved routes, if available.
- Apply chemical dust suppressants using the admix method, blending the product with the top few inches of surface material. Suppressants may also be applied as surface treatments.
- Limit dust-generating work on windy days.
- Pave unpaved permanent roads and other trafficked areas.

### ***Maintenance Standards***

Respray area as necessary to keep dust to a minimum.

## **BMP C150E: Materials on Hand**

### ***Purpose***

Quantities of erosion prevention and sediment control materials can be kept on the project site at all times to be used for emergency situations such as unexpected heavy rains. Having these materials on-site reduces the time needed to replace existing or implement new BMPs when inspections indicate that existing BMPs are not meeting the Construction Stormwater Pollution Prevention Plan (SWPPP) requirements. In addition, contractors can save money by buying some materials in bulk and storing them at their office or yard.

### ***Conditions for Use***

- Construction projects of any size or type can benefit from having materials on hand. A small commercial development project could have a roll of plastic and some gravel available for immediate protection of bare soil and temporary berm construction. A large earthwork project, such as highway construction, might have several tons of straw, several rolls of plastic, flexible pipe, sandbags, geotextile fabric and steel “T” posts.
- Materials should be stockpiled and readily available before any site clearing, grubbing, or earthwork begins. A large contractor or developer could keep a stockpile of materials that are available to be used on several projects.
- If storage space at the project site is at a premium, the contractor could maintain the materials at their office or yard. The office or yard must be less than an hour from the project site.

### ***Design and Installation Specifications***

Depending on the project type, size, complexity, and length, the materials and quantities will vary. A good minimum list of items that will cover numerous situations includes the following:

- Clear plastic, 6 mil
- Drainpipe, 6- or 8-inch-diameter
- Sandbags, filled
- Straw bales for mulching
- Quarry spalls
- Washed gravel
- Geotextile fabric
- Catch basin inserts
- Steel “T” posts
- Silt fence material
- Straw wattles

### ***Maintenance Standards***

- All materials with the exception of the quarry spalls, steel “T” posts, and gravel should be kept covered and out of both sun and rain.
- Restock materials as needed.

## **BMP C233E: Silt Fence**

### ***Purpose***

Silt fence reduces the transport of coarse sediment from a construction site by providing a temporary physical barrier to sediment and reducing the runoff velocities of overland flow.

### ***Conditions of Use***

- Silt fence may be used downslope of all disturbed areas.
- Silt fence shall prevent sediment carried by runoff from going beneath, through, or over the top of the silt fence but shall allow the water to pass through the fence.
- Silt fence is not intended to treat concentrated flows, nor is it intended to treat substantial amounts of overland flow. Convey any concentrated flows through the drainage system to a sediment-trapping BMP.
- Do not construct silt fences in streams or use in V-shaped ditches. Silt fences do not provide an adequate method of silt control for anything deeper than sheet or overland flow.

### ***Design and Installation Specifications***

- Contributing area of  $\leq 1$  acre or in combination with sediment basin in a larger site.
- Use in combination with other construction stormwater BMPs.
- Maximum slope steepness (perpendicular to the silt fence line) of 1H:1V.
- Maximum sheet or overland flow path length to the silt fence of 100 feet.
- Do not allow flows  $> 0.5$  cubic feet per second.
- Use geotextile fabric that meets the standards indicated in [Table 7.19: Geotextile Fabric Standards for Silt Fence](#). All of the listed geotextile properties are minimum average roll values (i.e., the test result for any sampled roll in a lot shall meet or exceed the values shown in Table [Table 7.19: Geotextile Fabric Standards for Silt Fence](#)).

**Table 7.19: Geotextile Fabric Standards for Silt Fence**

Geotextile Property	Minimum Average Roll Value
Polymeric Mesh Apparent Opening Size (ASTM D4751)	0.60 mm maximum for slit film wovens (No. 30 sieve) 0.30 mm maximum for all other geotextile types (No. 50 sieve) 0.15 mm minimum for all fabric types (No. 100 sieve)
Water Permittivity (ASTM D4491)	0.02 sec <sup>-1</sup> minimum
Grab Tensile Strength (ASTM D4632)	180 lb minimum for extra strength fabric 100 lb minimum for standard strength fabric
Grab Tensile Strength (ASTM D4632)	30% maximum
Ultraviolet Resistance (ASTM D4355)	70% minimum

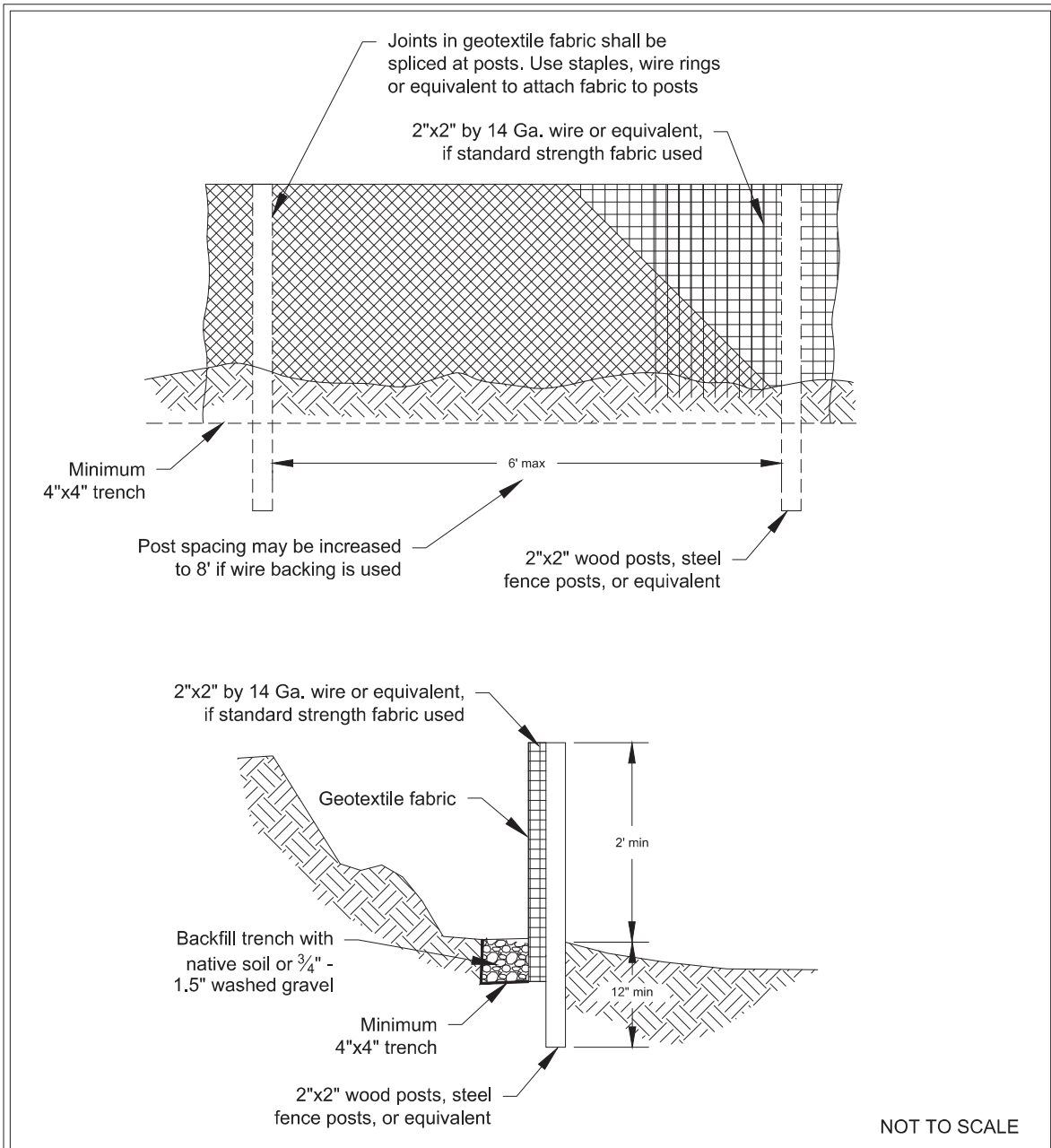
- Support standard strength geotextiles shall be supported with wire mesh, chicken wire, 2- by 2-inch wire, safety fence, or jute mesh to increase the strength of the geotextile Silt fence materials are available that have synthetic mesh backing attached.
- Silt fence material shall contain ultraviolet ray inhibitors and stabilizers to provide a minimum of 6 months of expected usable construction life at a temperature range of 0°F to 120°F.
- 100% biodegradable silt fence is available that is strong, long lasting, and can be left in place after the project is completed, if permitted by the local jurisdiction.
- See [Figure 7.24: Silt Fence](#). Include the following standard notes for silt fence on construction plans and specifications:
  1. The contractor shall install and maintain temporary silt fences at the locations shown in the plans.
  2. Construct silt fences in the areas of clearing, grading, or drainage prior to starting those activities.
  3. The silt fence shall have a 2-foot minimum and a 2.5-foot maximum height above the original ground surface.
  4. The geotextile fabric shall be sewn together at the point of manufacture to form fabric lengths as required. Locate all sewn seams at support posts. Alternatively, two sections of silt fence can be overlapped, provided the contractor can demonstrate, to the satisfaction of the licensed professional, that the overlap is long enough and that the adjacent silt fence sections are close enough together to prevent silt laden water from escaping through the fence at the overlap.
  5. Attach the geotextile fabric on the upslope side of the posts and secure with staples, wire, or in accordance with the manufacturer's recommendations. Attach the geotextile fabric to the posts in a manner that reduces the potential for tearing.
  6. Support the geotextile fabric with wire or plastic mesh, dependent on the properties of

the geotextile selected for use. If wire or plastic mesh is used, fasten the mesh securely to the upslope of the posts with the geotextile fabric upslope of the mesh.

7. Mesh support, if used, shall consist of steel wire with a maximum mesh spacing of 2 inches, or a prefabricated polymeric mesh. The strength of the wire or polymeric mesh shall be  $\geq 180$  pounds grab tensile strength. The polymeric mesh must be as resistant to the same level of ultraviolet radiation as the geotextile fabric it supports.
8. Bury the bottom of the geotextile fabric 4 inches minimum below the ground surface. Backfill and tamp soil in place over the buried portion of the geotextile fabric, so that no flow can pass beneath the silt fence and scouring cannot occur. When wire or polymeric support mesh is used, the wire or polymeric mesh shall extend into the ground 3 inches minimum.
9. Drive or place the silt fence posts into the ground 18 inch minimum. A 12-inch minimum depth is allowed if topsoil or other soft subgrade soil is not present and 18 inches cannot be reached. Increase fence post minimum depths by 6 inches if the fence is located on slopes of  $\geq 3H:1V$  and the slope is perpendicular to the fence. If required post depths cannot be obtained, the posts shall be adequately secured by bracing or guying to prevent overturning of the fence due to sediment loading.
10. Use wood, steel or equivalent posts. The spacing of the support posts shall be a maximum of 6 feet. Posts shall consist of one of the following:
  - Wood with minimum dimensions of 2 inches by 2 inches by 3 feet. Wood shall be free of defects such as knots, splits, or gouges.
  - No. 6 steel rebar or larger.
  - ASTM A120 steel pipe with a minimum diameter of 1 inch.
  - U-, T-, L-, or C-shaped steel posts with a minimum weight of 1.35 pounds per foot.
  - Other steel posts having strength and bending resistance equivalent to the post sizes listed above.
11. Locate silt fences on contour as much as possible, except at the ends of the fence, where the fence shall be turned uphill such that the silt fence captures the runoff water and prevents water from flowing around the end of the fence.
12. If the fence must cross contours, with the exception of the ends of the fence, place check dams perpendicular to the back of the fence to minimize concentrated flow and erosion. The slope of the fence line where contours must be crossed shall be  $\leq 3H:1V$ .
  - Check dams shall be approximately 1 foot deep at the back of the fence and shall be continued perpendicular to the fence at the same elevation until the top of the check dam intercepts the ground surface behind the fence.
  - Check dams shall consist of crushed surfacing base course, gravel backfill for walls, or shoulder ballast and shall be located every 10 feet along the fence where the fence must cross contours.

- See [Figure 7.25: Silt Fence Installation by Slicing Method](#) for slicing method details. The following are specifications for silt fence installation using the slicing method:
  1. The base of both end posts must be  $\geq 2$  to 4 inches above the top of the geotextile fabric on the middle posts for ditch checks to drain properly. Use a hand level or string level, if necessary, to mark base points before installation.
  2. Install posts 3 to 4 feet apart in critical retention areas and 6 to 7 feet apart in standard applications.
  3. Install posts 24 inches deep on the downstream side of the silt fence, and as close as possible to the geotextile fabric, enabling posts to support the geotextile fabric from upstream water pressure.
  4. Install posts with the nipples facing away from the geotextile fabric.
  5. Attach the geotextile fabric to each post with three ties, all spaced within the top 8 inches of the fabric. Attach each tie diagonally 45 degrees through the fabric, with each puncture  $\geq 1$  inch vertically apart. Each tie should be positioned to hang on a post nipple when tightening to prevent sagging.
  6. Wrap approximately 6 inches of the geotextile fabric around the end posts and secure with three ties.
  7. No more than 24 inches of a 36-inch geotextile fabric is allowed above ground level.
  8. Compact the soil immediately next to the geotextile fabric with the front wheel of the tractor, skid steer, or roller exerting  $\geq 60$  pounds per square inch. Compact the upstream side first and then each side twice for a total of four trips. Check and correct the installation for any deviation before compaction. Use a flat-bladed shovel to tuck fabric deeper into the ground if necessary.

**Figure 7.24: Silt Fence**



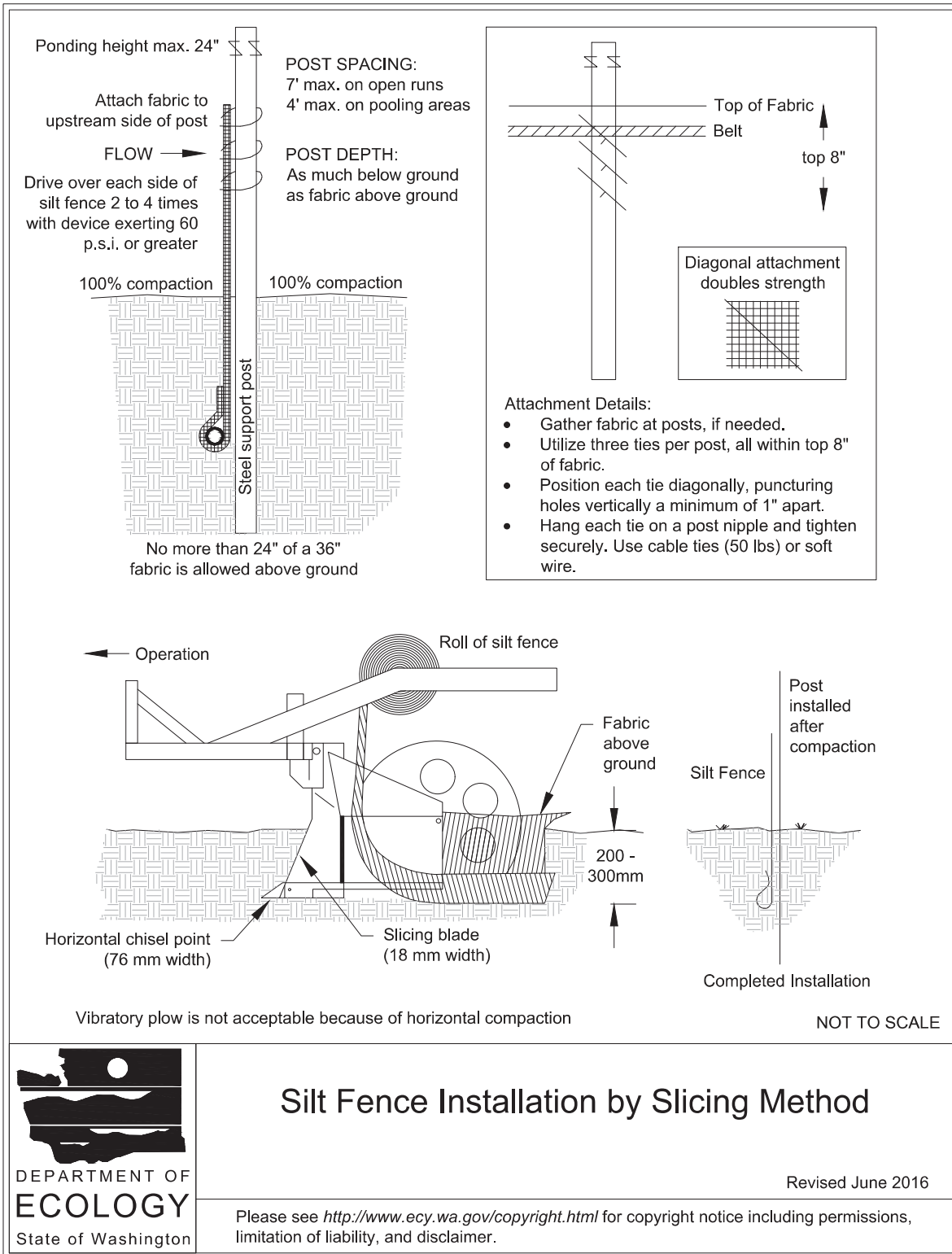
DEPARTMENT OF  
**ECOLOGY**  
State of Washington

## Silt Fence

Revised June 2016

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**Figure 7.25: Silt Fence Installation by Slicing Method**



## Maintenance Standards

- Repair any damage immediately.
- If concentrated flows are evident uphill of the fence, they must be intercepted and conveyed to a sediment-trapping BMP.
- It is important to check the uphill side of the silt fence for signs of the fence clogging and acting as a barrier to flow and then causing channelization of flows parallel to the fence. If this occurs, replace the fence and remove the trapped sediment.
- Remove sediments deposits when the deposit reaches approximately one-third the height of the silt fence, or install a second silt fence.
- Replace geotextile fabric that has deteriorated due to ultraviolet breakdown.

## BMP C234E: Vegetated Strip

### Purpose

Vegetated strips reduce the transport of coarse sediment from a construction site by providing a physical barrier to sediment and reducing the runoff velocities of overland flow.

