

W E T H E R H O L T A N D A S S O C I A T E S , I N C .

E-MAIL TRANSMISSION

Washington Department of Military
Centralia Readiness Center
Roof Replacement

Date: August 23, 2016

To:

Washington Dept. of Military, Minh Vo..... E-mail: minh.vo@mil.wa.gov
Washington Dept. of Military, Ron Cross E-mail: ron.cross@mil.wa.gov

Bosnick Roofing, Jack Raggan..... E-mail: rcmyman@yahoo.com
Architectural Sheet Metal, Fred Hammond..... E-mail: fredh@architecturalsheetmetal.com
American Guaranteed Roofing, Matt Speights E-mail: americanguaranteedroofing@comcast.net

Project Number: 2015-651
Total number of pages including cover sheet: 22

Attached please find Addendum No. 1.

Note: If you do not receive the number of pages indicated above, or if any pages are illegible, please contact our office at (360) 786-1660.

The additions, omissions, clarifications and corrections herein shall be made to the Project Manual for the above referenced Project and shall be included in the scope of work and proposals to be submitted. References made below shall be used as a general guide only. The Bidders themselves shall determine the work affected by the Addendum items. Note item numbers correspond to numbers on attached roof plan for identification/location purposes.

Acknowledge receipt of Addendum No. 1 on Bid Form.

1. The city of Centralia will require the contractor to obtain a building permit for this project. A permit application is included with this addendum.
2. A corrected RFP is included with this addendum.
3. A certificate of insurance will be required, copy of form S.F. 500 is A included with this addendum.
4. Environmental Procedure EMS_2015_001 (Spill Response and Reporting Procedures) is included with this addendum.
5. All questions prior to bid date must be submitted in writing.
6. All flashing details to be compliant with manufacturer's standard details. Include with submittals shop drawings for each proposed flashing, transition, and termination detail.
7. Specification Section 07 54 19 PVC Membrane Roofing, Section 1.8 B, Applicator's Warranty: the period for the applicator's warranty is 2 years.
8. Specification Section 07 54 19 PVC Membrane Roofing, Section 2.1 B, NSF/ANSI Standard 347 is deleted from the specification.
9. Perimeter edge securement shall be per ANSI/SPRI ES-1 approved details, as listed by the national Roofing Contractors Association (NRCA).
10. Testing of roof samples indicates that underlying roof layers do not contain asbestos, as indicated in the attached NVL report. Removal of existing roofing should be planned accordingly to comply with all pertinent regulations.

End of Addendum

ADVERTISEMENT FOR BIDS
RFP-17-GS-006

Sealed bid proposals will be accepted for the following project:

PROJECT NO.: 2015-651
TITLE: Re-Roof – Centralia Readiness Center
AGENCY: State of Washington, Military Department
PROJECT MANAGER: Ron Cross
ESTIMATED BASE BID COST RANGE: \$250,000 to \$300,000
SUBMITTAL TIME/DATE/LOCATION: **Prior to 2:00 PM, Thursday, 8/25/2016**
State of Washington, Military Department
Construction & Facilities Management Office
Building #36 Quartermaster Road
Camp Murray, WA 98430-5052
Public Bid Opening will commence at approximately
2:05 P.M. at the same location.

All visitors to Camp Murray are required to obtain a visitor's pass at the entry gates. All of the following documents are required to obtain this pass:

- *Driver's License*
- *Proof of Insurance*
- *Vehicle Registration*

BY: State of Washington
Military Department

PRE-BID WALK-THROUGH: **10 AM, Thursday, 8/18/2016**
Meet on site at Centralia Readiness Center
309 Byrd Street, Centralia, WA 98531

SCOPE OF WORK: Remove and legally dispose of the existing roof assemblies down to the existing deck. Installation of a new PVC single ply membrane system.

Contractors may obtain plans and specifications from the Military Department, Building #36, Camp Murray, Tacoma, WA 98430-5052, or email ron.cross@mil.wa.gov, and bid documents will be emailed to you.

Plans and specifications may be viewed at the following plan centers: Builders Exchange of Washington, Everett, WA; Daily Journal of Commerce, Seattle, WA; Infinite Source, LLC, Seattle, WA; Lower Columbia Contractors Association, Longview, WA; SW Washington Contractors Association, Vancouver, WA; Weekly Construction Reporter, Bellingham, WA.

Free-of-charge access to project bid documents (plans, specifications, addenda, and Bidders List) is provided to Prime Bidders, Subcontractors, and Vendors by going to www.bxwa.com and clicking on "Posted Projects",

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"Public Works", and "Washington State Military Department". This online plan room provides Bidders with fully usable online documents with the ability to: download, view, print, order full/partial plan sets from numerous reprographic sources, and a free online digitizer/take-off tool. It is recommended that Bidders "Register" in order to receive automatic e-mail notification of future addenda and to place themselves on the "Self-Registered Bidders List". Bidders that do not register will not be automatically notified of addenda and will need to periodically check the on-line plan room for addenda issued on this project. Contact Builders Exchange of Washington at (425) 258-1303 should you require assistance with access or registration.

Please direct questions regarding this project to **Bob Card of Wetherholt and Associates, Inc.** phone **360-786-1660** or email bob@wetherholt.com .

