

Former Extended Stay
Atoka, OK
Owner: City of Atoka
Final Remediation Report



OKLAHOMA
Environmental
Quality

SITE CLEANUP ASSISTANCE PROGRAM

City performed sampling in February of 2022

- Asbestos located in building
- Over 68,000 sq.ft. of friable joint compound along with wall and ceiling texture removed
- Abatement completed in June of 2022 and plan to demolish and prepare land for future development



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QUIT CLAIM DEED

THIS INDENTURE, Made this 27th day of July, 2021 between Zenisha LLC, an Oklahoma limited liability company, of the first part, and The City of Atoka, N/A, of the second part. WITNESSETH, that party of the first part, in consideration of the sum of One and no/100 DOLLARS and other valuable considerations, to them in hand paid, the receipt of which is hereby acknowledged, do hereby quit claim, grant, bargain, sell and convey unto the said parties of the second part all their right, title, interest, estate and every claim and demand, both at law and in equity, in and to all the following described property situated in Atoka County, State of Oklahoma, to-wit:

Lots 9, 10, 11 and 12 in Block 201, Folsom Heights Addition to the Townsite of Atoka, as shown by the approved plat thereof,

TO HAVE AND TO HOLD the above described premises unto the said party of the second part its heirs and assigns forever.

IN WITNESS WHEREOF, the said parties of the first part have hereunto set his hands the day and year first above written.

Zenisha LLC

Pu Patel
Priyankkumar Patel, Member and Manager of Zenisha LLC, an Oklahoma Limited Liability Company

Jaspreet Singh Khatra
Jaspreet Singh Khatra, Member and Manager of Zenisha LLC, an Oklahoma Limited Liability Company

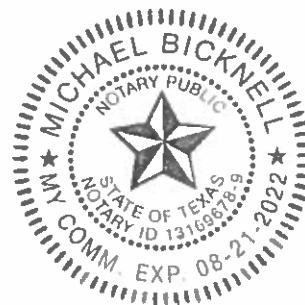
STATE OF Texas)
SS.
COUNTY OF Denton)

Before me, the undersigned, a Notary Public in and for said County and State, on this 27th day of July, 2021, personally appeared Priyankkumar Patel and Jaspreet Singh Khatra, Members and Managers of Zenisha LLC, to me known to be identical person who executed the within and foregoing instrument and acknowledged to me that they executed the same as their free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

[Signature]
Notary Public

My commission expires: 08/21/2022 # 13169678-9





Intergovernmental Agreement

This Intergovernmental Agreement (Agreement) between the Oklahoma Department of Environmental Quality (DEQ) and Atoka (City) is for environmental cleanup services provided by DEQ for the Property located at 604 E 7th Street, Atoka, OK, 74525, Atoka County. The areas of responsibility and relationships presented herein provide the conceptual framework under which the project will be executed.

- I. **STATUTORY AUTHORITY AND EFFECTIVE DATE:** This Agreement is authorized pursuant to and in accordance with the provisions of Title 27A Okla. Stat. (O.S.) § 2-3-201, 27A O.S. § 2-3-202, 74 O.S. § 581, and 74 O.S. § 1008. This Agreement shall begin on April 1st, 2022 or when executed by all parties whichever date occurs of the later and will continue through March 31st, 2023 or until completion of project or through an amendment whichever occurs first.
- II. **ENVIRONMENTAL CLEANUP SERVICES:** The City has requested environmental cleanup assistance from DEQ. DEQ agrees to provide the environmental cleanup services outlined in the attached Statement of Work (**Exhibit "A"**) and the City agrees to these services.
- III. **RESPONSIBILITIES OF ALL PARTIES:** The City and DEQ mutually agree that the responsibilities shall be as stated below:
 - 1) **City's Responsibilities:** The City shall be responsible for the duties listed below and shall not hold DEQ responsible for any of the duties. Those duties shall include:
 - a) Appoint a representative to serve as the central point of contact on matters relating to this Agreement and submit said representatives name and contact information to DEQ within ten (10) days of the effective date of this Agreement;
 - b) Restrict occupant's use/presence in the facility during remediation, as requested. This could include but is not limited to removing equipment, vehicles and other items that may be in the way of cleanup activities;
 - c) Attend routine update calls with DEQ during the remediation process; and
 - d) Perform any continued operations and maintenance required to keep remedy protective. An Operations and Maintenance Plan will be provided by DEQ if necessary.
 - 2) **DEQ's Responsibilities:** DEQ shall be responsible for the duties listed below and shall not hold the City responsible for any of the duties. Those duties shall include:
 - a) Appoint a representative to serve as the central point of contact on matters relating to this Agreement and submit said representatives name and contact information to the City within ten (10) days of the effective date of this Agreement;
 - b) Provide regular verbal progress reports via calls with the City;
 - c) Manage work and cover costs associated with the environmental cleanup work outlined in the attached Statement of Work (**Exhibit "A"**);
 - d) Supply the City with a final report of all DEQ activities within 90 days of completion of work.

- IV. **ACCESS TO PROPERTY:** All access to property shall be enforced by the executed Environmental Access Permit that shall accompany this Agreement upon execution.
- V. **PUBLIC INFORMATION:** The City is generally responsible for all public information. The City shall acknowledge the DEQ cleanup services outlined in this Agreement when making public statements regarding this building. The City will allow DEQ to place signs on the property during the environmental cleanup work. DEQ may make public announcements and respond to all inquiries relating to the environmental cleanup work in this Agreement. DEQ reserves the right to approve all press releases and publications where the agency is mentioned or included before publication. The agency shall provide a contact for publicity approval within ten (10) days of execution of the Agreement. The City shall have the agency's approval before using the DEQ logo or moving any DEQ signs the agency has placed. The City and DEQ shall give the other party advance notice before making any public statement regarding work contemplated, undertaken, or completed pursuant to this Agreement.
- VI. **TERMINATION:** This Agreement is expressly contingent upon funding and shall terminate without penalty either in whole or in part if funds are not made available to DEQ. Either party may terminate this Agreement by giving written notice at least sixty (60) days prior to the desired date of cancellation.
- VII. **ACCEPTANCE OF AGREEMENT:** The parties acknowledge and agree that they have read the Agreement and that they accept the responsibilities with which they are charged. The City agrees to comply with the building use restrictions during cleanup and understands that failure to comply with said restrictions or failure to adhere to the responsibilities enumerated in this Agreement may result in delayed remediation. This Agreement shall not affect any pre-existing or independent relationships or obligations between the parties. The City's Acceptance of this Agreement from DEQ constitutes acceptance of all current DEQ Purchasing terms and conditions. Terms and conditions are subject to change and may be found at <https://www.deq.ok.gov/wp-content/uploads/deqmainresources/DEQ-Terms-and-Conditions.pdf>
- VIII. **UNAUTHORIZED OBLIGATION:** At no time during the performance of this Agreement shall the City have the authority to obligate DEQ for payment of any goods or services.

In witness whereof, this Agreement, consisting of four (4) pages has been executed and delivered effective as of the date first above written.

**City of Atoka
P.O. Box 900
Atoka, OK, 74525**

Shyle Watson

Authorized Representative Signature

22.22.22

Date _____

Phyllis Bates Code Enforcement Officer
Authorized Representative Name, Title

Authorized Representative Name, Title

Oklahoma Department of Environmental Quality
707 N. Robinson, P.O. Box 1677,
Oklahoma City, Oklahoma 73101-1677

Authorized Representative Signature

Date _____

Catherine Sharp, Director, Administrative Services

Authorized Representative Name, Title

Exhibit "A"
Statement of Work



Environmental Access Permit

THIS PERMIT made and entered into by and between **City of Atoka**, hereinafter called the PERMITOR, and the **DEPARTMENT OF ENVIRONMENTAL QUALITY**, hereinafter called the PERMITTEE.

WITNESSETH, PERMITTEE is hereby granted permission and authority to enter upon the following described property, situated in Atoka County, Oklahoma, hereinafter referred to as the "Property":

323 W 6th, Atoka, OK, 74525, Atoka County

Attached and incorporated by reference as Exhibit "A": Property Location Map

TERMS AND CONDITIONS OF PERMIT:

1. **TERM:** This Permit shall be for a period of 1 year beginning April 1, 2022, and ending March 31, 2023.
2. **USE OF PROPERTY:** PERMITTEE and its consultants or contractors may enter upon said property for the performance of remedial activities, install, erect, operate, maintain, remove, and perform all work associated with said remedial activities. PERMITTEE and its consultants and contractors shall have the right of ingress and egress, to and from said site across adjoining lands of the PERMITOR. PERMITOR and PERMITTEE acknowledge that all equipment and improvements of PERMITTEE to support the said operations shall be deemed personal property of PERMITTEE.
3. **MAINTENANCE:** PERMITTEE agrees that no other changes shall be made to the Property without prior written permission of the PERMITOR other than what is necessary for the purpose of the Permit.
4. **INDEMNIFICATION:** PERMITOR agrees on its behalf and that of any successors or assigns to hold harmless, defend and indemnify the PERMITTEE, its officers, agents, employees, representatives, successors, and assigns, from and against any and all losses, liabilities, expenses, claims, demands, injuries, damages, fines, penalties, costs or judgments, including, without limitation, attorney's fees and costs of any kind. Without waiving any defense or immunity, and subject to the Oklahoma Governmental Tort Claims Act, such indemnification shall exclude any such liability to the extent caused by the negligence or willful misconduct of the PERMITTEE, its officers, agents, employees, representatives, successors, and assigns while acting within the scope of their employment.
5. **NO WARRANTIES:** The PERMITTEE makes no representations or warranties of any kind in connection with this Permit. This Permit is subject to all existing conditions, restrictions, reservations, easements, servitudes and right of ways of record.
6. **ASSIGNMENT:** This Permit cannot be assigned in whole or in part without the written approval of the PERMITTEE.
7. **TERMINATION:** Either party may terminate this Permit, or any renewals of this Permit, by giving written notice at least sixty (60) days prior to the desired date of cancellation.
8. **APPLICABLE LAW:** This Permit shall supersede any and all previous agreements whether oral or written and shall be governed by the laws of the State of Oklahoma.
9. **NON-WAIVER:** Failure of either the PERMITOR or PERMITTEE to exercise any right given hereunder or to insist upon strict compliance with regard to any term, condition or covenant specified herein, shall not constitute a waiver of the PERMITOR or PERMITTEE'S right to exercise such right or to demand strict compliance with any term, condition or covenant under this Agreement.

10. **ENTIRE AGREEMENT:** This Permit constitutes the sole and entire agreement of the parties and is binding upon the PERMITOR and the PERMITTEE, their heirs successors, legal representatives and assigns.

PERMITOR:

City of Atoka

(Type or Print)

By:

Danny Delay

(Signature)

Danny Delay

(Print Name and Title)

Date:

3-22-2022

PERMITTEE:

Oklahoma Department of Environmental Quality

By:

(Signature)

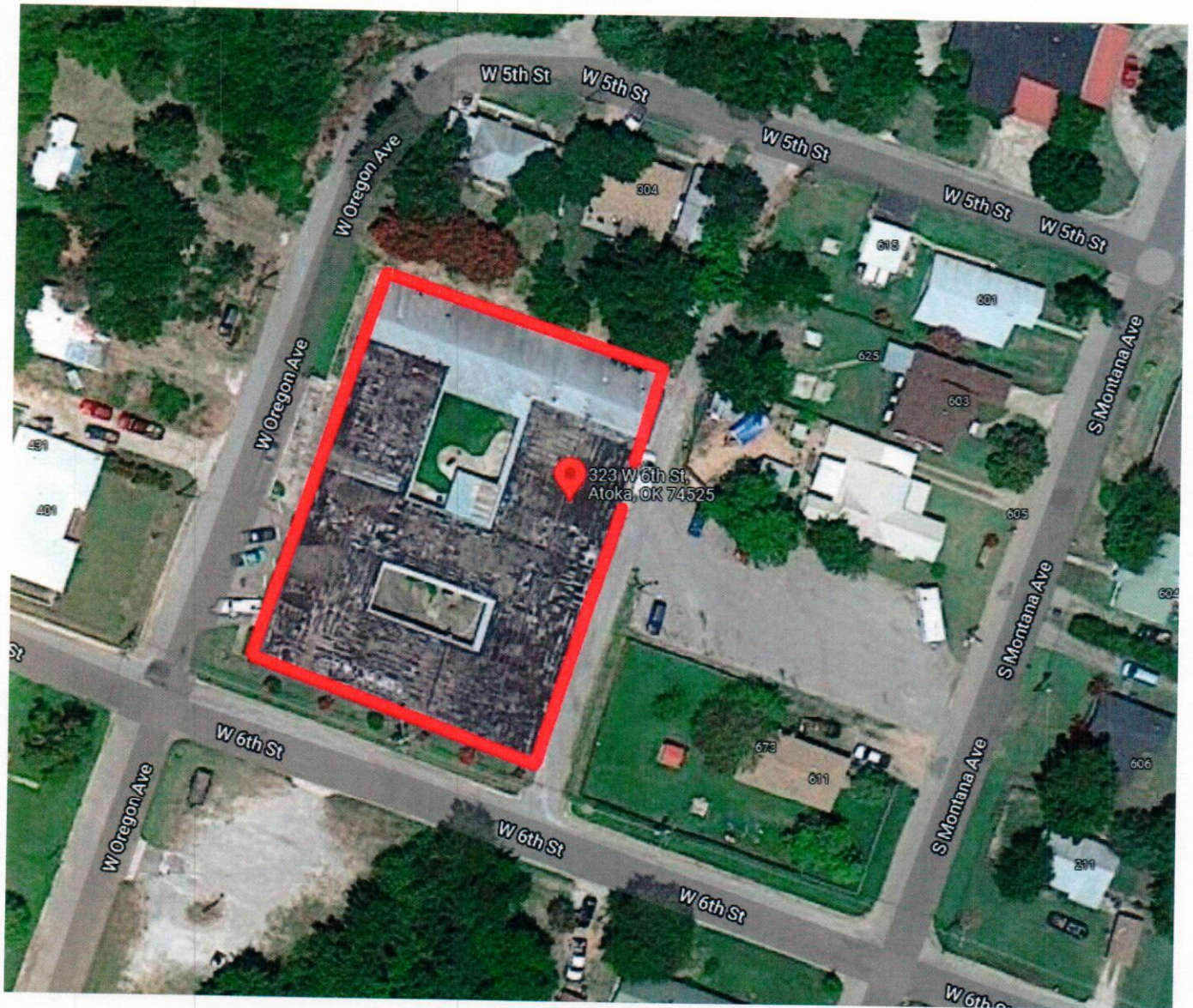
Catherine Sharp

(Print Name)

**Director of Support Services, Administrative Services
Division**

Date:

Exhibit "A"
Property Location Map



Inspection Reports

LIMITED ASBESTOS SURVEY

Former Extended Stay Motel
323 W. 6th Street
Atoka, Oklahoma

ENERCON Project No. ODEQ-00003
February 1, 2022



Prepared For:
Trenton Wilhelm
Department of Environmental Quality
707 N. Robinson Avenue
Oklahoma City, Oklahoma 73102
Phone: 405.702.5108
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Prepared by:

Ben Baggett
Industrial Hygiene/Safety Lead
bbaggett@enercon.com

Prepared By:
Enercon Services, Inc.
1601 NW Expressway, Suite 1000
Oklahoma City, Oklahoma 73118



Reviewed by:

Charles Calmbacher, PhD, CIH
ccalmbacher@enercon.com

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LIMITED ASBESTOS SURVEY REPORT

Former Extended Stay Motel
323 W. 6th Street
Atoka, Oklahoma

ENERCON Project Number: ODEQ-00003
February 1, 2022

1.0 EXECUTIVE SUMMARY

Enercon Services Inc. (ENERCON) conducted a Limited Asbestos Survey of the above-referenced building on December 21, 2021. The purpose of the Limited Asbestos Survey was to locate, identify, and quantify asbestos-containing building materials (ACBMs) present in the building. Fifty-six (56) bulk samples comprising fifty-six (56) discrete layers were collected from twelve (12) homogeneous areas.

The following materials were identified to contain asbestos based on laboratory analyses or, according to AHERA protocol, were presumed to contain asbestos:

HA	Description	Percent/Type Asbestos	NESHAP Class	Condition	Estimated Quantity
DWJC-03	Joint compound Throughout facility	3% Chrys	RACM	Good	Combined quantity of DWJC, TEX and CTEX 68,100 SF
DWJC-04					
DWJC-05					
DWJC-06					
DWJC-07					
TEX-11	Wall and ceiling texture Troweled pattern Predominant on walls, some ceilings	3% Chrys	RACM	Good	
CTEX-12	Popcorn ceiling texture Varied throughout	5% Chrys	RACM	Good	
Resilient Flooring	Resilient Flooring (varied throughout)	Presumed	Cat I non-friable	Good	Unknown (Could not be reasonably ascertained below debris)
Asphaltic based roofing materials	Asphaltic based roofing materials	Presumed	Cat I non-friable	Good	26,100 SF

HA = homogenous area

SF = square feet

Chry = chrysotile asbestos

Category I includes asbestos-containing packings, gaskets, asphaltic roofing products, resilient flooring, and associated mastics.

Category II includes all other non-friable materials.

RACM = regulated asbestos-containing material

EA = each

Amo = amosite asbestos

2.0 RECOMMENDATIONS

Regulated ACM (RACM)

It is ENERCON's understanding that the building is scheduled for demolition. Therefore, the following identified RACM must be removed by a qualified asbestos abatement contractor prior to demolition of the structure in accordance with a Project Design prepared by an Oklahoma-licensed Project Designer.

- Joint compound
- Ceiling textures
- Wall texture

Resilient Flooring and Associated Mastics

Floor tiles and flooring mastics (Category I non-friable materials) were presumed at the subject site and observed in good condition. ENERCON understands that the floor coverings and/or mastics are included in the scope of the demolition of the building. According to the EPA, tar-impregnated roofing felts, asphalt tiles, asphalts and mastics that are non-friable and will remain non-friable during proposed demolition methods are exempt from NESHAP requirements and need not be removed prior to demolition.

This exemption assumes the demolition of the building does not include deliberate burning or activities that powder or otherwise damage and render the materials friable. Additionally, the building debris need not be disposed of as asbestos-containing waste material provided such Category I ACM remains non-friable. However, ENERCON recommends the landfill operator be notified that construction debris contains non-friable asbestos-containing materials.

Asphaltic Roofing Materials

Asbestos-containing roofing materials were presumed at the subject site. ENERCON understands that roofing components are included in the scope of the demolition of the building. As noted previously, tar-impregnated roofing felts, asphalt tiles, asphalts and mastics that are non-friable and will remain non-friable during proposed demolition methods are exempt from NESHAP requirements and need not be removed prior to demolition. As above, this exemption assumes the demolition of the building does not include deliberate burning or activities that powder or otherwise damage and render the materials friable. Additionally, the building debris need not be disposed of as asbestos-containing waste material provided such Category I ACM remains non-friable.

LIMITED ASBESTOS SURVEY REPORT

**Former Extended Stay Motel
323 W. 6th Street
Atoka, Oklahoma**

ENERCON Project Number: ODEQ-00003
February 1, 2022

1.0 INTRODUCTION

On December 21, 2021, Enercon Services Inc. (ENERCON) performed a Limited Asbestos Survey of Former Extended Stay Motel, located at 323 W. 6th Street, Ardmore, Oklahoma. The survey was performed by an AHERA¹ accredited and State of Oklahoma licensed asbestos inspector(s) in general accordance with ENERCON's Proposal dated October 28, 2021. The purpose of the Limited Asbestos Survey was to locate, identify, and quantify asbestos-containing building materials (ACBMs) present in the building. It was understood that the building was scheduled for demolition.

2.0 FIELD ACTIVITIES

The survey was performed by Oklahoma AHERA-licensed Asbestos Inspector Mr. Solomon Throckmorton (AHERA Inspector #OK402395). Suspect ACM samples were collected in general accordance with the sampling protocols outlined in Environmental Protection Agency (EPA) regulations under 40 Code of Federal Regulations (CFR) 763-Asbestos. A copy of the primary inspector's license is attached as Appendix A.