### Conditions of Use

- Vegetated strips may be used downslope of all disturbed areas.
- Vegetated strips are not intended to treat concentrated flows, nor are they intended to treat substantial amounts of overland flow. Any concentrated flows must be conveyed through the drainage system to [BMP C241E: Sediment Pond \(Temporary\)](#) or other sediment-trapping BMP. The only circumstance in which overland flow can be treated solely by a vegetated strip rather than a sediment-trapping BMP, is when the following criteria are met (see [Table 7.20: Contributing Area for Vegetated Strips](#)):

**Table 7.20: Contributing Area for Vegetated Strips**

Average Contributing Area Slope	Average Contributing Area Percentage Slope	Maximum Contributing Area Flow Path Length (feet)
≤ 1.5H:1V	≤ 67	100
≤ 2H:1V	≤ 50	115
≤ 4H:1V	≤ 25	150
≤ 6H:1V	≤ 16.7	200
≤ 10H:1V	≤ 10	250

### Design and Installation Specifications

- The vegetated strip shall consist of a continuous strip of dense vegetation with topsoil for a minimum length of 25 feet along the flow path. Grass-covered, landscaped areas are generally not adequate because the volume of sediment overwhelms the grass. Ideally,

vegetated strips shall consist of undisturbed native growth with a well-developed soil that allows for infiltration of runoff.

- The slope within the vegetated strip shall be  $\leq 4H:1V$ .
- The uphill boundary of the vegetated strip shall be delineated with clearing limits.

### **Maintenance Standards**

- Any areas damaged by erosion or construction activity shall be seeded immediately and protected by mulch.
- If > 5 feet of the original vegetated strip width has had vegetation removed or is being eroded, sod must be installed.
- If there are indications that concentrated flows are traveling across the vegetated strip, stormwater runoff controls must be installed to reduce the flows entering the vegetated strip, or additional perimeter protection must be installed.

## **BMP C235E: Wattles**

### **Purpose**

Wattles are temporary erosion and sediment control barriers consisting of straw, compost, or other material that is wrapped in biodegradable tubular plastic or similar encasing material. They reduce the velocity and can spread the flow of rill and sheet runoff and can capture and retain sediment.

### **Conditions of Use**

- Use wattles under the following conditions:
  - In disturbed areas that require immediate erosion protection
  - On exposed soils during the period of short construction delays or over winter months
  - On slopes requiring stabilization until permanent vegetation can be established
- The material used dictates the effectiveness period of the wattle. Generally, wattles are effective for one to two seasons.
- Prevent rilling beneath wattles by entrenching and overlapping wattles to prevent water from passing between them.

### **Design Criteria**

- See [Figure 7.26: Wattles](#) for typical construction details.
- Wattles are typically 8 to 10 inches in diameter and 25 to 30 feet in length.
- Install wattles perpendicular to the flow direction and parallel to the slope contour.
- Place wattles in shallow trenches staked along the contour of disturbed or newly constructed slopes. Dig narrow trenches across the slope (on contour) to a depth of 3 to 5 inches on clay

soils and soils with gradual slopes. On loose soils, steep slopes, and areas with high rainfall, the trenches should be dug to a depth of 5 to 7 inches or one-half to two-thirds the thickness of the wattle.

- Start building trenches and installing wattles from the base of the slope and work up. Spread excavated material evenly along the uphill slope and compact it using hand tamping or other methods.
- Construct trenches at contour intervals of 3 to 30 feet apart depending on the steepness of the slope, soil type, and rainfall. The steeper the slope the closer together the trenches.
- Install the wattles snugly into the trenches and overlap the ends of adjacent wattles 12 inches behind one another.
- Install stakes at each end of the wattle and at 4-foot centers along entire length of wattle.
- If required, install pilot holes for the stakes using a straight bar to drive holes through the wattle and into the soil.
- Wooden stakes should be 0.75 by 0.75 by 24 inches minimum. Willow cuttings or 3/8-inch rebar can also be used for stakes.
- Stakes should be driven through the middle of the wattle, leaving 2 to 3 inches of the stake protruding above the wattle.

### ***Maintenance Standards***

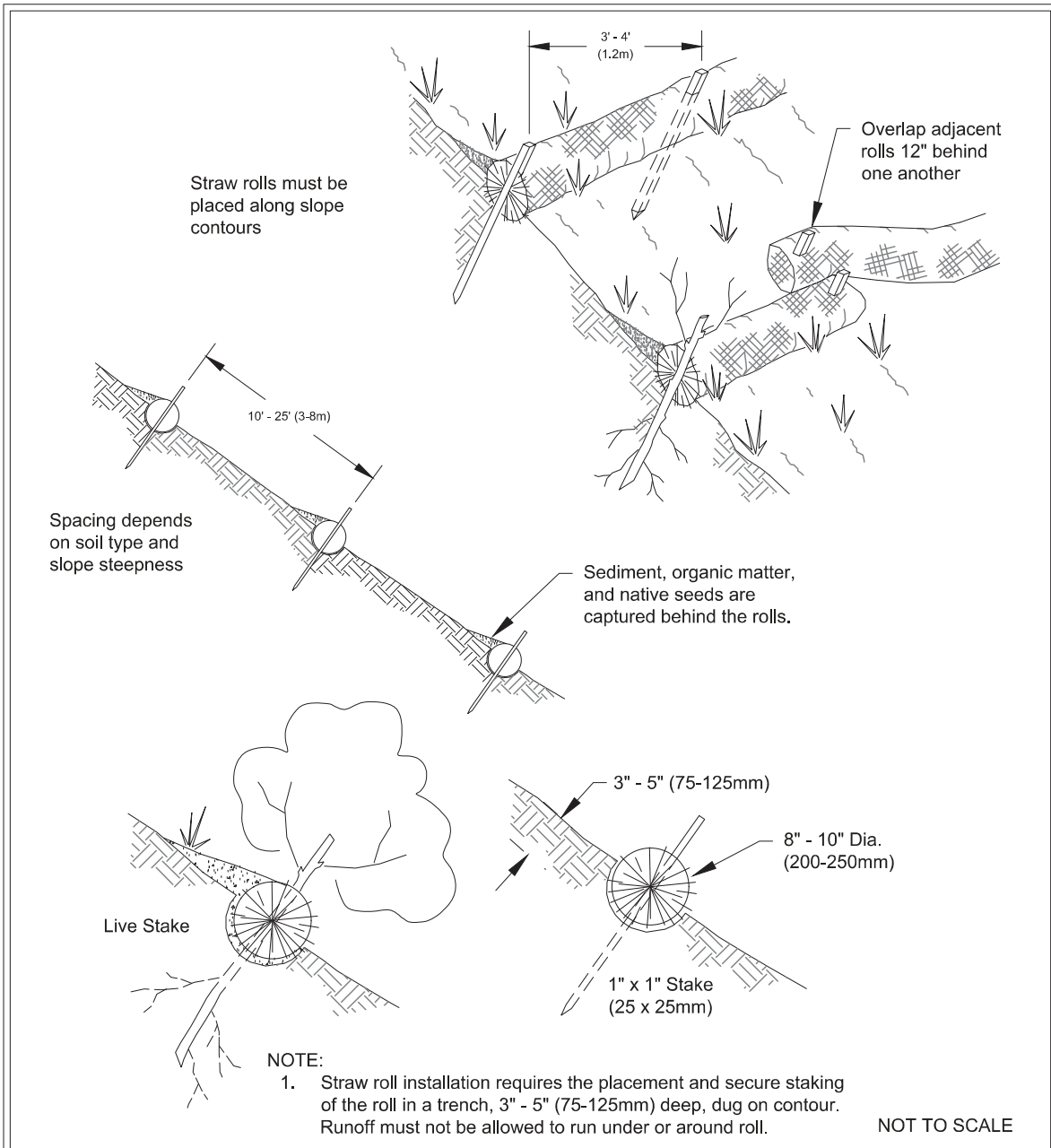
- Wattles may require maintenance to ensure they are in contact with soil and thoroughly entrenched, especially after significant rainfall on steep sandy soils.
- Inspect the slope after significant storms and repair any areas where wattles are not tightly abutted or water has scoured beneath the wattles.

### ***Approved as Functionally Equivalent***

The Washington State Department of Ecology (Ecology) has approved products as able to meet the requirements of this BMP. The products did not pass through the Technology Assessment Protocol–Ecology (TAPE) process. Local jurisdictions may choose not to accept these products or may require additional testing prior to consideration for local use. Products that Ecology has approved as functionally equivalent are available for review on Ecology’s Emerging Stormwater Treatment Technologies (TAPE) web page at the following address:

<https://ecology.wa.gov/Regulations-Permits/Guidance-technical-assistance/Stormwater-permittee-guidance-resources/Emerging-stormwater-treatment-technologies>

**Figure 7.26: Wattles**



## Wattles

Revised June 2016

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## **BMP C120E: Temporary and Permanent Seeding**

### ***Purpose***

Seeding reduces erosion by stabilizing exposed soils. A well-established vegetative cover is one of the most effective methods of reducing erosion.

### ***Conditions of Use***

- Use seeding throughout the project on disturbed areas that have reached final grade or that will remain unworked for > 30 days. See [Element #5: Stabilize Soils](#) for specific timelines for stabilizing exposed soils.
- The optimum permanent seeding window for eastern Washington is October 1 through November 15.
- The acceptable permanent seeding window for eastern Washington is September 1 through April 30.
- Seeding permanent species is not recommended for eastern Washington from May 1 through August 31, unless irrigation is conducted.
- Review all disturbed areas in late August to early September and complete all seeding by the end of April. Otherwise, vegetation will not establish itself well enough to provide more than average protection.
- Mulch is required at all times for seeding because it protects seeds from heat, moisture loss, and transport due to runoff. Mulch can be applied on top of the seed or simultaneously by hydroseeding. See [BMP C121E: Mulching](#) for specifications.
- Seed and mulch all disturbed areas not otherwise vegetated at final site stabilization. Final stabilization means the completion of all soil disturbing activities at the site and the establishment of a permanent vegetative cover, or equivalent permanent stabilization measures (such as pavement, riprap, gabions or geotextiles) which will prevent erosion. See [BMP F6.61: Amending Construction Site Soils](#).

### ***Design and Installation Specifications***

#### **General**

- Install channels intended for vegetation before starting major earthwork and hydroseed with a bonded fiber matrix (BFM). For vegetated channels that will have high flows, install erosion control blankets over hydroseed. Before allowing water to flow in vegetated channels, establish a 50% vegetation cover of all seeded areas after 3 months of active growth following germination during the growing season. If vegetated channels cannot be established by seed before water flow, install sod or prevegetated mats in the channel bottom over hydromulch

and blankets.

- Confirm the installation of all required stormwater control measures to prevent seed from washing away.
  - Hydroseed applications shall include a minimum of 1,500 pounds per acre (lb/acre) of mulch with 3% tackifier.
  - Mulch is always required for seeding. Apply mulch on top of the seed or simultaneously by hydroseeding. See [BMP C121E: Mulching](#) for specifications.
  - Areas that will have seeding only and not landscaping may need compost or meal-based mulch included in the hydroseed in order to establish vegetation. Reinstall native topsoil on the disturbed soil surface before application. See BMP F6.61 (Amending Construction Site Soils) in [Chapter 6 - Flow Control BMP Design](#).
  - When installing seed via hydroseeding operations, only about one-third of the seed actually ends up in contact with the soil surface. This reduces the ability to establish a good stand of grass quickly. One way to overcome this is to increase seed quantities by up to 50%.
  - Vegetation establishment can be enhanced by one of the following two approaches:
    - Approach 1: Enhance vegetation establishment by dividing the hydromulch operation into two phases:
      - Phase 1 – Install all seed and fertilizer with 25% to 30% mulch and tackifier onto the soil in the first lift.
      - Phase 2 – Install the remaining mulch and tackifier over the first lift.
    - Approach 2: Vegetation can also be enhanced by:
      - Installing the mulch, seed, fertilizer, and tackifier in one lift;
      - Spreading or blowing straw over the top of the hydromulch at a rate of about 800 to 1,000 lb/acre; or
      - Holding straw in place with a standard tackifier.
    - Both of these approaches (Approach 1 and Approach 2) will increase cost moderately but will greatly improve and enhance vegetative establishment. The increased cost may be offset by the reduced need for:
      - Irrigation,
      - Reapplication of mulch, and
      - Repair of failed slope surfaces.
- Either of these approaches can use standard hydromulch (1,500 lb/acre minimum) and BFM/mechanically bonded fiber matrix (MBFM) (3,000 lb/acre minimum).
- Seed may be installed by hand if it is:

- Temporary and covered by straw, mulch, or topsoil; or
- Permanent in small areas (usually < 1 acre) and covered with mulch, topsoil, or erosion blankets.
- The seed mixes listed in Tables 7.3.3 through 7.3.12 include recommended mixes for both temporary and permanent seeding. Alternative seed mixes approved by the local jurisdiction may be used.
- Because it is difficult to generalize soil and climate conditions in eastern Washington, the project proponent is directed to check with the local suppliers or the local conservation district for appropriate seed mixes and application rates for their site based on a variety of factors, including location, exposure, soil type, slope, and expected foot traffic.
- In addition to meeting erosion control functions and not hindering maintenance operations, selection of long-lived, successional growth native vegetation that can compete against or exclude weeds and grow with minimal maintenance after plant establishment is preferred. Provide diversity to the greatest extent possible and plan for a succession of flowering times to improve pollinator habitat.

[Table 7.3: Temporary Seeding](#) shows seeding rates for four different seed mixes (A, B, C, and D) for the temporary stabilization of disturbed areas until permanent vegetation or other long-term erosion control measures can be established. These annual plants will generally not survive more than one growing season.

**Table 7.3: Temporary Seeding**

Common Name	Seeding Rate for Four Seed Mixes (lb/acre)			
	A	B	C	D
Winter or spring wheat (I)	80			
Spring barley (I)		80		
Regreen (I) <sup>a</sup> or triticale (I)			50	
Annual ryegrass (I)				15
<sup>a</sup> Sterile wheat x wheatgrass hybrid				
I = introduced, nonnative plant species				

[Table 7.4: Permanent Seed Mixes: Upland Areas with Less than 12 Inches Precipitation](#) shows three different erosion control seed mixes (A, B, and C) for upland areas that receive less than 12 inches effective precipitation. For each, drilled seeding rates are given (in lb/acre); double seed rates if broadcast or hydroseeded. Consideration should be given to the traffic hazard for wildlife when selecting food species for roadside stabilization.

**Table 7.4: Permanent Seed Mixes: Upland Areas with Less than 12 Inches Precipitation**

Common Name	Seeding Rate for Three Seed Mixes (lb/acre) <sup>a</sup>		
	A	B	C
Crested or Siberian wheatgrass* (droughty, coarse soils) (I)	7		
Bluebunch wheatgrass (N)		7	
Indian ricegrass (sandy soil)(N)	2		
Thickspike wheatgrass (N)			8
Sheep fescue (I)		1	1
Big bluegrass (N) or needle and thread grass (N)	1	1	
TOTAL	10	9	9
Seeds/sq ft/mixture	63	56	64
<sup>a</sup> Expressed as pure live seed I = introduced, nonnative plant species N = native plant species sf = square feet			

[Table 7.5: Permanent Seed Mixes: Upland Areas That Receive 12 to 15 Inches Precipitation](#) shows three different erosion control seed mixes (A, B, and C) for upland areas that receive 12 to 15 inches effective precipitation. For each, drilled seeding rates are given (in lb/acre); double seed rates if broadcast or hydroseeded. Consideration should be given to the traffic hazard for wildlife when selecting food species for roadside stabilization.

**Table 7.5: Permanent Seed Mixes: Upland Areas That Receive 12 to 15 Inches Precipitation**

Common Name	Seeding Rate for Three Seed Mixes (lb/acre) <sup>a</sup>		
	A	B	C
Bluebunch or beardless wheatgrass (N)		8	
Pubescent wheatgrass (I)			7
Indian ricegrass (sandy or sandy loam soils) (N)	2		
Thickspike wheatgrass (N)	7		2
Sheep fescue (I)		1	2
Basin wildrye (N)		1	
TOTAL	9	10	11
Seeds/sf/mixture	53	63	49
<sup>a</sup> Expressed as pure live seed I = introduced, nonnative plant species N = native plant species sf = square feet			

[Table 7.6: Permanent Seed Mixes: Upland Areas With 15 to 18 Inches Precipitation](#) shows two different erosion control seed mixes (A and B) for upland areas that receive 15 to 18 inches effective precipitation. For each, drilled seeding rates are given (in lb/acre); double seed rates if broadcast or hydroseeded. Consideration should be given to the traffic hazard for wildlife when selecting food species for roadside stabilization.

**Table 7.6: Permanent Seed Mixes: Upland Areas With 15 to 18 Inches Precipitation**

Common Name	Seeding Rate for Two Seed Mixes (lb/acre) <sup>a</sup>	
	A	B
Bluebunch wheatgrass (N) or beardless wheatgrass (N)	8	
Pubescent wheatgrass (I) or intermediate wheatgrass (I) or thickspike wheatgrass (N)		8
Hard fescue (I) or sheep fescue (I)	2	2
Big bluegrass (N)	1	1
Native legume (N)	2	2
TOTAL	9	10
Seeds/sf/mixture	70	72
<sup>a</sup> Expressed as pure live seed I = introduced, nonnative plant species N = native plant species sf = square feet		

[Table 7.7: Permanent Seed Mixes: Upland Areas With 18 to 24 Inches Precipitation \(continued\)](#) shows three different erosion control seed mixes (A, B, and C) for upland areas that receive 18 to 24 inches effective precipitation. For each, drilled seeding rates are given (in lb/acre); double seed rates if broadcast or hydroseeded. Consideration should be given to the traffic hazard for wildlife when selecting food species for roadside stabilization.