Within 24 hours following the bid opening, results will be available on the Military Department's web site at <http://mil.wa.gov/contracts/public-works>

Bidder Responsibility will be evaluated for this project. In determining bidder responsibility, the Owner shall consider an overall accounting of the criteria set forth in "DIVISION 00 RESPONSIBILITY CRITERIA". Please direct questions regarding this subject to the office of the Consultant.

The State of Washington prevailing wage rates are applicable for this public works project located in Lewis County. Bidders are responsible to verify and use the most recent prevailing wage rates. The "Effective Date" for this project is the Bid Proposal due date above. The applicable prevailing wage rates may be found on the Department of Labor and Industries website located at <https://fortress.wa.gov/lni/wagelookup/prvWagelookup.aspx>.

The successful Bidder is required to register and create an account in the DES Diversity Compliance program (B2Gnow) at <https://des.diversitycompliance.com> . Voluntary numerical MWBE goals of 10% MBE, 6% WBE, 5% Washington Small Business, and 5% Veterans have been established for this project. Achievement of the goals is encouraged.

Bidders may contact the Office of Minority and Women's Business Enterprise (OMWBE) at <http://OMWBE.wa.gov/> to obtain information on certified firms. Bidders may also utilize Washington Small Businesses registered in WEBS at <https://fortress.wa.gov/ga/webs/> and Veteran-owned Businesses at <http://www.dva.wa.gov/program/certified-veteran-and-servicemember-owned-businesses>.

The State reserves the right to accept or reject any or all proposals and to waive informalities. Contingent upon receipt of Federal funds.

STATE OF WASHINGTON
MILITARY DEPARTMENT
CONSTRUCTION & FACILITIES MANAGEMENT OFFICE

Form
 S.F. 500 A
 (7/2/92)



State of Washington
CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY.
 THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE
 COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED (Legal name and business address)	CERTIFICATE HOLDER: STATE OF WASHINGTON	CONTRACT NUMBER
	DEPT. OF GENERAL ADMINISTRATION	DATE ISSUED:
	DIVISION OF E&A SERVICES	
	206 GENERAL ADMINISTRATION BUILDING OLYMPIA, WASHINGTON 98504-1012	

PROJECT DESCRIPTION / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS:

This is to certify that policies of Insurance listed below have been issued to the Insured named above for the policy period indicated.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	Date Policy Effective (MM/DD/YY)	Date Policy Expires (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
					Each Occurrence	Aggregate
	GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Owner's & Contractors Protection Deductible \$				General Aggregate \$ Products Comp/Ops Aggregate \$ Personal & Advertising Injury \$ Each Occurrence \$ Fire Damage (Any One Fire) \$ Medical Expense (Any One Person) \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability Deductible \$				CSL \$ Bodily Injury (per person) \$ Bodily Injury (per accident) \$ Property Damage \$	
	EXCESS LIABILITY <input type="checkbox"/> Other Than Umbrella Form				Each Occurrence \$ Aggregate \$	
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY \$ (Each Accident) \$ (Disease Policy Limit) \$ (Disease-Each Employee)	
	OTHER					

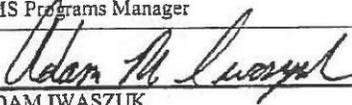
ADDITIONAL PROVISIONS

The State of Washington is included as additional insured as related to the above mentioned project.
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing Company must deliver or mail not less than a 45 days written notice to the above Certificate Holder, per RCW 48.18.290

COMPANIES AFFORDING COVERAGE		ISSUING COMPANY, AGENT OR REPRESENTATIVE	
NOTE: Attach a separate sheet to this certificate giving all the company names and their percentage of coverage, if clarification is needed.		NAME:	
Company Letter	A	ADDRESS:	
	B		
	C	Authorized Signature	
	D	Title	
	E	Signature Date	
		Signee Name	
		Telephone No.	



Environmental Procedure: EMS_2015_001 (Spill Response and Reporting Procedures)

Title:	Spill Response and Reporting Procedures
Additional References:	Army Regulation 200-1 WAC 173-180 (Facility Oil Handling Standards) WMD_EMS: Legal and Other Requirements WMD_EMS: Communications WMD_EMS: Document Controls WMD_EMS: Emergency Preparedness and Response WMD_EMS: Monitoring, Measuring, & Evaluation WMD_EMS: Non-conformance & Corrective Actions WMD_EMS: Control of Records WMD_EMS: Internal Audits WMD_EMS: Management Reviews WMD Spill Reporting Form WMD Spill Reporting Form (electronic version) WMD Spill Cards
Information Contact:	Environmental Management System (EMS) Manager Building #36 (253) 512-8902
Effective Date:	01-March-2015
Mandatory Review Date:	01-March-2016
Revised:	
EMS Document Owner:	EMS Programs Manager
Approved By:	 ADAM IWASZUK Director, CFMO

IMPORTANT CONTACT INFORMATION:

JOC (on Camp Murray)	253-512-8773
JOC (external)	1-888-276-4362
Environmental Program Manager (office)	253-512-8466
Environmental Program Manager (mobile)	253-255-8031
Environmental Office (Front Desk)	253-512-8717
Department of Ecology (SW region)	1-360-407-6300
Department of Ecology (Central region)	1-509-575-2490
Washington Emergency Management Division	1-800-258-5990 or 1-800-OILS-911

1. PURPOSE

The objective of this guideline is to provide a standardized method for responding to and reporting of any spills or releases to include those spills or releases involving any identified dangerous waste, chemicals, or toxic substances. The intent is to ensure actions taken during a spill or releases are in compliance with applicable Federal, State, or Regional laws and regulations

2. APPLICABILITY

This guideline applies to all Federal and State employees of the Washington Military Department, contractors or sub-contractors working for representatives of the WMD, and vendors providing services and support to the WMD

3. DEFINITIONS

- **Defense Spill Team:** On site crew who are trained to perform containment and cleanup operations when conditions exist that do not pose an immediate or serious danger to employee's health or safety in order to prevent further spill or releases to the environment, cause injury to personnel, or damage property
- **DeMinimus Release(s):** Any release of less than one-gallon of a known hazardous chemical or substance to an impervious surface, provided the release will not come in contact with the environment and can be easily absorbed, neutralized or otherwise controlled at the time of release by properly trained and equipped personnel within the immediate areas.
- **Emergency Coordinator:** The person on the facility or the on-call representative who can reach the facility within a short period of time who is trained in WAC 173-303-360 requirements and has the responsibility for coordinating all emergency response activities.
- **Emergency Spill Response Personnel:** Personnel who are trained to respond and clean-up spills or a release that on site personnel are not trained or equipped to respond too. This includes first responders, fire-fighters, and emergency medical services personnel
- **Environment:** Any navigable waters, surface waters, surface water drainage, ground water, drinking water supply, land surfaces or sub-surfaces, strata, or air
- **Environmental Program Manager:** The Environmental Program Manager (EM) is the manager of the WMD's environmental section and works for the Construction, Facility, & Maintenance Office (CFMO) Deputy. The EM has the responsibility to facilitate all spills and when required initiate all reports.
- **Impervious surface(s):** Any material such as asphalt, concrete, brick, or stone in which water will not easily pass through
- **Installation Contingency Plan (ICP):** A site specific plan or equivalent plan to be implemented in the event of an emergency or spill. Plan should include contact lists and corrective action/preventative action procedures
- **Joint Operation Center (JOC):** The JOC is a dedicated 24/7 response dispatcher for emergency incidents, initiating WMD protocols for emergencies,

and in the event of spills or releases, notify the EM or designated EM. The JOC is responsible for logging the incident, providing necessary information to the EM or EM's office, and provide additional notification(s) as required.

- **Preventative Corrective Action Request (PCAR):** A request initiated by the site supervisor or manager to identify and track the root cause of the spill or release and to develop the appropriate corrective or preventative actions to prevent a similar event from occurring.
- **Spill or Release:** Any material that unintentionally is released from a container either by accident or deliberately that if left uncontrolled may cause significant damage or harm to the environment or to personnel.
- **Spill Report:** A written or electronic entry of the information relevant to the spill or release that is submitted to the WMD's Environmental Office. This spill report must be completed and submitted to the WMD's Environmental Office within 24 hours of the spill or release being discovered or occurring.

4. **RESPONSIBILITY (Refer to the WMD spill flow chart)**

4.1: The person(s) first discovering or noticing the spill or release is responsible for doing the following in order to prevent further damage:

4.1.1: Protect yourself and others in the immediate area from further harm or danger

4.1.2: If this is a need for emergency services or there is a need for medical services, call 911 immediately

4.1.3: If necessary, evacuate personnel to a safe area

4.1.4: Gather as much information about the spill or release as possible.

Questions to consider are:

- Do you know what the material is that was spilled or released?
- Are you able to control, contain, or provide clean-up for this material?
- Do you know how much (approximately) of materials spilled?
- What type of surface was the material spilled on? (asphalt, dirt, water, etc.)
- Has the spilled materials reached any water (drains, ditches, streams, etc.)?
- What is the closest landmark to the spill (street, building, etc.)?
- Has emergency services (911) been initiated? If so how long ago?
- Are there any other resources that are necessary?

4.1.5: Call the JOC immediately to report the spill or release. Provide as much detail on the spill or release as possible. Be prepared to answer additional information is the dispatcher asks

4.1.6: Notify your supervisor of the spill or release.

4.1.7: If trained or properly equipped begin the clean up the spill or release

4.1.8: If you were involved or responsible for the spill or release, complete the **Spill Report Form** (or electronic version). If you discovered the spill then notify the WMD's environmental office in order to complete the spill report form.

4.1.9: Follow any instructions given to you by the Emergency Coordinator

4.2: Spills or releases that occurs during transit or convoys

4.2.1: Protect yourself and others in the immediate area from further harm or danger

4.2.2: Pull off the roadway to a safe area

4.2.3: Call 911 and report the spill or release. If the spill or release is an emergency or injuries are involved report this to the 911 dispatcher. Be prepared and follow the instructions given to you by the 911 dispatcher

4.2.4: Notify (call) the JOC and report the incident. Give as much detail as you have available to the JOC dispatcher

4.2.5: Notify your supervisor of the incident as soon as possible so that they can initiate and submit the **Spill Report Form**

4.3: Discoveries, unknown substances, or illicit discharges intentionally dumped or released into equipment (such as oil-water separators, drains, wells, etc.)

