



Bulk Asbestos Analysis

(EPA Method 600/R-93-116, Visual Area Estimation)

Residential Client - Las Vegas
Paul Harber
4615 N. Lamb Blvd.

Las Vegas, NV 89115

Client ID: RV1000
Report Number: B103875
Date Received: 09/14/07
Date Analyzed: 09/14/07
Date Printed: 09/14/07
First Reported: 09/14/07

Job ID/Site: Maintenance Bldg. - Wyoming

FASI Job ID: RV1000-20

Date(s) Collected:

Total Samples Submitted: 3

Total Samples Analyzed: 3

Sample ID	Lab Number	Asbestos Type	Percent in Layer	Asbestos Type	Percent in Layer	Asbestos Type	Percent in Layer
1	10680630						
		Layer: Yellow Fibrous Material			ND		
		Layer: Foil			ND		
		Total Composite Values of Fibrous Components:		Asbestos (ND)			
		Cellulose (Trace) Fibrous Glass (90 %)					
2	10680631						
		Layer: Red-Brown Cementitious Material			ND		
		Total Composite Values of Fibrous Components:		Asbestos (ND)			
		Cellulose (Trace)					
3	10680632						
		Layer: Grey Cementitious Material			ND		
		Layer: Paint			ND		
		Total Composite Values of Fibrous Components:		Asbestos (ND)			
		Cellulose (Trace)					

James Flores, Laboratory Supervisor, Hayward Laboratory

Note: Limit of Quantification ('LOQ') = 1%. 'Trace' denotes the presence of asbestos below the LOQ. 'ND' = 'None Detected'.

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* Please Charge attached Visa upon receipt.

Forensic Analytical Analysis Request Form

Client Name & Address <u>Paul Harbor</u> <u>4615 N. LAMS BLVD.</u> <u>LAS VEGAS, NEVADA 89115</u>		Client ID#: <u>RVI000-20</u>	P.O. #:	Date: <u>9/13/07</u>
Contact: <u>Paul</u>		Turn Around Time: <u>standard</u> hr / 12hr / 24hr / 48 hr / ext: _____		
Phone #: <u>702.525.7990</u>		Due Date: ____/____/____ Due Time: ____:____ am/pm		
Fax#: <u>702.644.0678</u>		PLM: <input checked="" type="checkbox"/> Standard / <input type="checkbox"/> Point Count <input type="checkbox"/> PCM: NIOSH 7400		
Site: <u>Wyoming</u>		<input type="checkbox"/> TEM Air: <input type="checkbox"/> AHERA / <input type="checkbox"/> Yamate2 / <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> TEM Bulk: <input type="checkbox"/> Quantitative / <input type="checkbox"/> Qualitative / <input type="checkbox"/> Chatfield <input type="checkbox"/> TEM Water: <input type="checkbox"/> Potable / <input type="checkbox"/> Non-Potable / <input type="checkbox"/> Wt % <input type="checkbox"/> TEM Microvac		
Job: <u>MAINTENANCE BLDG.</u>		<input type="checkbox"/> Special Project:		
Comments: <u>Please E-MAIL results — Pharber@harberINV.COM</u>		<input type="checkbox"/> Metals Analysis: Method _____		
		Matrix: _____		
		Analytes: _____		

Sample ID	Date/Time	Sample Location/Description	FOR AIR SAMPLES ONLY				Sample Area or Air Volume
			Type	Time On/Off	Avg. LPM	Total Time	
①		Heater INSULATION	A P C				
②		Down Spout	A P C				
③		WALLS in office	A P C				
			A P C				
			A P C				
			A P C				
			A P C				
			A P C				
			A P C				
			A P C				
			A P C				

Sampled by: <u>Paul Harbor</u>		Date: <u>9/13/07</u> Time: <u>3:00 P.M.</u>	
Shipped via: <input type="checkbox"/> Fed Ex <input type="checkbox"/> Airborne <input type="checkbox"/> UPS <input type="checkbox"/> US Mail <input type="checkbox"/> Courier <input checked="" type="checkbox"/> Drop Off <input type="checkbox"/> Other:			
Relinquished by: <u>Paul Harbor</u>	Relinquished by: <u>Harber</u>	Relinquished by: _____	
Date / Time: <u>9/13/07 1:30 PM</u>	Date / Time: <u>9/13/07 1330</u>	Date / Time: _____	
Received by: <u>Harber</u>	Received by: <u>Harber</u>	Received by: _____	
Date / Time: <u>9/13/07 1330</u>	Date / Time: <u>9/13/07 1330</u>	Date / Time: _____	
Condition Acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Condition Acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	

RECEIVED SEP 14 2007

Corporate office:

Forensic Analytical

**3777 Depot Road #409
Hayward, CA 94545-2761
Phone #510-887-8828**

Send payments to:

Forensic Analytical Laboratories Inc
PO Box 49146
San Jose, CA 95161-9146
Federal tax id #20-5804861

Invoice 2001983**Invoice Date 09/18/07****Customer # RV1000**

For questions, email ar@forensica.com or call Accounts Receivable at 510-266-8193

Bill To: Residential Client - Las Vegas
Attention: Paul Harber
4615 N. Lamb Blvd.
Las Vegas, NV 89115

Report To: Residential Client - Las Vegas
Attn: Paul Harber
4615 N. Lamb Blvd.
Las Vegas, NV 89115

Tel: 702/525-7990

RV1000-20		PREPAID	Net 15 Days			
09/14/07	PLM/Bulk Sample 24 Hour	HB103875	3.00	Each	50.00	150.00
	Received date 09/14/07 Report date 09/14/07					
09/17/07	Prepaid Visa CV014694		-1.00		150.00	-150.00

Please reference Invoice 2001983 and customer # RV1000 on your payment. Thank you.

Past due balances are subject to late charges of up to 1.5% per month

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