**Table 7.7: Permanent Seed Mixes: Upland Areas With 18 to 24 Inches Precipitation**

Common Name	Seeding Rate for Three Seed Mixes (lb/acre) <sup>a</sup>		
	A	B	C
Slender wheatgrass (N) or sodar streambank wheatgrass	7		
Blue wildrye (N)		8	
Mountain brome (N)	1		8
Hard fescue (I)	2	2	2
White clover (I) or red clover (I)			2

**Table 7.7: Permanent Seed Mixes: Upland Areas With 18 to 24 Inches Precipitation (continued)**

Common Name	Seeding Rate for Three Seed Mixes (lb/acre) <sup>a</sup>		
	A	B	C
Native lupine (N) or northern sweetvetch (N)		2	
Native clover spp. (N) or milkvetch spp. (N)	2		
TOTAL	12	12	12
Seeds/sf/mixture	64	62	76
<sup>a</sup> Expressed as pure live seed I = introduced, nonnative plant species N = native plant species sf = square feet			

[Table 7.8: Permanent Seed Mixes: Upland Areas With More Than 24 Inches Precipitation \(continued\)](#) shows two different erosion control seed mixes (A and B) for upland areas that receive > 24 inches effective precipitation. For each, drilled seeding rates are given (in lb/acre); double seed rates if broadcast or hydroseeded. Consideration should be given to the traffic hazard for wildlife when selecting food species for roadside stabilization.

**Table 7.8: Permanent Seed Mixes: Upland Areas With More Than 24 Inches Precipitation**

Common Name	Seeding Rate for Two Seed Mixes (lb/acre) <sup>a</sup>	
	A	B
Hard fescue (I)		2
Blue wildrye (N)	6	
Red fescue (I)	1	
Mountain brome (N)	2	4
Slender wheatgrass (N)		4
White clover (I)	2	
Native legume (N)		2
TOTAL	11	12

**Table 7.8: Permanent Seed Mixes: Upland Areas With More Than 24 Inches Precipitation (continued)**

Common Name	Seeding Rate for Two Seed Mixes (lb/acre) <sup>a</sup>	
	A	B
Seeds/sf/mixture	72	61
<sup>a</sup> Expressed as pure live seed I = introduced, nonnative plant species N = native plant species sf = square feet		

[Table 7.9: Permanent Seed Mixes: Grassed Waterways With Fewer Than 15 Inches Precipitation](#) shows three different erosion control seed mixes (A, B, and C) for stabilizing grassed waterways in areas that receive fewer than 15 inches effective precipitation. For each, drilled seeding rates are given (in lb/acre); double seed rates if broadcast or hydroseeded. Consideration should be given to the traffic hazard for wildlife when selecting food species for roadside stabilization.

**Table 7.9: Permanent Seed Mixes: Grassed Waterways With Fewer Than 15 Inches Precipitation**

Common Name	Seeding Rate for Three Seed Mixes (lb/acre) <sup>a</sup>		
	A	B	C
Pubescent wheatgrass (I)		10	
Streambank wheatgrass (N)			7
Thickspike wheatgrass (N)	7		
Sheep fescue (I)		2	2
Big bluegrass (N)	2		
TOTAL	9	12	9
Seeds/sf/mixture	66	48	56
<sup>a</sup> Expressed as pure live seed I = introduced, nonnative plant species N = native plant species sf = square feet			

[Table 7.10: Permanent Seed Mixes: Grassed Waterways With 15 to 18 Inches Precipitation](#) shows three different erosion control seed mixes (A, B, and C) for stabilizing grassed waterways in areas that receive 15 to 18 inches effective precipitation. For each, drilled seeding rates are given (in lb/acre); double seed rates if broadcast or hydroseeded. Consideration should be given to the traffic hazard for wildlife when selecting food species for roadside stabilization.

**Table 7.10: Permanent Seed Mixes: Grassed Waterways With 15 to 18 Inches Precipitation**

Common Name	Seeding Rate for Three Seed Mixes (lb/acre) <sup>a</sup>		
	A	B	C
Tall wheatgrass (I)	10		
Pubescent wheatgrass (I), streambank wheatgrass (N), or intermediate wheatgrass (I)		10	
Hard fescue (I) or sheep fescue (I)	2	2	2
Thickspike wheatgrass (N)			8
TOTAL	12	12	10
Seeds/sf/mixture	46	48	57
<sup>a</sup> Expressed as pure live seed I = introduced, nonnative plant species N = native plant species sf = square feet			

[Table 7.11: Permanent Seed Mixes: Grassed Waterways With More Than 18 Inches Precipitation](#) shows three different erosion control seed mixes (A, B, and C) for stabilizing grassed waterways in areas that receive more than 18 inches effective precipitation. For each, drilled seeding rates are given (in lb/acre); double seed rates if broadcast or hydroseeded. Consideration should be given to the traffic hazard for wildlife when selecting food species for roadside stabilization.

**Table 7.11: Permanent Seed Mixes: Grassed Waterways With More Than 18 Inches Precipitation**

Common Name	Seeding Rate for Three Seed Mixes (lb/acre) <sup>a</sup>		
	A	B	C
Intermediate wheatgrass (I)	10		
Mountain brome (N) or meadow brome		10	
Annual ryegrass (I) or perennial ryegrass (I)	4		
Hard fescue (I)		2	
Tall wheatgrass (I)			10
TOTAL	14	12	10
Seeds/sf/mixture	40	46	38
<sup>a</sup> Expressed as pure live seed I = introduced, nonnative plant species N = native plant species sf = square feet			

[Table 7.12: Permanent Seed Mixes: Stabilization of Ski Slopes and Subalpine Areas \(continued\)](#) shows two different erosion control seed mixes (A and B) for stabilizing ski slopes and subalpine areas in eastern Washington. For each, drilled seeding rates are given (in lb/acre); double seed rates if broadcast or hydroseeded. Consideration should be given to the traffic hazard for wildlife when selecting food species for roadside stabilization.

**Table 7.12: Permanent Seed Mixes: Stabilization of Ski Slopes and Subalpine Areas**

Common Name	Seeding Rate for Three Seed Mixes (lb/acre) <sup>a</sup>	
	A	B
Blue wildrye (N) or Idaho fescue (N)	10	
Pubescent wheatgrass (I) or red fescue (I)		8
Hard fescue (I)		5
Sheep fescue (I)	2	2
White clover (I) or bentgrasses (I)		2
Lupine (N)	2	

**Table 7.12: Permanent Seed Mixes: Stabilization of Ski Slopes and Subalpine Areas (continued)**

Common Name	Seeding Rate for Three Seed Mixes (lb/acre) <sup>a</sup>	
	A	B
TOTAL	14	17
<sup>a</sup> Expressed as pure live seed I = introduced, nonnative plant species N = native plant species		

**Roughening and Rototilling**

- The seedbed should be firm and rough. Roughen all soil no matter what the slope. Track walk slopes before seeding if engineering purposes require compaction. Back-blading or smoothing of slopes > 4H:1V is not allowed if they are to be seeded.
- Restoration-based landscape practices require deeper incorporation than that provided by a simple single-pass rototilling treatment. Wherever practical, initially rip the subgrade to improve long-term permeability, infiltration, and water inflow qualities. At a minimum, permanent areas shall receive soil amendments to achieve organic matter and permeability performance defined in amended soil/landscape systems. For systems that are deeper than 8 inches, complete the rototilling process in multiple lifts, or prepare the soil amendments to achieve the specified depth.

**Fertilizers**

- Conducting soil tests to determine the exact type and quantity of fertilizer needed is recommended. This will prevent the overapplication of fertilizer.
- Organic matter is the most appropriate form of fertilizer because it provides nutrients (including nitrogen, phosphorus, and potassium) in the least water-soluble form. A natural system typically releases 20% to 10% of its nutrients annually. Chemical fertilizers have been formulated to simulate what organic matter does naturally.
- Always use slow-release fertilizers because they are more efficient and have fewer environmental impacts. Do not add fertilizer to the hydromulch machine, or agitate, more than 20 minutes before use. Too much agitation destroys the slow release coating.

There are numerous products available to take the place of chemical fertilizers, including several with seaweed extracts that are beneficial to soil microbes and organisms. If 100% cottonseed meal is used as the mulch in hydroseed, chemical fertilizer may not be necessary. Cottonseed meal provides a good source of long-term, slow-release, available nitrogen.

**Bonded Fiber Matrix and Mechanically Bonded Fiber Matrix**

- On steep slopes, use BFM or MBFM products. Apply BFM/MBFM products at a minimum rate of 3,000 lb per acre of mulch with approximately 10% tackifier. Achieve a minimum of 95% soil coverage during application. Numerous products are available commercially. Install products per manufacturer's instructions. Most products require 24 to 36 hours to cure before a rainfall and cannot be installed on wet or saturated soils. Generally, products come in 40- to 50-pound bags and include all necessary ingredients except for seed and fertilizer.
- BFMs and MBFMs provide good alternatives to blankets in most areas requiring vegetation establishment. Advantages over blankets include the following:
  - BFM and MBFMs do not require surface preparation.
  - Helicopters can assist in installing BFM and MBFMs in remote areas.
  - On slopes steeper than 2.5H:1V, blanket installers may require ropes and harnesses for safety.
  - Installing BFM and MBFMs can save at least \$1,000 per acre compared to blankets.
- In most cases, the shear strength of blankets is not a factor when used on slopes, only when used in channels.
  - Areas to be permanently landscaped shall provide a healthy topsoil or amend the existing soil to reduce the need for fertilizers, improve overall topsoil quality, provide for better plant health and vitality, improve hydrologic characteristics, and reduce the need for irrigation.
  - Areas that already have good topsoil, such as undisturbed areas, do not require soil amendments.

### ***Maintenance Standards***

- Reseed any seeded areas that fail to establish  $\geq 50\%$  cover (100% cover for areas that receive sheet or concentrated flows) of all seeded areas after 3 months of active growth following germination during the growing season. If reseeding is ineffective, use an alternative method, such as sodding, mulching, or nets/blankets. If winter weather prevents adequate grass growth, this time limit may be relaxed at the discretion of the local authority when sensitive areas would otherwise be protected.
- Reseed and protect by mulch any areas that experience erosion after achieving adequate cover. If the erosion problem is drainage related, the problem shall be fixed and the eroded area reseeded and protected by mulch.
- Seeded areas shall be supplied with adequate moisture, but not watered to the extent that causes runoff.

### ***Approved as Equivalent***

The Washington State Department of Ecology (Ecology) has approved products as able to meet the requirements of [BMP C120E: Temporary and Permanent Seeding](#). The products did not pass through the Technology Assessment Protocol–Ecology (TAPE) process. Local jurisdictions may choose not to accept this product approved as equivalent or may require additional testing prior to

consideration for local use. The products are available for review on Ecology's Emerging Stormwater Treatment Technologies (TAPE) web page at the following address:

<https://ecology.wa.gov/Regulations-Permits/Guidance-technical-assistance/Stormwater-permittee-guidance-resources/Emerging-stormwater-treatment-technologies>

# C. Site Inspection Form

## Construction Stormwater Site Inspection Form

Project Name \_\_\_\_\_ Permit # \_\_\_\_\_ Inspection Date \_\_\_\_\_ Time \_\_\_\_\_

Name of Certified Erosion Sediment Control Lead (CESCL) or qualified inspector if *less than one acre*  
 Print Name: \_\_\_\_\_

Approximate rainfall amount since the last inspection (in inches): \_\_\_\_\_

Approximate rainfall amount in the last 24 hours (in inches): \_\_\_\_\_

Current Weather Clear  Cloudy  Mist  Rain  Wind  Fog

A. Type of inspection: Weekly  Post Storm Event  Other

**B. Phase of Active Construction** (*check all that apply*):

Pre Construction/installation of erosion/sediment controls	<input type="checkbox"/>	Clearing/Demo/Grading	<input type="checkbox"/>	Infrastructure/storm/roads	<input type="checkbox"/>
Concrete pours	<input type="checkbox"/>	Vertical Construction/buildings	<input type="checkbox"/>	Utilities	<input type="checkbox"/>
Offsite improvements	<input type="checkbox"/>	Site temporary stabilized	<input type="checkbox"/>	Final stabilization	<input type="checkbox"/>

**C. Questions:**

- Were all areas of construction and discharge points inspected? Yes \_\_\_ No \_\_\_
- Did you observe the presence of suspended sediment, turbidity, discoloration, or oil sheen? Yes \_\_\_ No \_\_\_
- Was a water quality sample taken during inspection? (*refer to permit conditions S4 & S5*) Yes \_\_\_ No \_\_\_
- Was there a turbid discharge 250 NTU or greater, or Transparency 6 cm or less? \* Yes \_\_\_ No \_\_\_
- If yes to #4 was it reported to Ecology? Yes \_\_\_ No \_\_\_
- Is pH sampling required? pH range required is 6.5 to 8.5. Yes \_\_\_ No \_\_\_

If answering yes to a discharge, describe the event. Include when, where, and why it happened; what action was taken, and when.

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

\*If answering yes to # 4 record NTU/Transparency with continual sampling daily until turbidity is 25 NTU or less/ transparency is 33 cm or greater.

Sampling Results: \_\_\_\_\_ Date: \_\_\_\_\_

Parameter	Method (circle one)	Result			Other/Note
		NTU	cm	pH	
Turbidity	tube, meter, laboratory				
pH	Paper, kit, meter				

## Construction Stormwater Site Inspection Form

D. Check the observed status of all items. Provide "Action Required" details and dates.

Element #	Inspection	BMPs Inspected			BMP needs maintenance	BMP failed	Action required (describe in section F)
		yes	no	n/a			
1 Clearing Limits	Before beginning land disturbing activities are all clearing limits, natural resource areas (streams, wetlands, buffers, trees) protected with barriers or similar BMPs? (high visibility recommended)						
2 Construction Access	Construction access is stabilized with quarry spalls or equivalent BMP to prevent sediment from being tracked onto roads?						
	Sediment tracked onto the road way was cleaned thoroughly at the end of the day or more frequent as necessary.						
3 Control Flow Rates	Are flow control measures installed to control stormwater volumes and velocity during construction and do they protect downstream properties and waterways from erosion?						
	If permanent infiltration ponds are used for flow control during construction, are they protected from siltation?						
4 Sediment Controls	All perimeter sediment controls (e.g. silt fence, wattles, compost socks, berms, etc.) installed, and maintained in accordance with the Stormwater Pollution Prevention Plan (SWPPP).						
	Sediment control BMPs (sediment ponds, traps, filters etc.) have been constructed and functional as the first step of grading.						
	Stormwater runoff from disturbed areas is directed to sediment removal BMP.						
5 Stabilize Soils	Have exposed un-worked soils been stabilized with effective BMP to prevent erosion and sediment deposition?						

## Construction Stormwater Site Inspection Form

Element #	Inspection	BMPs Inspected			BMP needs maintenance	BMP failed	Action required (describe in section F)
		yes	no	n/a			
5 Stabilize Soils Cont.	Are stockpiles stabilized from erosion, protected with sediment trapping measures and located away from drain inlet, waterways, and drainage channels?						
	Have soils been stabilized at the end of the shift, before a holiday or weekend if needed based on the weather forecast?						
6 Protect Slopes	Has stormwater and ground water been diverted away from slopes and disturbed areas with interceptor dikes, pipes and or swales?						
	Is off-site storm water managed separately from stormwater generated on the site?						
	Is excavated material placed on uphill side of trenches consistent with safety and space considerations?						
	Have check dams been placed at regular intervals within constructed channels that are cut down a slope?						
7 Drain Inlets	Storm drain inlets made operable during construction are protected.						
	Are existing storm drains within the influence of the project protected?						
8 Stabilize Channel and Outlets	Have all on-site conveyance channels been designed, constructed and stabilized to prevent erosion from expected peak flows?						
	Is stabilization, including armoring material, adequate to prevent erosion of outlets, adjacent stream banks, slopes and downstream conveyance systems?						
9 Control Pollutants	Are waste materials and demolition debris handled and disposed of to prevent contamination of stormwater?						
	Has cover been provided for all chemicals, liquid products, petroleum products, and other material?						
	Has secondary containment been provided capable of containing 110% of the volume?						
	Were contaminated surfaces cleaned immediately after a spill incident?						
	Were BMPs used to prevent contamination of stormwater by a pH modifying sources?						

## Construction Stormwater Site Inspection Form

Element #	Inspection	BMPs Inspected			BMP needs maintenance	BMP failed	Action required (describe in section F)
		yes	no	n/a			
9 Cont.	Wheel wash wastewater is handled and disposed of properly.						
10 Control Dewatering	Concrete washout in designated areas. No washout or excess concrete on the ground.						
	Dewatering has been done to an approved source and in compliance with the SWPPP.						
	Were there any clean non turbid dewatering discharges?						
11 Maintain BMP	Are all temporary and permanent erosion and sediment control BMPs maintained to perform as intended?						
12 Manage the Project	Has the project been phased to the maximum degree practicable?						
	Has regular inspection, monitoring and maintenance been performed as required by the permit?						
	Has the SWPPP been updated, implemented and records maintained?						
13 Protect LID	Is all Bioretention and Rain Garden Facilities protected from sedimentation with appropriate BMPs?						
	Is the Bioretention and Rain Garden protected against over compaction of construction equipment and foot traffic to retain its infiltration capabilities?						
	Permeable pavements are clean and free of sediment and sediment laden-water runoff. Muddy construction equipment has not been on the base material or pavement.						
	Have soiled permeable pavements been cleaned of sediments and pass infiltration test as required by stormwater manual methodology?						
	Heavy equipment has been kept off existing soils under LID facilities to retain infiltration rate.						

**E. Check all areas that have been inspected. ✓**

All in place BMPs  All disturbed soils  All concrete wash out area  All material storage areas   
 All discharge locations  All equipment storage areas  All construction entrances/exits

## Construction Stormwater Site Inspection Form

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F. Elements checked "Action Required" (section D) describe corrective action to be taken. List the element number; be specific on location and work needed. Document, initial, and date when the corrective action has been completed and inspected.

Element #	Description and Location	Action Required	Completion Date	Initials

*Attach additional page if needed*

**Sign the following certification:**

"I certify that this report is true, accurate, and complete, to the best of my knowledge and belief"

Inspected by: (print) \_\_\_\_\_ (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Title/Qualification of Inspector: \_\_\_\_\_

APPENDIX C  
Construction Permits



# City of Liberty Lake

22710 E. Country Vista Drive, Liberty Lake WA 99019  
Office: (509) 755-6700 Inspection Line: (509) 755-6731  
www.libertylakewa.gov

PERMIT #: GRD2023-0010

ISSUED: 03/19/2024

EXPIRES: 09/15/2024

## GRADING PERMIT

**JOB ADDRESS:** 19615 E SPRAGUE AVE, LIBERTY LAKE      **PARCEL #:** 55174.9210  
**CUBIC YARDS:** 152000      **PERMIT TYPE:** COMMERCIAL-GRADING  
**PROJECT NAME:** 19615 E SPRAGUE AVE - GRADING  
**WORK DESCRIPTION:** GRADING REMEDIATION FOR THE SOILS ON THE OLD SPOKANE GUN CLUB SITE. EXCAVATE SOILS IMPACTED BY CONTAMINATION & PLACE CONTAMINATED SOILS INTO ONSITE REPOSITORY.