2.1 Review and Visual Assessment

The survey consisted of a review of available plans and asbestos-related documents followed by a visual examination of building components and insulating materials to identify those suspected to contain asbestos. Suspect materials identified were categorized into homogeneous sampling areas to facilitate collection and analysis of samples. Building materials identified as concrete, glass, wood, masonry, metal or rubber are not considered suspect ACM. Although reasonable effort was made to survey accessible suspect materials, additional suspect but unsampled materials could be located in walls, in voids, or in other concealed areas.

2.2 Physical Assessment

A physical assessment of each homogeneous area of suspect ACM was conducted to assess the friability and condition of the materials. A friable material is defined by the EPA as a material which can be crumbled, pulverized, or reduced to powder by hand pressure when dry. Friability was assessed by physically touching suspect materials.

2.3 Sample Collection and Analysis

Based on results of the visual observation, bulk samples of suspect ACM were collected in general accordance with EPA sampling protocols. Random samples of suspect materials were collected in each homogeneous area. ENERCON collected bulk samples using wet methods as applicable to reduce the potential for fiber

¹ Asbestos Hazard Emergency Response Act

release. Samples were placed in sealable containers and labeled with unique sample numbers using an indelible marker.

Fifty-six (56) bulk samples comprising fifty-six (56) discrete layers were collected from twelve (12) homogeneous areas. Bulk samples were submitted under chain of custody to QuanTEM Laboratories, Inc. (QuanTEM) of Oklahoma City, Oklahoma, and were analyzed by polarized light microscopy (PLM) with dispersion staining techniques per EPA's Method for the Determination of Asbestos in Bulk Building Materials (600/R-93-116). The percentage of asbestos, where applicable, was determined by microscopic visual estimation. QuanTEM is accredited under the National Voluntary Laboratory Accreditation Program (NVLAP, Lab Code 101959). Laboratory reports of analyses and the chain of custody are attached as Appendix B.

When analysis of bulk samples by PLM reveals greater than zero, but less than 10% asbestos, EPA NESHAP regulations require that the analysis be repeated with the more accurate and precise analytical point counting technique. Therefore, any results obtained from this additional analysis supersede the PLM results. If point counting is not performed, the responsible party must assume the material to be asbestos-containing material (ACM) and subject to EPA NESHAP requirements. Although point counting can quantify the asbestos content of some samples below the NESHAP threshold of 1%, this will not typically occur when PLM sample results exceed 3% asbestos.

3.0 REGULATORY OVERVIEW

The asbestos NESHAP (40 CFR Part 61, Subpart M) regulates asbestos fiber emissions and asbestos waste disposal practices. It also requires the identification and classification of existing building materials prior to demolition or demolition activity. Under NESHAP, asbestos-containing building materials are classified as either friable, Category I non-friable or Category II non-friable ACM. Friable materials are those that, when dry, may be crumbled, pulverized or reduced to powder by hand pressure. Category I non-friable ACM includes packings, gaskets, resilient floor coverings and asphalt roofing products containing more than 1% asbestos. Category II non-friable ACM are any materials other than Category I materials that contain more than 1% asbestos.

Regulated ACM (RACM) must be removed before demolition or demolition activities that will disturb the materials. RACM includes:

- Friable ACM;
- Category I non-friable ACM that has become friable or will be subjected to drilling, sanding, grinding, cutting, or abrading; and
- Category II non-friable ACM that could be crumbled, pulverized, or reduced to powder during demolition or demolition activities.

If the amount of RACM exceeds 260 linear feet of pipe insulation, more than 160 square feet in other building components, or will generate more than one cubic meter of waste, the owner or operator must provide the Oklahoma Department of Environmental Quality (ODEQ) with written notification of planned relocation activities at least 10 working days prior to the commencement of asbestos abatement activities. Relocation of RACM must be conducted by an appropriately accredited and licensed asbestos abatement contractor.

The Occupational Safety and Health Administration (OSHA) regulates workplace exposure to asbestos in 29 CFR 1926.1101, the asbestos standard for construction. The OSHA standard requires that employee exposure to airborne asbestos fibers be maintained below 0.1 asbestos fibers per cubic centimeter of air (0.1

f/cc) as an eight-hour time weighted average. The OSHA standard classifies construction and maintenance activities which could disturb ACM and specifies work practices and precautions which employers must follow when engaging in each class of regulated work.

In the State of Oklahoma, the OSHA asbestos standard for the construction industry (29 CFR 1926.1101) is administered by the Oklahoma Department of Labor (ODOL) under the Oklahoma Asbestos Control Act (OAC) Title 40 § 450-456. The OAC requires that any asbestos-related activity conducted in a public building be performed by personnel licensed by the ODOL. Asbestos abatement must be performed by ODOL-licensed asbestos abatement contractors in accordance with a work plan or project design prepared by an ODOL-licensed asbestos project designer. Management plans developed for the in-place management of asbestos-containing materials must be developed by an ODOL-licensed management planner. In addition, third party air monitoring should be performed prior to, during, and following the abatement.

4.0 FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 Findings and Conclusion

Enercon Services, Inc. (ENERCON) conducted a Limited Asbestos Survey of the above-referenced building on December 21, 2021. The purpose of the Limited Asbestos Survey was to locate, identify, and quantify asbestos-containing building materials (ACBMs) present in the building. Fifty-six (56) bulk samples comprising fifty-six (56) discrete layers were collected from twelve (12) homogeneous areas.

Table 1 - Summary of Asbestos-Containing Building Materials

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EA = each

Amo = amosite asbestos

Category I includes asbestos-containing packings, gaskets, asphaltic roofing products, resilient flooring, and associated mastics.

Category II includes all other non-friable materials.

4.2 Recommendations

Regulated ACM (RACM)

It is ENERCON's understanding that the building is scheduled for demolition. Therefore, the following identified RACM must be removed by a qualified asbestos abatement contractor prior to demolition of the structure in accordance with a Project Design prepared by an Oklahoma licensed Project Designer.

- Joint compound
- Ceiling textures
- Wall texture

Resilient Flooring and Associated Mastics

Floor tiles and flooring mastics (Category I non-friable materials) were presumed at the subject site and observed in good condition. ENERCON understands that the floor coverings and/or mastics are included in the scope of the demolition of the building. According to the EPA, tar-impregnated roofing felts, asphalt tiles, asphalts and mastics that are non-friable and will remain non-friable during proposed demolition methods are exempt from NESHAP requirements and need not be removed prior to demolition

This exemption assumes the demolition of the building does not include deliberate burning or activities that powder or otherwise damage and render the materials friable. Additionally, the building debris need not be disposed of as asbestos-containing waste material provided such Category I ACM remains non-friable. However, ENERCON recommends the landfill operator be notified that construction debris contains non-friable asbestos-containing materials.

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Licenses and Certifications are presented in Appendix A. Laboratory Reports of Analyses and Chain of Custody are presented in Appendix B. A Summary of Bulk Material Samples is presented in Appendix C. Figure(s) are provided in Appendix D.

ENERCON can provide the Client with a proposal for developing Asbestos Abatement Specifications, Project Design work plans and for performing abatement oversight/air monitoring upon request.

5.0 GENERAL COMMENTS

This Limited Asbestos Survey was conducted in a manner consistent with the level of care and skill ordinarily exercised by members of the profession currently practicing under similar conditions in the same locale. The results, findings, conclusions, and recommendations expressed in this report are based on conditions observed during our survey of the building. The information contained in this report is relevant to the date on which this survey was performed and should not be relied upon to represent conditions at a later date. This report has been prepared on behalf of and exclusively for use by Department of Environmental Quality for specific

application to their project as discussed. This report is not a bidding document. Contractors or consultants reviewing this report must draw their own conclusions regarding further investigation or remediation deemed necessary. ENERCON does not warrant the work of regulatory agencies, laboratories, or other third parties supplying information which may have been used in the preparation of this report. No warranty, express or implied is made.

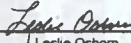
APPENDIX A

Licenses and Certifications

Oklahoma Department of Labor Asbestos License

This certifies that **Solomon Throckmorton**
has successfully met the certification requirements under
the Oklahoma Asbestos Control Act 40 O.S. § 450, et seq.
Abatement of Friable Asbestos, Oklahoma Rules OAC
380.50 in the following:

Inspector


Leslie Osborn
Labor Commissioner



License # : 402395

Expires : 09/01/2022

Issued : 09/03/2021

Not intended for identification purposes

APPENDIX B

Laboratory Reports of Analyses and Chain of Custody



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No.	342263	Client:	Enercon - OKC
Account Number:	A845		1601 Northwest Expressway
			Suite 1000
Date Received:	12/22/2021		Oklahoma City, OK 73118
Received By:	Courtney Holman	Project:	Atoka Hold
Date Analyzed:	12/28/2021	Project Location:	N/A
Analyzed By:	Dee Ammerman	Project Number:	N/A
Methodology:	EPA/600/R-93/116		

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
001	DWGB-01A	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 15 Glass Fiber 5	Gypsum
002	DWGB-01B	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 15 Glass Fiber 5	Gypsum
003	DWGB-01C	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 15 Glass Fiber 5	Gypsum
004	DWGB-02A	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 20	Gypsum
005	DWGB-02B	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 20	Gypsum
006	DWGB-02C	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 20	Gypsum
007	DWJC-03A	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 3	NA	CaCO3

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Quantem is a NVLAP accredited Testing PLM laboratory (Lab Code: 101959-0). This report relates only to the specific items tested.

NVLAP accreditation applies only to analysis performed utilizing EPA/600/M4-82-020 and EPA/600/R-93/116 methods.

This report may not be used to claim product endorsement by NVLAP or any agency of the US Government.

This report may not be reproduced except in full, without the written approval of the laboratory.



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No.	342263	Client:	Enercon - OKC
Account Number:	A845		1601 Northwest Expressway
Date Received:	12/22/2021		Suite 1000
Received By:	Courtney Holman		Oklahoma City, OK 73118
Date Analyzed:	12/28/2021	Project:	Atoka Hold
Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
008	DWJC-03B	**	** **	**	Not Analyzed	
Positive Stop						
009	DWJC-03C	**	** **	**	Not Analyzed	
Positive Stop						
010	DWJC-04A	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO ₃
011	DWJC-04B	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 3	NA	CaCO ₃
012	DWJC-04C	**	** **	**	Not Analyzed	
Positive Stop						
013	DWJC-05A	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO ₃

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2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No.	342263	Client:	Enercon - OKC
Account Number:	A845		1601 Northwest Expressway
Date Received:	12/22/2021		Suite 1000
Received By:	Courtney Holman		Oklahoma City, OK 73118
Date Analyzed:	12/28/2021	Project:	Atoka Hold
Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
014	DWJC-05B	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 3	NA	CaCO3
015	DWJC-05C	**	** **	**	Not Analyzed	
Positive Stop						
016	DWJC-06A	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 3	NA	CaCO3
017	DWJC-06B	**	** **	**	Not Analyzed	
Positive Stop						
018	DWJC-06C	**	** **	**	Not Analyzed	
Positive Stop						
019	DWJC-07A	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3
020	DWJC-07B	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 3	NA	CaCO3

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Date Received:	12/22/2021		Suite 1000
Received By:	Courtney Holman		Oklahoma City, OK 73118
Date Analyzed:	12/28/2021	Project:	Atoka Hold
Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
021	DWJC-07C	**	** **	**	Not Analyzed	
Positive Stop						
022	TEX-08A	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
023	TEX-08B	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
024	TEX-08C	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
025	TEX-08D	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
026	TEX-08E	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint

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Date Analyzed:	12/28/2021	Project:	Atoka Hold
Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
027	TEX-08F	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
028	TEX-08G	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
029	TEX-09A	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
030	TEX-09B	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
031	TEX-09C	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
032	TEX-09D	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
033	TEX-09E	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint

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Account Number: A845	1601 Northwest Expressway
Date Received: 12/22/2021	Suite 1000
Received By: Courtney Holman	Oklahoma City, OK 73118
Date Analyzed: 12/28/2021	Project: Atoka Hold
Analyzed By: Dee Ammerman	Project Location: N/A
Methodology: EPA/600/R-93/116	Project Number: N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
034	TEX-09F	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
035	TEX-09G	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
036	TEX-10A	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
037	TEX-10B	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
038	TEX-10C	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
039	TEX-10D	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint

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Received By:	Courtney Holman		Oklahoma City, OK 73118
Date Analyzed:	12/28/2021	Project:	Atoka Hold
Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
040	TEX-10E	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
041	TEX-10F	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
042	TEX-10G	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
043	TEX-11A	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
044	TEX-11B	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
045	TEX-11C	Homogeneous	White Texture	Asbestos Present Chrysotile 3	NA	CaCO3 Paint
046	TEX-11D	**	** **	**	Not Analyzed	

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Received By:	Courtney Holman		Oklahoma City, OK 73118
Date Analyzed:	12/28/2021	Project:	Atoka Hold
Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

QuanTEM Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
Positive Stop						
047	TEX-11E	**	** **	**	Not Analyzed	
Positive Stop						
048	TEX-11F	**	** **	**	Not Analyzed	
Positive Stop						
049	TEX-11G	**	** **	**	Not Analyzed	
Positive Stop						
050	TEX-12A	Homogeneous	White Ceiling Texture	Asbestos Present Chrysotile	NA	CaCO3 Paint
051	TEX-12B	**	** **	**	Not Analyzed	
Positive Stop						
052	TEX-12C	**	** **	**	Not Analyzed	
Positive Stop						

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Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No. 342263 Client: Enercon - OKC
Account Number: A845 1601 Northwest Expressway
Date Received: 12/22/2021 Suite 1000
Received By: Courtney Holman Oklahoma City, OK 73118
Date Analyzed: 12/28/2021 Project: Atoka Hold
Analyzed By: Dee Ammerman Project Location: N/A
Methodology: EPA/600/R-93/116 Project Number: N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
053	TEX-12D	**	** **	**	Not Analyzed	
Positive Stop						
054	TEX-12E	**	** **	**	Not Analyzed	
Positive Stop						
055	TEX-12F	**	** **	**	Not Analyzed	
Positive Stop						
056	TEX-12G	**	** **	**	Not Analyzed	
Positive Stop						

Dee Ammerman, Laboratory Manager

12/29/2021

Date of Report

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1601 NW Expressway, Suite 1000 (405) 722-7693 Office
Oklahoma City, Oklahoma 73118 (405) 722 7694 Fax

342263

Page of
Chain of Custody/Building Inspection Form

Project Site Name/Building Name: <u>Atoka Hall</u>				Inspector(s):		Project #:	
Collection Date: <u>12/21/21</u>				Email:			
HA #/Sample #	Mat. Class ¹	HA Material Description / HA Location	Quantity	Material Sample Location	Friability ²	Phy. Cond. ³	Pot. For Disturb. ⁴
1	DWGS	DWA					
2		K					
3		C					
4	DWGS	OSA					
5		K					
6		C					
7	DWGS	OSA					
8		K					
9		C					
10	DWGS	DATA					
11		K					
12		C					
13	DWGS	OSA					
14		K					
15		C					
16	DWGS	DWA					
17		K					
18		C					
19	DWGS	OSA					
20		K					
21		C					

Turnaround Time:	Positive Stop:	Relinquished By:	Received By:	Date/Time:
Rush <u>24</u> Hr. <u>72</u> Hr. <u>1</u> Standard (5 day)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>[Signature]</u>	<u>[Signature]</u>	<u>12/22/21</u>
	Point Count if <3%:	Relinquished By:	Received By:	Date/Time:
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>12/22/21</u>
Comments: <u>see site notes for #7, 8 & 9 for missing materials</u>				



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Page of

Chain of Custody/Building Inspection Form

Project Site Name/Building Name: <u>Atoka Hotel</u>				Project #:			
Collection Date: <u>12/21/07</u>		Inspector(s):		Email:			
HA #/Sample #	Mat. Class ¹	HA Material Description / HA Location	Quantity	Material Sample Location	Friability ²	Phy. Cond. ³	Pot. For Disturb. ⁴
22 TEX	S TSI M	will feature of some quality			F Cat I. Cat II.	G D SD	NPD PD PSD
23							
24							
25							
26							
27							
28							
29 TEX	S TSI M	will feature of some quality			F Cat I. Cat II.	G D SD	NPD PD PSD
30							
31							
32							
33							
34							
35							
36 TEX	S TSI M	will feature of some quality			F Cat I. Cat II.	G D SD	NPD PD PSD
37							
38							
39							
40							
41							
42							

Turnaround Time: Rush <u> </u> 24 Hr. <u> </u> 72 Hr. <u> </u> Standard (5 day)	Positive Stop: Yes <u> </u> No <u> </u>	Relinquished By:	Date/Time:	Received By: <u>Mr. H. H. H.</u>	Date/Time: <u>12/22/07 8:31</u>
	Point Count if <3%: Yes <u> </u> No <u> </u>	Relinquished By:	Date/Time:	Received By:	Date/Time:
Comments:					



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Oklahoma City, Oklahoma 73118 (405) 722 7694 Fax

342263

Page 1 of 1
Chain of Custody/Building Inspection Form

Project Site Name/Building Name: <u>Atoka Hotel</u>				Project #:			
Collection Date: <u>12/21/21</u>		Inspector(s):		Email:			
HA #/Sample #	Mat. Class ¹	HA Material Description / HA Location	Quantity	Material Sample Location	Friability ²	Phy. Cond. ³	Pot. For Disturb. ⁴
43	S	Restroom wall & ceiling west			F Cat I. Cat II.	G D SD	NPD PD PSD
44	TSI						
45	M						
46	S						
47	TSI						
48	M	pg room ceiling			F Cat I. Cat II.	G D SD	NPD PD PSD
49	S						
50	TSI						
51	M						
52	S						
53	TSI				F Cat I. Cat II.	G D SD	NPD PD PSD
54	M						
55	S						
56	TSI						
	M						
	S				F Cat I. Cat II.	G D SD	NPD PD PSD
	TSI						
	M						
	S						
	TSI						
	M				F Cat I. Cat II.	G D SD	NPD PD PSD
	S						
	TSI						
	M						
	S						
	TSI				F Cat I. Cat II.	G D SD	NPD PD PSD
	M						
	S						
	TSI						
	M						
	S				F Cat I. Cat II.	G D SD	NPD PD PSD
	TSI						
	M						
	S						
	TSI						
	M				F Cat I. Cat II.	G D SD	NPD PD PSD
	S						
	TSI						
	M						
	S						

Turnaround Time: Rush <u>24</u> Hr. <u>72</u> Hr. <u>Standard</u> (5 day)	Relinquished By: <u>M. H. Lee</u>	Received By: <u>M. H. Lee</u>	Date/Time: <u>12/22 @ 8:31</u>
	Point Count if <3%: <u>Yes</u> <u>No</u>	Relinquished By: <u>[Signature]</u>	Received By: <u>[Signature]</u>
Comments:			

APPENDIX C

Summary of Bulk Material Samples

APPENDIX C
Summary of Bulk Material Samples

HA	Sample Number	Description	Sample Location	Percent/Type Asbestos	NESHAP Class.	Condition	Estimated Quantity
01	DWGB-01A	Drywall wallboard appeared to be recent install)	Near main entry	Not present	N/A	N/A	N/A
	DWGB-01B		109	Not present			
	DWGB-01C		114	Not present			
02	DWGB-02A	Drywall wallboard appeared to be older install)	131	Not present	N/A	N/A	N/A
	DWGB-02B		134	Not present			
	DWGB-02C		139	Not present			
03	DWJC-03A	Joint compound North hallway	Hallway at 127	3% Chrys	RACM	Good	See combined quantity of DWJC, TEX and CTEX below
	DWJC-03B		Hallway at 126	PS			
	DWJC-03C		Hallway at 138	PS			
04	DWJC-04A	Joint compound East hallway	Hallway at 134	Not present	RACM	Good	
	DWJC-04B		Hallway at 117	3% Chrys			
	DWJC-04C		115	PS			
05	DWJC-05A	Joint compound South hallway	114	Not present	RACM	Good	
			109	3% Chrys			
	DWJC-05B		Hallway at Entry	PS			
DWJC-05C							
06	DWJC-06A	Joint compound West hallway	105	3% Chrys	RACM	Good	
	DWJC-06B		Mid hallway	PS			
	DWJC-06C		104	PS			
07	DWJC-07A	Joint compound Mid hallway at crossover	Mid at S atrium windows	Not present	RACM	Good	
	DWJC-07B		Mid at N atrium windows	3% Chrys			
	DWJC-07C		Restroom	PS			