4.3.1: Protect yourself and others in the immediate area from further harm or danger

4.3.2: Call 911 and report the spill or release. If the spill or release is an emergency or injuries are involved report this to the 911 dispatcher. Be prepared and follow the instructions given to you by the 911 dispatcher

4.3.3: Gather as much information as you possibly can on the spill or release. Questions to consider are:

- Do you know what the material is that was spilled or released?
- Are you able to control, contain, or provide clean-up for this material?
- Do you know how much (approximately) of materials spilled?
- What type of surface was the material spilled on? (asphalt, dirt, water, etc.)
- Has the spilled materials reached any water (drains, ditches, streams, etc.)?
- What is the closest landmark to the spill (street, building, etc.)?
- Has emergency services (911) been initiated? If so how long ago?
- Are there any other resources that are necessary?

4.3.4: Notify (call) the JOC and report the incident. Provide as much detail as possible. Be prepared to answer additional questions if needed.

4.3.5: Coordinate with the WMD's Environmental Office to help complete the **Spill Report Form**

4.3.6: Follow the instructions given to you from the Emergency Coordinator

4.4: Responsibilities of the Defense Spill Team

4.4.1: Be prepared to conduct and start clean-up duties when notified (activated) by the Emergency Coordinator

4.4.2: Follow the approved clean-up procedures to meet health and safety requirements

4.4.3: Dispose of spilled or released materials in accordance with applicable laws and regulations

4.4.4: Follow any additional instructions given to you by the Environmental Coordinator

4.5: Supervisors Responsibilities

4.5.1: Identify and attend to any injured personnel. Verify that 911 has been called.

4.5.2: Verify the JOC has been notified (called)

4.5.3: Verify the WMD Environmental Office has been notified (called)

4.5.4: Verify appropriate controls, containment, and clean-up measures have been taken and are appropriate. Report to the WMD Environmental Section when they are completed.

4.5.5: Verify the **Spill Report Form** (or electronic version) has been completed for any spill or release within 24 hours.

4.5.6: Follow any additional instructions provided by the Environmental Coordinator

4.5.7: If required, complete a PCAR and submit to the WMD Environmental Office within 10 calendar days of any spill or release

4.6: JOC Responsibilities

4.6.1: Log incident event into daily journal and notify WMD Environmental Office

4.6.2: If spill or release is uncontrollable, verify that 911 has been called.

4.6.3: Determine if personnel at the site of spill or release are trained and equipped to handle the spill or release

4.6.4: Determine what other actions have been taken

4.6.5: Notify the WMD's Environmental Program Manager or designee of the incident. If unable to reach either person, the JOC should follow their written guidelines and notify the Emergency Management Division (EMD) and the Department of Ecology

4.6.6: Remind personnel calling to report the spill or release that they are to complete a **Spill Report Form** (or electronic version) within 24 hours

4.6.7: Ensure the WMD Environmental Office has been made aware of the incident and has the needed information

4.7: The Emergency Coordinator's responsibilities

4.7.1: Upon notification from the JOC or from the unit, a representative from the environmental office, who is trained as an Emergency Coordinator and has been appointed by the TAG, will investigate the spill and report the findings.

4.7.2: If the spill or release occurs on public roads or on other property where First Responders are on-scene, the Emergency Coordinator will secure a copy of the response report and document the information on the WMD's **Spill Response Form** (or electronic version).

4.7.3: If the spill or release involved an unknown substance or material, the Emergency Coordinator will follow the standard protocols for identifying the material or waste determination

4.7.4: Determine whether the spill or release can be cleaned with WMD internal resources or if an outside contractor is required.

4.7.5: If necessary, activate the Defense Spill Team to assist in the clean-up

4.7.6: Verify actions taken to handle the clean-up materials and waste are properly controlled and disposed of

4.7.7: Follows up with the **Spill Report Form** (or electronic version) to ensure it has been filed and completed within the 24-hour time limit