PROPOSED PROJECT WILL ALSO DEMOLISH TWO OF THE SITE STRUCTURES AND SHOOTING STATIONS (CLUBHOUSE & BATHROOM FACILITY, AND TWO METAL FRAME STRUCTURES)

APPLICANT	PROPERTY OWNER	CONTRACTOR
CENTRAL VALLEY SCHOOL DISTRICT #356 C/O JOHN PARKER 19307 E CATALDO AVE SPOKANE VALLEY, WA 99016-9489 (509) 558-5400	CENTRAL VALLEY SCHOOL DISTRICT #356 19307 E CATALDO AVE SPOKANE VALLEY, WA 99016-9489	HALME CONSTRUCTION, INC C/O JASON HALME 8727 W HWY 2 #100 SPOKANE, WA 99224 (509) 725-4200 LIC #: HALMECI061R7 EXP: 11/15/2025

### SPECIAL CONDITIONS

- IF RESTROOM TANK(S) ARE FOUND, CONTACT SPOKANE REGIONAL HEALTH DISTRICT (SRHD) FOR ABANDONMENT REQUIREMENTS
- ALL DEMOLITION / CONSTRUCTION DEBRIS MUST BE TRANSPORTED TO A PERMITTED SOLID WASTE DISPOSAL FACILITY DESIGNED TO ACCEPT SPECIFIC WASTE TYPE. NO ON-SITE BURNING OR BURYING OF DEBRIS WILL BE ALLOWED.
- ALL MITIGATING MEASURES A-J ARE MET AND PROVIDE DOCUMENTATION TO THE CITY
- COMPLIANCE WITH MITIGATED MEASURES AS SHOWN ON THE MDNS DATED 03/01/2024

### FEES

DATE	DESCRIPTION	FEE AMOUNT	PAID	BALANCE DUE
12/19/2023	Grading Permit Fee	\$675.00	(\$675.00)	\$0.00
12/19/2023	Processing / Technology Fee	\$40.00	(\$40.00)	\$0.00
12/19/2023	Processing / Technology Fee - ADDED TO SEPA PERMIT	(\$40.00)	\$40.00	\$0.00
12/20/2023	Demolition / Fence Fee	\$25.00	(\$25.00)	\$0.00
<b>TOTAL DUE:</b>		<b>\$700.00</b>	<b>(\$700.00)</b>	<b>\$0.00</b>

### PERMIT IS NOT VALID UNTIL PAID IN FULL

This permit becomes null and void if work or construction authorized by this permit is not commenced within 180 days of issuance or if construction/work is suspended or abandoned for a period of 180 days at any time after work is commenced, unless an extension is granted. Issuance of this permit does not give the authority to violate any federal, state, or local laws or ordinances, or the building code regulating construction. Separate permits (building, plumbing, mechanical, sewer, water connection, electrical, etc.) are required for work performed on this site. Additional permits / plans may be required prior to Certificate of Occupancy issuance. Contact SRCAA at 509-477-4727 and/or visit www.spokanecleanair.org to ensure compliance with air quality regulations. The applicant shall be responsible for obtaining additional permits / approvals from affected agencies. By signing this permit, I certify that I have read and understand all of the conditions contained herein, and I have the authority to sign on behalf of the applicant. Additionally, I certify that my signature included on the permit, if done by electronic means, provides the same understanding and authority as if I had signed the permit in person or writing.

**24 HOUR NOTICE REQUIRED FOR INSPECTION REQUEST.**

JASON HALME - ELECTRONIC - 03/19/2024

Owner, Contractor, Agent Signature

Date

**APPROVED**

Authorized By: *By Kathy Cummings at 1:33 pm, Mar 19, 2024* Date

## MITIGATED DETERMINATION OF NON-SIGNIFICANCE (MDNS)

**Proposal File #:** LUA2023-0046 **Zoning:** R-2 (Mixed Residential)

**Proposal:** Central Valley School District Gun Club Remediation

**Proposal Description:** Voluntary cleanup of subject property to remediate soils impacted by metals from the former gun club operation, including lead, arsenic, and polycyclic aromatic hydrocarbons. The proposed action includes the excavation of 150,000 cu. yds. of soil, demolition of 4 structures, removal of various site asphalt and concrete site improvements, and removal of approximately 30 trees in the contamination zone, with contaminated soils placed in an onsite repository with an HDPE liner encapsulating the contaminated soils.

**Site Address:** 19615 E Sprague Ave, Liberty Lake, WA 99016

**General Location:** North side of Sprague Avenue and south side of Appleway Avenue, west of Ridgeline Highschool

**Owner:** Central Valley School District **Phone:** 509-558-5400

**Contact:** Jay Rowell **Phone:** 509-558-5400

**NOD/MDNS Issued:** 3/1/2024 **Appeal Closing Date:** 3/15/2024

### **LEAD AGENCY: CITY OF LIBERTY LAKE**

The lead agency for this proposal has determined that it does not have a probable significant adverse impact on the environment; provided the applicant complies with the mitigation measures listed below and the attached conditions. An environmental impact statement (EIS) is not required under RCW 43.21C.030(2)(c). This decision was made after reviewing the completed environmental checklist and other information on file with the lead agency. This information is available to the public on request. The complete record of this matter is on file during the appeal period with the review authority listed below and is available to the public upon request.

- There is no comment period for this MDNS; pursuant to WAC 197-11-355(4).
- This MDNS is issued under WAC 197-11-340(2); the lead agency will not act on this proposal for at least 14 days from the date issued (below).

### **MITIGATING MEASURES:**

**In addition to the plans and specifications submitted for permit and SEPA review, the following mitigation is required:**

- a. A Temporary Erosion and Sedimentation Control (TESC) plan shall be prepared by a WA State licensed Professional Engineer and implemented throughout the duration of construction. The TESC plan shall use best management practices (BMP's), and is to include, as a minimum, a grading plan, location, and details of silt control structures (such as silt ponds, silt traps) are to be installed prior to other site work and the TESC measures are to be implemented and maintained throughout the duration of construction.
- b. The Stormwater Pollution Prevention Plan submitted as Attachment D of the January 11, 2024, submittal for this project shall be implemented for the duration of the remediation project. Erosion and sediment control measures in the plan must be implemented prior to any clearing, grading, or construction. These control measures must be effective to prevent soil from being carried into surface water by stormwater runoff. Sand, silt, and soil can damage aquatic habitat and are considered pollutants.
- c. Due to the nature of the contaminated soil, best management practices to prevent and control fugitive dust shall be implemented aggressively throughout the excavation and remediation process as a required mitigation.
- d. Future development of the site shall comply with City Development Code, Section 10-3H, and the Spokane Regional Stormwater Manual. Stormwater plans and drainage reports, stamped and certified by the engineer of record as being compliant with the Spokane Regional Stormwater Manual, shall be submitted to the City Engineer for review and approval prior to the commencement of construction.
- e. Compliance with all Department of Ecology requirements detailed in the Department of Ecology Opinion Letter, submitted as Attachment E of the January 11, 2024, submittal for this project shall be a required mitigation and condition of approval.

- f. Compliance with the Washington State Department of Ecology Water Quality and Solid & Hazardous Waste Program requirements as detailed in the Ecology comment letter dated February 29, 2024, shall be required mitigations.
- g. All new dry wells and other injection wells must be registered with the Underground Injection Control program (UIC) at Department of Ecology prior to use and the discharge from the wells) must comply with the ground water quality requirement (non-endangerment standard) at the top of the ground water table.
- h. Compliance with Spokane Regional Health District requirements, as detailed in their comment letter dated January 29, 2024, shall be a required mitigation and condition of approval.
- i. The Inadvertent Discovery Plan submitted as an attachment to the January 11, 2024, submittal shall remain in effect for the duration of the ground disturbing activities. Should any artifacts or human remains be found once construction has commenced, the Tribal Historic Preservation Officer of the Spokane Tribe of Indians shall be notified immediately, and all work in the area shall cease immediately.
- j. Compliance with Spokane Regional Clean Air Agency requirements related to fugitive dust control and asbestos remediation activities shall be a require mitigation and condition of approval.

**APPEAL OF THIS DETERMINATION**, allowed under City Development Code Section 10-6A-7, subsection "C" shall be filed within fourteen (14) days after the determination has been made and is appealable. Any administrative appeal of a procedural or substantive determination under SEPA issued at the same time as the decision on the project action shall be filed within fourteen (14) days after notice of the decision has been made. A notice of appeal must be delivered to Planning Engineering & Building Services by mail or personal delivery and must be received by 4:00 p.m. on the last day of the appeal period, unless the last day of the appeal period falls on a weekend or holiday, the notice of appeal shall then be due on the following business day. Appeal requests shall contain all information and items required in the City Development Code Section 10-4B-4, subsection H and shall follow the procedures outlined in City Development Code Section 10-6A-7, Subsection C for SEPA Appeals and Section 10-4G-2, subsection H for Appeals of Administrative Interpretations by the Director. **Appeal Closing Date:** March 15, 2024.

A copy of this SEPA determination has been provided to the Dept. of Ecology - Olympia, Dept. of Transportation - Spokane County, Other Reviewing Agencies, and the project applicant.

REVIEW AUTHORITY:



RESPONSIBLE OFFICIAL: **Lisa D. Key, Director**

**Planning, Engineering & Building Services**

**22710 E Country Vista Drive. Liberty Lake WA 99019**

**Phone: (509) 755-6708**

Date Issued: March 1, 2024

Signature: \_\_\_\_\_

*Lisa D Key*



2120 N. Wilbur Rd.  
Spokane Valley, WA 99206  
(509) 928-1700 Main  
(509) 892-4125 Fax  
spokanevalleyfire.com

## PERMIT CONDITIONS

<b>PERMIT INFORMATION:</b>	Spokane Gun Club
<b>ADDRESS:</b>	19615 E Sprague Avenue
<b>PERMIT TYPE:</b>	Underground Tank Removal
<b>APPLICANT:</b>	Halme Construction
<b>PERMIT NUMBER:</b>	25-0013
<b>PROJECT DESCRIPTION:</b>	Removal of UST containing diesel that has leaked into ground.

### Permit Requirements:

1. Fire department shall verify and document removal at final inspection.
  - a. Clean tank and removal of fuel.
  - b. Tank removal.
2. Inspection requests shall be made via the contractor portal: SVFDPermits.com, use address to create the request, 48-hr advance notice is required.

### Inspections:

- SVFD Inspector to photo document tank removal
- Signed inspection card.
- 
- 
- 
- 
- 
- 
- 
- 
- 

Inspector's Signature

Date

APPENDIX D  
Asbestos Survey and Abatement

**SUBMITTAL COVER SHEET**

THE USE OF THIS SUBMITTAL COVER SHEET IS REQUIRED FOR ALL SUBMITTALS.

Contractor:	<u>Halme Construction Inc.</u>	Submittal No.:	<u>10</u>
Subcontractor:	<u></u>	Submittal Title:	<u>Asbestos Abatement Work and Safety Plan</u>
This Submittal Prepared By:	<u>Dylan Miller</u>	Specification Reference:	<u>01 35 29</u>
Date of Initial Submittal:	<u>03/19/2024</u>	Drawing/Detail Reference:	<u></u>
Date of This Submittal:	<u>03/19/2024</u>		

**Subcontractor to Indicate one of the following:**

- This submission is not a proposed Substitution, proposed "Approved Equal" Substitution, or deviation from the Contract Documents.
- This submission includes a proposed "Approved Equal" Substitution as clearly identified in this submittal that meets the requirements of the Contract Documents.
- This submission includes a proposed Substitution or deviation from the Contract Documents as clearly identified in this submittal." All requirements of Section 01 60 00 – Product Requirements have been met.

Submitted By:

**Dylan Miller**  
Digitally signed by Dylan Miller  
DN: C=US, E=dyllanm@halmeconstruction.com,  
O=Halme Construction INC, CN=Dylan Miller  
Date: 2024.03.19 15:34:37-0700

---

*Contractor Signature*  
**Dylan Miller, Project Engineer**  
*Contractor Printed Name, Title*

Reviewed By:

**Blane Dale**  
Digitally signed by Blane Dale  
DN: C=US, E=bdale@haleyaldrich.com,  
O="Haley & Aldrich, Inc.", CN=Blane Dale  
Reason: I am approving this document  
Date: 2024.04.22 13:39:07-0600

---

*Reviewer Signature*  
**Blane Dale**  
*Reviewer Printed Name, Title*

**Construction Manager Submittal Review Summary**

(See Attached General Contractor Review Comments)

- "Reviewed": The Contractor is advised that this means that fabrication, manufacture and/or construction may proceed providing the Work is in compliance with the Contract Documents.
- "Reviewed as Noted": The Contractor is advised that this means that fabrication, manufacture and/or construction may proceed providing the Work is in compliance with the marked notations and the Contract Documents.
- "Reviewed as Noted, Additional Information Required": The Contractor is advised that this means that fabrication, manufacture and/or construction may proceed providing the Work is in compliance with the marked notations and the Contract Documents. The submittal should be corrected and resubmitted for final distribution.
- "Revise and Resubmit": The Contractor is advised that this means no Work shall be fabricated, manufactured and/or constructed and that the Subcontractor shall make a new submittal for the project. Product submissions marked with this action or notation will not be permitted on the site.
- "Not Reviewed".



695 N Legacy Ridge Drive • Liberty Lake, WA 99019 • P (509) 535-1515 F (509) 863-9797

**Project: Central Valley School District  
Gun Club Demolition**

**2/15/2024**

## **ASBESTOS ABATEMENT SUBMITTALS**

### **TABLE of CONTENTS**

#### **Asbestos Abatement Work Plan**

Description of Work  
Personnel Requirements, Training, Medical Monitoring  
Regulated Area  
Personnel Protective Equipment  
Abatement Methods and Control Procedures  
Air Monitoring  
Disposal  
Emergency Control Procedures  
Emergency Contingency Plan  
Evacuation Plan  
Notifications  
Lab Accreditation  
SEG Licensing  
Employee certifications  
Including Medical exam and Respirator Fit Testing



Project: **CVSD Gun Club Demolition**

## SITE SPECIFIC SAFETY AND ASBESTOS HAZARD ABATEMENT PLAN

### DESCRIPTION OF WORK

Removal and disposal of building materials containing asbestos consisting of roofing and sealant, ceiling textures, duct tape and duct insulation.

### PERSONELL REQUIREMENTS

1. All asbestos removal personnel will be Washington State, Department of Labor and Industries as State Certified Asbestos Workers overseen by a Certified Asbestos Supervisor. WISHA and EPA AHERA MAP training are required for state certification. (WA State Certified Asbestos Supervisor is equivalent to OSHA Competent person per Chapter 296-65. WAC).
2. Respirator Program Training, Fit Testing and Medical approval for respirator use is included with the annual asbestos exam.

### REGULATED AREA

1. All removal will be performed within a regulated demarcated with barrier tape printed with DANGER ASBESTOS to prevent persons from entering an area with a potential exposure above the permissible exposure limit.
2. Access to the regulated area will be limited to personnel or persons authorized by the OSHA/WISHA regulations. No other trades will be allowed within the regulated area.
3. Prohibited Activities: Eating, smoking, drinking, chewing gum, tobacco or applying cosmetics shall not be permitted within the regulated area.
4. Regulated area will remain in place until clearance air monitoring analysis indicates the areas are cleared for reentry according to the Clearance Criteria.

### PERSONAL PROTECTIVE EQUIPMENT

1. Asbestos workers and anyone within the regulated area shall be required to use a respirator equipped with HEPA cartridges (P-100) according to the requirements of Chapter 296-62-07715 and disposable coveralls. PPE requirements may be reduced if the initial exposure assessment shows exposures below the PEL of 0.1 f/cc (negative exposure assessment). Respirator selection specific for the materials being removed is addressed in the abatement methods below.

### SITE SECURITY and INTERFACE OF TRADES:

Other contractors and sub- contractors' personnel within the project shall be informed of regulated areas during an initial site safety orientation conducted by the General Contractor or owner. No other trades or personnel will be allowed into a regulated area without being authorized by SEI.

### SEQUENCE OF WORK

Anticipated start date is not identified

ABATEMENT METHODS and CONTROL PROCEDURES,  
Abatement practices shall be implemented to reduce and maintain worker exposure to or below the permissible exposure limit, except to the extent not feasible. Removal methods and procedures include but are not limited to the following:

### **CLASS I ASBESTOS WORK**

#### **ACM Ceiling Textures,**

- Removal to be done within a negative pressure enclosure including critical barriers, a three-stage decon with a shower, a two-stage waste load out, marked with caution tape and asbestos removal signs.
- Enclosure to consist of 2 layers of poly on floors and walls.
- Local HEPA filter equipped exhaust ventilation maintaining at least four air changes per hour.
- Enclosure will maintain a minimum of .02 in. wc. negative pressure, as monitored by a manometer.
- Isolate HVAC system, cover and seal vents with poly and tape.
- Material will be wetted before removal.
- ACM to be cleaned bagged and removed from the enclosure before visual inspection.
- Area to be locked down with penetrating encapsulant before performing clearance air monitoring.
- Worker Personal Protective Equipment: PAPR respirators and disposable coveralls.

### **CLASS II ASBESTOS WORK**

#### **Roofing and ACM Mastic**

- Personnel to have a minimum of class II asbestos training, overseen by an accredited asbestos supervisor;
- Removal to be done within a regulated area demarcated with red asbestos danger tape and asbestos removal signs to restrict access;
- Roofing will be wetted before manual removal;
- Manual intact removal of the ACM mastic with the roofing layer will be utilized to extent feasible;
- All asbestos debris will be removed daily;
- Debris will be placed into a dumpster or dump truck lined with two layer of six mil polyethylene sheeting and labeled for disposal at an EPA approved landfill;
- Personal Protective Equipment shall consist of air purifying half-face negative pressure respirators and disposable coveralls. Respiratory protection may be discontinued if personnel air monitoring results are below the PEL, for a negative exposure assessment.
- A site-specific fall protection plan will be prepared and reviewed with employees prior to beginning work with a fall distance greater than 10 feet.