08	TEX-08A	Wall texture Troweled pattern North hallway	Hallway at 134	Not present	Homogeneous area could not be delineated or segregated from DWJC		See combined quantity of DWJC, TEX and CTEX below
	TEX-08B		138	Not present			
	TEX-08C		139	Not present			
	TEX-08D		128	Not present			
	TEX-08E		127	Not present			
	TEX-08F		Hallway at 140	Not present			
	TEX-08G		Hallway	Not present			
09	TEX-09A	Wall texture Troweled pattern East hallway	118	Not present	Homogeneous area could not be delineated or segregated from DWJC		See combined quantity of DWJC, TEX and CTEX
	TEX-09B		114	Not present			
	TEX-09C		115	Not present			
	TEX-09D		129	Not present			
	TEX-09E		117	Not present			
	TEX-9F		119	Not present			
	TEX-09G		134	Not present			
10	TEX-10A	Wall texture Troweled pattern South hallway	107	Not present	Homogeneous area could not be delineated or segregated from DWJC		See combined quantity of DWJC, TEX and CTEX below
	TEX-10B		Hallway	Not present			
	TEX-10C		Hallway	Not present			
	TEX-10D		109	Not present			
	TEX-10E		Hallway at 123	Not present			
	TEX-10F		Hallway at Sitz bath	Not present			
	TEX-10G		Hallway at Sitz bath	Not present			
11	TEX11A	Wall texture Troweled pattern West hallway	103	Not present	RACM	Good	See combined quantity of DWJC, TEX and CTEX below
	TEX-11B		Hallway	Not present			
	TEX-11C		Hallway	3% Chrys			
	TEX-11D		101	PS			
	TEX-11E		Middle hallway	PS			
	TEX-11F		No room number	PS			
	TEX-11G		106	PS			

12	CTEX-12A	Popcorn ceiling texture Varied throughout	Mid hallway S atrium	5% Chrys	RACM	Good	Combined quantity of DWJC, TEX and CTEX Walls 42,000 SF Ceilings 26,100 SF
	CTEX-12B		Old west side	PS			
	CTEX-12C		Basement	PS			
	CTEX-12D		104	PS			
	CTEX-12E		109	PS			
	CTEX-12F		106	PS			
	CTEX-12G		107	PS			
	Resilient Flooring			Throughout			
Asphaltic based roofing materials			Throughout	Presumed	Cat I non-friable	Good	26,100 SF

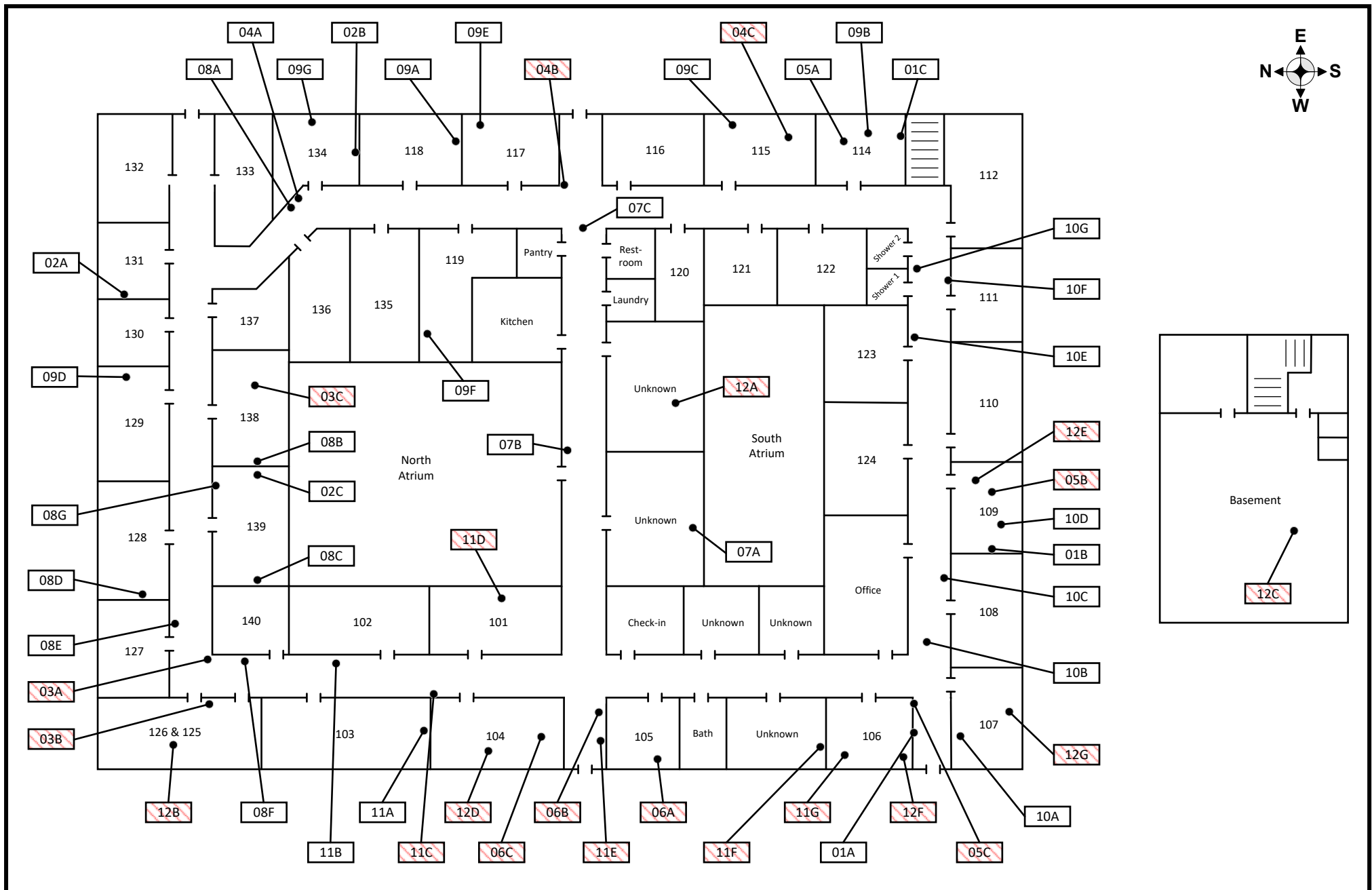
HA = homogenous area
SF = square feet
Chry = chrysotile asbestos

RACM = regulated asbestos-containing material
EA = each
Amo = amosite asbestos

Category I includes asbestos-containing packings, gaskets, asphaltic roofing products, resilient flooring, and associated mastics. Category II includes all other non-friable materials.

APPENDIX D

Figures



Client:
Oklahoma Department of
Environmental Quality
Subject Property:
Atoka Extended Stay Hotel

Legend:

- XX-XX-XX Sample containing 1% or less asbestos
- XX-XX-XX Sample containing greater than 1% asbestos



ACM Sample Locations

Project No: ODEQ~00003

Completion Date: 1/24/22

ASBESTOS ABATEMENT PROJECT DESIGN

**Former Extended Stay Motel
323 W. 6th Street
Atoka, Oklahoma**

**ENERCON Project No. ODEQ-00003
March 3, 2022**



Prepared For:

Trenton Wilhelm
Department of Environmental Quality
707 N. Robinson Avenue
Oklahoma City, Oklahoma 73102
Phone: 405.702.5108
email: trenton.wilhelm@deq.ok.gov

Prepared by:



Ben Baggett
Asbestos Management Planner
Project Designer ODOL No. 133989
bbaggett@enercon.com

Prepared By:

Enercon Services, Inc.
1601 NW Expressway, Suite 1000
Oklahoma City, Oklahoma 73118



Reviewed by:


Charles Calmbacher, PhD, CIH
ccalmbacher@enercon.com

ASBESTOS ABATEMENT PROJECT DESIGN
FORMER EXTENDED STAY MOTEL
323 W. 6TH STREET
ATOKA, OKLAHOMA

INTRODUCTION:

This Project Design was prepared by Enercon Services, Inc., in order to provide a prudent course of action for handling abatement of specific asbestos-containing materials associate within the structure. Protocols to be used are for compliance with governing regulations to protect workers and the environment from incidental exposure to airborne asbestos fibers during the work being performed.

PROJECT INFORMATION:

Project Name:	Asbestos Abatement- Former Extended Stay Motel
Address:	323 W. 6th Street Atoka, Oklahoma
Description of Work	Removal of joint compound, wall texture, ceiling texture
Project Type:	Demolition
Contractor:	Yet to be determined
IH/Air Monitoring Firm:	Enercon Services, Inc.

Analytical Laboratory: Enercon Services, Inc., AIHA PAT Laboratory 151368. The laboratory to be used for analysis of personal and area asbestos air samples is Enercon Services, Inc., AIHA PAT Laboratory 151368. All air samples will be collected by an experienced Asbestos Air Monitoring Technician authorized to collect and analyze air samples in Oklahoma.

BACKGROUND/ADDITIONAL INFORMATION

It should be noted that the estimated quantity of joint compound is based on observation, however; additional material may be located behind veneers in the building. Quantities to be verified by the abatement contractor prior to bid.

1. REGULATORY COMPLIANCE

The specific governing regulations affecting this work will include but are not limited to: 29 CFR 1926.1101 (OSHA Construction Industry Asbestos Standard), 29 CFR 1910.134 (OSHA Respiratory Protection), 40 CFR 61, Subpart M (Asbestos NESHAP), and OAC 380:50 with approved variances. Waste transport and disposal is to be performed by an Oklahoma-licensed asbestos waste transporter with a waste disposal manifest/chain of custody signed by the receiving landfill. DOT Class 9 placards are to be displayed during transportation of asbestos waste.

2. WORK SEQUENCING/SCHEDULING

The work is to be accomplished within a single phase. **The tentative start date is yet to be determined.** The work is to be scheduled by the Abatement Contractor in coordination with Enercon Services, Inc. Work is planned for normal work hours.

3. EGRESS AND FIRE PROTECTION

Workers will be briefed on emergency exit procedures and the assembly point at the beginning of the work shift. In the event emergency evacuation is necessary, workers will exit immediately through the decon and to the nearest exit.

Emergency illumination shall be provided for not less than 1-1/2 hours in the event of failure of normal lighting. Emergency lighting facilities shall be arranged to provide initial illumination that is

not less than an average of 1 ft.-candle and, at any point, not less than 0.1 ft.-candle, measured along the path of egress at walk surface. The emergency lighting system shall be arranged to provide the required illumination automatically in the event of any interruption of normal lighting. Where maintenance of illumination depends on changing from one energy source to another, a delay of not more than 10 seconds shall be permitted.

The Abatement Contractor will provide a minimum of one 10 lb. ABC dry-charged fire extinguisher for every 3,000 sf of work area and outside the decon during abatement. The fire extinguisher will have a valid inspection tag and be decontaminated upon removal from the work area.

4. MATERIALS TO BE ABATED:

The following table provides the percentage of asbestos and approximate quantity of ACM to be removed. A copy of the laboratory report is attached.

HA	Description	Percent/Type Asbestos	NESHAP Class	Condition	Estimated Quantity
DWJC-03	Joint compound Throughout facility	3% Chrys	RACM	Good	Combined quantity of DWJC, TEX and CTEX 68,100 SF
DWJC-04					
DWJC-05					
DWJC-06					
DWJC-07					
TEX-11	Wall and ceiling texture Troweled pattern Predominant on walls, some ceilings	3% Chrys	RACM	Good	68,100 SF
CTEX-12	Popcorn ceiling texture Varied throughout	5% Chrys	RACM	Good	
DEBRIS	DWJC, TEX and CTEX debris throughout	3% to 5% Chrys	RACM	Sig damaged	Est. 26,100 SF

HA = homogenous area

SF = square feet

Chry = chrysotile asbestos

RACM = regulated asbestos-containing material

EA = each

Amo = amosite asbestos

Category I includes asbestos-containing packings, gaskets, asphaltic roofing products, resilient flooring, and associated mastics.

Category II includes all other non-friable materials.

5. METHOD OF ABATEMENT

No ACM materials or ACM-contaminated building materials will be intentionally disturbed until a decon unit is established, operation of the air filtration devices is initiated, and critical barriers are erected.

Removal of ACM joint compound and textures will be performed in accordance with 380:50-23-4 (ceiling texture procedures) with AFDs vented externally. **Removal of the materials will be accomplished by the removal of the drywall substrate where feasible. The contractor should be aware that wall and ceiling insulation is present in some areas of the building.**

Insulation within the walls which may be exposed within the containment will be considered contaminated unless the insulation has an impervious backing which can be HEPA-vacuumed and decontaminated.

6. AIR MONITORING AND RESPIRATORY PROTECTION

A minimum of 1 area air monitor will be located:

- In each active abatement work area;
- Outside the containment during active abatement;

- Outside each significant critical barrier during active abatement;
- In the clean room area;
- In the loadout path during loadout (may be combined with an area monitor),
- At the exhaust point of any AFD
- Personal air monitor samples will be collected on 1 out of every 4 workers; or a minimum of 2 personal air samples per abatement crew;

Removal of ACM materials will be initiated in full-face APR respirators.

7. CLEARANCE SAMPLING

The structure is to be demolished; therefore, clearance sampling (clean test) is not required.

8. AIR FILTRATION

A minimum of two (2) air changes will be accomplished during removal of the joint compound and textures. Based on the nominal air flow of 1,800 cfm per AFD, and estimated 208,800 cubic feet of air space, it is anticipated a minimum of ten (10) AFDs will be utilized. The contractor may partition the containment to minimize the number of AFDs. AFDs will be exhausted external to the building.

9. CONTAINMENT METHODS

Preparation of asbestos abatement work area will be per **380:50-17-14 Demolition Procedures**. Critical barriers will be utilized over openings (e.g. windows, doors, exhaust vents). Critical barriers will also be installed as required to isolate the work area. All furniture and fixtures will be removed from the work area. Non-moveable fixtures will be covered with a minimum single layer of 4 mil poly and sealed prior to asbestos removal. All surfaces are to be thoroughly sprayed with a lock-down encapsulant after cleanup.

10. DECONTAMINATION SYSTEM

An attached decontamination facility (decon) under negative pressure is planned for this work. The decon unit will be established per 380:50-15-7 (Clean room requirements) and 380:50-15-12 (decontamination facility preparation) consisting of three chambers; a clean room, a shower and a dirty room. The airlocks for the decon unit will consist of triple 6 mil polyethylene overlapping flaps. The decon shower shall be equipped with a 5 micron waste water filter, liquid cleaning agent, non-porous shower grates and a functioning in-line water heater with capacity for 5 gallons per worker. Disposal of wastewater will be into the sanitary sewer. The temperature of the clean room and decon will be maintained above fifty (50) degrees°F during abatement activities. Decon procedures will be per 380:50-15-8 (Decontamination procedures).

11. SOIL CONTAMINATION CLEANUP

Not applicable.

12. SPECIAL MATERIALS OR METHODS

Damage

The contractor is responsible for any and all damage outside the containment area incurred during the scope of this work.

Scaffolding and Fall Protection

Scaffolding, ladders and work platforms may be utilized during all phases of the work. The asbestos abatement contractor will comply with 29CFR 1926 Subpart L-Scaffolds and Subpart M-Fall Protection.

Electrical

The procurement and tie-in of electrical service for the scope of work is the sole responsibility of the

contractor. Lockout/tagout procedures will be used on all electrical circuits which penetrate the work area.

Water

The procurement and tie-in of potable water for the scope of work is the sole responsibility of the contractor.

Heat Stress

The contractor should monitor heat stress in general accordance with OSHA Technical Manual Section III, Chapter 4.

13. VARIANCES REQUESTED:

The contractor may be required to supply their own power by portable generator. A variance to shut down the AFD(s) overnight, if required, is requested.

CERTIFICATION

This project design was prepared by the undersigned for compliance with applicable federal and State regulations.



Ben Baggett
Asbestos Project Designer, OKPD 143990
bbaggett@enercon.com

March 3, 2022
Date



Charles Calmbacher, PhD, CIH
ccalmbacher@enercon.com



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No.	342263	Client:	Enercon - OKC
Account Number:	A845		1601 Northwest Expressway
			Suite 1000
Date Received:	12/22/2021		Oklahoma City, OK 73118
Received By:	Courtney Holman	Project:	Atoka Hold
Date Analyzed:	12/28/2021	Project Location:	N/A
Analyzed By:	Dee Ammerman	Project Number:	N/A
Methodology:	EPA/600/R-93/116		

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
001	DWGB-01A	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 15 Glass Fiber 5	Gypsum
002	DWGB-01B	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 15 Glass Fiber 5	Gypsum
003	DWGB-01C	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 15 Glass Fiber 5	Gypsum
004	DWGB-02A	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 20	Gypsum
005	DWGB-02B	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 20	Gypsum
006	DWGB-02C	Homogeneous	White Wallboard	Asbestos Not Present	Cellulose 20	Gypsum
007	DWJC-03A	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 3	NA	CaCO3

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Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
008	DWJC-03B	**	** **	**	Not Analyzed	
Positive Stop						
009	DWJC-03C	**	** **	**	Not Analyzed	
Positive Stop						
010	DWJC-04A	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO ₃
011	DWJC-04B	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 3	NA	CaCO ₃
012	DWJC-04C	**	** **	**	Not Analyzed	
Positive Stop						
013	DWJC-05A	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO ₃

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Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
014	DWJC-05B	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 3	NA	CaCO3
015	DWJC-05C	**	** **	**	Not Analyzed	
Positive Stop						
016	DWJC-06A	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 3	NA	CaCO3
017	DWJC-06B	**	** **	**	Not Analyzed	
Positive Stop						
018	DWJC-06C	**	** **	**	Not Analyzed	
Positive Stop						
019	DWJC-07A	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3
020	DWJC-07B	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 3	NA	CaCO3

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Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
021	DWJC-07C	**	** **	**	Not Analyzed	
Positive Stop						
022	TEX-08A	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
023	TEX-08B	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
024	TEX-08C	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
025	TEX-08D	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
026	TEX-08E	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint

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Analyzed By:	Dee Ammerman	Project Number:	N/A
Methodology:	EPA/600/R-93/116		

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
027	TEX-08F	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
028	TEX-08G	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
029	TEX-09A	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
030	TEX-09B	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
031	TEX-09C	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
032	TEX-09D	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
033	TEX-09E	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint

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Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
034	TEX-09F	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
035	TEX-09G	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
036	TEX-10A	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
037	TEX-10B	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
038	TEX-10C	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
039	TEX-10D	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint

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Date Analyzed:	12/28/2021	Project Location:	N/A
Analyzed By:	Dee Ammerman	Project Number:	N/A
Methodology:	EPA/600/R-93/116		

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
040	TEX-10E	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
041	TEX-10F	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
042	TEX-10G	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
043	TEX-11A	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
044	TEX-11B	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
045	TEX-11C	Homogeneous	White Texture	Asbestos Present Chrysotile 3	NA	CaCO3 Paint
046	TEX-11D	**	** **	**	Not Analyzed	

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Analyzed By:	Dee Ammerman	Project Location:	N/A
Methodology:	EPA/600/R-93/116	Project Number:	N/A

QuanTEM Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
Positive Stop						
047	TEX-11E	**	** **	**	Not Analyzed	
Positive Stop						
048	TEX-11F	**	** **	**	Not Analyzed	
Positive Stop						
049	TEX-11G	**	** **	**	Not Analyzed	
Positive Stop						
050	TEX-12A	Homogeneous	White Ceiling Texture	Asbestos Present Chrysotile	NA	CaCO3 Paint
051	TEX-12B	**	** **	**	Not Analyzed	
Positive Stop						
052	TEX-12C	**	** **	**	Not Analyzed	
Positive Stop						

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Date Analyzed:	12/28/2021	Project Location:	N/A
Analyzed By:	Dee Ammerman	Project Number:	N/A
Methodology:	EPA/600/R-93/116		

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
053	TEX-12D	**	** **	**	Not Analyzed	
Positive Stop						
054	TEX-12E	**	** **	**	Not Analyzed	
Positive Stop						
055	TEX-12F	**	** **	**	Not Analyzed	
Positive Stop						
056	TEX-12G	**	** **	**	Not Analyzed	
Positive Stop						

Dee Ammerman

Dee Ammerman, Laboratory Manager

12/29/2021

Date of Report

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Approved: X

3017 N. Stiles, Oklahoma City, OK 73105

Project Designer: Ben Baggett

Disapproved:

Phone – (405)521-6464

Fax – (405)521-6025

	ITEM	ACCEPTED	REJECTED	COMMENTS
1.	A statement that DOL <u>Abatement of Friable Materials Rules</u> apply.	X		The Oklahoma Department of Labor, Asbestos Division, Asbestos Control Act Title 40 450-456 and Abatement of Friable Asbestos Material Rules will apply to this project.
2.	Sequencing and phasing of work.	X		Work will be done in one phase.
3.	Identification of means of egress and a fire protection plan and a diagram for emergency escape routes, and fire extinguisher placements.	X		Emergence exit will be will be clearly marked and illuminated, at least two 10 lb ABC fire extinguishers will be on site, one inside the work area and one outside the work area.
4.	The quantity, type, percentage with bulk analysis unless presumed and a diagramed location of asbestos materials to be abated.	X		Amount of ACM is specified in the project design.
5.	Abatement methods, and techniques, and numbers of containments, glove bags or mini-containments.	X		380:50-23-4 abatement Procedures.
6.	Details of personal and area air monitoring samples.	X		Air monitoring will be conducted according to subchapter 11
7.	Numbers and locations of Clean Test samples and type of analysis to be employed.	X		Five clearance samples per abatement area
8.	Numbers, capacities, a diagram to identify locations, and discharge points, if any, of negative air machines.	X		One negative air machine for dirty side of decon, internally vented, and one for each apt.
9.	Details of project containment(s), glove bag or mini-containments, including drawings. Details shall include all applicable subchapters, including but not limited to scaffolding and live electric isolation.	X		Drawings attached to project design
10.	Details of decontamination system(s).	X		remote decon
11.	The extent to which asbestos-contaminated soils, if any, must be removed and the sampling methods of determining the efficacy of such removal.	N/A		
12.	Special materials or methods required to protect objects in the work area should be detailed, (plywood over carpeting or hardwood floors to prevent damage from scaffolds and/or falling materials.	N/A		
13.	Any variances from the <u>Abatement of Friable Asbestos Materials Rules</u>.	X		If required, variance accepted

The Department of Labor reserves the right to require additional engineering or environmental controls consistent with the Abatement of Friable Asbestos Materials Rules which may be necessary because of discrepancies between this Project Design and field conditions or from unanticipated changes in field conditions.

