

INVESTIGATION SAMPLING STATEMENT OF WORK

The Lincoln County Asbestos Resource Program (ARP) has determined that investigation sampling of your property is necessary to determine whether Libby Amphibole Asbestos (LA) is present at a level that would warrant Superfund abatement actions. This Statement of Work (SOW) was developed in accordance to the Montana Department of Environmental Quality (DEQ) *Operations and Maintenance Manual* and DEQ's *Operations and Maintenance Sampling Guidance*.

Date:	9/5/2023	Person Completing Form:	Elzhon Anderson
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PROPERTY INFORMATION			
Owner Name:	Kathy Majors		
Address:	39265 US HIGHWAY 2 Libby, MT 59923		
Email:	majorskathy@yahoo.com		
AD Number:	AD-004939	Phone:	602-628-3525
Geounit:	2966	BD Number:	BD-039265
		Type of Property:	Residential
Secondary contact:	NA	Relation to property:	NA
Email:	NA	Phone:	NA

INVESTIGATION SAMPLING PERSONNEL

It is the responsibility of the third-party¹ performing investigation sampling to coordinate oversight with ARP.

Person to Perform Sampling:	TBD	Homeowner or Contractor?	Contractor
Estimated Sample Collection Date:	9/12/2023		
ARP Personnel to Perform Oversight:	Elzhon Anderson		
ARP Contact Information (email/phone):	elanderson@ilbby.org 406-283-2462		
¹ Third party can be property owner and/or contractor.			

SAMPLE COLLECTION

Sample collection activities will be performed in accordance with this SOW, with oversight from ARP. The samples to be collected are identified in the table below; the associated chain of custody (COC) form with the corresponding sample identifications (IDs) is attached. The COC forms specifies the appropriate sample methods, sample IDs, and laboratory information (i.e., where to send the samples). If there are any deviations, please document on the COC form. When ready to ship, complete the sample collection date and time, sign and date to relinquish the samples, and enclose the COC in a plastic zipper-top bag and place in the shipping container.

Select the types of investigation samples that will be collected to characterize the property.					
Exterior Sampling	Building Materials <input type="checkbox"/>	Soils <input checked="" type="checkbox"/>	Interior Sampling	Building Materials <input type="checkbox"/>	Soils <input type="checkbox"/>
Drawing(s) with sample locations attached:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If YES, attach the signed <i>Consent to Access</i> form. If NO, the sampling activities are not eligible for reimbursement.		
Has property owner provided ARP with a Consent to Access?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If YES, identify applicable BMPs:		
Has ARP provided information on BMPs?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If YES, provide date of training:		
Has third-party received appropriate training from ARP on the sampling requirements, COC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			

protocols, and DEQ's O&M Sampling Guidance?		
Is a third-party insurance company involved?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If YES, provide contact information to be eligible for reimbursement:

ARP Notes:					
SAMPLE ID	MEDIA TYPE	SAMPLE GROUP	SAMPLE TYPE	LOCATION DESCRIPTION	NOTES:
AD006484-A	Soil	SUA	Composite	Verge	Collect one (1) composite of 30 subsamples
AD006484-B	Soil	SUA	Composite	Driveway	Collect one (1) composite of 30 subsamples
AD006484-C	Soil	CUA	Composite	Yard	Collect one (1) composite of 30 subsamples
AD006484-D	Soil	SUA	Composite	Garden	Collect one (1) composite of 30 subsamples
AD006484-E	Soil	CUA	Composite	Yard	Collect one (1) composite of 30 subsamples
AD006484-F	Soil	SUA	Composite	Stockpiles	Collect one (1) composite of 30 subsamples
AD006484-G	Soil	CUA	Composite	Yard	Collect one (1) composite of 30 subsamples
AD006484-H	Soil	SUA	Composite	Soil Floor Outbuilding	Collect one (1) composite of 30 subsamples
AD006484-I	Soil	LUA	Composite	Field	Collect one (1) composite of 30 subsamples