#### **Duct Tape and Insulation**

- Removal to be done within a regulated area demarcated with caution tape and asbestos removal signs.
- Drop sheets to be placed beneath removal
- Material will be wetted before removal.
- Duct tape to be removed with manual scraping using hand scrapers
- ACM to be cleaned bagged and removed from the enclosure before visual inspection.
- Worker Personal Protective Equipment: half-mask respirators and disposable coveralls.

## PROHIBITED WORK PRACTICES

Cutting grinding or abrading without the use of HEPA filtered equipped enclosures or point of cut ventilation.

Compressed air used to remove asbestos unless used in conjunction with an enclosed ventilation system designed to capture the dust.

Dry sweeping, shoveling or dry cleanup of ACM dust or debris.

Use of vacuum not equipped with HEPA filter.

## SAFETY

1. An initial site safety meeting will be held prior to beginning each project to address specific site safety issues and identify emergency contingency planning, identifying first aid trained individuals, site contacts, locations of emergency care, phone numbers and evacuation routes. Weekly safety meetings will be held during the project to identify and review new safety issues. A site-specific fall protection plan will be filled out and reviewed with all employees before beginning any work at heights in excess of 10'.

2. Minimum safety equipment will consist of leather boots, long pants, T-shirt. Additional safety equipment will be identified as necessary in the initial site safety meeting; including but not limited to: hard hats, eye protection, gloves specific to task, fall arrest or fall restraint, respiratory protection hearing protection and any other protective equipment necessary.

## AIR MONITORING SCHEDULE (general procedures)

1. Pre-Abatement Air Sampling (Environmental) (Flow 2-10 LPM)  
Samples will be taken prior to start of work and used a background sample for evaluation of the removal process.
2. Abatement Air Sampling (Environmental)  
Environmental samples will be taken outside the regulated area to assure ACM concentrations do not exceed the PEL samples will be taken once per shift.
3. Personal air monitoring will be performed to establish an initial exposure assessment to confirm exposures are within the respirator's limits or to establish a negative exposure assessment.

The 8-hour TWA exposure assessment will represent inside work area environmental sampling.

Samples taken to establish 8 hr. TWA of exposure for exposure assessments

SAMPLE DESCRIPTION	FLOW RATE	MINIMUM VOLUME	MAXIMUM VOLUME
Personal Breathing Zone samples	2.0 to 2.5 LPM	200 Liters per sample	550 Liters per sample
STEL* Personal Breathing Zone samples	2.5 to 3.0 LPM	75 Liters	90 Liters
Pre-abatement, Outside work area, Decon and NAM exhaust	3.5 to 10 LPM	560 Liters per sample	1500 Liters per sample

\*Short Term Exposure Limit - 30 min. samples

Sampling shall be performed in accordance with NIOSH Manual of Analytical Method 7400 by the onsite Certified Asbestos Supervisor/ OSHA Competent person.

#### DISPOSAL OF ASBESTOS MATERIALS

- SEI shall dispose of asbestos containing materials in accordance with applicable regulations.
- Asbestos-containing waste shall be placed in two layer of 6 mil polyethylene prior to transporting and disposal at certified landfills.
- 6 mil polyethylene bags shall be labeled in accordance with OSHA regulations as below:

**DANGER  
CONTAINS ASBESTOS FIBERS  
AVOID CREATING DUST  
CANCER AND LUNG DISEASE HAZARD  
AVOID BREATHING AIRBORNE ASBESTOS FIBERS**

- The address of the location from which the material was removed, along with the owner's name and removal date shall also appear on the outer layer of 6 mil polyethylene bags or sheeting.
- The owner representative shall sign the waste manifest once the disposal process is complete. A copy of the manifest shall be provided to the landfill if requested.

Note: non-asbestos containing materials may be disposed as general construction debris, if separable from asbestos containing building materials being removed.

#### Designated Asbestos Disposal Site

Graham Road Landfill                      509/244-0151  
1820 S Graham Road, Medical Lake WA 99022

#### **Emergency Control Procedures**

Control procedures for disturbance of previously unidentified asbestos or an asbestos spill.

Stop work, and wet material

Regulate area; place barrier tape and/or signs to prevent access by unauthorized personnel. Address use of critical barriers, shutdown of HVAC and/or covering debris with poly.

Notify owner or general contractor of material affected.

Begin clean up and bagging of debris for disposal. Perform air monitoring for assessment of exposures.

# ***Specialty Environmental***

## **EMERGENCY CONTINGENCY PLAN**

**All unusual events – contact Site Supervisor**

- 1. Fire contingency**
  - Stop work.
  - Control fire with extinguisher, if possible.
  - If control is not possible, evacuate area using closest exits identified proactively at initial safety meeting.
  - Sound alarm.
  - Contact fire department and owner.
  - Fill out competent person report.
  
- 2. Injury/Accident contingency**
  - Contact ambulance or paramedics, if required.
  - Stop work.
  - Assist victim.
  - Help victim out of work area, if capable, if possible, follow decontamination procedures.
  - If victim cannot be moved, clean up surrounding area as much as possible to facilitate emergency crew access.
  - Prepare respiratory protection/clothing for emergency crew if time allows.
  - Assist emergency crew, if necessary.
  
- 3. Power failure/air filtration device failure.**
  - Stop work.
  - If power cannot be turned on right away, wet loose material to control further contamination.
  - A portable generator will be available if the power is unable to be restored.
  - Begin air monitoring inside and outside work area for documentation.
  - Contact owner and power company, if necessary.
  
- 4. Supplied air system failure**
  - Stop work.
  - Remove covers from emergency HEPA filters.
  - Workers start orderly, proper decontamination procedures to leave area.
  
- 5. Duties of Competent Person. Document in writing:**
  - Type of emergency.
  - Date of emergency.
  - Time of emergency.
  - Area of emergency.
  - Controls and efforts made.
  - Report to main office.
  - Person involved.
  - Final outcome.

## **EVACUATION PLAN**

Emergency exits shall be mapped, identified and discussed at initial site specific safety meeting and discussed at all subsequent toolbox safety meetings.

Fire extinguishers will be provided on the job site, in the work area, and outside the work area.

### **IN CASE OF FIRE:**

- Stay calm; quickly and orderly leave the work area.
- Do not run.
- Do not try to decontaminate, leave your protective clothing on.
- Do not use elevators, go directly to the stairs. Meet in main parking lot outside of the building. The supervisor will take a physical head count. Arrangements for decontaminating will be made later.

### **INJURED PERSONNEL:**

- Phone numbers for the local hospital, paramedics, and police department shall be posted in the clean room. All injuries, no matter how minor, will be reported to the supervisor and logged in the daily log. First aid kits will be supplied on the job and will be kept in the clean room.

### **MINOR INJURY:**

- Workers who receive minor type injuries will be required to go through the proper decontamination procedures prior to leaving the work area for medical attention.

### **MAJOR INJURY:**

- Workers who receive major type injuries will be made as comfortable as possible without moving them. Help will be immediately summoned and informed of the asbestos hazard inside the work area (protective clothing and respirators will be provided if time allows). The paramedics or other help will make the decision of decontaminating, or not decontaminating the injured worker. A worker will only be moved before help arrives if the situation is immediately dangerous to life and health. (The Supervisor will make this decision based on the moment).



# Notice of Intent (NOI)

SPOKANE REGIONAL CLEAN AIR AGENCY (SRCAA)  
1610 S. Technology Blvd., Spokane, WA 99224  
Phone: (509) 477-4727 Fax (509) 477-6828 Web: SpokaneCleanAir.org

## NOI Information:

<b>NOI Number:</b> 2024-0052	<b>Status:</b> Demo: Open Abate: Open
<b>Project Type:</b> NON Owner-Occupied Single-Family Residence	
<b>Fee Category:</b> >= 1,000 ln ft of asbestos removal and/or >= 5,000 sq ft of asbestos removal	
<b>Date Filed:</b> 01/25/2024	<b>Payment Received:</b> 01/25/2024

## Property Owner Information:

<b>Property Owner Name:</b> Central Valley School District	
<b>Mailing Address:</b> 19307 E Cataldo Ave Spokane Valley, WA	
<b>Phone Number:</b> (509) 558-5400	<b>Fax Number:</b>

## Contact Information:

<b>Contact Name:</b> Jared Baker	<b>Job Site Phone:</b> (208) 651-4390
-------------------------------------	--

## Structure Information:

<b>Structure #1</b>
<b>Geocoded Location:</b> 19615 E Sprague Ave Spokane Valley, WA
<b>Submitted Location:</b> 19615 E Sprague, spokane Valley, WA, 99016
<b>Description:</b> old gun club
<b>Demolition Only:</b> No
<b>Materials:</b> Popcorn Ceiling Texture (1425 sq-ft) Duct Tape (25 ln-ft) Duct Wrap/Lining (2500 ln-ft) Roofing Patch Tar (72 ln-ft) Roofing Shingles (400 sq-ft)

## Asbestos Survey Information:

<b>AHERA Building Inspection Company:</b> ESD 101	<b>Certification Number:</b> 148931
<b>Phone Number:</b> 509-789-3518	<b>Inspector Name:</b> Gerald Page

**Date Performed:**  
07/07/2023

**Asbestos Found:**  
Yes

### Asbestos Information:

**Asbestos Start Date:**  
02/12/2024

**Asbestos Complete Date:**  
03/07/2024

**Abatement Company Name:**  
Specialty Environmental

**Total Ln-Ft:**  
2597

**Total Sq-Ft:**  
1825

**Materials include disturbed or non-intact asbestos:**  
No

**All asbestos will be removed from the structure(s) by completion date:**  
Yes

**Non-friable roofing, non-friable window-glazing, or non-friable caulking will be removed:**  
No

### Demolition Information:

**Demolition Start Date:**  
02/19/2024

**Contractor Name:**  
Halme Construction

**Total Sq-Ft:**  
(509) 624-1523

### Fees and Totals:

**Waiting Period:**  
10 Days

**Demolition Waiting Period:**  
10 Days

**Amount Due:**  
\$1,250.00

**Due Date:**  
01/25/2024

**Amount Paid:**  
\$1,250.00

**Recieved Date:**  
01/25/2024



Washington State Department of  
**Labor & Industries**

## Asbestos Project Notification Form

**Form ID: 214076#676522574**  
Submitted: 01/24/2024 at 8:39am

Completed by: J Guinn

**Project dates and notice type**

Notice date: 01/24/2024  
Notice type: Initial (Amended)  
Project dates: 02/12/2024 to  
03/08/2024

**Work hours**

**You will work these times:**  
7:30am to 4:30pm  
**...on these dates:**  
Monday, Tuesday, Wednesday, and Thursday from 2/5/2024 to  
2/29/2024

**Job site location**

Address:  
19615 E. Sprague  
Spokane Valley, WA 99016  
County: Spokane  
Building: Gun Club

**Contractor**

SPECIALTY ENVIRONMENTAL (SPOKANE)  
UBI: 603553186  
Certification: ABCN00001606  
Phone: 509-535-1515  
Contact Email: [jimg@specialtygroup.co](mailto:jimg@specialtygroup.co)  
Supervisor: Jared Baker  
Certification: ABAS00029391  
Phone: 208-651-4390

**Property owner**

Name: Central Valley School District  
Company: CVSD  
Owner's agent: Jay Rowell  
Phone: 509-558-5400  
Address:  
19307 E. Cataldo Ave.  
Spokane Valley, WA 99016

**Facility details**

Facility type: Commercial  
Construction year: 1942  
Size: 7532 sq. feet  
Prior use: same  
Construction type:  
demolition



Washington State Department of  
Labor & Industries

## Asbestos Project Notification Form

**Form ID: 214076#676522574**

Completed by: J Guinn

Submitted: 01/24/2024 at 8:39am

### Project details

**Other linear footage: Roof Mastic/patch - 72 linear feet**

Outdoors

Removed

Control measures:

Hepa Vacuum

Manual Methods

Wet methods

Other: Regulated area

Respiratory protection:

1/2 mask - Air purifying respirator

**Roofing - 400 square feet**

Outdoors

Encapsulated

Control measures:

Hepa Vacuum

Manual Methods

Wet methods

Other: Regulated area

Respiratory protection:

1/2 mask - Air purifying respirator

Note: Tab roofing

**Duct Tape - 25 linear feet**

Indoors

Removed

Control measures:

Critical Barriers

Hepa Vacuum

Manual Methods

Wet methods

Other: Regulated area

Respiratory protection:

1/2 mask - Air purifying respirator

**Ducting/Duct Insulation - 2500 linear feet**

Indoors

Removed



Washington State Department of  
**Labor & Industries**

# Asbestos Project Notification Form

**Form ID: 214076#676522574**  
Submitted: 01/24/2024 at 8:39am

Completed by: J Guinn

Control measures:

- Critical Barriers
- Hepa Vacuum
- Manual Methods
- Wet methods
- Other: Intact removal

Respiratory protection:

1/2 mask - Air purifying respirator

**Popcorn Ceiling - 1425 square feet**

Indoors

Removed

Control measures:

- Critical Barriers
- Hepa Vacuum
- Manual Methods
- Negative pressure enclosure
- Wet methods

Respiratory protection:

Powered air purifying respirator



# Notice of asbestos project

Form ID: 214076#676522574

## Work hours

**Important — project dates and work hours must be exact.**

Work schedule 1

What hours will you normally work?

Start of shift      End of shift

7:30am    to    4:30pm

[Add shift](#)

Select the days you will work these hours.

(Click on the calendar to select or unselect individual days.)

You will have a chance to schedule alternate hours/days below.

Su   **M**   **Tu**   **W**   **Th**   F   Sa

February 2024							March 2024							April 2024						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
												1	2							
	3	4	5	6	7	8	3	4	5	6	7	8	9	10	11	12	13	14	15	16
9	10	11	12	13	14	15	10	11	12	13	14	15	16	17	18	19	20	21	22	23
16	17	18	19	20	21	22	17	18	19	20	21	22	23	24	25	26	27	28	29	30
23	24	25	26	27	28	29	24	25	26	27	28	29	30	31						
30	31																			

**You will work these times:**

7:30am to 4:30pm

**...on these dates:**

Monday, Tuesday, Wednesday, and Thursday from 2/5/2024 to 2/29/2024

[Delete this schedule](#)

[Schedule additional hours/days](#)

[Back](#)

**Review & submit**

**Next**

[Cancel](#)

Questions? Call [360-902-5435](tel:360-902-5435).

---



IHPAT Round 235  
Proficiency Testing Performance for Participant ID: PAT-101129

Page 1 of 2  
Report Issue Date: 11/15/2023

Mountain Laboratories  
9922 E Montgomery Dr Ste 13  
Spokane Valley, WA 99206-4158

This report contains your organization's IHPAT Proficiency Analytical Testing results for IHPAT Round 235. It is the participant's responsibility to thoroughly review the information in this final report and to immediately contact the AIHA Proficiency Analytical Testing Programs, in writing, if any errors are found.

**IHPAT Results**

The final report is comprised of two sections relating to IHPAT Round 235. The first section contains your organization's results listed per analyte, per sample. The second section contains your current performance and performance from the two previous rounds, respectively (where applicable). Summary results for all participants for IHPAT Round 235 are located in a separate report.

**Testing Results for IHPAT Round 235**

This part of the report contains your organization's results listed per analyte, per sample.

Contaminant	Unit	#	Result	Ref. Value	Lower Limit	Upper Limit	z-Score	Rating
Asbestos (ASB)	f/mm <sup>2</sup>	1	367.607	319	170	516	0.8	A
	f/mm <sup>2</sup>	2	321.656	378	214	588	-0.9	A
	f/mm <sup>2</sup>	3	321.66	202	99	342	3	A
	f/mm <sup>2</sup>	4	73.885	88	52	133	-1	A

**Statistical Analysis Interpretation Note:**

Reference value is the mean of the reference group.

Lower limit = reference value - 3 standard deviations; Upper limit = reference value + 3 standard deviations

z-Score = (reported result - reference value)/standard deviation. Note: z-Scores indicate how far a particular score is away from the mean. A - Acceptable\*

Analysis; U - Unacceptable Analysis; E - Excused Absence

Fiber data are positively skewed therefore transformations are used to obtain approximately normal distributions. Both the assigned values and acceptance limits are based on consensus of the reference group.

\*The acceptability of reported results is based on upper and lower acceptance limits. A reported result may appear acceptable/unacceptable according to z-Score, but be identified as an outlier based upon the acceptance limits. Any non-participation or non-reporting of PAT data will result in unacceptable results (see PAT Programs Participation Policies, Section 2.1.6.2.).

Measurement uncertainty of any assigned value is also available on the respective certificate of analysis for the round.

Technical Comment: None

Mountain Laboratories AIHA PAT rounds for analyzing PCM air samples

Department of Labor and Industries  
PO Box 44450  
Olympia, WA 98504-4450

SPECIALTY ENVIRNMNTL GROUP LLC

Reg: CC SPECIEG851QB  
UBI: 603-553-186

Registered as provided by Law as:  
Construction Contractor  
(CC01) - GENERAL

59

SPECIALTY ENVIRNMNTL GROUP LLC  
695 N. LEGACY RIDGE DR.  
SUITE 200  
LIBERTY LAKE WA 99019

Effective Date: 11/2/2015  
Expiration Date: 11/2/2025

Department of Labor and Industries  
Asbestos Certification Program  
PO Box 44614  
Olympia, WA 98504-4614

SPECIALTY ENVIRONMENTAL

Certificate: ABCN00001606

Contractor Registration: SPECIEG851QB

Expiration Date: 11/2/2024

3

SPECIALTY ENVIRONMENTAL  
PO BOX 644  
LIBERTY LAKE WA 99019

Jared Baker

Department of Labor and Industries  
Asbestos Certification Program  
PO Box 44614  
Olympia WA 98504-4614



### Asbestos Supervisor Certified Application

Please print in ink or type. Return the **notarized white copy only** to the L&I Asbestos Certification Program (address above). The application must complete or it will not be processed. You also must enclose a check or money order for \$65 payable to the Department of Labor & Industries.

**Initial Supervisor Certification** — You must wait for your official certified card to arrive before doing work that requires supervisor certification. The affidavit of experience will be validated prior to issuance of the certificate. Allow up to 8 weeks for processing and mailing.