REVIEWED BY:

Keith H. Hunt

DATE: 03/15/22

REVIEWED BY:

Bernita Hunt

DATE: 3.15.2022

Scope of Work

STATEMENT OF WORK

For

Asbestos Abatement at the Atoka former Extended Stay

The Oklahoma Department of Environmental Quality (DEQ) is requesting a work plan and cost estimate for remediation services at the former Extended Stay located in Atoka, Oklahoma. This statement of work (SOW) describes the removal and proper disposal of asbestos-containing material (ACM). A mandatory pre-bid site visit and walk through will be held at the site.

The building is located at 323 W 6th St., Atoka, OK, 74525. The building will *not* have available water and electricity to use during remediation. For more details see the attached Asbestos Inspection Report with floor plan map showing locations of ACM (**Attachment 1**).

SPECIAL PROVISIONS:

- Work Schedule: The contractor shall schedule all work to be completed within 60 calendar days after date of the written “Notice to Proceed.” Coordination of work shall be scheduled with DEQ.
 - A pre-construction meeting shall be held at the site if deemed necessary after the Notice to Proceed date to review Statement of Work and answer any questions the contractor may have.
 - All on-site work shall be completed by the contractor five (5) days prior to the scheduled contract completion date, with the remaining five (5) days utilized for final inspection and correction of all deficiencies.
- Conditions of Work: The following conditions of work will apply in accomplishment of this contract:
 - All work shall be performed in accordance with all applicable State and Federal regulations.
 - All work shall be performed in such a manner that it does not put workers’ health and safety at risk.
 - Disposal of Removed Materials: All materials removed by the Contractor under this contract shall be disposed of in accordance with State and Federal regulations.

CONTRACTOR SHALL:

- Attend mandatory pre-bid meeting and site walk through;
- Follow all appropriate OSHA requirements;

Submit with Bid:

- Copy of ODOL Asbestos Abatement Contractor License;
- Three references with name, type of project, phone number, and location of similar work in the last three years;

Submit after Notice to Proceed:

- A Work Plan with planned activities and schedule to DEQ for approval;

ASBESTOS ABATEMENT INSTRUCTIONS:

- Friable asbestos shall be removed as described in the attached approved asbestos Project Design (**Attachment 2**).
 - Remove and properly dispose of asbestos containing joint compound and wall and ceiling texture located throughout the building. See the Project Design provided.
 - A total of 68,100 ft² shall be removed.
- Once Asbestos Abatement is complete, DEQ shall be contacted for final inspection to confirm abatement has been appropriately performed and all asbestos has been removed.

FINAL REPORT:

Write final report and submit to DEQ;

- Final report shall include:
 - A detailed summary of work including any warranties and data;
 - Waste manifests (if any); and
 - Photo documentation of work
 - Photo documentation of work will have color digital photos with captions describing photo;
- Final report will be submitted electronically.

DEQ CONTACT:

Trenton Wilhelm
Oklahoma Dept of Environmental Quality
Land Protection Division
707 N. Robinson
P.O. Box 1677
Oklahoma City, OK 73101-1677

405-702-5108 (Office)
405-702-5101 (Fax)
Trenton.Wilhelm@deq.ok.gov

ATTACHMENT 1

Asbestos Inspection Report

ATTACHMENT 2

Asbestos Project Design

Remediation Reports



June 13, 2022

Attn: Mr. Trenton Wilhelm
Dept. of Environmental Quality
707 N. Robinson Ave.
Oklahoma City, OK 73102

Telephone: 405.702.5108
e-mail: trenton.wilhelm@deq.ok.gov

Re: Project Title Asbestos Abatement, Former Extended Stay Motel
ODEQ Contract No.: ID22035-02
Enercon Project Number: ODEQ~00033

Please find attached:

- ODOL Reports
- Air reports
- Photos

The asbestos-containing building materials identified in the Project Design appear to have been properly removed in accordance with governing rules and regulations. The measured fiber concentrations present outside the building following abatement activities were below Oklahoma's permissible exposure limits for airborne asbestos. The foregoing findings are based on the analytical results of air sampling performed during and post-abatement, the visual final acceptance inspection of the areas abated, and the inspector's professional judgment. The information contained in this report represents conditions that exists at the time of this assessment. ENERCON does not warrant the services of regulatory agencies, laboratories, or other third parties supplying information that may have been used in the preparation of this report.

Enercon Services, Inc. (ENERCON) appreciates the opportunity to provide these services to the Oklahoma Department of Environmental Quality. If you have any questions or comments regarding this addendum, please feel free to call me at 405.722.7693 or 405.834.2490.

Sincerely,
ENERCON SERVICES, INC.

Ben Baggett
Industrial Hygiene/Safety Lead
bbaggett@enercon.com

Charles Calmbacher, PhD, CIH
ccalmbacher@enercon.com

Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Lmt	LCL	UCL
-	1	4/26/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	2	4/26/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	3	4/26/22	12:35 PM 4:33 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	10.0	100	238	595.0	12.739	0.008	0.006	0.005	0.011
2	4	4/26/22	12:35 PM 4:33 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	8.0	100	238	595.0	10.191	0.007	0.006	0.004	0.006
3	5	4/26/22	12:35 PM 4:33 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	5.0	100	238	595.0	6.369	BDL	0.006	0.003	0.006
4	6	4/26/22	12:35 PM 4:33 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	2.0	100	238	595.0	2.548	BDL	0.006	0.001	0.006
5	7	4/26/22	12:35 PM 4:33 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	2.0	100	238	595.0	2.548	BDL	0.006	0.001	0.006
6	8	4/26/22	12:35 PM 4:33 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	1.5	100	238	595.0	1.911	BDL	0.006	0.001	0.006
7	9	4/26/22	12:35 PM 4:33 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	3.0	100	238	595.0	3.822	BDL	0.006	0.002	0.006

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NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Lmt	LCL	UCL
-	10	4/27/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	11	4/27/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	12	4/27/22	7:33 PM 4:17 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	14.0	100	1244	3110.0	17.834	0.002	0.001	0.001	0.003
2	13	4/27/22	7:33 PM 4:17 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	11.0	100	1244	3110.0	14.013	0.002	0.001	0.001	0.002
3	14	4/27/22	7:33 PM 4:17 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	8.0	100	1244	3110.0	10.191	0.001	0.001	0.001	0.001
4	15	4/27/22	7:33 PM 4:17 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1244	3110.0	3.822	BDL	0.001	0.000	0.001
5	16	4/27/22	7:33 PM 4:17 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1244	3110.0	3.185	BDL	0.001	0.000	0.001
6	17	4/27/22	7:33 PM 4:17 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1244	3110.0	3.822	BDL	0.001	0.000	0.001
7	18	4/27/22	7:33 PM 4:17 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1244	3110.0	5.096	BDL	0.001	0.000	0.001

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Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

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Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785		Pg. 1		OF 1		
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	19	5/2/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	20	5/2/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	21	5/2/22	7:41 PM 4:10 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	10.0	100	1229	3072.5	12.739	0.002	0.001	0.001	0.002
2	22	5/2/22	7:41 PM 4:10 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	13.0	100	1229	3072.5	16.561	0.002	0.001	0.001	0.003
3	23	5/2/22	7:41 PM 4:10 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	11.0	100	1229	3072.5	14.013	0.002	0.001	0.001	0.002
4	24	5/2/22	7:41 PM 4:10 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1229	3072.5	5.096	BDL	0.001	0.000	0.001
5	25	5/2/22	7:41 PM 4:10 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1229	3072.5	2.548	BDL	0.001	0.000	0.001
6	26	5/2/22	7:41 PM 4:10 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1229	3072.5	3.822	BDL	0.001	0.000	0.001
7	27	5/2/22	7:41 PM 4:10 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1229	3072.5	3.822	BDL	0.001	0.000	0.001

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NIOSH 7400 METHOD
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Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

for Thine

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

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Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	28	5/3/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	29	5/3/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	30	5/3/22	7:43 PM 4:13 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	12.5	100	1230	3075.0	15.924	0.002	0.001	0.001	0.003
2	31	5/3/22	7:43 PM 4:13 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	15.0	100	1230	3075.0	19.108	0.002	0.001	0.001	0.003
3	32	5/3/22	7:43 PM 4:13 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	10.0	100	1230	3075.0	12.739	0.002	0.001	0.001	0.002
4	33	5/3/22	7:43 PM 4:13 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1230	3075.0	5.096	BDL	0.001	0.000	0.001
5	34	5/3/22	7:43 PM 4:13 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	3.5	100	1230	3075.0	4.459	BDL	0.001	0.000	0.001
6	35	5/3/22	7:43 PM 4:13 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1230	3075.0	2.548	BDL	0.001	0.000	0.001
7	36	5/3/22	7:43 PM 4:13 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1230	3075.0	3.822	BDL	0.001	0.000	0.001

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NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD 7/20/2010
e; 4. Missing Filter REV 1

For Three

AM Technician: Solomon Throckmorton
Location: 323 West 6th St Atoka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

[illegible]

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1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	37	5/4/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	38	5/4/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	39	5/4/22	7:36 PM 4:10 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	14.5	100	1234	3085.0	18.471	0.002	0.001	0.001	0.003
2	40	5/4/22	7:36 PM 4:10 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	16.0	100	1234	3085.0	20.382	0.003	0.001	0.002	0.004
3	41	5/4/22	7:36 PM 4:10 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	13.0	100	1234	3085.0	16.561	0.002	0.001	0.001	0.003
4	42	5/4/22	7:36 PM 4:10 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	5.0	100	1234	3085.0	6.369	BDL	0.001	0.000	0.001
5	43	5/4/22	7:36 PM 4:10 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1234	3085.0	3.822	BDL	0.001	0.000	0.001
6	44	5/4/22	7:36 PM 4:10 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1234	3085.0	2.548	BDL	0.001	0.000	0.001
7	45	5/4/22	7:36 PM 4:10 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	3.5	100	1234	3085.0	4.459	BDL	0.001	0.000	0.001

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NIOSH 7400 METHOD
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Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD 7/20/2010
e; 4. Missing Filter REV 1

See Thru

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

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Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	46	5/5/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	47	5/5/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	48	5/5/22	7:33 PM 4:21 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	16.5	100	1248	3120.0	21.019	0.003	0.001	0.002	0.004
2	49	5/5/22	7:33 PM 4:21 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	18.0	100	1248	3120.0	22.930	0.003	0.001	0.002	0.004
3	50	5/5/22	7:33 PM 4:21 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	13.0	100	1248	3120.0	16.561	0.002	0.001	0.001	0.003
4	51	5/5/22	7:33 PM 4:21 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.5	100	1248	3120.0	4.459	BDL	0.001	0.000	0.001
5	52	5/5/22	7:33 PM 4:21 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1248	3120.0	2.548	BDL	0.001	0.000	0.001
6	53	5/5/22	7:33 PM 4:21 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	1.0	100	1248	3120.0	1.274	BDL	0.001	0.000	0.001
7	54	5/5/22	7:33 PM 4:21 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1248	3120.0	3.822	BDL	0.001	0.000	0.001

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Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

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Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
						P	Exp.	Pre	Post	Avg.									
-	55	5/6/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	56	5/6/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	57	5/6/22	7:38 PM 4:12 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	17.0	100	1234	3085.0	21.656	0.003	0.001	0.002	0.004
2	58	5/6/22	7:38 PM 4:12 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	12.0	100	1234	3085.0	15.287	0.002	0.001	0.001	0.003
3	59	5/6/22	7:38 PM 4:12 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	13.5	100	1234	3085.0	17.197	0.002	0.001	0.001	0.003
4	60	5/6/22	7:38 PM 4:12 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.5	100	1234	3085.0	4.459	BDL	0.001	0.000	0.001
5	61	5/6/22	7:38 PM 4:12 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1234	3085.0	2.548	BDL	0.001	0.000	0.001
6	62	5/6/22	7:38 PM 4:12 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1234	3085.0	5.096	BDL	0.001	0.000	0.001
7	63	5/6/22	7:38 PM 4:12 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	5.0	100	1234	3085.0	6.369	BDL	0.001	0.000	0.001

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NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

for Thine

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
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[illegible]

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Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	64	5/9/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	65	5/9/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	66	5/9/22	7:32 PM 4:09 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	19.0	100	1237	3092.5	24.204	0.003	0.001	0.002	0.004
2	67	5/9/22	7:32 PM 4:09 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	21.0	100	1237	3092.5	26.752	0.003	0.001	0.002	0.005
3	68	5/9/22	7:32 PM 4:09 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	16.5	100	1237	3092.5	21.019	0.003	0.001	0.002	0.004
4	69	5/9/22	7:32 PM 4:09 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1237	3092.5	3.185	BDL	0.001	0.000	0.001
5	70	5/9/22	7:32 PM 4:09 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1237	3092.5	5.096	BDL	0.001	0.000	0.001
6	71	5/9/22	7:32 PM 4:09 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1237	3092.5	2.548	BDL	0.001	0.000	0.001
7	72	5/9/22	7:32 PM 4:09 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	5.0	100	1237	3092.5	6.369	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785		Pg. 1		OF 1		
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
-	73	5/10/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	74	5/10/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	75	5/10/22	7:36 PM 4:19 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	18.0	100	1243	3107.5	22.930	0.003	0.001	0.002	0.004
2	76	5/10/22	7:36 PM 4:19 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	22.0	100	1243	3107.5	28.025	0.003	0.001	0.002	0.005
3	77	5/10/22	7:36 PM 4:19 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	15.0	100	1243	3107.5	19.108	0.002	0.001	0.001	0.003
4	78	5/10/22	7:36 PM 4:19 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1243	3107.5	3.822	BDL	0.001	0.000	0.001
5	79	5/10/22	7:36 PM 4:19 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1243	3107.5	3.822	BDL	0.001	0.000	0.001
6	80	5/10/22	7:36 PM 4:19 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1243	3107.5	2.548	BDL	0.001	0.000	0.001
7	81	5/10/22	7:36 PM 4:19 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	4.5	100	1243	3107.5	5.732	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD 7/20/2010
e; 4. Missing Filter REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	82	5/11/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	83	5/11/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	84	5/11/22	7:38 PM 4:14 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	18.5	100	1236	3090.0	23.567	0.003	0.001	0.002	0.004
2	85	5/11/22	7:38 PM 4:14 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	16.0	100	1236	3090.0	20.382	0.003	0.001	0.002	0.004
3	86	5/11/22	7:38 PM 4:14 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	13.0	100	1236	3090.0	16.561	0.002	0.001	0.001	0.003
4	87	5/11/22	7:38 PM 4:14 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	4.5	100	1236	3090.0	5.732	BDL	0.001	0.000	0.001
5	88	5/11/22	7:38 PM 4:14 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	3.5	100	1236	3090.0	4.459	BDL	0.001	0.000	0.001
6	89	5/11/22	7:38 PM 4:14 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1236	3090.0	2.548	BDL	0.001	0.000	0.001
7	90	5/11/22	7:38 PM 4:14 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1236	3090.0	5.096	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

for Thine

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	91	5/12/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	92	5/12/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	93	5/12/22	7:39 PM 4:23 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	16.0	100	1244	3110.0	20.382	0.003	0.001	0.002	0.003
2	94	5/12/22	7:39 PM 4:23 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	20.5	100	1244	3110.0	26.115	0.003	0.001	0.002	0.004
3	95	5/12/22	7:39 PM 4:23 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	14.0	100	1244	3110.0	17.834	0.002	0.001	0.001	0.003
4	96	5/12/22	7:39 PM 4:23 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1244	3110.0	3.185	BDL	0.001	0.000	0.001
5	97	5/12/22	7:39 PM 4:23 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1244	3110.0	5.096	BDL	0.001	0.000	0.001
6	98	5/12/22	7:39 PM 4:23 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1244	3110.0	2.548	BDL	0.001	0.000	0.001
7	99	5/12/22	7:39 PM 4:23 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	3.5	100	1244	3110.0	4.459	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD 7/20/2010
e; 4. Missing Filter REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	100	5/16/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	101	5/16/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	102	5/16/22	7:32 PM 4:03 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	16.0	100	1231	3077.5	20.382	0.003	0.001	0.002	0.004
2	103	5/16/22	7:32 PM 4:03 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	21.0	100	1231	3077.5	26.752	0.003	0.001	0.002	0.005
3	104	5/16/22	7:32 PM 4:03 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	11.0	100	1231	3077.5	14.013	0.002	0.001	0.001	0.002
4	105	5/16/22	7:32 PM 4:03 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1231	3077.5	3.822	BDL	0.001	0.000	0.001
5	106	5/16/22	7:32 PM 4:03 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	5.0	100	1231	3077.5	6.369	BDL	0.001	0.000	0.001
6	107	5/16/22	7:32 PM 4:03 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1231	3077.5	3.185	BDL	0.001	0.000	0.001
7	108	5/16/22	7:32 PM 4:03 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1231	3077.5	5.096	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD 7/20/2010
e; 4. Missing Filter REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000

