



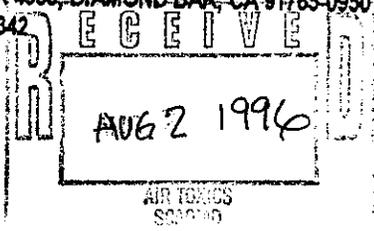
SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

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

AQMD USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #						
COMPLETED BY DAN FARRINGTON COMPANY MANESS ENVIRONMENTAL					PHONE 310-595-4555						
DATE 7-30-96	CHECK #	FEE \$ 25.60	PROJECT # 51240								
NOTIFICATION TYPE	ORIGINAL	REVISION DATES	REVISION OTHER (HIGHLIGHT)	CANCELLATION							
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (REMOVAL)	EMERGENCY RENO	PLANNED RENO (ANNUAL)						
SITE INFORMATION	SITE NAME FORMER HONGS TEXACO SERVICES STATION										
SITE ADDRESS 865 W SEPULVEDA BLVD											
CITY L A COUNTY TORRANCE	STATE CA	ZIP 90502	COUNTY LA								
DESCRIBE WORK LOCATION FORMER TEXACO SERVICE STATION											
BUILDING SIZE (SQ FT) 2000	NUMBER OF FLOORS 1	BUILDING AGE (YEARS) 15	NUMBER OF DWELLING UNITS 0								
PRESENT USE	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> OFFICE	<input type="checkbox"/> PUBLIC BLDG.	<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SHIP	<input type="checkbox"/> UNIV/COLLEGE	<input type="checkbox"/> VACANT
PRIOR USE	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> OFFICE	<input type="checkbox"/> PUBLIC BLDG.	<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SHIP	<input type="checkbox"/> UNIV/COLLEGE	<input type="checkbox"/> VACANT
SITE OWNER LINDA K BATEMAN TRUSTEE	ADDRESS 3012 LONG BEACH BLVD										
CITY LONG BEACH	STATE CA	ZIP 90806	CONTACT LINDA BATEMAN	PHONE							
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ASBESTOS SURVEY? YES <input type="checkbox"/> NO <input type="checkbox"/>	ASBESTOS REMOVED? YES <input type="checkbox"/> NO <input type="checkbox"/>	BUILDING TO BE DEMOLISHED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
PROJECT DATES	START 8-15-96	END 9-13-96	WORK SHIFT (am/pm) 7:00 3:30								
REMOVAL DATES	START	END	WORK SHIFT (am/pm)								
ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE	CLASS I	CLASS II	TOTAL REMOVED (add row)							
ASBESTOS REMOVED FROM	SURFACES		PIPES	COMPONENTS							
DESCRIBE THE MATERIALS	ACOUSTIC CEILING	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	ROOFING	MASTIC				
FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	OTHER (describe)							
CONTRACTOR INFORMATION	CSLB LICENSE # 553633	OSHA REG #	AQMD ID #								
NAME MANESS ENVIRONMENTAL SERVICES	ADDRESS 1101 E SPRING ST										
CITY LONG BEACH	STATE CA	ZIP 90806	SITE SUPVR SCOTT HULTNER	PHONE 310 595 4555							
WASTE TRANSPORTER #1	LANDFILL										
ADDRESS	ADDRESS										
CITY	STATE	ZIP	CITY	STATE	ZIP						

WASTE TRANSPORTER #2			WASTE STORAGE SITE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS FOR AQMD PRIOR APPROVAL. PROCEDURE #:					
ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:					
FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME: AUTHORIZING PERSON: _____ TITLE _____ DATE OF ORDER: _____ DATE ORDERED TO BEGIN: _____					
FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:					
EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:					
CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. WET IT DOWN AND PUT IT IN PLASTIC BAGS THEN DISPOS IN THE PROPER MANER.					
TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION AQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. DANIEL FARRINGTON _____					
PRINT NAME OF OWNER/OPERATOR		SIGNATURE OF OWNER/OPERATOR		DATE	
				7-30-96	
INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.					
PRINT NAME OF OWNER/OPERATOR		SIGNATURE OF OWNER/OPERATOR		DATE	
NOTIFICATIONS ARE NOT ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (AQMD Rule 301). REMOVAL LESS THAN 100 SQUARE FEET ARE EXEMPT FROM NOTIFICATION AND FEES. PLEASE MAKE CHECK PAYABLE TO "SCAQMD". FEES ARE PER NOTIFICATION, NOT REFUNDABLE, AND VARY ACCORDING TO THE ASBESTOS AMOUNT TO BE REMOVED. FEES ARE AS FOLLOWS:					
FROM 100 TO 1,000 SQUARE FEET		\$ 10.24		DEMOLITIONS	
FROM 1,001 TO 5,000 SQUARE FEET		\$ 76.81		REVISIONS	
FROM 5,001 TO 10,000 SQUARE FEET		\$179.20		CANCELLATIONS	
MORE THAN 10,000 SQUARE FEET		\$281.64		PROCEDURE 4 OR 5 PLANS	
				\$ 25.60 \$ 10.24 \$ 00.00 \$281.64	
NOTE: STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.					

MAIL ORIGINAL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950
 TELEPHONE : (909) 396-2336 FAX: (909) 396-3342



LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class ARB21 Lic. No. 553633

Date 8-13-96 Contractor [Signature]

(This section need not be completed if the permit is for one hundred dollars (\$100) or less).

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 8-13-96 Applicant [Signature]

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.).

I am exempt under Sec. _____, B. & P.C. for this reason:

Date _____ Owner _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier ULICO CAS Policy Number WD404 017400

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ.C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state under the penalty of perjury that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent [Signature]

Date 8-13-96

Complete this section for permits in unincorporated Los Angeles County only

LOBBYIST ORDINANCE CERTIFICATION

This is to certify that I, as permit applicant, am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Angeles County Lobbyist Ordinance) and that all persons acting on behalf of myself complied and will continue to comply therewith through the application process.

Applicant (Print Name) _____

Applicant Signature _____

Company Name (if employed by an entity/agency) _____

Date _____