**Supervisor Renewal Certification** — Your copy of this completed application is your temporary certification and is valid for six week from the successful completion of the course. You can do asbestos project work requiring certification as of the completion date of the course.

If you have not received your permanent certificate by the time this form expires (6 weeks from the date you complete the class), notify your training provider.

Refer to WAC 296-65-012 for asbestos worker certification requirements.

Last Name <b>Baker</b>		First Name <b>Jared</b>	Middle Initial <b>B</b>
Date of Birth <b>08/01/1979</b>		Social Security # (Required by RCW 26.23.150) <b>323-72-1675</b>	
Mailing Address <b>6422 East Trent Avenue</b>		Apt. #	
City <b>Spokane Valley</b>		State <b>WA</b>	Zip Code
Email Address <b>Billabrice@yahoo.com</b>		Home Phone Number	Work Phone Number <b>509-535-1515</b>
Have you been certified in Washington before? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If certified under a different name, please list:	

Sign in front of a notary public.

I hereby certify that the statements on this application are true and accurate to the best of my knowledge.

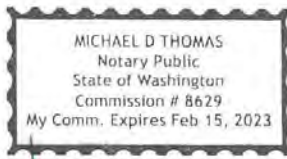
Jared Baker (Jan 4, 2023 15:33 PST)

01/04/23

Applicant's Signature

Date

Subscribed and sworn to before me this date <b>1-4-23</b>
Notary public signature <i>[Signature]</i>
For the state of <b>WA</b>
Residing at <b>LIBERTY LAKE, WA</b>
Title <b>OWNER</b>
My commission expires <b>2-15-23</b>

<b>Notary Seal or Stamp</b>  
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#### For Instructor Use Only

Initial application must be received by the Department no later than 60 days after the completion date of the course. Renewal application must be received by the Department before current certification expires.

Provider's Name <b>MICRIST</b>	Instructor's Name <b>MICHAEL THOMAS</b>	Course Start Date <b>1-4-23</b>	Course End Date <b>1-6-23</b>
I certify that the above applicant has successfully completed a state-approved asbestos training course.			
<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Refresher	Test Score: _____ %	
Previous Certification # <b>ABAS00029391</b>	Expiration Date <b>2-1-23</b>	Today's Date <b>1-6-23</b>	Instructor's Signature <i>[Signature]</i>

#### For L&I Use Only

Certification Number <b>ABAS</b>	Expiration Date
Transaction ID	

White — L&I Asbestos Program

Yellow — Instructor

Pink — Applicant

# SPECIALTY

2626 E. Trent Ave. | Spokane, WA 99202  
509.535.1515 | [specialtyenvironmental.com](http://specialtyenvironmental.com)  
WA Contractor License - SPECIE0051GB  
ID Contractor - BCE-10759  
ID Public Works - 226319



## RESPIRATOR FIT TEST

NAME OF EMPLOYEE: JARED BAKER

DATE: 3/28/23

NAME OF TEST OPERATOR: Scott Anderson

RESPIRATOR MANUFACTURER: North 1/2 Face

MODEL#: \_\_\_\_\_

RESPIRATOR APPROVAL #: \_\_\_\_\_ SIZE: S (M) L

PASS/FAIL: Pass

### Test Exercises, perform each for one minute.

Fit Check	<u>X</u>	Nod head up and down	<u>X</u>	Rainbow Passage	<u>X</u>
Turn head side to side	<u>X</u>	Breathe Normally	<u>X</u>	Identify Smoke	<u>X</u>
Jog in place	<u>X</u>	Breathe Deeply	<u>X</u>		

### CERTIFICATION OF WORKER ACKNOWLEDGEMENT

**RESPIRATORY PROTECTION:** I HAVE BEEN TRAINED IN THE PROPER USE OF RESPIRATORS AND INFORMED OF THE TYPE RESPIRATOR TO BE USED ON THIS PROJECT. I HAVE A COPY OF THE WRITTEN RESPIRATORY PROTECTION MANUAL ISSUED BY MY EMPLOYER.  
**TRAINING COURSE:** I HAVE BEEN TRAINED IN THE DANGERS INHERENT IN HANDLING ASBESTOS AND BREATHING ASBESTOS DUST AND IN PROPER WORK PROCEDURES AND PERSONAL AND AREA PROTECTIVE MEASURES.  
**MEDICAL EXAM:** I HAVE HAD A MEDICAL EXAMINATION WITHIN THE PAST 12 MONTHS WHICH WAS PAID FOR BY MY EMPLOYER. THE EXAM INCLUDED HEALTH HISTORY, PULMONARY FUNCTION TESTS AND MAY HAVE INCLUDED A CHEST X-RAY.

SIGNATURE: [Signature]

DATE: 3/28/23

Patient: Baker, Jared .

DOB: 08/01/1979

Employee ID/Alternative ID:

Service Date: 05/13/2022

Concentra Medical Centers (WA)  
15425 E Mission Ave Spokane Valley, WA 99037  
Phone: (509) 924-7010 Fax: (509) 924-7532

### Written Medical Opinion for Respirator Use

(Provide a copy to employee and employer, store in chart)

Medical evaluation for respirator use was completed in accordance with 29 CFR 1910.134.  
(La evaluación médica y opinión para el uso de respiradores se completó de acuerdo con 29 CFR 1910.134)

This evaluation indicates employee may wear the type(s) of respirator(s) checked below. There are no recommended limitation upon the workplace conditions in which the respirator will be used unless remarked in *Comments* section. Please note: If additional/new types of respirator(s) are utilized in the future, a new respirator medical clearance is required. (Esta evaluación indica que el empleado puede usar el tipo (s) de respirador (es) que se muestra a continuación. No hay limitaciones recomendadas sobre las condiciones del lugar de trabajo en las que se usará el respirador, a menos que se indique lo contrario en la sección Comentarios. Tenga en cuenta: Si en el futuro se utilizan más / nuevos tipos de respiradores, se requiere una nueva autorización médica para respiradores.)

- Disposable N, P or R, 95, 99 or 100 filtering face piece (Desechable pieza facial filtrante)
- Half face respirator with particulate gas/vapor cartridges (Respirador de media cara con cartuchos de partículas de gas / vapor)
- Full face respirator with particulate gas/vapor cartridges (Respirador de cara completa con cartuchos de gas / vapor de partículas)
- Self-contained breathing apparatus (SCBA) (Un equipo de respiración autónomo)
- Supplied air (loose fitting) (Aire suministrado (ajuste suelto))

The employee may not wear a respirator. (El empleado no puede usar un respirador.)

Employee must schedule a medical examination prior to respirator approval and usage.  
(Programar un examen médico antes de la aprobación del respirador)

The following restrictions or limitations are indicated (Se indican las siguientes restricciones o limitaciones):

- Positive air purifying respirator (PAPR) (Respirador purificador de aire positivo)
- No emergency response or immediately dangerous to life and health (IDLH) work  
(Trabajo sin respuesta de emergencia o peligro inmediato para la vida y la salud)
- Other (otro): \_\_\_\_\_

The employee has been informed of the results of this evaluation and any medical conditions which require further examination or treatment and they were provided with a copy of this written statement: (El empleado ha sido informado de los resultados de esta evaluación y de cualquier condición médica que requiera un examen o tratamiento adicional y se le proporcionó una copia de esta declaración por escrito:)

In person (En persona)

In writing (Questionnaire review only, without the employee present)  
(escrito solo una revisión del Cuestionario, empleado no presente)

This medical evaluation expires on (Esta evaluación médica expira el): 5-13-24

Employees are to report any difficulties in respirator use or change in health status to their supervisor, physician or licensed health care provider. (Los empleados deben informar cualquier dificultad en el uso del respirador o cambio en el estado de salud.)

Comments: (Comentarios)

- Eyewear conversion kit needed. (Se necesita un kit de conversión de gafas.)
- Facial hair needs to be shaved to assure a tight seal on tight fitting masks.  
(El vello facial debe afeitarse para asegurar un cierre hermético en las máscaras ajustadas.)
- Other (otro): \_\_\_\_\_

Clinician Name: USCOH Appleton MD

Clinician Signature: [Signature]

Date: 5-13-22

RESPCLEARWMO -1

DEPARTMENT OF LABOR & INDUSTRIES  
Certified as provided by Law as:



**Asbestos Worker**

ABAW00039344

Exp Date: **04/28/2024**

**VAZQUEZ, ADOLFO D**  
1308 E AUGUSTA AVE  
SPOKANE, WA 99207



2626 E. Trent Ave. | Spokane, WA 99202  
Office: 509.535.1515 | specialtyenvironmental.com

WA Contractor License- SPECIEG851QB  
ID Contractor- RCE-40758  
ID Public Works- 026319



RESPIRATOR FIT TEST

NAME OF EMPLOYEE: X Adolfo Vazquez DATE: 12/12/23  
NAME OF TEST OPERATOR: Manuel Escobar  
RESPIRATOR MANUFACTURER: North MODEL#: 7700  
RESPIRATOR APPROVAL #: \_\_\_\_\_ SIZE: S M L PASS/FAIL: Pass

**Test Exercises, perform each for one minute.**

Fit Check <input checked="" type="checkbox"/>	Nod head up and down <input checked="" type="checkbox"/>	Rainbow Passage <input checked="" type="checkbox"/>
Turn head side to side <input checked="" type="checkbox"/>	Breathe Normally <input checked="" type="checkbox"/>	Identify Smoke <input checked="" type="checkbox"/>
Jog in place <input checked="" type="checkbox"/>	Breathe Deeply <input checked="" type="checkbox"/>	

CERTIFICATION OF WORKER ACKNOWLEDGEMENT

**RESPIRATORY PROTECTION:** I HAVE BEEN TRAINED IN THE PROPER USE OF RESPIRATORS AND INFORMED OF THE TYPE RESPIRATOR TO BE USED ON THIS PROJECT. I HAVE A COPY OF THE WRITTEN RESPIRATORY PROTECTION MANUAL ISSUED BY MY EMPLOYER.

**TRAINING COURSE:** I HAVE BEEN TRAINED IN THE DANGERS INHERENT IN HANDLING ASBESTOS AND BREATHING ASBESTOS DUST AND IN PROPER WORK PROCEDURES AND PERSONAL AND AREA PROTECTIVE MEASURES.

**MEDICAL EXAM:** I HAVE HAD A MEDICAL EXAMINATION WITHIN THE PAST 12 MONTHS WHICH WAS PAID FOR BY MY EMPLOYER. THE EXAM INCLUDED HEALTH HISTORY, PULMONARY FUNCTION TESTS AND MAY HAVE INCLUDED A CHEST X-RAY.

SIGNATURE: Adolfo Vazquez

DATE: 12/12/23

Patient: Vazquez, Adolfo

DOB: 09/12/1984

Employee ID/Alternative ID:

Service Date: 05/06/2022

Concentra Medical Centers (WA)  
2005 E 29th Ave Spokane, WA 99203  
Phone: (509) 747-0770 Fax: (509) 624-0620

### Written Medical Opinion for Respirator Use

(Provide a copy to employee and employer, store in chart)

Medical evaluation for respirator use was completed in accordance with 29 CFR 1910.134.

(La evaluación médica y opinión para el uso de respiradores se completó de acuerdo con 29 CFR 1910.134)

This evaluation indicates employee may wear the type(s) of respirator(s) checked below. There are no recommended limitations upon the workplace conditions in which the respirator will be used unless remarked in *Comments* section. Please note: If additional/new types of respirator(s) are utilized in the future, a new respirator medical clearance is required. (Esta evaluación indica que el empleado puede usar el tipo (s) de respirador (as) que se muestra a continuación. No hay limitaciones recomendadas sobre las condiciones del lugar de trabajo en las que se usará el respirador, a menos que se indique lo contrario en la sección Comentarios. Tenga en cuenta: Si en el futuro se utilizan más / nuevos tipos de respiradores, se requiere una nueva autorización médica para respiradores.)

- Disposable N, P or R, 95, 99 or 100 filtering face piece (Desechable pieza facial filtrante)
- Half face respirator with particulate gas/vapor cartridges (Respirador de media cara con cartuchos de partículas de gas / vapor)
- Full face respirator with particulate gas/vapor cartridges (Respirador de cara completa con cartuchos de gas / vapor de partículas)
- Self-contained breathing apparatus (SCBA) (Un equipo de respiración autónomo)
- Supplied air (loose fitting) (Aire suministrado (ajuste suelto))

The employee may not wear a respirator. (El empleado no puede usar un respirador.)

Employee must schedule a medical examination prior to respirator approval and usage.  
(Programar un examen médico antes de la aprobación del respirador)

The following restrictions or limitations are indicated (Se indican las siguientes restricciones o limitaciones):

- Positive air purifying respirator (PAPR) (Respirador purificador de aire positivo)
- No emergency response or immediately dangerous to life and health (IDLH) work  
(Trabajo sin respuesta de emergencia o peligro inmediato para la vida y la salud)
- Other (otro): \_\_\_\_\_

The employee has been informed of the results of this evaluation and any medical conditions which require further examination or treatment and they were provided with a copy of this written statement: (El empleado ha sido informado de los resultados de esta evaluación y de cualquier condición médica que requiera un examen o tratamiento adicional y se les proporcionó una copia de esta declaración por escrito:)

- In person (En persona)
- In writing (Questionnaire review only, without the employee present)  
(escrito solo una revisión del Cuestionario, empleado no presente)

This medical evaluation expires on (Esta evaluación médica expira el): 5/6/25

Employees are to report any difficulties in respirator use or change in health status to their supervisor, physician or licensed health care provider. (Los empleados deben informar cualquier dificultad en el uso del respirador o cambio en el estado de salud.)

Comments: (Comentarios)

- Eyewear conversion kit needed. (Se necesita un kit de conversión de gafas.)
- Facial hair needs to be shaved to assure a tight seal on tight fitting masks.  
(El vello facial debe afeitarse para asegurar un cierre hermético en las máscaras ajustadas.)
- Other (otro): \_\_\_\_\_

Clinician Name: J Hunter - Scott, PA-C

Clinician Signature: J Hunter, PA-C

Date: 5/6/22

RESPCLEARWMO -1

Department of Labor and Industries  
 Division of Occupational Safety and Health  
 Asbestos Certification Program  
 PO Box 44614  
 Olympia WA 98504-4614



## CERTIFIED ASBESTOS SUPERVISOR (CAS) APPLICATION

Please **Print in Ink or Type**. Return the **Notarized Original Only** to **Asbestos Certification Program**. You must enclose a check or money order for \$65 payable to the Department of Labor and Industries. This application must be **complete** or it will be returned.

Name (Last) <i>Dundlaker</i>		(First) <i>Ted</i>	(MI) <i>G</i>	<b>For L &amp; I Use Only</b>	
Mailing Address <i>4708 W Malibu St.</i>			Certificate #	Check #	
City <i>Newman Lake</i>	State <i>WA</i>	Zip Code <i>99025</i>		Expiration Date:	Date Mailed
Phone # (Home) <i>509 863 4672</i>	(Work) <i>509 525 1515</i>	Date of Birth <i>10/20/1964</i>			
Email <i>tedundlaker@gmail.com</i>		Current Asbestos Supervisor/Worker Card # <i>ABAS00024729</i>		Current Employer <i>Security Environmental</i>	
Have you been certified in Washington before? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", a Worker <input type="checkbox"/> or Supervisor <input type="checkbox"/> If certified under a different name, please list:					

List 1600 hours experience (in one or more of the following)  
**Not required for renewal applications**

Asbestos Abatement	Consultation on Asbestos Abatement Projects
Asbestos Projects Design	Operations and Maintenance Program Supervisor
Construction Project Supervision	

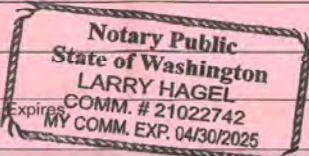
Employer	Address	Date (from)	Date (to)
Total Hours Worked	Supervisor	Supervisor's Phone #	
Description of Work (be specific)			
Employer	Address	Date (from)	Date (to)
Total Hours Worked	Supervisor	Supervisor's Phone #	
Description of Work (be specific)			
Employer	Address	Date (from)	Date (to)
Total Hours Worked	Supervisor	Supervisor's Phone #	
Description of Work (be specific)			

SUBSCRIBED AND SWORN TO BEFORE ME this date:

Notary Public:

Residing at:

My Commission Expires



**If this is your FIRST Supervisor certification, you must wait for your official certificate to arrive before doing work that requires certification. See back of form for more information.**

I hereby certify that the statements on this application are true and accurate to the best of my knowledge. (See Chapter 18.106 Revised Code of Washington (RCW) for false statement or material misrepresentations.)

Date

Applicant's Signature in Ink

*12-1-2023*

**The following must be filled out by your course instructor**

Provider's Name <i>KWA</i>	Instructor's Name <i>Larry Hagel</i>	Course Start Date <i>12-1-23</i>	Course End Date <i>12-1-23</i>
I CERTIFY THAT THE ABOVE APPLICANT HAS SUCCESSFULLY COMPLETED A STATE-APPROVED ASBESTOS TRAINING COURSE.		Basic <input type="checkbox"/>	Refresher <input checked="" type="checkbox"/> Test Score: <i>100</i> %
Previous Certification #	Expiration Date	Today's Date	Instructor's Signature

Basic application must be received by the Department no later than 60 days after the completion date of the course. Renewal application must be received by the Department before current card expires.

**White - L&I asbestos program**

**Canary - Instructor**

**Pink - Applicant**



2626 E. Trent Ave. | Spokane, WA 99202  
Office: 509.535.1515 | specialtyenvironmental.com

WA Contractor License- SPECIEG851QB  
ID Contractor- RCE-40758  
ID Public Works- 026319



**RESPIRATOR FIT TEST**

NAME OF EMPLOYEE: TED DANDLIKER DATE: 03-28-2023  
NAME OF TEST OPERATOR: TIM LEFTWICH  
RESPIRATOR MANUFACTURER: NORTH MODEL#: 7700  
RESPIRATOR APPROVAL #: \_\_\_\_\_ SIZE: S (M) L PASS/FAIL: PASS

**Test Exercises, perform each for one minute.**

Fit Check  Nod head up and down  Rainbow Passage   
Turn head side to side  Breathe Normally  Identify Smoke   
Jog in place  Breathe Deeply

**CERTIFICATION OF WORKER ACKNOWLEDGEMENT**

**RESPIRATORY PROTECTION:** I HAVE BEEN TRAINED IN THE PROPER USE OF RESPIRATORS AND INFORMED OF THE TYPE RESPIRATOR TO BE USED ON THIS PROJECT. I HAVE A COPY OF THE WRITTEN RESPIRATORY PROTECTION MANUAL ISSUED BY MY EMPLOYER.