Project: ODEQ-00033						T Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1		
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Lmt	LCL	UCL
								Pre	Post	Avg.									
-	109	5/17/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	110	5/17/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	111	5/17/22	7:30 PM 4:05 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	23.0	100	1235	3087.5	29.299	0.004	0.001	0.002	0.005
2	112	5/17/22	7:30 PM 4:05 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	18.5	100	1235	3087.5	23.567	0.003	0.001	0.002	0.004
3	113	5/17/22	7:30 PM 4:05 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	11.5	100	1235	3087.5	14.650	0.002	0.001	0.001	0.003
4	114	5/17/22	7:30 PM 4:05 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	4.5	100	1235	3087.5	5.732	BDL	0.001	0.000	0.001
5	115	5/17/22	7:30 PM 4:05 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1235	3087.5	2.548	BDL	0.001	0.000	0.001
6	116	5/17/22	7:30 PM 4:05 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1235	3087.5	2.548	BDL	0.001	0.000	0.001
7	117	5/17/22	7:30 PM 4:05 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	5.0	100	1235	3087.5	6.369	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	118	5/18/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	119	5/18/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	120	5/18/22	7:35 PM 4:08 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	17.5	100	1233	3082.5	22.293	0.003	0.001	0.002	0.004
2	121	5/18/22	7:35 PM 4:08 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	20.0	100	1233	3082.5	25.478	0.003	0.001	0.002	0.004
3	122	5/18/22	7:35 PM 4:08 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	14.0	100	1233	3082.5	17.834	0.002	0.001	0.001	0.003
4	123	5/18/22	7:35 PM 4:08 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.5	100	1233	3082.5	4.459	BDL	0.001	0.000	0.001
5	124	5/18/22	7:35 PM 4:08 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1233	3082.5	3.822	BDL	0.001	0.000	0.001
6	125	5/18/22	7:35 PM 4:08 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1233	3082.5	2.548	BDL	0.001	0.000	0.001
7	126	5/18/22	7:35 PM 4:08 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	4.5	100	1233	3082.5	5.732	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

for Thine

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	127	5/19/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	128	5/19/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	129	5/19/22	7:33 PM 4:03 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	17.0	100	1230	3075.0	21.656	0.003	0.001	0.002	0.004
2	130	5/19/22	7:33 PM 4:03 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	19.5	100	1230	3075.0	24.841	0.003	0.001	0.002	0.004
3	131	5/19/22	7:33 PM 4:03 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	14.0	100	1230	3075.0	17.834	0.002	0.001	0.001	0.003
4	132	5/19/22	7:33 PM 4:03 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1230	3075.0	3.822	BDL	0.001	0.000	0.001
5	133	5/19/22	7:33 PM 4:03 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1230	3075.0	3.822	BDL	0.001	0.000	0.001
6	134	5/19/22	7:33 PM 4:03 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	1.5	100	1230	3075.0	1.911	BDL	0.001	0.000	0.001
7	135	5/19/22	7:33 PM 4:03 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1230	3075.0	5.096	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

See Thru

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	136	5/23/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	137	5/23/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	138	5/23/22	7:38 PM 4:11 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	23.5	100	1233	3082.5	29.936	0.004	0.001	0.002	0.005
2	139	5/23/22	7:38 PM 4:11 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	22.0	100	1233	3082.5	28.025	0.004	0.001	0.002	0.005
3	140	5/23/22	7:38 PM 4:11 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	18.0	100	1233	3082.5	22.930	0.003	0.001	0.002	0.004
4	141	5/23/22	7:38 PM 4:11 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1233	3082.5	3.822	BDL	0.001	0.000	0.001
5	142	5/23/22	7:38 PM 4:11 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1233	3082.5	5.096	BDL	0.001	0.000	0.001
6	143	5/23/22	7:38 PM 4:11 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1233	3082.5	3.822	BDL	0.001	0.000	0.001
7	144	5/23/22	7:38 PM 4:11 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1233	3082.5	3.185	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.


NIOSH 7400 METHOD

NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter

Rotometer Number: 999

Calibration Date: 5/13/22

NIOSH 7400 METHOD 7/20/2010
e; 4. Missing Filter REV 1


AM Technician: Solomon Throckmorton
Location: 323 West 6th St Atoka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View =		0.00785	Pg.	1	OF	1
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	145	5/24/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	146	5/24/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	147	5/24/22	7:35 PM 4:10 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	22.0	100	1235	3087.5	28.025	0.003	0.001	0.002	0.005
2	148	5/24/22	7:35 PM 4:10 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	17.0	100	1235	3087.5	21.656	0.003	0.001	0.002	0.004
3	149	5/24/22	7:35 PM 4:10 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	16.0	100	1235	3087.5	20.382	0.003	0.001	0.002	0.004
4	150	5/24/22	7:35 PM 4:10 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1235	3087.5	2.548	BDL	0.001	0.000	0.001
5	151	5/24/22	7:35 PM 4:10 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1235	3087.5	3.822	BDL	0.001	0.000	0.001
6	152	5/24/22	7:35 PM 4:10 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	1.0	100	1235	3087.5	1.274	BDL	0.001	0.000	0.001
7	153	5/24/22	7:35 PM 4:10 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1235	3087.5	2.548	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD 7/20/2010
e; 4. Missing Filter REV 1

For Thine

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	154	5/23/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	155	5/23/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	156	5/23/22	7:41 PM 4:14 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	18.5	100	1233	3082.5	23.567	0.003	0.001	0.002	0.004
2	157	5/23/22	7:41 PM 4:14 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	20.0	100	1233	3082.5	25.478	0.003	0.001	0.002	0.004
3	158	5/23/22	7:41 PM 4:14 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	19.0	100	1233	3082.5	24.204	0.003	0.001	0.002	0.004
4	159	5/23/22	7:41 PM 4:14 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1233	3082.5	3.185	BDL	0.001	0.000	0.001
5	160	5/23/22	7:41 PM 4:14 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1233	3082.5	3.822	BDL	0.001	0.000	0.001
6	161	5/23/22	7:41 PM 4:14 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1233	3082.5	2.548	BDL	0.001	0.000	0.001
7	162	5/23/22	7:41 PM 4:14 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1233	3082.5	3.185	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Lmt	LCL	UCL
								Pre	Post	Avg.									
-	163	5/26/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	164	5/26/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	165	5/26/22	7:33 PM 4:03 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	18.0	100	1230	3075.0	22.930	0.003	0.001	0.002	0.004
2	166	5/26/22	7:33 PM 4:03 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	16.0	100	1230	3075.0	20.382	0.003	0.001	0.002	0.004
3	167	5/26/22	7:33 PM 4:03 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	12.0	100	1230	3075.0	15.287	0.002	0.001	0.001	0.003
4	168	5/26/22	7:33 PM 4:03 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1230	3075.0	5.096	BDL	0.001	0.000	0.001
5	169	5/26/22	7:33 PM 4:03 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1230	3075.0	2.548	BDL	0.001	0.000	0.001
6	170	5/26/22	7:33 PM 4:03 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1230	3075.0	3.185	BDL	0.001	0.000	0.001
7	171	5/26/22	7:33 PM 4:03 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1230	3075.0	5.096	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter

Rotometer Number: 999

Calibration Date: 5/13/22

NIOSH 7400 METHOD

7/20/2010

REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	172	5/31/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	173	5/31/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	174	5/31/22	7:40 PM 4:16 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	19.5	100	1236	3090.0	24.841	0.003	0.001	0.002	0.004
2	175	5/31/22	7:40 PM 4:16 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	16.0	100	1236	3090.0	20.382	0.003	0.001	0.002	0.004
3	176	5/31/22	7:40 PM 4:16 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	15.0	100	1236	3090.0	19.108	0.002	0.001	0.001	0.003
4	177	5/31/22	7:40 PM 4:16 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1236	3090.0	3.822	BDL	0.001	0.000	0.001
5	178	5/31/22	7:40 PM 4:16 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1236	3090.0	5.096	BDL	0.001	0.000	0.001
6	179	5/31/22	7:40 PM 4:16 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1236	3090.0	2.548	BDL	0.001	0.000	0.001
7	180	5/31/22	7:40 PM 4:16 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	3.5	100	1236	3090.0	4.459	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD 7/20/2010
e; 4. Missing Filter REV 1

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	181	6/1/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	182	6/1/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	183	6/1/22	7:42 PM 4:17 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	20.0	100	1235	3087.5	25.478	0.003	0.001	0.002	0.004
2	184	6/1/22	7:42 PM 4:17 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	15.0	100	1235	3087.5	19.108	0.002	0.001	0.001	0.003
3	185	6/1/22	7:42 PM 4:17 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	15.5	100	1235	3087.5	19.745	0.002	0.001	0.002	0.003
4	186	6/1/22	7:42 PM 4:17 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.5	100	1235	3087.5	4.459	BDL	0.001	0.000	0.001
5	187	6/1/22	7:42 PM 4:17 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1235	3087.5	5.096	BDL	0.001	0.000	0.001
6	188	6/1/22	7:42 PM 4:17 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1235	3087.5	2.548	BDL	0.001	0.000	0.001
7	189	6/1/22	7:42 PM 4:17 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1235	3087.5	2.548	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

for Thine

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	190	6/2/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	191	6/2/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	192	6/2/22	7:35 PM 4:14 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	17.5	100	1239	3097.5	22.293	0.003	0.001	0.002	0.004
2	193	6/2/22	7:35 PM 4:14 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	21.0	100	1239	3097.5	26.752	0.003	0.001	0.002	0.005
3	194	6/2/22	7:35 PM 4:14 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	12.0	100	1239	3097.5	15.287	0.002	0.001	0.001	0.003
4	195	6/2/22	7:35 PM 4:14 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1239	3097.5	3.822	BDL	0.001	0.000	0.001
5	196	6/2/22	7:35 PM 4:14 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1239	3097.5	2.548	BDL	0.001	0.000	0.001
6	197	6/2/22	7:35 PM 4:14 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1239	3097.5	3.185	BDL	0.001	0.000	0.001
7	198	6/2/22	7:35 PM 4:14 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1239	3097.5	5.096	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

See Thru

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	199	6/3/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	200	6/3/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	201	6/3/22	7:40 PM 4:02 PM	-	Gavyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	19.0	100	1222	3055.0	24.204	0.003	0.001	0.002	0.004
2	202	6/3/22	7:40 PM 4:02 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	17.0	100	1222	3055.0	21.656	0.003	0.001	0.002	0.004
3	203	6/3/22	7:40 PM 4:02 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	12.0	100	1222	3055.0	15.287	0.002	0.001	0.001	0.003
4	204	6/3/22	7:40 PM 4:02 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1222	3055.0	3.185	BDL	0.001	0.000	0.001
5	205	6/3/22	7:40 PM 4:02 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1222	3055.0	5.096	BDL	0.001	0.000	0.001
6	206	6/3/22	7:40 PM 4:02 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	1.5	100	1222	3055.0	1.911	BDL	0.001	0.000	0.001
7	207	6/3/22	7:40 PM 4:02 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1222	3055.0	3.822	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD 7/20/2010
e; 4. Missing Filter REV 1

for Thelma

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10		Field of View = 0.00785			Pg. 1		OF 1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-	208	6/6/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	209	6/6/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	210	6/6/22	7:38 PM 4:01 PM	-	Andrew Parisotto FF APR 402918 Atoka Hotel	P	<0.01	2.50	2.50	2.50	19.0	100	1223	3057.5	24.204	0.003	0.001	0.002	0.004
2	211	6/6/22	7:38 PM 4:01 PM	-	Alexander Cabrera FF APR 402923 Atoka Hotel	P	<0.01	2.50	2.50	2.50	16.0	100	1223	3057.5	20.382	0.003	0.001	0.002	0.004
3	212	6/6/22	7:38 PM 4:01 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	13.5	100	1223	3057.5	17.197	0.002	0.001	0.001	0.003
4	213	6/6/22	7:38 PM 4:01 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1223	3057.5	3.185	BDL	0.001	0.000	0.001
5	214	6/6/22	7:38 PM 4:01 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1223	3057.5	3.822	BDL	0.001	0.000	0.001
6	215	6/6/22	7:38 PM 4:01 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1223	3057.5	2.548	BDL	0.001	0.000	0.001
7	216	6/6/22	7:38 PM 4:01 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1223	3057.5	3.185	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD 7/20/2010
e; 4. Missing Filter REV 1

for Thine

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

**Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000**

Project: ODEQ-00033						T	Cass. Dia = 25 mm				PF = 10	Field of View = 0.00785				Pg. 1	OF	1	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y P	Pers Exp.	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
								Pre	Post	Avg.									
-		6/7/22	-	-	BLANK	B		0	0	0.00		100	0	0.0	0.000	NA	NA	NA	NA
-		6/7/22	-	-	BLANK	B		0	0	0.00		100	0	0.0	0.000	NA	NA	NA	NA
1		6/7/22	7:30 PM 4:00 PM	-	Atoka Hotel	P	<0.01	2.50	2.50	2.50		100	1230	3075.0	0.000	BDL	0.001	0.000	0.001
2		6/7/22	7:30 PM 4:00 PM	-	Atoka Hotel	P	<0.01	2.50	2.50	2.50		100	1230	3075.0	0.000	BDL	0.001	0.000	0.001
3		6/7/22	7:30 PM 4:00 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50		100	1230	3075.0	0.000	BDL	0.001	0.000	0.001
4		6/7/22	7:30 PM 4:00 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50		100	1230	3075.0	0.000	BDL	0.001	0.000	0.001
5		6/7/22	7:30 PM 4:00 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50		100	1230	3075.0	0.000	BDL	0.001	0.000	0.001
6		6/7/22	7:30 PM 4:00 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50		100	1230	3075.0	0.000	BDL	0.001	0.000	0.001
7		6/7/22	7:30 PM 4:00 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50		100	1230	3075.0	0.000	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NIOSH 7400 METHOD
NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 5/13/22

NIOSH 7400 METHOD	7/20/2010
4. Missing Filter	REV 1

for Thine

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000

Project: ODEQ~00033

Project: ODEQ-00033						T	Cass. Dia = 25 mm			PF = 10		Field of View = 0.00785			Pg. 1		OF 1		
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
						P	Exp.	Pre	Post	Avg.									
-	217	6/8/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	218	6/8/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	219	6/8/22	7:42 PM 4:06 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1224	3060.0	2.548	BDL	0.001	0.000	0.001
2	220	6/8/22	7:42 PM 4:06 PM	-	Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1224	3060.0	3.822	BDL	0.001	0.000	0.001
3	221	6/8/22	7:42 PM 4:06 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	1.5	100	1224	3060.0	1.911	BDL	0.001	0.000	0.001
4	222	6/8/22	7:42 PM 4:06 PM	-	Outside Area West Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1224	3060.0	3.185	BDL	0.001	0.000	0.001

NIOSH 7400 METHOD

7/20/2010

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter

Rotometer Number:

Calibration Date:

999

5/13/22

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]

Enercon Services, Inc
Certificate of Analysis / AAL
1601 NW Expressway, OKC, OK
Suite 1000

Project: ODEQ~00033

Project: ODEQ-00033						T	Cass. Dia = 25 mm			PF = 10		Field of View = 0.00785			Pg. 1		OF 1		
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	Pers	Flow Rate (L/M)			Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
						P	Exp.	Pre	Post	Avg.									
-	223	6/9/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
-	224	6/9/22	-	-	BLANK	B		0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA
1	225	6/9/22	7:36 PM 4:04 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	100	1228	3070.0	2.548	BDL	0.001	0.000	0.001
2	226	6/9/22	7:36 PM 4:04 PM	-	Outside Area East Atoka Hotel	A		2.50	2.50	2.50	4.0	100	1228	3070.0	5.096	BDL	0.001	0.000	0.001
3	227	6/9/22	7:36 PM 4:04 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	2.5	100	1228	3070.0	3.185	BDL	0.001	0.000	0.001
4	228	6/9/22	7:36 PM 4:04 PM	-	Outside Area West Atoka Hotel	A		2.50	2.50	2.50	3.0	100	1228	3070.0	3.822	BDL	0.001	0.000	0.001

NIOSH 7400 METHOD

7/20/2010

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter

Rotometer Number:

Calibration Date:

999

5/13/22

See There

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	ODEQ-00033

[illegible]



Abatement Preparation Inspection Form

Abatement Project: Former extended stay Motel Date: 1-26-22 Time: _____
Project No.: 23-0002 Phase: _____
Project Address/Location: 323 W 6th Street City: Atoka Zip: _____
Contractor: SAI Contact Person: Jon Grummer

A = Acceptable
D = Denied; must be correct and re-inspected before asbestos removal is begun
N/A = Not applicable to this project

X = Deficiencies which must be corrected before asbestos removal begins. If the only deficiencies are the "X" type, after correction, asbestos abatement may begin.
**Beginning asbestos removal before the deficiencies are correct shall constitute a Serious Violation.

A D N/A X		A D N/A X		A D N/A X	
(1) Work site barriers and warning signs.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(19) Storage lockers for workers and ODOL inspectors' street clothes.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(35) Scaffolding with people working under has mesh or solid barrier on platform....	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
(2) Toilet facilities provided.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(20) Shower with hot water supply, stable nonskid surface, lights.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(36) Scaffolding floorboards in good condition and secured.....	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
(3) Worker licenses.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(21) Shower drains, filter, proper water disposal.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(37) Aerial lifts have full-body harness with shock lanyards.....	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
(4) Emergency telephone #s.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(22) Soap from dispenser, and towels provided.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(38) Ladders are non-conducting and stable.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(5) OSHA forms, poster (min. wage, workers comp, equal opportunity).....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(23) Hearing protection provided if required.....	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	(39) Heat stress monitors in place.....	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
(6) Air mon., results from prior phases, if applicable.....	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	(24) Hard hats provided, if required.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(40) HEPA vacuum is clean with filters properly installed.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(7) Respirator program and and project design on-site.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(25) Appropriate footwear/safety shoes provided, if required.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(41) Temporary lighting is adequate and properly wired and grounded.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(8) Current Fit Test.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(26) Ventilation serving or passing through the abatement area deactivated.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(42) 10 # ABC fire extinguishers inspected.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(9) NIOSH approved respirators, clean, parts in working order.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(27) Critical barriers in place.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(43) Adequate escape routes are properly marked and illuminated with emergency lighting and battery back-up.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(10) Electrical panel outside work area.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(28) Neg. air quantity and pressure drop, confirmed on-site with recording manometer.....	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	(44) Acceptable amended water sprayers and chemicals provided.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(11) Electrical system in abatement area locked out/ tagged out.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(29) Neg. air machine(s) have properly installed filters, clean pre-filters.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(45) Load-out sealed unless needed for make-up air.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(12) Temporary wiring installed by licensed electrician.....	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	(30) Prep. work secure with negative air on.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(46) Disposal bags and/or barrels provided and properly labelled.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(13) Temporary panel boards properly grounded.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(31) Make-up air sources provide adequate circulation and air cleaning.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(47) Disposal vehicle properly lined.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(14) Ground fault interruption provided from outside work area.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(32) Access controlled.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(48) Area monitoring locations identified.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(15) Live electrical requirement met.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(33) Scaffolding over 10' high has 42" side rails and 4" toe boards.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	(49) Other.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(16) Extension cords in acceptable condition.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(34) Scaffolding from 4' to 10' high, but less than 42" wide, has side rails.....	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
(17) Equipment properly grounded.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
(18) De-con firmly constructed, opaque, with triple flaps.....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

OF GLOVEBAGS

OF FULL CONTAINMENTS

OF MINI CONTAINMENTS

Recommendations & Remarks: Remove all ACM sheet rock and associated materials throughout the bldg

Orders: Remove ACM - NO chipping or break down - call for VIF

☐ Imminent Danger

Inspector's Signature
Keith H. Hunt

Contractor's or Representative's Signature
[Signature]

Oklahoma Department of Labor

Asbestos Division

3017 North Stiles, Suite 100
Oklahoma City, OK 73105
(405-521-6464) FAX (405-521-6025)



Visual/Final Inspection Form

DOL Project #: 23-0002 06 10 2022 10:02
Facility: Extended Stay Month Day Year Time
Contractor #: _____ County #: 3 FY #: _____
Address/Location: 323 6th Address City: Atoka
Owner/Occupant: _____ Contractor: EAI
Contact Name: _____ Contractor's Rep.: Jon Grimmer
Facility Phone #: _____ Contractor's Phone #: _____

1. Description of Area: former nursing home - stated all sheet rock and insulation from entire Bldg

2. Areas requiring further cleaning: none

3. Air Counts (PCM/TEM) On-Site?: yes

4. DOL Recommendations: Tear down remaining Poly and dispose of as ACM

5. Will a FINAL inspection be required?: This is the Final - Final is accepted

6. Notes: No clearances - NO personnel allowed in Bldg.

7. Note any violations cited: 380:50-

8. Contractor's Comments: _____

Keith H. Hunt
Inspector's Signature

[Signature]
Contractor's Signature













ENVIRONMENTAL ACTION INC.