Claims for actual costs should be submitted along with receipts upon completion of the work using the *204-Electronic Funds Transfer Sign Up* (attached) and *Substitute Form W-9* (attached). ARP has identified the following eligible sampling costs:

ELIGIBLE SAMPLING COSTS

MATERIALS

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SIGNATURE PAGE – INVESTIGATION SAMPLING

Please confirm that you have read and understand the following terms and conditions by checking the box:

- ☐ **Health & Safety Requirements:** LA is a hazardous substance that can increase the risk of cancer and result in serious non-cancer effects in people who are exposed to inhalation. Therefore, all individuals involved in the collection, packaging, and shipment of samples must comply with and enforce all federal, state, and local safety standards for Contractor's workers and its Subcontractor's workers on the project, protecting and indemnifying DEQ/ARP and its representatives from all claims, suits, damages or liabilities from all accidents or safety violations.
- ☐ **Not Liable for Damages:** The property owner shall indemnify and hold harmless the DEQ/ARP and the DEQ/ARP's officers and employees from all actions or claims brought because of injuries or damages to persons or property caused by any contractor hired by the property owner(s).
- ☐ **Reimbursement Disclaimer:** Payment is made for the actual quantities of work performed and accepted and/or the actual quantity of materials used and accepted under the approved SOW. Payment of work quantities that vary from the estimate quantities will be paid at the accepted unit costs. No consideration will be given to, and no payment will be made, for any claims for additional compensation outside of the approved SOW.
- If a contractor is performing the investigation work, please review the terms and conditions below. If a contractor is not being used, select not applicable:
- ☐ **Not Applicable**
- ☐ **Payment to Contractor:** Upon approval and receipt of final documentation, DEQ will issue reimbursement check(s) directly to the property owner. It is the property owner's responsibility to ensure any contractors or subcontractors hired for the work are compensated in accordance with their contract, regardless of the status of DEQ reimbursement.
- ☐ **Licensing and Bonding for Contractor(s):** Property owner must ensure contractors are registered, insured, and bonded. Registration can be verified through the Montana's Department of Labor and Industry's website: <http://lerd.dli.mt.gov/work-comp-regulations/montana-contractor>. Make sure your contractor has liability and workers' compensation insurance. A bond, which is an agreement with a third party, may be the only means to get compensation if your contractor fails to do the job or goes bankrupt after you have paid.

If the property owner or resident has questions or concerns, contact the ARP staff at **406-291-5335**.

By signing this form, the property owner acknowledges and understands the work to be performed under this SOW. Work may not commence until authorized by DEQ upon signature approval.

Prepared by:

Elzhan Anderson
Elzhan Anderson
Lincoln County Asbestos Resource Program

Date: 9/8/23

Reviewed and approved by:

E. Anderson for J. Rapp
Jason Rapp
Montana Department of Environmental Quality

Date: 9/8/23

Property Owner:

Kathy Majors
Kathy Majors

Date: 9/10/23

By signing this form, the property owner acknowledges and understands the work to be performed under this SOW. Work may not commence until authorized by DEQ upon signature approval.

Prepared by: *Mike Anderson* Date: *9/8/23*
Elzhon Anderson

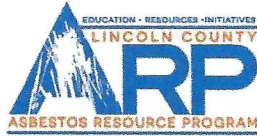
Lincoln County Asbestos Resource Program

Reviewed and approved by: *E. Anderson for J. Rappe* Date: *9/8/23*
Jason Rappe

Montana Department of Environmental Quality

Property Owner: Kathy Majors Date: _____





BID SOLICITATION CHECKLIST FORM

Lincoln County Asbestos Resource Program

503 California Avenue, Libby, MT 59923

Phone: (406)291-5335 • Email: lcarp@libby.org

PROPERTY ADDRESS:	39265 vs Hwy 2 Libby MT 59923
PROPERTY OWNER:	Kathy Majors
CONTACT PHONE:	602-628-2525
E-MAIL:	Majors Kathy @ yahoo.com