**TRAINING COURSE:** I HAVE BEEN TRAINED IN THE DANGERS INHERENT IN HANDLING ASBESTOS AND BREATHING ASBESTOS DUST AND IN PROPER WORK PROCEDURES AND PERSONAL AND AREA PROTECTIVE MEASURES.

**MEDICAL EXAM:** I HAVE HAD A MEDICAL EXAMINATION WITHIN THE PAST 12 MONTHS WHICH WAS PAID FOR BY MY EMPLOYER. THE EXAM INCLUDED HEALTH HISTORY, PULMONARY FUNCTION TESTS AND MAY HAVE INCLUDED A CHEST X-RAY.

SIGNATURE: [Signature]

DATE: 3-28-2023

Patient: Dandliker, Ted

DOB: 10/20/1969

Employee ID/Alternative ID:

Service Date: 04/15/2022

Concentra Medical Centers (WA)  
15425 E Mission Ave Spokane Valley, WA 99037  
Phone: (509) 924-7010 Fax: (509) 924-7532

### Written Medical Opinion for Respirator Use

(Provide a copy to employee and employer, store in chart)

Medical evaluation for respirator use was completed in accordance with 29 CFR 1910.134.  
(La evaluación médica y opinión para el uso de respiradores se completó de acuerdo con 29 CFR 1910.134)

This evaluation indicates employee may wear the type(s) of respirator(s) checked below. There are no recommended limitations upon the workplace conditions in which the respirator will be used unless remarked in *Comments* section. Please note: If additional/new types of respirator(s) are utilized in the future, a new respirator medical clearance is required. (Esta evaluación indica que el empleado puede usar el tipo(s) de respirador (es) que se muestra a continuación. No hay limitaciones recomendadas sobre las condiciones del lugar de trabajo en las que se usará el respirador, a menos que se indique lo contrario en la sección Comentarios. Tenga en cuenta: Si en el futuro se utilizan más / nuevos tipos de respiradores, se requiere una nueva autorización médica para respiradores.)

- Disposable N, P or R, 95, 99 or 100 filtering face piece (Desechable pieza facial filtrante)  
 Half face respirator with particulate gas/vapor cartridges (Respirador de media cara con cartuchos de partículas de gas / vapor)  
 Full face respirator with particulate gas/vapor cartridges (Respirador de cara completa con cartuchos de gas / vapor de partículas)  
 Self-contained breathing apparatus (SCBA) (Un equipo de respiración autónomo)  
 Supplied air (loose fitting) (Aire suministrado (ajuste suelto))

The employee may not wear a respirator. (El empleado no puede usar un respirador.)

Employee must schedule a medical examination prior to respirator approval and usage.  
(Programar un examen médico antes de la aprobación del respirador)

The following restrictions or limitations are indicated (Se indican las siguientes restricciones o limitaciones):

- Positive air purifying respirator (PAPR) (Respirador purificador de aire positivo)  
 NO emergency response or immediately dangerous to life and health (IDLH) work  
(Trabajo sin respuesta de emergencia o peligro inmediato para la vida y la salud)  
 Other (otro): \_\_\_\_\_

The employee has been informed of the results of this evaluation and any medical conditions which require further examination or treatment and they were provided with a copy of this written statement: (El empleado ha sido informado de los resultados de esta evaluación y de cualquier condición médica que requiera un examen o tratamiento adicional y se les proporcionó una copia de esta declaración por escrito):

- In person (En persona)  
 In writing (Questionnaire review only, without the employee present)  
(escrito solo una revisión del Cuestionario, empleado no presente)

This medical evaluation expires on (Esta evaluación médica expira el): 4-15-24

Employees are to report any difficulties in respirator use or change in health status to their supervisor, physician or licensed health care provider. (Los empleados deben informar cualquier dificultad en el uso del respirador o cambio en el estado de salud.)

Comments: (Comentarios)

- Eyewear conversion kit needed. (Se necesita un kit de conversión de gafas.)  
 Facial hair needs to be shaved to assure a tight seal on tight fitting masks.  
(El vello facial debe afeitarse para asegurar un cierre hermético en las máscaras ajustadas.)  
 Other (otro): \_\_\_\_\_

Clinician Name:

Wesley Appert MD

Clinician Signature:

[Signature]

Date:

4-15-22

RESPCLEARWMO -1

Department of Labor and Industries  
 Asbestos Certification Program  
 PO Box 44614  
 Olympia WA 98504-4614



## Asbestos Worker Certified Application

Please print in ink or type. Return the **notarized white copy only** to the L&I Asbestos Certification Program (address above). The application must be complete or it will not be processed. You also must enclose a check or money order for \$45 payable to the Department of Labor & Industries.

Your pink copy of the completed application is your temporary certification and is valid for 6 weeks from the successful completion of the course. You can do asbestos work requiring certification as of the completion date of the course.

If you have not received your permanent certificate by the time this form expires (6 weeks from the date you complete the class), notify your training provider.

Refer to WAC 296-65-010 for asbestos worker certification requirements.

Last Name <b>Brown</b>		First Name <b>James</b>	Middle Initial
Date of Birth <b>5/24/1962</b>		Social Security # (Required by RCW 26.23.150) <b>532-74-6084</b>	
Mailing Address <b>113 N Hutchinson Road</b>			Apt. #
City <b>Spokane Valley</b>		State <b>WA</b>	Zip Code <b>99212</b>
Email Address <b>JamesB@specialtygroup.co</b>		Home Phone Number <b>509-217-5151</b>	Work Phone Number
Have you been certified in Washington before? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If certified under a different name, please list:	

Sign in front of a notary public.

I hereby certify the information on this application are true and accurate to the best of my knowledge.

**James Brown**  
 James Brown (Jan 13, 2023 09:01 PST)

1/13/23

Applicant's Signature

Date

Subscribed and sworn to before me this date <b>1-13-23</b>
Notary public signature <i>[Signature]</i>
For the state of <b>WA</b>
Residing at <b>LIBERTY LAKE, WA</b>
Title <b>OWNER</b>
My commission expires <b>2-15-23</b>

<b>Notary Seal or Stamp</b>  
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### For Instructor Use Only

Initial application must be received by the Department no later than 60 days after the completion date of the course. Renewal application must be received by the Department **before current certification expires**.

Provider's Name <b>Microst</b>	Instructor's Name <b>Michael Thomas</b>	Course Start Date <b>1-13-23</b>	Course End Date <b>1-13-23</b>
I certify that the above applicant has successfully completed a state-approved asbestos training program.			
<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Refresher	Test Score: _____ %	
Previous Certification # <b>ABAW00022223</b>	Expiration Date <b>2-11-23</b>	Today's Date <b>1-13-23</b>	Instructor's Signature <i>[Signature]</i>

### For L&I Use Only

Certification Number <b>ABAW</b>	Expiration Date
Transaction ID	

White — L&I Asbestos Program      Yellow — Instructor      Pink — Applicant  
 F413-005-000 Asbestos Worker Certified Application 06-2019



2626 E. Trent Ave. | Spokane, WA 99202  
509.535.1515 | specialtyenvironmental.com

WA Contractor License: SPEC18085108  
ID Contractor: RCE-40758  
ID Public Works: 026319



RESPIRATOR FIT TEST

NAME OF EMPLOYEE: James Brown

DATE: 3/28/23

NAME OF TEST OPERATOR: Arvid Baker

RESPIRATOR MANUFACTURER: North 1/2 mask

MODEL#: \_\_\_\_\_

RESPIRATOR APPROVAL #: \_\_\_\_\_ SIZE: S (M) L

PASS/FAIL: Pass

**Test Exercises, perform each for one minute.**

Fit Check	<u>X</u>	Nod head up and down	<u>X</u>	Rainbow Passage	<u>X</u>
Turn head side to side	<u>X</u>	Breathe Normally	<u>X</u>	Identify Smoke	<u>X</u>
Jog in place	<u>X</u>	Breathe Deeply	<u>X</u>		

**CERTIFICATION OF WORKER ACKNOWLEDGEMENT**

**RESPIRATORY PROTECTION:** I HAVE BEEN TRAINED IN THE PROPER USE OF RESPIRATORS AND INFORMED OF THE TYPE RESPIRATOR TO BE USED ON THIS PROJECT. I HAVE A COPY OF THE WRITTEN RESPIRATORY PROTECTION MANUAL ISSUED BY MY EMPLOYER.

**TRAINING COURSE:** I HAVE BEEN TRAINED IN THE DANGERS INHERENT IN HANDLING ASBESTOS AND BREATHING ASBESTOS DUST AND IN PROPER WORK PROCEDURES AND PERSONAL AND AREA PROTECTIVE MEASURES.

**MEDICAL EXAM:** I HAVE HAD A MEDICAL EXAMINATION WITHIN THE PAST 12 MONTHS WHICH WAS PAID FOR BY MY EMPLOYER. THE EXAM INCLUDED HEALTH HISTORY, PULMONARY FUNCTION TESTS AND MAY HAVE INCLUDED A CHEST X-RAY.

SIGNATURE: [Signature]

DATE: 3/28/23



# GUARDIAN OCCUPATIONAL HEALTH

"Your Partner in Worker Health and Public Safety"

### Respiratory Medical Clearance Form

Employee Name: James Brown Date of Birth: 05/24/1962  
Employer Name: Specialty Group

The identified individual is approved to wear ( check all that apply):

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> N95 Particulate respirator          | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |
| <input checked="" type="checkbox"/> Half mask,air purifying respirator  | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |
| <input checked="" type="checkbox"/> Full- face,air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |
| <input checked="" type="checkbox"/> Powered,air purifying respirator    | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |

Restriction \_\_\_\_\_

If applicable, the following workplace conditions will result in additional physiological burden: \_\_\_\_\_

- Follow up medical evaluation is required if ANY of the following occur prior to approval
  - A positive response to any question among questions 1 through 8 in section 2 Part A of the OSHA respirator Medical Evaluation Questionnaire Appendix C was provided by the identified individual; or,
  - The initial medical examination demonstrates the need for a follow up examination
    - This user is approved to wear a respirator Approval Date: 1/19/24
    - This user is unapproved to wear a respirator

Physician or other licensed Health Care professional:

Printed Name Robin Martin Signature: Robin Martin PA-C

To be completed by a Physician or other licensed Health Care professional: I have performed a respirator medical evaluation, including review of the individual's OSHA respirator medical evaluation questionnaire.

Appendix CRF 29 CFR1910.134

1419 N Argonne Rd  
Spokane Valley WA 99212

GuardianOccHealth.com

Phone 509-402-2880  
Fax 916-581-8658

Department of Labor and Industries  
 Asbestos Certification Program  
 PO Box 44614  
 Olympia WA 98504-4614



# Asbestos Supervisor Certified Application

Please print in ink or type. Return the **notarized white copy only** to the L&I Asbestos Certification Program (address above). The application must complete or it will not be processed. You also must enclose a check or money order for \$65 payable to the Department of Labor & Industries.

**Initial Supervisor Certification** — You must wait for your official certified card to arrive before doing work that requires supervisor certification. The affidavit of experience will be validated prior to issuance of the certificate. Allow up to 8 weeks for processing and mailing.

**Supervisor Renewal Certification** — Your copy of this completed application is your temporary certification and is valid for six weeks from the successful completion of the course. You can do asbestos project work requiring certification as of the completion date of the course.

If you have not received your permanent certificate by the time this form expires (6 weeks from the date you complete the class), notify your training provider.

Refer to WAC 296-65-012 for asbestos worker certification requirements.

Last Name <i>Hagle</i>	First Name <i>Clinton</i>	Middle Initial <i>L.</i>
Date of Birth <i>06/26/1996</i>	Social Security # (Required by RCW 26.23.150) <i>517-29-8502</i>	
Mailing Address <i>634 E Magnesium RD</i>	Apt. # <i>253</i>	
City <i>SPOKANE</i>	State <i>WA</i>	Zip Code <i>99208</i>
Email Address <i>hagle5727@gmail.com</i>	Home Phone Number <i>408-927-3833</i>	Work Phone Number
Have you been certified in Washington before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If certified under a different name, please list:	

Sign in front of a notary public.

I hereby certify that the statements on this application are true and accurate to the best of my knowledge.

Applicant's Signature *Clinton Hagle* Date *1-12-24*

Subscribed and sworn to before me this date <i>1-12-24</i>
Notary public signature <i>[Signature]</i>
For the state of <i>WA</i>
Residing at <i>SPOKANE WA</i>
Title <i>IA</i>
My commission expires <i>4-30-25</i>



### For Instructor Use Only

Initial application must be received by the Department no later than 60 days after the completion date of the course. Renewal application must be received by the Department **before current certification expires**

Provider's Name <i>KYRON</i>	Instructor's Name <i>Larry Hagle</i>	Course Start Date <i>1-12-24</i>	Course End Date <i>1-12-24</i>
I certify that the above applicant has successfully completed a state-approved asbestos training course.			
<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Refresher	Test Score	% <i>100</i>
Previous Certification # <i>ABA500036488</i>	Expiration Date <i>1-9-24</i>	Today's Date <i>1-12-24</i>	Instructor's Signature <i>[Signature]</i>

### For L&I Use Only

Certification Number <b>ABAS</b>	
Transaction ID	Expiration Date



PO Box 644 | Liberty Lake, WA 99019  
Phone: 509.535.1515 | specialtyenvironmental.com

WA Contractor License- SPECIEGB51QB  
ID Contractor- RCE-40758 | ID Public Works-026319  
MT Contractor Registration- 235944 | OR CCB- 214779



**RESPIRATOR FIT TEST**

NAME OF EMPLOYEE: Colton Houck

DATE: 6-26-2023

NAME OF TEST OPERATOR: Jared Baker

RESPIRATOR MANUFACTURER: 1/2 mask North

MODEL#: \_\_\_\_\_

**Test Exercises, perform each for one minute.**

Fit Check	<u>X</u>	Nod head up and down	<u>X</u>	Rainbow Passage	<u>X</u>
Turn head side to side	<u>X</u>	Breathe Normally	<u>X</u>	Identify Smoke	<u>X</u>
Jog in place	<u>X</u>	Breathe Deeply	<u>X</u>		

RESPIRATOR APPROVAL #: \_\_\_\_\_

SIZE: S M L

PASS/FAIL: Pass

**CERTIFICATION OF WORKER ACKNOWLEDGEMENT**

RESPIRATORY PROTECTION: I HAVE BEEN TRAINED IN THE PROPER USE OF RESPIRATORS AND INFORMED OF THE TYPE RESPIRATOR TO BE USED ON THIS PROJECT. I HAVE A COPY OF THE WRITTEN RESPIRATORY PROTECTION MANUAL ISSUED BY MY EMPLOYER.

TRAINING COURSE: I HAVE BEEN TRAINED IN THE DANGERS INHERENT IN HANDLING ASBESTOS AND BREATHING ASBESTOS DUST AND IN PROPER WORK PROCEDURES AND PERSONAL AND AREA PROTECTIVE MEASURES.

SIGNATURE: Colton Houck

DATE: 6-26-2023

True Health NW  
1419 N Argonne Rd  
Spokane Valley, WA 99212  
Phone 509-402-2880 - Fax 509-279-2334

**MEDICAL OPINION FOR EMPLOYER**

**Asbestos**

EMPLOYER: Specialty Group

EMPLOYEE NAME: Colton Moute DATE OF EXAMINATION: 8/4/23

TYPE OF EXAMINATION:  
 Initial examination       Periodic examination       Specialist examination

**USE OF RESPIRATOR:**

No limitations on respirator use  
 Recommended limitations on use of respirator: \_\_\_\_\_  
 No Respirator Use

Dates for recommended limitations, if applicable: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY      MM/DD/YYYY

The employee has provided written authorization for disclosure of the following to the employer (if applicable):

This employee should be examined by an American Board Certified Specialist in Pulmonary Disease or Occupational Medicine

Recommended limitations on exposure to respirable asbestos: \_\_\_\_\_

Dates for exposure limitations noted above: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY      MM/DD/YYYY

NEXT PERIODIC EVALUATION:  1 years       Other: \_\_\_\_\_  
MM/DD/YYYY

Examining or Reviewing Provider: Peter Glanville Date: 8/4/23

Provider Name: Peter Glanville PAC/Robin Martin PAC

Provider's Specialty: Occupational Medicine

I attest that the results have been provided to the employer for distribution to the employee.

The following is required to be checked by the Physician or other Licensed Health Care Professional (PLHCP):

I attest that, based on my review or examination, that I completed and reviewed the standardized medical questionnaire. Reviewed work history. I put special emphasis on the pulmonary, cardiovascular, and gastrointestinal systems. Followed guidelines in part 1 and 2 of Appendix D in 29 CFR 1926.1101. By signing this form, I acknowledge I performed the examination in accordance with either 29 CFR 1926.1101 or 40 CFR 763.122(a), as required.

Department of Labor and Industries  
 Asbestos Certification Program  
 PO Box 44614  
 Olympia WA 98504-4614



# Asbestos Worker Certified Application

Please print in ink or type. Return the **notarized white copy only** to the L&I Asbestos Certification Program (address above). The application must complete or it will not be processed. You also must enclose a check or money order for \$45 payable to the Department of Labor & Industries.

Your pink copy of the completed application is your temporary certification and is valid for 6 weeks from the successful completion of the course. You can do asbestos work requiring certification as of the completion date of the course. If you have not received your permanent certificate by the time this form expires (6 weeks from the date you complete the class), notify your training provider.

Refer to WAC 296-65-010 for asbestos worker certification requirements.

Last Name <b>Monroe</b>	First Name <b>Jesse</b>	Middle Initial <b>J</b>
Date of Birth <b>11/7/1991</b>	[REDACTED]	
Mailing Address <b>2127 W. Maxwell Ave</b>	Apt. #	
City <b>SPOKANE</b>	State <b>WA</b>	Zip Code <b>99201</b>
Email Address <b>JesseMiddle@gmail.com</b>	Home Phone Number	Work Phone Number <b>509-7-601-5916</b>
Have you been certified in Washington before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If certified under a different name, please list:	

**Sign in front of a notary public.**

I hereby certify that the statements on this application are true and accurate to the best of my knowledge.