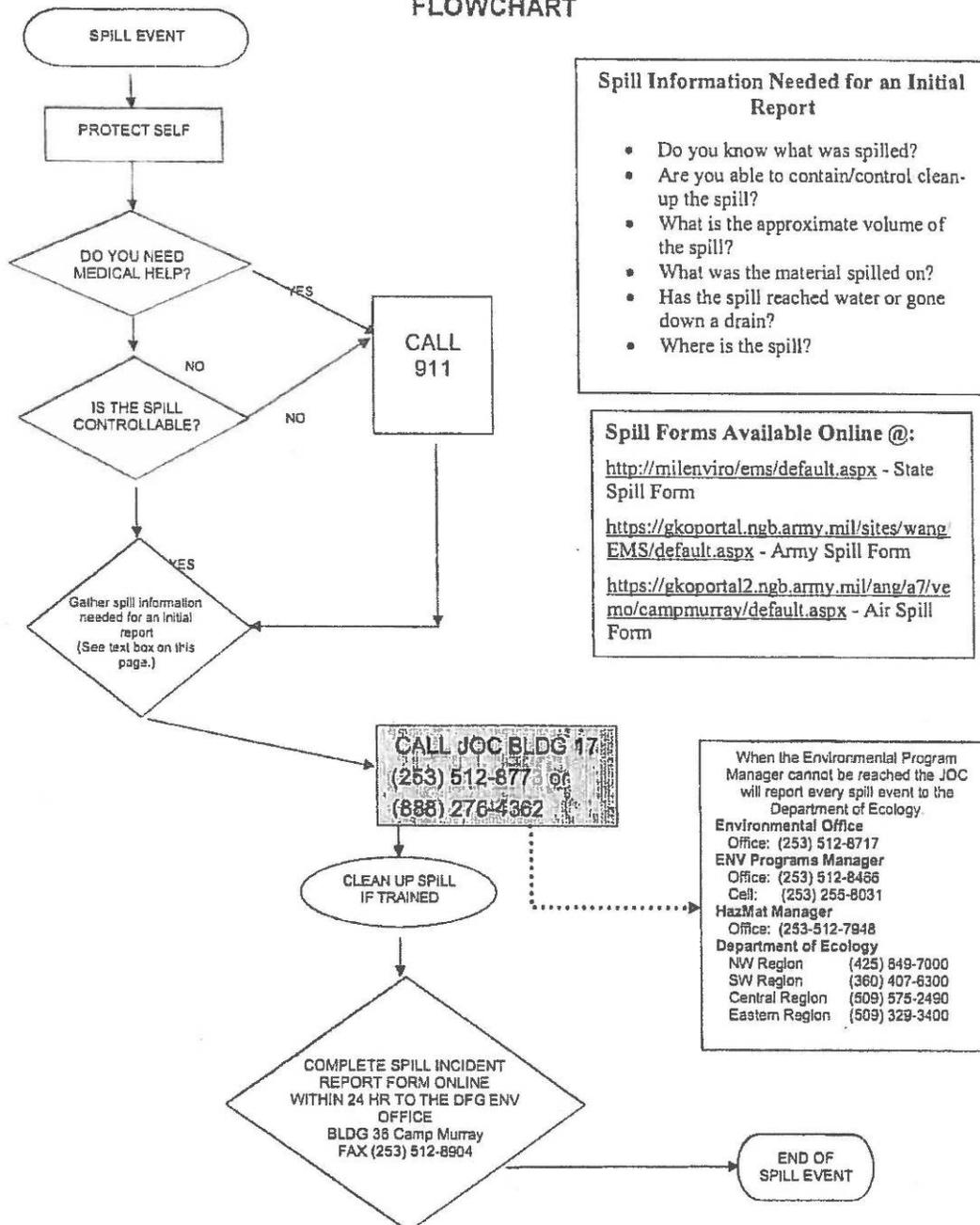
4.7.8: If required, ensures the PCAR has been completed and has been submitted within the 10-day time limit

4.7.9: Submit a written report to the Department of Ecology within 15-days after the incident was first reported. Refer to Appendix C: Ecology Spill Information

4.7.10: Follow up on the Corrective Action Log and ensure the information has been entered into the WEBCASS directory (if needed). Validate the Root Cause.

Appendix A Emergency Response Notification and Spill Response Flowchart

EMERGENCY RESPONSE NOTIFICATION AND SPILL RESPONSE FLOWCHART



Spill Information Needed for an Initial Report

- Do you know what was spilled?
- Are you able to contain/control clean-up the spill?
- What is the approximate volume of the spill?
- What was the material spilled on?
- Has the spill reached water or gone down a drain?
- Where is the spill?

Spill Forms Available Online @:

<http://milenviro/ems/default.aspx> - State Spill Form
<https://gkoportal.ngb.army.mil/sites/wang/EMS/default.aspx> - Army Spill Form
<https://gkoportal2.ngb.army.mil/ang/a7/ve/mo/campmurray/default.aspx> - Air Spill Form

When the Environmental Program Manager cannot be reached the JOC will report every spill event to the Department of Ecology.
Environmental Office
 Office: (253) 512-8717
ENV Programs Manager
 Office: (253) 512-8456
 Cell: (253) 255-8031
HazMat Manager
 Office: (253-512-7948
Department of Ecology
 NW Region (425) 849-7000
 SW Region (360) 407-6300
 Central Region (509) 575-2490
 Eastern Region (509) 329-3400

Appendix B: Spill Incident Report
Note: Available on line at the Agency's GKO Environmental Site

SPILL INCIDENT REPORT

Submit spill report to the Environmental Office after initial cleanup has been completed and within 24 hours. Contact information is at the end of this form.