July 8, 2022

Oklahoma Department of Labor
3017 N. Stiles, Suite 100
Oklahoma City, OK 73105

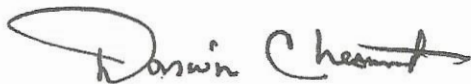
RE: 23-0002 Atoka Extended Stay Closeout Documents

The following documents are enclosed for your records:

- Air monitoring results
- Waste disposal manifest

Please call if you need any additional information to complete your file.

Sincerely,
ENVIRONMENTAL ACTION, INC.

A handwritten signature in black ink that reads "Darwin Chesnut". The signature is fluid and cursive, with the first name "Darwin" being more prominent than the last name "Chesnut".

Darwin Chesnut
President

ENCLOSURES

Tulsa Office: P.O. Box 1029 • Jenks, OK 74037 • (918) 298-4080

OKC Office: 1644 NW 5th Street • Oklahoma City, OK 73106 • (405) 684-8900

30 June

AM Technician:	Solomon Throckmorton
Location:	323 West 6th St Atoka, OK
Contractor:	Environmental Action
Project Number:	Atoka Hotel

NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter

Rotometer Number:	999
Calibration Date:	4/15/22

7/20/2010
REV 1[illegible]

Project: Atoka Hotel																										
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	Y	T Gass. Dia =				25 mm			PF =		Field of View =					Pg.	1		OF	1	
							Pers Exp.	Flow Rate (L/M)	Pre	Post	Avg.	Fiber Count	Th. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit									
-	10	4/27/22	-	-	BLANK	B		0	0	0.00	0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA	NA	NA	NA	
-	11	4/27/22	-	-	BLANK	B		0	0	0.00	0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA	NA	NA	NA	
1		4/27/22	7:33 PM - 4:17 PM	-	Andrew Parisotto FF APR 402918	P	<0.01	2.50	2.50	2.50	2.50	2.50	2.50	14.0	100	1244	3110.0	17.834	0.002	0.001	0.001	0.001	0.001	0.001	0.003	
2		4/27/22	7:33 PM - 4:17 PM	-	Atoka Hotel	P	<0.01	2.50	2.50	2.50	2.50	2.50	2.50	11.0	100	1244	3110.0	14.013	0.002	0.001	0.001	0.001	0.001	0.001	0.002	
3		4/27/22	7:33 PM - 4:17 PM	-	Alexander Cabrera FF APR 402923	P	<0.01	2.50	2.50	2.50	2.50	2.50	2.50	8.0	100	1244	3110.0	10.191	0.001	0.001	0.001	0.001	0.001	0.001	0.001	
4		4/27/22	7:33 PM - 4:17 PM	-	Atoka Hotel	A	2.50	2.50	2.50	2.50	2.50	2.50	2.50	3.0	100	1244	3110.0	3.822	BDL	0.001	0.001	0.001	0.001	0.001	0.001	
5		4/27/22	7:33 PM - 4:17 PM	-	Loadout/Outside Area East	A	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.5	100	1244	3110.0	3.185	BDL	0.001	0.001	0.001	0.001	0.001	0.001	
6		4/27/22	7:33 PM - 4:17 PM	-	Atoka Hotel	A	2.50	2.50	2.50	2.50	2.50	2.50	2.50	3.0	100	1244	3110.0	3.822	BDL	0.001	0.001	0.001	0.001	0.001	0.001	
7		4/27/22	7:33 PM - 4:17 PM	-	Decon/Outside Area West	A	2.50	2.50	2.50	2.50	2.50	2.50	2.50	3.0	100	1244	3110.0	5.096	BDL	0.001	0.001	0.001	0.001	0.001	0.001	
		4/27/22	7:33 PM - 4:17 PM	-	Atoka Hotel	A	2.50	2.50	2.50	2.50	2.50	2.50	2.50	4.0	100	1244	3110.0									
		4/27/22	7:33 PM - 4:17 PM	-	Outside Area North	A	2.50	2.50	2.50	2.50	2.50	2.50	2.50	4.0	100	1244	3110.0									
		4/27/22	7:33 PM - 4:17 PM	-	Atoka Hotel	A	2.50	2.50	2.50	2.50	2.50	2.50	2.50	4.0	100	1244	3110.0									
		4/27/22	7:33 PM - 4:17 PM	-	Outside Area South	A	2.50	2.50	2.50	2.50	2.50	2.50	2.50	4.0	100	1244	3110.0									
		4/27/22	7:33 PM - 4:17 PM	-	Atoka Hotel	A	2.50	2.50	2.50	2.50	2.50	2.50	2.50	4.0	100	1244	3110.0									

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

W. Threl

AM Technician: Solomon Throckmorton
Location: 323 West 6th St Atoka, OK
Contractor: Environmental Action
Project Number: Atoka Hotel

Rotometer Number: 999
 Calibration Date: 4/15/22

7/20/2010
REV 1

NIOSH 7400 METHOD

[illegible]

Project: ODEQ-00033													
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	T Cass. Dia = 25 mm			PF =	Field of View =			Pg. 1
						Y Pers	Flow Rate (L/M)	Fiber Count		Tri. Time (Min.)	Volume (Liters)	Fiber Density	
	19	5/2/22	-	-	BLANK	P	Pre 0 Post 0	0.0	100	0	0.0	0.000	NA
	20	5/2/22	-	-	BLANK	B	Pre 0 Post 0	0.0	100	0	0.0	0.000	NA
1	21	5/2/22	7:41 PM 4:10 PM	-	Gavyn Smith FF APR 403071 Aloka Hotel	P	2.50 2.50	2.50	10.0	1229	3072.5	12.739	0.002
2	22	5/2/22	7:41 PM 4:10 PM	-	Raul Ponce FF APR 403066 Aloka Hotel	P	2.50 2.50	2.50	13.0	1229	3072.5	16.561	0.002
3	23	5/2/22	7:41 PM 4:10 PM	-	Inside Area Aloka Hotel	A	2.50 2.50	2.50	11.0	1229	3072.5	14.013	0.002
4	24	5/2/22	7:41 PM 4:10 PM	-	Loadout/Outside Area East Aloka Hotel	A	2.50 2.50	2.50	4.0	1229	3072.5	5.096	BDL
5	25	5/2/22	7:41 PM 4:10 PM	-	Decon/Outside Area West Aloka Hotel	A	2.50 2.50	2.50	2.0	1229	3072.5	2.548	BDL
6	26	5/2/22	7:41 PM 4:10 PM	-	Outside Area North Aloka Hotel	A	2.50 2.50	2.50	3.0	1229	3072.5	3.822	BDL
7	27	5/2/22	7:41 PM 4:10 PM	-	Outside Area South Aloka Hotel	A	2.50 2.50	2.50	3.0	1229	3072.5	3.822	BDL

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

AM Technician: Solomon Throckmorton
Location: 323 West 6th St Aloka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

Notes: Supervisor Jonathan Grummer
Abatement continues.

NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 4/15/22

7/20/2010
REV 1

NIOSH 7400 METHOD

Project: ODEQ-00033																					
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	T	Y	Cass. Dia = 25 mm				PF =		Field of View =				Pg.		1	
								Pers Exp.	Flow Rate (L/M)	Pre	Post	Avg.	Fiber Count	Field Count	Ttl. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	LCL	UCL
-	73	5/10/22	-	-	BLANK	B	P	0	0	0.00	0.0	0.00	100	0	0.0	0.000	NA	NA	NA	NA	
-	74	5/10/22	-	-	BLANK	B	P	0	0	0.00	0.0	0.00	100	0	0.0	0.000	NA	NA	NA	NA	
1	75	5/10/22	7:36 PM 4:19 PM	-	Gavyn Smith FF APR 403071 Aloka Hotel	P	P	<0.01	2.50	2.50	2.50	18.0	100	1243	3107.5	22.930	0.003	0.001	0.002	0.004	
2	76	5/10/22	7:36 PM 4:19 PM	-	Raul Ponce FF APR 403066 Aloka Hotel	P	P	<0.01	2.50	2.50	2.50	22.0	100	1243	3107.5	28.025	0.003	0.001	0.002	0.005	
3	77	5/10/22	7:36 PM 4:19 PM	-	Inside Area Aloka Hotel	A	A	2.50	2.50	2.50	2.50	15.0	100	1243	3107.5	19.108	0.002	0.001	0.001	0.003	
4	78	5/10/22	7:36 PM 4:19 PM	-	Loadout/Outside Area East Aloka Hotel	A	A	2.50	2.50	2.50	2.50	3.0	100	1243	3107.5	3.822	BDL	0.001	0.000	0.001	
5	79	5/10/22	7:36 PM 4:19 PM	-	Decon/Outside Area West Aloka Hotel	A	A	2.50	2.50	2.50	2.50	3.0	100	1243	3107.5	3.822	BDL	0.001	0.000	0.001	
6	80	5/10/22	7:36 PM 4:19 PM	-	Outside Area North Aloka Hotel	A	A	2.50	2.50	2.50	2.50	2.0	100	1243	3107.5	2.548	BDL	0.001	0.000	0.001	
7	81	5/10/22	7:36 PM 4:19 PM	-	Outside Area South Aloka Hotel	A	A	2.50	2.50	2.50	2.50	4.5	100	1243	3107.5	5.732	BDL	0.001	0.000	0.001	

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

AM Technician: Solomon Throckmorton
Location: 323 West 6th St Aloka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

Notes: Supervisor Jonathan Grummer
Abatement continues.

NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 4/15/22

7/20/2010
REV 1

NIOSH 7400 METHOD

hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

5. Three

AM Technician: Solomon Throckmorton
Location: 323 West 6th St Atoka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

INC = Not Counted, Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
 Rotometer Number: 999
 Calibration Date: 4/15/22

7/20/2010
REV 1

NIOSH 7400 METHOD

Notes: Supervisor Jonathan Grummer

Abatement continues.

Project: ODEQ-00033																	
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	T Class. Dia = 25 mm	PF =			Field of View =				Pg. 1		OF	1
							Y Pers Exp.	Flow Rate (L/M)	Fiber Count	Field Count	Th. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit		
-	-	5/16/22	-	-	BLANK	B	0	0	0.00	100	0	0.0	0.000	NA	NA	NA	NA
-	100	5/16/22	-	-	BLANK	B	0	0	0.00	100	0	0.0	0.000	NA	NA	NA	NA
1	101	5/16/22	7:32 PM	-	Andrew Parisotto FF APR 402918	P	<0.01	2.50	2.50	16.0	1231	3077.5	20.382	0.003	0.001	0.002	0.004
2	102	5/16/22	7:32 PM	-	Alexander Cabrera FF APR 402923	P	<0.01	2.50	2.50	21.0	1231	3077.5	26.752	0.003	0.001	0.002	0.005
3	103	5/16/22	4:03 PM	-	Atoka Hotel	A		2.50	2.50	2.50	1231	3077.5	14.013	0.002	0.001	0.001	0.002
4	104	5/16/22	7:32 PM	-	Inside Area	A		2.50	2.50	11.0	1231	3077.5	14.013	0.002	0.001	0.001	0.002
4	104	5/16/22	7:32 PM	-	Atoka Hotel	A		2.50	2.50	3.0	1231	3077.5	3.822	BDL	0.001	0.000	0.001
4	104	5/16/22	7:32 PM	-	Loadout/Outside Area East	A		2.50	2.50	2.50	1231	3077.5	3.822	BDL	0.001	0.000	0.001
4	104	5/16/22	4:03 PM	-	Atoka Hotel	A		2.50	2.50	5.0	1231	3077.5	6.369	BDL	0.001	0.000	0.001
5	105	5/16/22	7:32 PM	-	Decon/Outside Area West	A		2.50	2.50	2.50	1231	3077.5	3.822	BDL	0.001	0.000	0.001
5	105	5/16/22	4:03 PM	-	Atoka Hotel	A		2.50	2.50	3.0	1231	3077.5	3.822	BDL	0.001	0.000	0.001
6	106	5/16/22	7:32 PM	-	Outside Area North	A		2.50	2.50	2.50	1231	3077.5	3.185	BDL	0.001	0.000	0.001
6	106	5/16/22	4:03 PM	-	Atoka Hotel	A		2.50	2.50	2.50	1231	3077.5	3.185	BDL	0.001	0.000	0.001
7	107	5/16/22	7:32 PM	-	Outside Area South	A		2.50	2.50	4.0	1231	3077.5	5.096	BDL	0.001	0.000	0.001
7	107	5/16/22	4:03 PM	-	Atoka Hotel	A		2.50	2.50	4.0	1231	3077.5	5.096	BDL	0.001	0.000	0.001
7	108	5/16/22	7:32 PM	-	Outside Area South	A		2.50	2.50	4.0	1231	3077.5	5.096	BDL	0.001	0.000	0.001
7	108	5/16/22	4:03 PM	-	Atoka Hotel	A		2.50	2.50	4.0	1231	3077.5	5.096	BDL	0.001	0.000	0.001

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

[Signature]

AM Technician: Solomon Throckmorton
Location: 323 West 8th St Atoka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Rotometer Number: 999
Calibration Date: 4/15/22

NIOSH 7400 METHOD
7/20/2010
REV 1

Notes: Supervisor Jonathan Gummer
Abatement continues.

Project: ODEQ-00033																						
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	T			Cass. Dia =			PF =		Field of View =			0.00785		1		UCL	
						Y	P	Pers Exp.	Flow Rate (L/M)	Pre	Post	Avg.	Fiber Count	Field Count	Th. Time (Min.)	Volume (Liters)	Fiber Density	Fibers Per CC	Det. Limit	OF		
-	109	5/17/22	-	-	BLANK	B	B	0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA	NA	NA	
-	110	5/17/22	-	-	BLANK	B	B	0	0	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA	NA	NA	
1	111	5/17/22	7:30 PM - 4:05 PM	-	Gavyn Smith FF APR 403071	P	P	<0.01	2.50	2.50	2.50	23.0	100	1235	3087.5	29.299	0.004	0.001	0.002	0.005	0.005	
2	112	5/17/22	7:30 PM - 4:05 PM	-	Aboka Hotel	P	P	<0.01	2.50	2.50	2.50	18.5	100	1235	3087.5	23.567	0.003	0.001	0.002	0.004	0.004	
3	113	5/17/22	7:30 PM - 4:05 PM	-	Aboka Hotel	A	A	2.50	2.50	2.50	2.50	11.5	100	1235	3087.5	14.850	0.002	0.001	0.001	0.003	0.003	
4	114	5/17/22	7:30 PM - 4:05 PM	-	Aboka Hotel	A	A	2.50	2.50	2.50	2.50	4.5	100	1235	3087.5	5.732	BDL	0.001	0.000	0.001	0.001	
5	115	5/17/22	7:30 PM - 4:05 PM	-	Loadout/Outside Area East	A	A	2.50	2.50	2.50	2.50	2.0	100	1235	3087.5	2.548	BDL	0.001	0.000	0.001	0.001	
6	116	5/17/22	7:30 PM - 4:05 PM	-	Decon/Outside Area West	A	A	2.50	2.50	2.50	2.50	2.0	100	1235	3087.5	2.548	BDL	0.001	0.000	0.001	0.001	
7	117	5/17/22	7:30 PM - 4:05 PM	-	Aboka Hotel	A	A	2.50	2.50	2.50	2.50	5.0	100	1235	3087.5	6.369	BDL	0.001	0.000	0.001	0.001	

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

So There

AM Technician: Solomon Throckmorton
Location: 323 West 6th St Atoka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

NC = Not Counted. Reasons: 1. Over 999
Rotometer Number: 4/15/22
Calibration Date:

NIOSH 7400 METHOD

7/20/2010
REV 1[illegible]

Project: ODEQ~00033

W. Threl

AM Technician:

Contractor: Environmental Action

ODEQ-00033

NC = Not Counted. Reasons: 1. Over

Calibration Date: 4/15/22

Missing Filter

Notes: Supervisor Jonathan Grummer

Abatement continues.

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter

Rotometer Number: 999

Calibration Date: 5/13/22

REV 1

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

So There

AM Technician: Solomon Throckmorton
Location: 323 West 6th St Atoka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

[illegible]

	AM Technician:	Solomon Throckmorton
	Location:	323 West 6th St Atoka
	Contractor:	Environmental Action
	Project Number:	ODEQ-00033

999
 Rotometer Number: 5/13/22
 Calibration Date:

7/20/2010
REV 1[illegible]

S. Thorne
AM Technician: Solomon Throckmorton
Location: 323 West 6th St Atoka, OK
Contractor: Environmental Action
Project Number: ODEQ--00033

NC = Not Counted. Reasons: 1. Over 999
 Rotometer Number: 999
 Calibration Date: 5/13/22

7/20/2010
REV 1

[illegible]

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NC = Not Counted. Reasons: 1. Over
 Rotometer Number: 999
 Calibration Date: 5/13/22

7/20/2010
REV 1NIOSH 7400 METHOD
Missing Filter

NIOSH 7400 M

1. Overload: 2. Damaged Filter: 3. Pump Failure: 4. Missing Filter

NC = Not Counted. Reasons: 1. Over 999
 Rotometer Number: 5/13/22
 Calibration Date:

ALOKA HOLDING

4:10 PM

I hereby certify that the above statement is true and correct to the best of my knowledge and belief, and in compliance with applicable state and federal laws.

3 June

AM Technician: Solomon Throckmorton
Location: 323 West 6th St Atoka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

Notes: Supervisor Jonathan Grummer

Abatement continues.

Project: ODEQ-00033														
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	T Cass. Dia = 25 mm	Flow Rate (L/M)			PF =	Field of View =	Fibers Per CC	Det. Limit	OF 1
						Y P	Pers Exp.	Pre	Post	Avg.	Fiber Count	Volume (Liters)	Density	UCL
-	181	6/1/22	-	-	BLANK	B		0	0	0.00	0.0	0.000	NA	NA
-	182	6/1/22	-	-	BLANK	B		0	0	0.00	0.0	0.000	NA	NA
1	183	6/1/22	7:42 PM 4:17 PM	-	Gwyn Smith FF APR 403071 Atoka Hotel	P	<0.01	2.50	2.50	2.50	20.0	3087.5	0.003	0.002
2	184	6/1/22	7:42 PM 4:17 PM	-	Raul Ponce FF APR 403066 Atoka Hotel	P	<0.01	2.50	2.50	2.50	15.0	3087.5	0.002	0.001
3	185	6/1/22	7:42 PM 4:17 PM	-	Inside Area Atoka Hotel	A		2.50	2.50	2.50	15.5	3087.5	0.002	0.002
4	186	6/1/22	7:42 PM 4:17 PM	-	Loadout/Outside Area East Atoka Hotel	A		2.50	2.50	2.50	3.5	3087.5	BDL	0.001
5	187	6/1/22	7:42 PM 4:17 PM	-	Decon/Outside Area West Atoka Hotel	A		2.50	2.50	2.50	4.0	3087.5	BDL	0.001
6	188	6/1/22	7:42 PM 4:17 PM	-	Outside Area North Atoka Hotel	A		2.50	2.50	2.50	2.0	3087.5	BDL	0.001
7	189	6/1/22	7:42 PM 4:17 PM	-	Outside Area South Atoka Hotel	A		2.50	2.50	2.50	2.0	3087.5	BDL	0.001

NC = Not Counted. Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter
Roommeter Number: 999
Calibration Date: 5/13/22

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

Sy Tan

AM Technician: Solomon Throckmorton
Location: 323 West 6th St Atoka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

NIOSH 7400 METHOD

7/20/2010
REV 1

Notes: Supervisor Jonathan Grummer

Abatement continues.