Applicant's Signature  
*Jesse Monroe*

Date  
**6-28-23**

Subscribed and sworn to before me this date
Notary public signature
For the state of <b>Washington</b>
Residing at <b>SPOKANE</b>
Title <b>Licensed Agent</b>
My commission expires <b>11-2025</b>



### For Instructor Use Only

Initial application must be received by the Department no later than 60 days after the completion date of the course. Renewal application must be received by the Department before current certification expires.

Provider's Name <b>Hyron Environmental</b>	Instructor's Name <b>Rachel Plaza</b>	Course Start Date <b>7/30/23</b>	Course End Date <b>6/12/23</b>
I certify that the above applicant has successfully completed a state-approved asbestos training program.			
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Refresher	Test Score:	<b>86</b> %
Previous Certification #	Expiration Date <b>6/12/24</b>	Today's Date <b>6/12/23</b>	Instructor's Signature <i>Rachel Plaza</i>

### For L&I Use Only

Certification Number <b>ABAW</b>	Expiration Date
Transaction ID	Expiration Date

White — L&I Asbestos Program      Yellow — Instructor      Pink — Applicant  
 F413-005-000 Asbestos Worker Certified Application 06-2019



PO Box 644 | Liberty Lake, WA 99019  
Office: 509.535.1515 | specialtyenvironmental.com

WA Contractor License- SPECIEG851QB  
ID Contractor- RCE-40758 | ID Public Works-026319  
MT Contractor Registration- 235944 | OR CCB- 214779



**RESPIRATOR FIT TEST**

NAME OF EMPLOYEE: Jesse Monroe

DATE: 6-26-23

NAME OF TEST OPERATOR: James Baker

RESPIRATOR MANUFACTURER: \_\_\_\_\_

MODEL#: \_\_\_\_\_

**Test Exercises, perform each for one minute.**

Fit Check X

Nod head up and down X

Rainbow Passage X

Turn head side to side X

Breathe Normally X

Identify Smoke X

Jog in place X

Breathe Deeply X

RESPIRATOR APPROVAL #: X

SIZE: S/M L

PASS/FAIL: Pass

**CERTIFICATION OF WORKER ACKNOWLEDGEMENT**

**RESPIRATORY PROTECTION:** I HAVE BEEN TRAINED IN THE PROPER USE OF RESPIRATORS AND INFORMED OF THE TYPE RESPIRATOR TO BE USED ON THIS PROJECT. I HAVE A COPY OF THE WRITTEN RESPIRATORY PROTECTION MANUAL ISSUED BY MY EMPLOYER.

**TRAINING COURSE:** I HAVE BEEN TRAINED IN THE DANGERS INHERENT IN HANDLING ASBESTOS AND BREATHING ASBESTOS DUST AND IN PROPER WORK PROCEDURES AND PERSONAL AND AREA PROTECTIVE MEASURES.

SIGNATURE: Jesse Monroe

DATE: 6-26-23

**True Health NW**  
1419 N Argonne Rd  
Spokane Valley, WA 99212  
Phone 509-402-2880 - Fax 509-279-2334

**Asbestos**

**MEDICAL OPINION FOR EMPLOYER**

EMPLOYER: Specialty Environmental

EMPLOYEE NAME: Jesse Monroe      DATE OF EXAMINATION: 8/11/23

**TYPE OF EXAMINATION:**

Initial examination      [ ] Periodic examination      [ ] Specialist examination

**USE OF RESPIRATOR:**

No limitations on respirator use  
[ ] Recommended limitations on use of respirator: \_\_\_\_\_  
[ ] No Respirator Use

Dates for recommended limitations, if applicable: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY      MM/DD/YYYY

**The employee has provided written authorization for disclosure of the following to the employer (if applicable):**

[ ] This employee should be examined by an American Board Certified Specialist in Pulmonary Disease or Occupational Medicine  
[ ] Recommended limitations on exposure to respirable asbestos: \_\_\_\_\_

Dates for exposure limitations noted above: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY      MM/DD/YYYY

**NEXT PERIODIC EVALUATION:**       1 years      [ ] Other: \_\_\_\_\_  
MM/DD/YYYY

Examining or Reviewing Provider: Peter Glanville      Date: 8/11/23

**Provider Name:** Peter Glanville PAC/Robin Martin PAC

**Provider's Specialty:** Occupational Medicine

[ ] I attest that the results have been provided to the employer for distribution to the employee.

**The following is required to be checked by the Physician or other Licensed Health Care Professional (PLHCP):**

I attest that, based on my review or examination, that I completed and reviewed the standardized medical questionnaire. Reviewed work history. I put special emphasis on the pulmonary, cardiovascular, and gastrointestinal systems. Followed guidelines in part 1 and 2 of Appendix D in 29 CFR 1926.1101. By signing this form, I acknowledge I performed the examination in accordance with either 29 CFR 1926.1101 or 40 CFR 763.122(a), as required.

Department of Labor and Industries  
 Asbestos Certification Program  
 PO Box 44614  
 Olympia WA 98504-4614



## Asbestos Worker Certified Application

Please print in ink or type. Return the **notarized white copy only** to the L&I Asbestos Certification Program (address above). The application must complete or it will not be processed. You also must enclose a check or money order for \$45 payable to the Department of Labor & Industries.

Your pink copy of the completed application is your temporary certification and is valid for 6 weeks from the successful completion of the course. You can do asbestos work requiring certification as of the completion date of the course.

If you have not received your permanent certificate by the time this form expires (6 weeks from the date you complete the class), notify your training provider.

Refer to WAC 296-65-010 for asbestos worker certification requirements.

Last Name <i>Walker</i>	First Name <i>Shane</i>	Middle Initial
Date of Birth <i>11/21/90</i>		
Mailing Address <i>376 E. Cortland Ave</i>	Apt. #	
City <i>Spokane WA</i>	State <i>WA</i>	Zip Code <i>99217</i>
Email Address <i>shane.walker@770.com</i>	Home Phone Number	Work Phone Number
Have you been certified in Washington before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If certified under a different name, please list:	

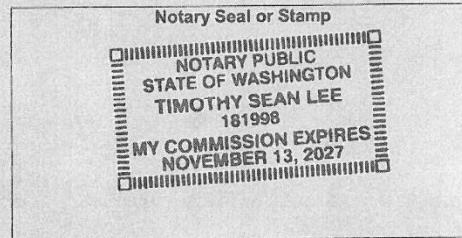
**Sign in front of a notary public.**

I hereby certify that the statements on this application are true and accurate to the best of my knowledge.

Applicant's Signature

Date

Subscribed and sworn to before me this date <i>11/16/24</i>
Notary public signature <i>Timothy Sean Lee</i>
For the state of <i>WA</i>
Residing at <i>Spokane WA</i>
Title <i>Industrial Hygienist</i>
My commission expires <i>11/13/27</i>



### For Instructor Use Only

Initial application must be received by the Department no later than 60 days after the completion date of the course. Renewal application must be received by the Department **before current certification expires**.

Provider's Name <i>Kyren Environmental</i>	Instructor's Name <i>Tim Lee</i>	Course Start Date <i>11/19/24</i>	Course End Date <i>11/19/24</i>
I certify that the above applicant has successfully completed a state-approved asbestos training program.			
<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	Test Score: <i>90</i> %	
Previous Certification #	Expiration Date	Today's Date <i>11/19/24</i>	Instructor's Signature <i>Timothy Sean Lee</i>

### For L&I Use Only

Certification Number <b>ABAW</b>	
Transaction ID	Expiration Date

White — L&I Asbestos Program      Yellow — Instructor      Pink — Applicant  
 F413-005-000 Asbestos Worker Certified Application 06-2019



# GUARDIAN

OCCUPATIONAL HEALTH

“Your Partner in Worker Health and Public Safety”

### Asbestos

### WRITTEN MEDICAL OPINION FOR EMPLOYER

EMPLOYER: Speciality Group  
EMPLOYEE NAME: Shane Walker DATE OF EXAMINATION: 1-29-24

#### TYPE OF EXAMINATION:

Initial examination       Periodic examination       Specialist examination

#### USE OF RESPIRATOR:

No limitations on respirator use  
 Recommended limitations on use of respirator: \_\_\_\_\_  
 No Respirator Use

Dates for recommended limitations, if applicable: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY      MM/DD/YYYY

#### The employee has provided written authorization for disclosure of the following to the employer (if applicable):

This employee should be examined by an American Board Certified Specialist in Pulmonary Disease or Occupational Medicine  
 Recommended limitations on exposure to respirable crystalline silica: \_\_\_\_\_

Dates for exposure limitations noted above: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY      MM/DD/YYYY

NEXT PERIODIC EVALUATION:  1 years       Other: \_\_\_\_\_  
MM/DD/YYYY

Examining or Reviewing Provider: David Hughes Date: 1-29-24

Provider Name: Peter Glanville PAC / Robin Martin PAC / David Hughes PAC  
Provider's Specialty: Occupational Medicine

[ X ] I attest that the results have been provided to the employer for distribution to the employee. The following is required to be checked by the Physician or other Licensed Health Care Professional (PLHCP):  
[ X ] I attest that, based on my review or examination, that I completed and reviewed the standardized medical questionnaire. Reviewed work history. I put special emphasis on the pulmonary, cardiovascular, and gastrointestinal systems. Followed guidelines in part 1 and 2 of Appendix D in 29 CFR 1926.1101. By signing this form, I acknowledge I performed the examination in accordance with either 29 CFR 1926.1101 or 40 CFR 763.122(a), as required.

1419 N Argonne Rd  
Spokane Valley WA 99212

GuardianOccHealth.com

Phone 509-402-2880  
Fax 916-581-8658



2626 E. Trent Ave. | Spokane, WA 99202  
Office: 509.535.1515 | specialtyenvironmental.com

WA Contractor License- SPECIEG851QB  
ID Contractor- RCE-40758  
ID Public Works- 026319



**RESPIRATOR FIT TEST**

NAME OF EMPLOYEE: Shane Walker

DATE: 1/22/24

NAME OF TEST OPERATOR: Keith Preston

RESPIRATOR MANUFACTURER: North

MODEL#: 770030M1

RESPIRATOR APPROVAL #: \_\_\_\_\_ SIZE: S M L

PASS/FAIL: \_\_\_\_\_

**Test Exercises, perform each for one minute.**

- |  |  |   |
|--|--|---|
| Fit Check <input checked="" type="checkbox"/>              | Nod head up and down <input checked="" type="checkbox"/> | Rainbow Passage <input checked="" type="checkbox"/> |
| Turn head side to side <input checked="" type="checkbox"/> | Breathe Normally <input checked="" type="checkbox"/>     | Identify Smoke <input checked="" type="checkbox"/>  |
| Jog in place <input checked="" type="checkbox"/>           | Breathe Deeply <input checked="" type="checkbox"/>       |   |

**CERTIFICATION OF WORKER ACKNOWLEDGEMENT**

**RESPIRATORY PROTECTION:** I HAVE BEEN TRAINED IN THE PROPER USE OF RESPIRATORS AND INFORMED OF THE TYPE RESPIRATOR TO BE USED ON THIS PROJECT. I HAVE A COPY OF THE WRITTEN RESPIRATORY PROTECTION MANUAL ISSUED BY MY EMPLOYER.

**TRAINING COURSE:** I HAVE BEEN TRAINED IN THE DANGERS INHERENT IN HANDLING ASBESTOS AND BREATHING ASBESTOS DUST AND IN PROPER WORK PROCEDURES AND PERSONAL AND AREA PROTECTIVE MEASURES.

**MEDICAL EXAM:** I HAVE HAD A MEDICAL EXAMINATION WITHIN THE PAST 12 MONTHS WHICH WAS PAID FOR BY MY EMPLOYER. THE EXAM INCLUDED HEALTH HISTORY, PULMONARY FUNCTION TESTS AND MAY HAVE INCLUDED A CHEST X-RAY.

SIGNATURE: Shane Walker

DATE: 1/22/24

Department of Labor and Industries  
 Division of Occupational Safety and Health  
 Asbestos Certification Program  
 PO Box 44614  
 Olympia WA 98504-4614



## CERTIFIED ASBESTOS SUPERVISOR (CAS) APPLICATION

Please **Print in Ink or Type**. Return the **Notarized Original Only** to Asbestos Certification Program. You must enclose a check or money order for \$65 payable to the Department of Labor and Industries. This application must be **complete** or it will be returned.

Name (Last) <u>LUND</u> (First) <u>Mike</u> (MI) <u>S</u>			<b>For L &amp; I Use Only</b>	
Mailing Address <u>117 N Cook</u>			Certificate #	Check #
City <u>Washouak</u>	State <u>WA</u>	Zip Code <u>98597</u>	Expiration Date:	Date Mailed
Phone # (Home) <u>360-225-1000</u>	(Work)	Date of Birth <u>07/48</u>		
Email <u>mlund@lund.com</u>	Current Asbestos Supervisor/Worker Card # <u>ADA 200711</u>		Current Employer <u>Lund Corp.</u>	
Have you been certified in Washington before? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If "Yes", a Worker <input type="checkbox"/> or Supervisor <input type="checkbox"/> If certified under a different name, please list:				

List 1600 hours experience (in one or more of the following):  
 Asbestos Abatement  Consultation on Asbestos Abatement Projects   
 Asbestos Projects Design  Operations and Maintenance Program Supervisor   
 Construction Project Supervision  **Not required for renewal applications**

Employer	Address	Date (from)	Date (to)
Total Hours Worked	Supervisor	Supervisor's Phone #	
Description of Work (be specific)			
Employer	Address	Date (from)	Date (to)
Total Hours Worked	Supervisor	Supervisor's Phone #	
Description of Work (be specific)			
Employer	Address	Date (from)	Date (to)
Total Hours Worked	Supervisor	Supervisor's Phone #	
Description of Work (be specific)			

SUBSCRIBED AND SWORN TO BEFORE ME this date:		If this is your <b>FIRST</b> Supervisor certification, you must wait for your official certificate to arrive before doing work that requires certification. See back of form for more information. I hereby certify that the statements on this application are true and accurate to the best of my knowledge. (See Chapter 18.106 Revised Code of Washington (RCW) for false statement or material misrepresentations.)
Notary Public:		
Residing at:		
My Commission Expires:		
Date		Applicant's Signature in Ink <u>[Signature]</u>

**The following must be filled out by your course instructor**

Provider's Name <u>Lund</u>	Instructor's Name <u>Larry Hagel</u>	Course Start Date <u>12-1-15</u>	Course End Date <u>12-1-15</u>
I CERTIFY THAT THE ABOVE APPLICANT HAS SUCCESSFULLY COMPLETED A STATE-APPROVED ASBESTOS TRAINING COURSE.		Basic <input type="checkbox"/>	Refresher <input checked="" type="checkbox"/> Test Score: <u>NA</u> %
Previous Certification #	Expiration Date	Today's Date	Instructor's Signature

Basic application must be received by the Department no later than 60 days after the completion date of the course. Renewal application must be received by the Department **before current card expires**.

White - L&I asbestos program
Canary - Instructor
Pink - Applicant

True Health NW  
1419 N Argonne Rd  
Spokane Valley WA 99212

Phone 509-402-2880  
Fax 916-581-8656

Respiratory Medical Clearance Form

Employee Name: Mike Lund Date of Birth: 2-7-68

Employer Name: Speciality GROUP

The identified individual is approved to wear (check all that apply):

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> N95 particulate respirator          | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |
| <input checked="" type="checkbox"/> Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |
| <input checked="" type="checkbox"/> Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |
| <input checked="" type="checkbox"/> Powered air purifying respirator    | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |

Restrictions: \_\_\_\_\_

If applicable, the following workplace conditions will result in additional physiological burden: \_\_\_\_\_

• Follow-up medical evaluation is required if ANY of the following occur prior to approval:

- a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
- the initial medical examination demonstrates the need for a follow-up medical examination.

This user is approved to wear a respirator. Approval date: 11-02-2023

This user is not approved to wear a respirator.

Physician or Other Licensed Health Care Professional:

Printed name: Robin Martin Signature: Robin Martin M.D.

To be completed by a physician or other licensed health care professional: I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire

Appendix C of 29 CFR 1910.134.



2626 E. Trent Ave. | Spokane, WA 99202  
Office: 509.535.1515 | specialtyenvironmental.com

WA Contractor License- SPECIEG851QB  
ID Contractor- RCE-40758  
ID Public Works- 026319



**RESPIRATOR FIT TEST**

NAME OF EMPLOYEE: Mike Lund

DATE: 10/3/23

NAME OF TEST OPERATOR: JARED BAUSER

RESPIRATOR MANUFACTURER: North

MODEL#: 7700

RESPIRATOR APPROVAL #: \_\_\_\_\_ SIZE: S (M) L

PASS/FAIL: \_\_\_\_\_

**Test Exercises, perform each for one minute.**

Fit Check	<u>X</u>	Nod head up and down	<u>K</u>	Rainbow Passage	<u>K</u>
Turn head side to side	<u>K</u>	Breathe Normally	<u>X</u>	Identify Smoke	<u>X</u>
Jog in place	<u>K</u>	Breathe Deeply	<u>X</u>		

**CERTIFICATION OF WORKER ACKNOWLEDGEMENT**

**RESPIRATORY PROTECTION:** I HAVE BEEN TRAINED IN THE PROPER USE OF RESPIRATORS AND INFORMED OF THE TYPE RESPIRATOR TO BE USED ON THIS PROJECT. I HAVE A COPY OF THE WRITTEN RESPIRATORY PROTECTION MANUAL ISSUED BY MY EMPLOYER.

**TRAINING COURSE:** I HAVE BEEN TRAINED IN THE DANGERS INHERENT IN HANDLING ASBESTOS AND BREATHING ASBESTOS DUST AND IN PROPER WORK PROCEDURES AND PERSONAL AND AREA PROTECTIVE MEASURES.

**MEDICAL EXAM:** I HAVE HAD A MEDICAL EXAMINATION WITHIN THE PAST 12 MONTHS WHICH WAS PAID FOR BY MY EMPLOYER. THE EXAM INCLUDED HEALTH HISTORY, PULMONARY FUNCTION TESTS AND MAY HAVE INCLUDED A CHEST X-RAY.

SIGNATURE: Mike Lund

DATE: 10/3/23