1. FACILITY NAME: _____
ADDRESS: _____
CITY or TOWN: _____
NEAREST HIGHWAY or INTERSECTION: _____
2. DATE AND TIME OF INCIDENT: _____
3. NAME AND TEL. NUMBER OF ON-SCENE CONTACT: _____
4. SEVERITY OF THE INCIDENT: Spill Fire Explosion Other _____
 - a. Name or Type of Spilled Material: _____
 - b. Total Amount Spilled (lbs, gal): _____
 - c. Amount Recovered (lbs, gal): _____
 - d. Fate of Recovered Materials (i.e., oil, water, soil, absorbents): _____ Facility Evacuated Injuries: _____ Spill Team Activated Photos
5. SIGNIFICANT AREAS AFFECTED BY THE SPILL: (Indicate location of any of the following affected areas, and estimate amount spilled in or on each area). Affected Area (sq ft): _____

<input type="checkbox"/> Building Area	<input type="checkbox"/> Surface Water
<input type="checkbox"/> Floor Drains	<input type="checkbox"/> Storm Drains
<input type="checkbox"/> Drainage Ditches	<input type="checkbox"/> Soil or Gravel Surfaces

SPECIFICS
6. LOCAL TERRAIN CONDITIONS: (Check off most appropriate description).
 Flat: (no significant slope) Somewhat Flat: (1-5% slope) Gently Rolling: (5-10% slope)
 Sharply Rolling: (10-20% slope) Steep: (>20% slope)
7. WEATHER CONDITIONS: (Check off most appropriate condition).
 Dry Fog or Drizzle Rain Snow Other
8. CAUSE AND SOURCE OF INCIDENT: (Check off most appropriate choice and give a brief description of the problem): _____

 Equipment Failure Accident Human Error Other

9. **OFFICES NOTIFIED:** (Check-off the offices that were notified and the name of the person who took the report over the telephone).

- | | |
|--|---------------------------------|
| <input type="checkbox"/> WAARNG CFMO ENV Office | <input type="checkbox"/> WA DOE |
| <input type="checkbox"/> Emergency Operations Center | <input type="checkbox"/> JOC |
| <input type="checkbox"/> National Response Center | <input type="checkbox"/> Other |

Name: _____
Org: _____
Position: _____
Phone: _____

Name: _____
Org: _____
Position: _____
Phone: _____

10. **FUTURE PREVENTION:** (Note any equipment repairs or other measures taken to prevent reoccurrence):

Submit this form to the Environmental Office within 24 hours.

Phone: (253) 512-8717 (call for an email address)
Fax: (253) 512-8904

Submit in person at Building 36 on Camp Murray.

Or complete the form online at:

For personnel with access to GKO:

https://states.gkoportal.ng.mil/states/WA/army/NGWA_FMO/NGWA_FMO_ENV/Lists/Spill%20Reporting%20Log/AllItems.aspx

Appendix C: Department of Ecology Report Information

This information is required to be submitted to the Washington State Department of Ecology for any spills or releases:

- A. Name, Address, and Phone Number of the owner or operator involved in the incident
- B. Name, Address, and Phone Number of the facility or installation involved in the incident
- C. Date and Time of the incident
- D. Type of incident (Fire, Explosion, Accident, etc.)
- E. Name of chemical or material spilled or released
- F. Quantity of chemical or material spilled or released (approximate amount)
- G. Any injuries (specify type and extent, if known)
- H. An assessment of actual hazards or dangers to human health or to the environment
- I. An assessment of potential hazards or dangers to human health or to the environment
- J. Estimated quantity & disposition of recovered materials (wastes) generated from the incident
- K. Cause of the incident
- L. Any corrective or preventive actions taken or recommended

Information should be submitted within 15-days and addressed to:

Spills Program Manager (Attention: Dale Jensen)
Department of Ecology
P.O. Box 47775
Olympia, WA 98504-775

To Be Filled by Applicant – please print or type			For Official Use Only	
Owner Builder: Yes or No		Jobsite Address (Location):		Building Permit #:
Applicant/Property Owner's Name:			Permit #	Permit #
Applicant/Property Owner's Address:			Permit Issuance Date:	
City:	State:	Zip:	Date Approved:	
Phone:	Cell:	Email:	Occupancy Type:	
Architect/Engineer:			Construction Type:	
Architect/Engineer Address:			Planning/Zoning Approval:	
City:	State:	Zip:	Planner's Signature:	
Phone:	Cell:	Email:	Parcel Number:	
Contractor or Builder:			Zoning:	Floodplain Yes or No
Contractor or Builder's Address:			Building Setbacks From Property Lines	
City:	State:	Zip:	Front:	Rear:
Phone:	Cell:	Email:	Side 1:	Side 2:
Valuation of work: \$	State License #:	License Expiration Date:	Corner or Side Street:	
Existing Use of Parcel			Intended Use of Parcel	
<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial	<input type="checkbox"/> Remodel	<input type="checkbox"/> Addition	
<input type="checkbox"/> Single Family	<input type="checkbox"/> Industrial	<input type="checkbox"/> New Residence	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Duplex	<input type="checkbox"/> Other	<input type="checkbox"/> Duplex	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Twinhome/Townhomes		<input type="checkbox"/> Multiple Units	<input type="checkbox"/> Other	
<input type="checkbox"/> Multiple Units		<input type="checkbox"/> Twinhome/Townhome		
Project Description:				
Building Data	Property Size (acre or sq ft)	Fire Sprinkler System: Yes or No	Hazardous Material: Yes or No	
Building (sq ft)	Garage (sq ft)	1 st Floor (sq ft)	2 nd Floor (sq ft)	
Porch Area (sq ft)	Deck Area (sq ft)	Basement: Yes or No	Accessory Building/Detached Shed: Yes or No	
Height of Building (ft)	# of Stories	Heating System Type:	Septic System: Yes or No	
# Bedrooms	# Bathrooms	# Plumbing Fixtures	# of Fireplaces or Woodstoves	
<p>Note: Washington State Law requires that the City prior to permit issuance verify contractor registration. Verification will be either the original contractor card presented at permit application or a notarized copy of the contractor card.</p> <p>Please read carefully: I agree to comply with all City, County, State Building Laws and Ordinances, and that the representations in this application for a building permit are true and accurate, and any misrepresentations or errors herein are the sole responsibility of the applicant, and shall in no way incur or accrue liability or obligation to enforcing officers or agents. This permit becomes null and void if work on construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. A building inspection is required to verify construction has not been abandoned. I have established setbacks from property lines and will take all responsibility for setting the building to meet all code requirements. I have inspected all site improvements and found them to meet City Standards and agree to repair any future damage up to receipt of certificate of occupancy. I am an authorized person for the above name applicant and I have read and agreed to these conditions.</p>				
Applicant's Signature			Date:	