Project: ODEQ-00033																				
Pump Number	Sample Number	Date Sampled	Time 1 On-Off	Time 2 On-Off	Collection Information	T Cass. Dia = 25 mm					PF =		Field of View =			0.00785			1	
						Y Pers Exp.	Flow Rate (L/M)	Pre	Post	Avg.	Fiber Count	Field Count	Tu. Time (Min.)	Volume (Liters)	Fiber Density	Per CC	Fibers	Det. Limit	OF	
-	199	6/3/22	-	-	BLANK	B	0	0	0.00	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA	
-	200	6/3/22	-	-	BLANK	B	0	0	0.00	0.00	0.0	100	0	0.0	0.000	NA	NA	NA	NA	
1	201	6/3/22	7:40 PM - 4:02 PM	-	Garyn Smith FF APR 403071 Aloka Hotel	P	<0.01	2.50	2.50	2.50	19.0	100	1222	3055.0	24.204	0.003	0.001	0.002	0.004	
2	202	6/3/22	7:40 PM - 4:02 PM	-	Raul Ponce FF APR 403066 Aloka Hotel	P	<0.01	2.50	2.50	2.50	17.0	100	1222	3055.0	21.656	0.003	0.001	0.002	0.004	
3	203	6/3/22	7:40 PM - 4:02 PM	-	Inside Area Aloka Hotel	A	2.50	2.50	2.50	2.50	12.0	100	1222	3055.0	15.287	0.002	0.001	0.001	0.003	
4	204	6/3/22	7:40 PM - 4:02 PM	-	Loadout/Outside Area East Aloka Hotel	A	2.50	2.50	2.50	2.50	2.5	100	1222	3055.0	3.185	BDL	0.001	0.000	0.001	
5	205	6/3/22	7:40 PM - 4:02 PM	-	Decom/Outside Area West Aloka Hotel	A	2.50	2.50	2.50	2.50	4.0	100	1222	3055.0	5.096	BDL	0.001	0.000	0.001	
6	206	6/3/22	7:40 PM - 4:02 PM	-	Outside Area North Aloka Hotel	A	2.50	2.50	2.50	2.50	1.5	100	1222	3055.0	1.911	BDL	0.001	0.000	0.001	
7	207	6/3/22	7:40 PM - 4:02 PM	-	Outside Area South Aloka Hotel	A	2.50	2.50	2.50	2.50	3.0	100	1222	3055.0	3.822	BDL	0.001	0.000	0.001	

I hereby certify that the above samples were collected and analyzed in compliance with applicable standards and regulations.

NC = Not Counted; Reasons: 1. Overload; 2. Damaged Filter; 3. Pump Failure; 4. Missing Filter

Rotometer Number:	999
Calibration Date:	5/13/22

7/20/2010
REV 1

37

AM Technician: Solomon Throckmorton
Location: 323 West 6th St Aloka, OK
Contractor: Environmental Action
Project Number: ODEQ-00033

[illegible]

Project: ODEQ-00033

5. There

AM Technician: Solomon Throckmorton

Location:	325 West 6th St Alaska,
Contractor:	Environmental Action

Contractor: ENVIRONMENTAL
Project Number: ODEQ-00033

Abatement continues.

Abatement continues.

001

No. 1898

GENERATOR (Generator completes all of Section I)

k. Quantity	Containers		
	Units	No.	Type
40	83	1	T

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

4	2	5	2	2
---	---	---	---	---

Signature

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER II

h. Name: _____

i. Address: _____

j. Driver Name/Title: _____

k. Phone No.: _____ l. Truck No.: _____

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials:

--	--	--	--	--	--

Shipment Date

Driver Signature

Shipment Date

DESTINATION (Generator completes a-d; Destination site completes e-f)

c. Phone No.: 580-298-3729
580-298-3885

d. Fax No.:

I hereby certify that the above nemed material had been accepted and to the best of my knowledge the foregoing is true and accurate.

0	4	2	5	2	0
---	---	---	---	---	---

02

Receipt Date

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

b. Shipper's Phone No.:

d. ☐ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

002

No. 1899

GENERATOR (Generator completes all of Section I)

Shipment Date

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER II

Shipment Date

DESTINATION (Generator completes a-d; Destination site completes e-f)

Receipt Date

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

003

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 1900

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 N. 6th St.
Atoka, OK 74523
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
j. Description of Waste: Asbestos, 9, NA2212, PGIII

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

Containers

k. Quantity Units No. Type
[][][][] 40 [][][] 1 [][][] T

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK
g. Acknowledgement of Receipt of Materials: [][][][] 5422
Driver Signature

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials: [][][][]
Driver Signature

Section III

DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Cointon Lewis Const. Landfill
194069 S. Hwy 271
b. Physical Address: Antlers, OK 74523

c. Phone No.: 580-298-3729
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Elton Stenmark [][][][] 050422 02/
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmetnal Action, Inc., b. Shipper's Phone No.: 9182-98-4080
c. Shipper's Address: P. O. Box 3039, Jenks, OK 74037
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grummer, Super. b. Shipper's Phone No.: _____
f. Name and Address of Responsible Agency: ODEQ, 707 S. Robinson, OKC, OK 73101
g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

004

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 1901

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Moteo
c. Address: 323 W. 6th St.
Aboka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
j. Description of Waste: Asbestos, 9, NA2212, PGIII

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

Containers
k. Quantity Units No. Type

4	0	1	1
---	---	---	---

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M' - CUBIC METERS
Y' - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

5	4	2	2
---	---	---	---

Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK
Acknowledgement of Receipt of Materials:
g. [Signature]

5	4	2	2
---	---	---	---

 Shipment Date
Driver Signature

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials:
n. [Signature]

5	4	2	2
---	---	---	---

 Shipment Date
Driver Signature

Section III DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antlers, OK 74523

c. Phone No.: 580-298-3729
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Everett Mann

5	4	2	2
---	---	---	---

 02/_____
Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmental Action, INC. b. Shipper's Phone No.: 918-298-4080
c. Shipper's Address: P. O. Box 12029, Jenks, OKL 74037
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grummer, Super. b. Shipper's Phone No.: 918-298-4080
ODEQ, 707 N. Robinson, OKC, OK 73101
f. Name and Address of Responsible Agency: _____
g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

005

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 1902

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
j. Description of Waste: _____

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

Containers
k. Quantity Units No. Type
1 8 4 0 3 1 T

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

4 6 2 2

Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shanwee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK
Acknowledgement of Receipt of Materials:
g. [Signature] 4 6 2 2
Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials:
n. [Signature] 4 6 2 2
Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antlers, OK 74523
c. Phone No.: 580-298-3729
580-298-3885
d. Fax No.: _____
e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] 050622 02/
Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmetnal Action, Inc.
b. Shipper's Phone No.: 918-298-4080
c. Shipper's Address: P.O. Box 1029, Jenks, OK 74037
d. Shipper's Special Handling Instructions and Additional Information: _____
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.
e. Shipper's Name & Title: Jon Grummer, Super. b. Shipper's Phone No.: 4 6 2 2
f. Name and Address of Responsible Agency: ODEQ, 707 N Robinson, OKC, OK 73101
g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

006

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 1903

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
j. Description of Waste: _____

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

Containers

k. Quantity Units No. Type
[] [] [] [] [] [] [] []

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer
Generator Authorized Agent Name

Signature

[] [] [] [] [] [] [] []
Shipment Date

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74803
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK
g. Acknowledgement of Receipt of Materials: [] [] [] [] [] [] [] []
Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials: [] [] [] [] [] [] [] []
Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antlers, OK 74523

c. Phone No.: 580-298-3729
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Jon Grummer Signature 050622 02/ _____
Name of Authorized Agent Receipt Date

Section IV

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmental Action, Inc. b. Shipper's Phone No.: 918-298-4080
c. Shipper's Address: P. O. Box 1029, Jenks, OK 74037
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grummer, Supper. b. Shipper's Phone No.: 580-298-3729
f. Name and Address of Responsible Agency: ODPO, 707 N. Robinson, OKC, OK 73101
g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

007

No. 1904

GENERATOR (Generator completes all of Section I)

d. Address: _____

f. Phone No.:

h. Owner's Phone No: _____

h. Owner's Phone No: _____

k. Quantity	Units	No.	Type
-------------	-------	-----	------

			40						
--	--	--	----	--	--	--	--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL PLASTIC BAG OR WRAP
T	- TRUCK
O	- OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Signature

Shipment Date

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER II

h. Name: _____

i. Address: _____

j. Driver Name/Title: _____

k. Phone No.: _____ l. Truck No.: _____

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials:

n. _____

Driver Signature

Shipment Date

Driver Signature

Shipment Date

DESTINATION (Generator completes a-d; Destination site completes e-f)

c. Phone No.: 580-298-3729

580-298-3885

d. Fax No.: _____

e. Discrepancy Indication Space:

I hereby certify that the above nemed material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Elon Sengulabo 05/02/22 02/

Name of Authorized Agent Signature Receipt Date

Name of Authorized Agent

Signature

Receipt Date

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

b. Shipper's Phone No.: 918-298-4080

c. Shipper's Address: P.O. Box 1029, Jenks, OK 74037

d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

b. Shipper's Phone No.: _____ 512

f. Name and Address of Responsible Agency: ODEC, 707 N. Robinson, OKC, OK 73101

g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

0008

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 1905

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
j. Description of Waste: _____

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

RQ, Asbestos, 9, NA2212, pGIII

Containers
k. Quantity Units No. Type
40 Y3 1 T

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK
Acknowledgement of Receipt of Materials: _____
g. _____
Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials: _____
n. _____
Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antlers, OK 74523

c. Phone No.: 580-298-3729
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Eton Blumhage 05/02/22 02/
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmental Action, Inc. b. Shipper's Phone No.: 918-298-4080
c. Shipper's Address: P. O. Box 1029, Jenks, OK 74037
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grummer, Super. b. Shipper's Phone No.: 580-298-3729
f. Name and Address of Responsible Agency: ODEQ, 707 N. Robinson, OKC, OK 73101
g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

009

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 1906

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
j. Description of Waste: _____

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

RQ, Asbestos, 9, NA2212, PGIII

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

Shipment Date

Containers
k. Quantity Units No. Type
5 1 2 2 4

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075
e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK
g. Acknowledgement of Receipt of Materials: 51225
Driver Signature _____ Shipment Date _____

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials: 51225
Driver Signature _____ Shipment Date _____

Section III

DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antlers, OK 74525

c. Phone No.: 580-298-3729
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Everett Marris 51222 02/
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmental Action, Inc.
P. O. Box 1029, Jenks, OK 74037
b. Shipper's Phone No.: 918-298-4080
c. Shipper's Address: _____
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grummer, Super.
ODEQ, 707 N. Robinson, OKC, OK 73101
b. Shipper's Phone No.: 51222
f. Name and Address of Responsible Agency: _____
g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

010

No. 1907

GENERATOR (Generator completes all of Section I)

Shipment Date

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER II

Shipment Date

DESTINATION (Generator completes a-d; Destination site completes e-f)

Receipt Date

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

011

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 2145

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
i. Description of Waste: _____

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

Containers
k. Quantity Units No. Type

4	4	3	1	T
---	---	---	---	---

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

5/17/22

Shipment Date

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK

Acknowledgement of Receipt of Materials:

g. [Signature] 5/17/22
Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials:

n. _____
Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy., 271
b. Physical Address: Antlers, OK 74523

c. Phone No.: 580-298-3729
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] 05/17/22 02/
Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmental Action, Inc. b. Shipper's Phone No.: 918-298-4080
c. Shipper's Address: P. O. Box 1092, Jenks, OK 74037
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grummer, Super. b. Shipper's Phone No.: _____
ODEO, 707 N. Robinson, OKC, OK 73101 Date

f. Name and Address of Responsible Agency: _____

g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 2146

012

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

j. Description of Waste: _____

Containers
k. Quantity Units No. Type

4	3	1	2
---	---	---	---

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK

Acknowledgement of Receipt of Materials:

g. [Signature]

5	1	8	2	2
---	---	---	---	---

Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials:

n. [Signature]

--	--	--	--	--

Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antlers, OK 74523

c. Phone No.: 580-298-3729
580-298-38985
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature]

0	3	1	8	2	2
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 02/
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmental Action, Inc. b. Shipper's Phone No.: 918-298-4030
c. Shipper's Address: P. O. Box 1029, Jenks, OK 74037
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grummer, Super. f. Shipper's Phone No.: 51822
ODEO 707 W. Robinson, OKC, OK 73101 Date

f. Name and Address of Responsible Agency: _____

g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

013

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 2147

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
j. Description of Waste: _____

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

Containers
k. Quantity Units No. Type
[][][][] 10 [][][] 3 1 [][][] 0 [][][] 0

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
RA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; AND if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09v OK

Acknowledgement of Receipt of Materials:

g. [Signature] [][][][] 52422 Shipment Date
Driver Signature

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials:

n. _____ [][][][] Shipment Date
Driver Signature

Section III DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antlers, OK 74523

c. Phone No.: 580-298-2739
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Everett Morris [Signature] [][][][] 052422 02/ _____
Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmental Action, Inc. b. Shipper's Phone No.: 9182298-4080
c. Shipper's Address: P.O. Box 1029, Jenks, OK 74037
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/picard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations

e. Shipper's Name & Title: Jon Grummer, Super. b. Shipper's Phone No.: _____
ODEQ, 707 N. Robinson, OKC, OK 73101 [][][][] 52422 Date

f. Name and Address of Responsible Agency: _____

g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

014

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 2148

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525

b. Generating Location: _____
d. Address: _____

e. Phone No.: _____

f. Phone No.: _____

If Owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____

h. Owner's Phone No.: _____

j. Description of Waste: _____

k. Quantity _____
Containers _____
Units _____ No. _____ Type _____

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer
Generator Authorized Agent Name _____ Signature _____

52422
Shipment Date _____

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 7402
c. Driver Name/Title: P. Lowder, Driver
d. Phone No.: 405-615-4057 e. Truck No.: 115
f. Vehicle License No./State: 597-09v OK

Acknowledgement of Receipt of Materials: _____
g. [Signature] _____
Driver Signature _____ Shipment Date 52422

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials: _____
n. _____
Driver Signature _____ Shipment Date _____

Section III DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antlers, OK 74523

c. Phone No.: 580-298-2739
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] _____
Name of Authorized Agent _____ Signature _____
52422 02/ _____
Receipt Date

Section IV ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmetnal Action, Inc. b. Shipper's Phone No.: 18-298-4080
c. Shipper's Address: P. O. Box 1029, Jenks, OK 74037
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/piacard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grumere, Super. b. Shipper's Phone No.: _____
ODEO, 707 N. Robinson, OKC, OK 73101
f. Name and Address of Responsible Agency: _____
52422
Date

g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 2149

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 W. 6th st.
Atoka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
j. Description of Waste: _____

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

Containers
k. Quantity Units No. Type

--	--	--	--	--	--	--	--

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P.O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, mDriver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09v OK

Acknowledgement of Receipt of Materials:

g. [Signature]

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Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials:

n. [Signature]

--	--	--	--	--	--	--	--

Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antlers, OK 74523

c. Phone No.: 580-298-2739
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] _____
Name of Authorized Agent Signature

--	--	--	--	--	--	--	--

 02/
Receipt Date

Section IV

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmental Action, Inc. b. Shipper's Phone No.: 918-299-4080
c. Shipper's Address: P. O. Box 1029, Jenks, OK 74037
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grummer, Super.
ODEO, 707 N. Robinson, OKC, OK 73101
f. Name and Address of Responsible Agency: _____

b. Shipper's Phone No.: _____

--	--	--	--	--	--	--	--

 Date

g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 2150

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525
e. Phone No.: _____

b. Generating Location: _____
d. Address: _____

If Owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____

h. Owner's Phone No.: _____

j. Description of Waste: _____

rq, Asbestos, 9, NA2212, PGIII

Containers
k. Quantity Units No. Type

--	--	--	--	--	--	--	--

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

53122

Shipment Date

UNITS
P - POUNDS
Y - YARDS
M - CUBIC METERS
Y - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-i)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK

Acknowledgement of Receipt of Materials:

g. [Signature]

--	--	--	--	--	--

Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials:

n. [Signature]

--	--	--	--	--	--

Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Atoka, OK 74523

c. Phone No.: 580-298-2739
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Everett Marrs

--	--	--	--	--	--

 02/
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmental Action, Inc. b. Shipper's Phone No.: 918-298-4080
c. Shipper's Address: P. O. Box 1029, Jenks, OK 74037
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grummer, Super. b. Shipper's Phone No.: 53122
ODEO, 007 N. Robinson, OKC, OK 73101 Date
f. Name and Address of Responsible Agency: _____
g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Section I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 2151

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: Former Extended Stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
j. Description of Waste: _____

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

RQ, Asbestos, 9, NA2212, PGI III

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

k. Quantity

			4	0
--	--	--	---	---

 Containers

Units	No.	Type				
<table border="1"><tr><td></td><td>3</td></tr></table>		3	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>T</td></tr></table>	T
	3					
1						
T						

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

6	9	2	2
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Shipment Date

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete e-g. Transporter II complete h-n)

TRANSPORTER I

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK

Acknowledgement of Receipt of Materials:

g. [Signature]

1	5	9	2	2
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Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials:

n.

--	--	--	--	--

Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: Clinton L Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antlers, OK 74523

c. Phone No.: 580-298-3729
580-298-3885
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Everett Mairs

0	6	0	9	2	2
---	---	---	---	---	---

 02/
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator completes a-d; f, g, Shipper completes e)

a. Shipper's Name: Environmental Action, Inc. b. Shipper's Phone No.: 918-298-4080
P.O. Box 1029, Jenks, OK 74037
c. Shipper's Address: _____
d. Shipper's Special Handling Instructions and Additional Information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/piccard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations

e. Shipper's Name & Title: Jon Grummer, Super. b. Shipper's Phone No.: ODEQ, 707 N. Robinson, OKC, OK 73101
f. Name and Address of Responsible Agency: _____
g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

018

If waste is asbestos waste, complete Section, I, II, III, and IV
If waste is NOT asbestos waste, complete only Section I, II, and III

No. 2153**Section I****GENERATOR (Generator completes all of Section I)**

a. Generator Name: Former Extended stay Motel
c. Address: 323 W. 6th St.
Atoka, OK 74525
e. Phone No.: _____
If Owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
j. Description of Waste: _____

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____
h. Owner's Phone No.: _____

Containers
k. Quantity Units No. Type

4	3	1	T
---	---	---	---

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC
BAG OR WRAP
T - TRUCK
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40CFR. Part 261 or any applicable state laws, has been properly described, classified and packaged, and in proper condition for transportation according to applicable regulations; **AND if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restriction, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Jon Grummer

Generator Authorized Agent Name

Signature

8	1	0	2	2
---	---	---	---	---

Shipment Date

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II**TRANSPORTER (Generator completes a-d; Transporter I complete e-g, Transporter II complete h-n)****TRANSPORTER I**

a. Name: Lowder Transportation Co., Inc.
b. Address: P. O. Box 307
Shawnee, OK 74802
c. Driver Name/Title: T. Lowder, Driver
d. Phone No.: 405-615-4075 e. Truck No.: 115
f. Vehicle License No./State: 597-09V OK
Acknowledgement of Receipt of Materials:
g. [Signature]

8	1	0	2	2
---	---	---	---	---

Driver Signature

Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials:
n.

--	--	--	--	--

Driver Signature

Shipment Date

Section III**DESTINATION (Generator completes a-d; Destination site completes e-f)**

a. Site Name: Clinton Lewis Const. Landfill
194069 S. Hwy. 271
b. Physical Address: Antleres, OK 74523

c. Phone No.: 580-298-3729
580-298-3995
d. Fax No.: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material had been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Everett Mann

0	6	1	0	2	2
---	---	---	---	---	---

 02/

Name of Authorized Agent

Signature

Receipt Date

Section IV**ASBESTOS (Generator completes a-d; f, g, Shipper completes e)**

a. Shipper's Name: Environmental Action, Inc.
P. O. Box 1029, Jenks, OK 74037
c. Shipper's Address: _____
d. Shipper's Special Handling Instructions and Additional Information: _____

b. Shipper's Phone No.: 918-298-4080

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placard, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: Jon Grummer, Super.
f. Name and Address of Responsible Agency: ODEC, 707 N. Robinson, OKC, OK 73101
g. ☒ Friable ☐ Non-Friable ☐ Both _____ % Friable _____ % Non-Friable

b. Shipper's Phone No.: _____

Date

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation, or both.