***DEQ/LCARP requires solicitation of bids from at least three (3) DEQ approved Asbestos Inspectors for inspection at the above listed property. Please list each inspector that a DEQ-ARP Scope of Work was submitted to and the method by which each was submitted and received.**

ASBESTOS INSPECTOR <i>Hawkeye</i>	METHOD BID SUBMITTED <input checked="" type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In-person	DATE <i>9/8</i>
<input checked="" type="checkbox"/> Bid Received <input type="checkbox"/> No Bid Received	METHOD BID RECEIVED <input checked="" type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In-person	DATE <i>9/13</i>

ASBESTOS INSPECTOR <i>2T environmental</i>	METHOD BID SUBMITTED <input checked="" type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In-person	DATE <i>9/8</i>
<input type="checkbox"/> Bid Received <input type="checkbox"/> No Bid Received	METHOD BID RECEIVED <input checked="" type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In-person	DATE <i>9/8</i>

ASBESTOS INSPECTOR	METHOD BID SUBMITTED <input checked="" type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In-person	DATE <i>9/8</i>
<input checked="" type="checkbox"/> Bid Received <input type="checkbox"/> No Bid Received	METHOD BID RECEIVED <input checked="" type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In-person	DATE <i>9/11</i>

***PLEASE COMPLETE AND RETURN THIS FORM with attached bids or other bid communications. For any bid or refusal received by email, please forward the response email to lcarp@libby.org with the property address for the proposed abatement listed in the subject line. These communications will be confidential and placed in the LCARP property information database for that property address.**

Property Owner Signature: unable to sign E. Anderson LCARP for Kathy Majors

Date: 9/14/23



ASBESTOS INSPECTION / CONSULTING

QUOTE

DATE **9-13-23**

Property Owner	Bill To
Customer Kathy Majors	Name Hawkeye Inspections
Address 39265 US HWY 2 Libby MT	Address 1105 Nevada Ave, Libby MT
Phone 602-628-3525	Phone 602-380-7866
Payment Due	Notes
Payment Terms Cash or check	

Qty.	Description	Unit Price	Line total
9	Soil Samples (30 sub samples per)		500.00
1	Estimated shipping weight 30- 40 pounds		
	Estimated cost		75.00
		Subtotal	
		Total	575.00

Tim Harcourt

602-380-7866 | tim.harcourt.cc@gmail.com

1105 Nevada Avenue | Libby, MT 59923 | Asbestos Building Inspector MT #6067

ZT Environmental LLC

317 California Ave
Libby, MT 59923

Estimate

Date	Estimate #
9/7/2023	2023-154

Name / Address
Kathy Majors 39265 US Highway Libby, MT 59923

			Project
Description	Qty	Rate	Total
Scope of Work			
Field Sampling at			
39265 US Hwy 2			
Field Sampling	9	85.00	765.00
Prep samples and shipment to lab	1	200.00	200.00
Contractor can start within 3 days of SOW being awarded			
		Total	\$965.00

KIRBY ENVIRONMENTAL
101 Canyon Vw
Columbia Falls, MT 59912 US
406-250-6902
judy@kirbyenvironmental.com
kirbyenvironmental.com

Estimate



ADDRESS

Elzhon Anderson
Lincoln County Asbestos Resource
Program (ARP)
Operations Manager Program
Lincoln County
503 California Avenue
Libby, MT 59923

ESTIMATE #	DATE	EXPIRATION DATE
1586	09/11/2023	10/11/2023

P.O. NUMBER

JOB

39265 US Highway 2 libby

ACTIVITY	QTY	RATE	AMOUNT
Soil Sampling Soil survey and sampling for asbestos	9	305.00	2,745.00

TOTAL

\$2,745.00

Accepted By

Accepted Date