*ADDENDUM NO. 1
Centralia Readiness Center
Roof Replacement*

*August 23, 2016
Page 18 of 22*

August 22, 2016

Pravat Sripranaratanakul
Wetherholt & Associates, Inc.
P.O.Box 816
Kirkland, WA 98083



INDUSTRIAL
HYGIENE
SERVICES

Laboratory | Management | Training

RE: Bulk Asbestos Fiber Analysis; NVL Batch # 1617092.00

Client Project: 1506-09C1
Location: Centralia Readiness Center

Dear Mr. Sripranaratanakul,

Enclosed please find test results for the 1 sample(s) submitted to our laboratory for analysis on 8/22/2016.

Examination of these samples was conducted for the presence of identifiable asbestos fibers using polarized light microscopy (PLM) with dispersion staining in accordance with both EPA 600/M4-82-020, Interim Method for the Determination of Asbestos in Bulk Insulation Samples and EPA 600/R-93/116 Method for the Determination of Asbestos in Bulk Building Materials.

For samples containing more than one separable layer of materials, the report will include findings for each layer (labeled Layer 1 and Layer 2, etc. for each individual layer). The asbestos concentration in the sample is determined by calibrated visual estimation.

For those samples with asbestos concentrations between 1 and 10 percent based on visual estimation, the EPA recommends a procedure known as point counting (NESHAPS, 40 CFR Part 61). Point counting is a statistically more accurate means of quantification for samples with low concentrations of asbestos.

The detection limit for the calibrated visual estimation is <1%, 400 point counts is 0.25% and 1000 point counts is 0.1%

Samples are archived for two weeks following analysis. Samples that are not retrieved by the client are discarded after two weeks.

Thank you for using our laboratory services. Please do not hesitate to call if there is anything further we can assist you with.

Sincerely,

A handwritten signature in cursive script that reads 'Lori Tseng'.

Lori Tseng, PLM Analyst

NVL Laboratories, Inc.

4708 Aurora Ave N, Seattle, WA 98103
 p 206.547.0100 | f 206.634.1936 | www.nvllabs.com



Bulk Asbestos Fibers Analysis

By Polarized Light Microscopy

Client: Wetherholt & Associates, Inc.
 Address: P.O.Box 816
 Kirkland, WA 98083

Batch #: 1617092.00

Client Project #: 1506-09C1

Date Received: 8/22/2016

Samples Received: 1

Samples Analyzed: 1

Method: EPA/600/R-93/116

& EPA/600/M4-82-020

Attention: Mr. Pravat Sripranaratanakul
 Project Location: Centralia Readiness Center

Lab ID: 16256747 Client Sample #: 1

Location: Centralia Readiness Center

Layer 1 of 3	Description: Silver paint	Non-Fibrous Materials: Metallic paint	Other Fibrous Materials:% Polyethylene fibers 3%	Asbestos Type: % None Detected ND
Layer 2 of 3	Description: Black asphaltic fibrous material	Non-Fibrous Materials: Asphalt/Binder	Other Fibrous Materials:% Glass fibers 45%	Asbestos Type: % None Detected ND
Layer 3 of 3	Description: Black asphaltic fibrous built-up material with granules and wood flakes	Non-Fibrous Materials: Asphalt/Binder, Granules, Wood flakes	Other Fibrous Materials:% Glass fibers 37%	Asbestos Type: % None Detected ND

Sampled by: Client
Analyzed by: Nadezhda Prysyzhnyuk **Date:** 08/22/2016
Reviewed by: Lori Tseng **Date:** 08/22/2016 *Lori Tseng*
 Lori Tseng, PLM Analyst