Oklahoma Department of Labor
www.ok.gov/odol/

3017 North Stiles, Suite 100
Oklahoma City, OK 73105
405-521-6464 • 888-269-5353
Fax: 405-521-6025

Abatement Preparation Inspection Form

Abatement Project: Former Extended Stay Motel Date: 4-26-22 Time: _____
Project No.: 23-0002 Phase: _____
Project Address/Location: 323 W 6th Street City: Atoka Zip: _____
Contractor: SAI Contact Person: Jon Grimmer

A = Acceptable
D = Denied; must be correct and re-inspected before asbestos removal is begun
N/A = Not applicable to this project

X = Deficiencies which must be corrected before asbestos removal begins. If the only deficiencies are the "X" type, after correction, asbestos abatement may begin.
Beginning asbestos removal before the deficiencies are correct shall constitute a Serious Violation

A D N/A X		A D N/A X		A D N/A X	
(1) Work site barriers and warning signs.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(19) Storage lockers for workers and ODOL inspectors' street clothes.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(35) Scaffolding with people working under has mesh or solid barrier on platform....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(2) Toilet facilities provided.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(20) Shower with hot water supply, stable nonskid surface, lights.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(36) Scaffolding floorboards in good condition and secured.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(3) Worker licenses.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(21) Shower drains, filter, proper water disposal.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(37) Aerial lifts have full-body harness with shock lanyards.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(4) Emergency telephone #s.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(22) Soap from dispenser, and towels provided.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(38) Ladders are non-conducting and stable.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(5) OSHA forms, poster (min. wage, workers comp, equal opportunity).....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(23) Hearing protection provided if required.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(39) Heat stress monitors in place.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(6) Air mon., results from prior phases, if applicable.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(24) Hard hats provided, if required.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(40) HEPA vacuum is clean with filters properly installed.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(7) Respirator program and project design on-site.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(25) Appropriate footwear/safety shoes provided, if required.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(41) Temporary lighting is adequate and properly wired and grounded.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(8) Current Fit Test.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(26) Ventilation serving or passing through the abatement area deactivated.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(42) 10 # ABC fire extinguishers inspected.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(9) NIOSH approved respirators, clean, parts in working order.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(27) Critical barriers in place.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(43) Adequate escape routes are properly marked and illuminated with emergency lighting and battery back-up.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(10) Electrical panel outside work area.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(28) Neg. air quantity and pressure drop, confirmed on-site with recording manometer.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(44) Acceptable amended water sprayers and chemicals provided.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(11) Electrical system in abatement area locked out/ tagged out.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(29) Neg. air machine(s) have properly installed filters, clean pre-filters.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(45) Load-out sealed unless needed for make-up air.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(12) Temporary wiring installed by licensed electrician.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(30) Prep. work secure with negative air on.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(46) Disposal bags and/or barrels provided and properly labelled.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(13) Temporary panel boards properly grounded.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(31) Make-up air sources provide adequate circulation and air cleaning.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(47) Disposal vehicle properly lined.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(14) Ground fault interruption provided from outside work area.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(32) Access controlled.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(48) Area monitoring locations identified.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(15) Live electrical requirement met.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(33) Scaffolding over 10' high has 42" side rails and 4" toe boards.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(49) Other.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(16) Extension cords in acceptable condition.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(34) Scaffolding from 4' to 10' high, but less than 42" wide, has side rails.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
(17) Equipment properly grounded.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
(18) De-con firmly constructed, opaque, with triple flaps.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

OF GLOVEBAGS

OF FULL CONTAINMENTS

OF MINI CONTAINMENTS

Recommendations & Remarks: Remove all ACM sheet rock and associated materials throughout the bldg

Orders: Remove ACM - NO HAZARDOUS Lock down Call for V/F

☐ Imminent Danger

Inspector's Signature

Contractor's or Representative's Signature



Notice of Inspection

Oklahoma Department of Labor
www.labor.ok.gov

Oklahoma Dept of Labo.
3017 N Stiles, Suite 100
Oklahoma City, OK 73105
405-521-6464
888-269-5353
Fax 405-521-6025

1. INVESTIGATION IDENTIFICATION			2. TIME	3. COMPANY NAME
DATE	INSPECTOR NO.	DAILY SEQ NO.	11:00	EAI
4-26-22	21	1		
4. INSPECTOR ADDRESS			5. COMPANY ADDRESS	

REASON FOR INSPECTION

Under the authority of Section 11 of the Toxic Substances Control Act:

☒ For the purpose of inspecting (including taking samples, photographs, statements, and other inspection activities) an establishment, facility or other premises in which chemical substances or mixtures or articles containing same are manufactured, processed or stored, or held before or after their distribution in commerce (including records, files, papers, processes, controls, and facilities) and any conveyance being used to transport chemical substances, mixtures or articles containing same in connection with their distribution in commerce (including records, files, papers, processes, controls and facilities) bearing on whether the requirements of the Act applicable to the chemical substances, mixtures or articles within or associated with such premises or conveyance have been complied with.

☒ In addition, this inspection extends to (check appropriate boxes):

- | | |
|--|--|
| <input type="checkbox"/> A. Financial data | <input type="checkbox"/> D. Personnel data (40 CFR Part 763 Subpart E) |
| <input type="checkbox"/> B. Sales data | <input type="checkbox"/> E. Research data |
| <input type="checkbox"/> C. Pricing Data | |

The nature and extent of inspection of such data specified in A through E above is as follows:

CERTIFICATION

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

INSPECTOR SIGNATURE		RECIPIENT SIGNATURE	
NAME		NAME	
TITLE		TITLE	
DATE SIGNED		DATE SIGNED	
Keith H. Hunt	4-26-22	Jon Granger	4-26-22

Oklahoma City

3017 N Stiles, Suite 100
Oklahoma City, OK. 73105
405-521-6100 / 888-269-5353
Fax 405-521-6025

Oklahoma Accreditation Plan (OAP) Inspection Form

Name of Facility POWER EXTENSION SLANT MOTEL
 Facility Address 323 W. 6th Street
 City Atoka Zip _____
 DOI Project Numb, if applicable 23-0002
 Owner name _____
 Owner address _____
 Owner phone _____
 Contact person _____

(CAI) Inspection Form

Date 11-22-2011 Time 11:00

Reason for Inspection: ☒ Routine ☐ Citizen Complaint

☐ Response Action ☐ Other

Contractor CAI

Contractor address _____

City Depon Zip _____

Contractor office phone _____

Contact person James Lambert

Abatement Project Description (size of project, type of material, methods used, etc.)

OPENING CONFERENCE

Personnel present and interviewed:

Name: Jon Gummer Title: Supervisor
Name: _____ Title: _____
Name: _____ Title: _____

ODOL inspector accompanied by other State or Federal employee(s)

Yes ☐ No ☒

Name: _____ Title: _____

Name: _____ Title: _____

Credentials presented to:

Name: _____ Title: _____
Name: _____ Title: _____

Notice of Inspection signed and a copy provided to official?

Yes ☒ No ☐

INSPECTION

Was the building initially inspected for asbestos?

Yes ☒ No ☐

Name of inspector: Ben Bogger
License #: 402395 Exp. Date: 7-1-22
Date of Inspection: _____

AIR MONITORING DATA

Name of Laboratory: 2mercon
Address: _____
City _____ Zip _____
License #: 402395 Exp. Date: 9-1-22
On-Site air tech contract: _____ Phone: _____
Type of analysis: TEM ☐ PCM ☐

ACCREDITATION OF CONTRACTORS & WORKERS

Contractors/Supervisors:

Name: <u>Jon Grummer</u>	License #: <u>4100556</u>
Issue date: <u>1-5-22</u>	Exp. Date: <u>1-4-23</u>
Name: _____	License #: _____
Issue date: _____	Exp. Date: _____
Name: _____	License #: _____
Issue date: _____	Exp. Date: _____

ACCREDITATION OF CONTRACTORS & WORKERS, cont.

Workers:

[illegible]

Definition of Public and Commercial Building:

The interior space of any building, excluding residential apartment buildings of fewer than four (4) units or detached single-family homes. The term includes, but is not limited to industrial and office buildings, residential apartment buildings and condominiums of four (4) or more dwelling units, government-owned buildings, colleges, school buildings, museums, airports, hospitals, churches, preschools, stores, warehouse, and factories. Interior space includes interior hallways connecting buildings, porticos, and mechanical systems used to condition interior space.

Recommendations & Remarks

Orders

Inspector

Contractor or Representative

Yellow Copy: Contractor/Owner

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <u>Jon Grumme</u>		DATE: <u>4-14-22</u>		Page of
PROJECT NAME: <u>Atoka Extended stay</u>			PROJECT NO. <u>6619</u>	
FIELD ACTIVITY SUBJECT:				
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:				
5:30 at office				
6:00 crew of 7 at office and loading up				
7:00 heading to Atoka				
9:00 at Job site				
12:00 lunch				
1:00 back from work lunch				
1:15 pre cleaning				
5:00 Done for day				
7:00 back at office Loading supplies				
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:		
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:		
IH PERSONNEL ON SITE:				
SIGNATURE: <u>[Signature]</u>			DATE: <u>4-14-22</u>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jon Grumel</i>		DATE: <i>4-18-22</i>	Page of
PROJECT NAME: <i>Atoke</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>4:45 at office</i>			
<i>5:00 pick up crew of 3 heading to Atoke</i>			
<i>7:00 at Job site with crew of 9</i>			
<i>7:15 pre Clean</i>			
<i>12:00 lunch</i>			
<i>1:00 back from lunch and back to precleaning</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>4-18-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jon Grumard</i>		DATE: <i>4-19-22</i>	Page of
PROJECT NAME: <i>Atoke</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>4:45 at office</i>			
<i>5:00 pick up crew of 3 heading to Atoke</i>			
<i>7:00 at Job site with crew of 9</i>			
<i>7:15 pre clean</i>			
<i>12:00 lunch</i>			
<i>1:00 back from lunch and back to precleaning</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>4-19-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jon Grumel</i>		DATE: <i>4-21-22</i>	Page of
PROJECT NAME: <i>Atoke</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>4:45 at office</i>			
<i>5:00 pick up crew of 3 heading to Atoke</i>			
<i>7:00 at Job site with crew of 9</i>			
<i>7:15 pre clean</i>			
<i>12:00 lunch</i>			
<i>1:00 back from lunch and back to precleaning</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>4-21-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jon Grumel</i>		DATE: <i>4-25-22</i>	Page of
PROJECT NAME: <i>Atoke</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>4:45 at office</i>			
<i>5:00 pick up crew of 3 heading to Atoke</i>			
<i>7:00 at Job site with crew of 9</i>			
<i>7:15 pre clean</i>			
<i>12:00 lunch</i>			
<i>1:00 back from lunch and back to precleaning</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>4-25-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <u>Sam Grummel</u>		DATE: <u>4-26-22</u>	Page <u> </u> of <u> </u>
PROJECT NAME: <u>Atoka</u>		PROJECT NO. <u>6619</u>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
4:45 at office			
5:00 pick up guys and heading to Atoka			
7:00 on site with crew off 6			
7:15 finishing last mine prep for inspection			
10:45 ODoL on site			
11:00 send crew to lunch and start walking everything down with ODoL			
12:30 ODoL off site and good to start removing			
12:45 crew inside starting to remove			
4:30 showing crew out			
4:50 start to break down for the day			
5:20 off site and heading to Jerry's office			
7:45 at office and done for day			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <u>[Signature]</u>		DATE: <u>4-26-22</u>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jon Grummet</i>		DATE: <i>4-27-22</i>	Page of
PROJECT NAME: <i>Aloka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>4:45 at office</i>			
<i>5:00 crew at office and heading to Aloka</i>			
<i>7:00 on site with crew of</i>			
<i>7:15 Start Removing</i>			
<i>12:00 lunch</i>			
<i>1:00 crew back in site and Removing</i>			
<i>4:40 start to shovel guys out</i>			
<i>5:00 Breaking everything down</i>			
<i>5:30 heading back to Jenks</i>			
<i>7:40 at off office</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>4-27-22</i>	

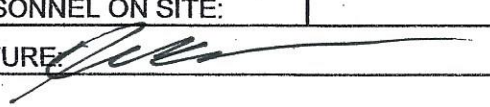
ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jon Grummet</i>		DATE: <i>4-28-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Aloka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>4:45 at office</i>			
<i>5:00 crew at office and heading to Aloka</i>			
<i>7:00 on site with crew of</i>			
<i>7:15 Start Removing</i>			
<i>12:00 lunch</i>			
<i>1:00 crew back in site and Removing</i>			
<i>4:40 start to Shovel gulps out</i>			
<i>5:00 Breaking everything down</i>			
<i>5:30 heading back to Jenks</i>			
<i>7:40 at off office</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>4-28-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR:		DATE: 5-2-22	Page of
PROJECT NAME:		PROJECT NO.	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
4:15 at office			
4:30 heading to Adoken			
6:30 on site			
6:45 crew inside and removing			
11:30 lunch			
12:30 crew back in side and removing			
2:45 crew needs more sweep shovels			
4:10 showering crew out			
4:30 etc breaking everything down			
4:45 heading back to Jenks office			
7:00 at office and done for day			
7:15 heading to Lowe's			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: 		DATE: 5-2-22	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grund</i>		DATE: <i>5-3-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and has back in side and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in side and counting to remove</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-3-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grunwald</i>		DATE: <i>5-4-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and has back in side and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in side and counting to remove</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-4-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grum</i>		DATE: <i>5-5-22</i>	Page of
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and he's back in side and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in side and counting to remove</i>			
<i>12:40 change out Roll-off #1</i>			
<i>3:30 Roll-off put back and 2nd one changed</i>			
<i>5:00 shower guys out</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-5-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grum</i>		DATE: <i>5-6-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and he's back in site and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in site and counting to remove</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-6-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <u>Jan Grunwald</u>		DATE: <u>5-9-22</u>	Page <u> </u> of <u> </u>
PROJECT NAME: <u>Atoka</u>		PROJECT NO. <u>6619</u>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<u>3:45 at office</u>			
<u>4:00 crew at office and heading to Atoka</u>			
<u>6:00 on site and pulling out generators</u>			
<u>6:15 crew inside and removing</u>			
<u>7:15 sent one to gas station to get gas for generator</u>			
<u>7:30 back and he's back in site and removing</u>			
<u>11:10 start to shower with the guys for lunch</u>			
<u>12:30 very back from lunch and back in site and counting to remove</u>			
<u>1:00 change out Roll-off</u>			
<u>3:45 Shovel guys out</u>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <u>[Signature]</u>		DATE: <u>5-9-22</u>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grunwald</i>		DATE: <i>5-10-22</i>	Page of
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and he's back in site and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in site and counting to remove</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-10-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grunwald</i>		DATE: <i>5-11-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and he's back in site and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in site and counting to remove</i>			
<i>12:30 change out Roll-off</i>			
<i>7:00 out Jakes and dance</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-11-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grunwald</i>		DATE: <i>5-12-22</i>	Page of
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and he's back in site and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in site and counting to remove</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-12-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grummet</i>		DATE: <i>5-16-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and has back in side and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very hot from lunch and back in side and counting to remove</i>			
<i>3:40 show guys out</i>			
<i>4:00 Breaking everything down</i>			
<i>7:00 at Jenks office</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-16-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grum</i>		DATE: <i>5-17-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and has back in side and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in side and counting to remove</i>			
<i>4:20 off site heading back to Jenks</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-17-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grunwald</i>		DATE: <i>5-18-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and he's back in side and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in side and counting to remove</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-18-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>San Geronimo</i>		DATE: <i>5-19-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and has back in site and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in site and counting to remove</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-19-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grunwald</i>		DATE: <i>5-23-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and he's back in side and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in side and counting to remove/charging out Roll-off</i>			
<i>4:00 Showering guys off for day</i>			
<i>4:30 off site</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-23-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grum</i>		DATE: <i>5-24-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and he's back in site and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in site and counting to remove</i>			
<i>1:00 prepping back in DALLAS</i>			
<i>3:45 showering guys out</i>			
<i>4:15 off site heading to Jerry</i>			
<i>6:40 at Jerry's new heading to home</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-24-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grunwald</i>		DATE: <i>5-25-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and he's back in site and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in site and counting to remove</i>			
<i>7:00 back at Jakes</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-25-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grunwald</i>		DATE: <i>5-26-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and he's back in site and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in site and counting to remove/charging out Rolloff</i>			
<i>2:30 Preparing in Rolloff and changing other one</i>			
<i>4:30 off site</i>			
<i>7:00 back to Saker's office</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-26-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grummet</i>		DATE: <i>5-31-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and has back in side and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in side and counting to remove</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>5-31-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jan Grunwald</i>		DATE: <i>6-1-22</i>	Page of
PROJECT NAME: <i>Atoka</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoka</i>			
<i>6:00 on site and pulling out generators</i>			
<i>6:15 crew inside and removing</i>			
<i>7:15 sent one to gas station to get gas for generator</i>			
<i>7:30 back and has back in side and removing</i>			
<i>11:10 start to shower with the guys for lunch</i>			
<i>12:30 very back from lunch and back in side and counting to remove</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>6-1-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <u>Jon Grumel</u>		DATE: <u>6-2-22</u>	Page <u> </u> of <u> </u>
PROJECT NAME: <u>Atoka</u>		PROJECT NO. <u>6619</u>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<u>4:45 at office</u>			
<u>5:00 pick up crew of 3 heading to Atoka</u>			
<u>7:00 at Job site with crew of 9</u>			
<u>7:15 Clean</u>			
<u>12:00 lunch</u>			
<u>1:00 back from lunch and back to Remediating</u>			
<u>2:00 half crew still Remediating and final cleaning</u>			
<u>4:45 Shoveling guys out</u>			
<u>5:20 Off site and heading to JCK</u>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <u>[Signature]</u>		DATE: <u>6-2-22</u>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jon Grunne</i>		DATE: <i>6-6-22</i>	Page <i>1</i> of <i>1</i>
PROJECT NAME: <i>Atoke</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoke</i>			
<i>6:00 on site and getting set up</i>			
<i>6:15 half of the crew in final cleaning and I have 2 locking down</i>			
<i>11:15 Saver crew out for lunch</i>			
<i>12:30 back from lunch and back to cleaning and locking down</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>6-6-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <u>San Grunwald</u>		DATE: <u>6-7-22</u>	Page <u> </u> of <u> </u>
PROJECT NAME: <u>Atoka</u>		PROJECT NO. <u>6619</u>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<u>3:45 at office</u>			
<u>4:00 crew at office and heading to Atoka</u>			
<u>6:00 on site and getting set up</u>			
<u>6:15 half of the crew in final cleaning and I have 2 locking down</u>			
<u>11:15 lower crew out for lunch</u>			
<u>12:30 back from lunch and back to cleaning and locking down</u>			
<u>1:00 some off crew start to remove a small well that got missed</u>			
<u>4:45 shipping guys out and start to break down</u>			
<u>5:30 off site and heading back to office</u>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <u>[Signature]</u>		DATE: <u>6-7-22</u>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <i>Jon Grunne</i>		DATE: <i>6-8-22</i>	Page of
PROJECT NAME: <i>Atoke</i>		PROJECT NO. <i>6619</i>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<i>3:45 at office</i>			
<i>4:00 crew at office and heading to Atoke</i>			
<i>6:00 on site and getting set up</i>			
<i>6:15 half of the crew in final cleaning and I have 2 locking down</i>			
<i>11:15 lower crew out for lunch</i>			
<i>12:30 back from lunch and back to cleaning and locking down</i>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <i>[Signature]</i>		DATE: <i>6-8-22</i>	

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <u>Jon Grummet</u>		DATE: <u>6-8-22</u>	Page <u> </u> of <u> </u>
PROJECT NAME: <u>Adoka</u>		PROJECT NO. <u>6619</u>	
FIELD ACTIVITY SUBJECT:			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:			
<u>3:45 at office</u>			
<u>4:00 Crew at office and heading to Adoka</u>			
<u>6:00 on site and getting everything set up</u>			
<u>6:15 crew locking down</u>			
<u>11:10 Showing crew opt for lunch.</u>			
<u>12:20 crew back inside locking down</u>			
<u>5:45 finish locking down and showing guys out</u>			
<u>6:20 done and cleaned up and heading to Jark's office</u>			
<u>8:30 at office and done for day</u>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:	
IH PERSONNEL ON SITE:			
SIGNATURE: <u>[Signature]</u>		DATE: <u>6-8-22</u>	