Note: If samples are not homogeneous, then subsamples of the components were analyzed separately. All bulk samples are analyzed using both EPA 600/R-93/116 and 600/M4-82-020 Methods with the following measurement uncertainties for the reported % Asbestos (1%=0-3%, 5%=1-9%, 10%=5-15%, 20%=10-30%, 50%=40-60%). This report relates only to the items tested. If sample was not collected by NVL personnel, then the accuracy of the results is limited by the methodology and acuity of the sample collector. This report shall not be reproduced except in full, without written approval of NVL Laboratories, Inc. It shall not be used to claim product endorsement by NVLAP or any other agency of the US Government

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 4708 Aurora Ave N, Seattle, WA 98103
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ASBESTOS LABORATORY SERVICES



Company Wetherholt & Associates, Inc.	NVL Batch Number 1617092.00
Address P.O.Box 816 Kirkland, WA 98083	TAT 1 Day AH No
Project Manager Mr. Pravat Sripranaratanakul	Rush TAT
Phone (425) 822.8397	Due Date 8/23/2016 Time 8:00 AM
	Email pravat@wetherholt.com
	Fax (425) 822.7595

Project Name/Number: 1506-09C1 **Project Location:** Centralia Readiness Center

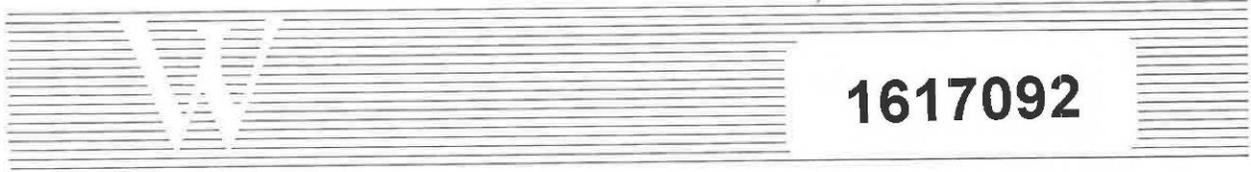
Subcategory PLM Bulk
Item Code ASB-02 EPA 600/R-93-116 Asbestos by PLM <bulk>

Total Number of Samples 1 **Rush Samples**

Lab ID	Sample ID	Description	A/R
1	16256747	1	A

	Print Name	Signature	Company	Date	Time
Sampled by	Client				
Relinquished by	Drop Box				
Office Use Only	Print Name	Signature	Company	Date	Time
Received by	Fatima Khan		NVL	8/22/16	800
Analyzed by	Nadezhda		NVL	8/22/16	
Results Called by					
<input type="checkbox"/> Faxed <input type="checkbox"/> Emailed					
Special Instructions:					

Date: 8/22/2016
 Time: 10:30 AM
 Entered By: Fatima Khan



W E T H E R H O L T A N D A S S O C I A T E S , I N C .

**Chain of Custody
 Asbestos Testing Sample Log**

Date: August 19, 2016

Lab Name: NVL

Job Name: Centralia Readiness Center

Job Number: 1506-09C1

Project Engineer: Pravat Sripranaratanakul

Total test samples: 1 Turn around time: 24 hr 5 days 6-10 days

Condition of sample package: Good Damaged(no spillage) Other (spillage)

Sequence #	Lab ID:	Sample Number:	Comments:
1		1	Low Slope Roof

Special request or instructions: Stop at first positive.

Notes: Centralia Readiness Center

	Print Name	Signature	Date	Time
Sampled by:	George Hopkins		08/18/16	11:30 pm
Relinquished by:	George Hopkins		08/19/16	12:15 pm
Received by	<i>[Signature]</i>	<i>[Signature]</i>	8/22/16	8:00 AM
Analyzed by				
Results faxed/sent by				



W E T H E R H O L T A N D A S S O C I A T E S , I N C .

LETTER OF TRANSMITTAL

FROM: WETHERHOLT AND ASSOCIATES, INC.
13104 N.E. 85th Street
P.O. Box 816
Kirkland, Washington 98083

Date: August 19, 2016

Attn: Nick Ly
NVL Laboratories, Inc.
4708 Aurora Avenue North
Seattle, WA 98103

Re: Centralia Readiness Center
Roofing Sample for Asbestos Testing

WE ARE SENDING YOU THE ATTACHED (SEE BELOW)

Date	Number	Description
August 19, 2015	1	Roof Samples

Please provide asbestos testing of the enclosed roofing membrane samples. We would like a 1 day turn around time if possible.

Signed 
Pravat Sripranaratanakul, Field Engineer

cc: File

PRE-BID CONFERENCE

PROJECT TITLE: FMS Paving /Wellhead Protection

PROJECT NO: 2015-651

LOCATION: Centralia Readiness Center

TIME: 10:00 AM

DATE: August 18, 2016

ATTENDEES

NAME	COMPANY	PHONE	E-mail
Ron Cross	Military Dept	253-512-8404	ron.cross@mil.wa.gov

MAT SPEIGHTS / AGR	206 432-5041	American GUARANTEES ROOFING & CONSTRUCTION
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Fred Hammond	253-445-9500	fredh@architecturalSheetMetal.com
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Jack Russum	253-565-4500	rcmyman2005@yahoo.com
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Ryan Paxton	206-502-5794	ryan.paxton@calislo.com
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Steve Silcock / CARLISLE	425 220-1190	steve@harperwin.com
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George Hopkins	206 715 9146	jch@webtech.com
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