

June 15, 2017

STATEMENT #2017-5

**Rayco Excavating Inc.**

**770 Brookline Ave.**

**St. Paul, MN 55119**

**Job: House Demolition**

**1530 Charles Av.**

**St. Paul, MN**

**For: City of St. Paul**

**375 Jackson St.**

**St. Paul, MN 55101**

<b>Demolition</b>	<b>\$ 14,895.00</b>
<b>Water bill</b>	<b>\$ 320.63</b>
<b>Total</b>	<b>\$ 15,215.63</b>



Created Date/Time: 5/22/2017 3:19:10 PM

Customer Number: 015988

Account Number: 0067900

Service Address: 1530 CHARLES AVE

Mailing Address:

US BANK TRUSTEE

1661 WORTHINGTON RD ##100

WEST PALM FL 33409-6493

Transaction Date	Transaction	Transaction Amount	Balance
5/22/2017	Payment - Infinity.Link	(\$320.63)	\$0.00
5/5/2017	Manual Billing Due: 5/20/2017	\$37.29	\$320.63
5/4/2017	Lost or Stolen Meter 5/8 inch	\$283.34	\$283.34
3/2/2017	Payment - Remittance Processor	(\$37.29)	\$0.00
2/10/2017	Cycle Billing Due: 2/25/2017	\$37.29	\$37.29



# BUILDING PERMIT

**PERMIT #: 20 17 014188**  
**ISSUED DATE: 03/07/2017**

**JOB SITE ADDRESS:**

1530 CHARLES AVE

**CONTRACTOR:**

RAYCO EXCAVATING INC  
 PHONE: 612-619-1487

**TYPE OF WORK:**

Demolition - Residential Accessory Structure

**BUILDING INSPECTOR:** Mike B.

PHONE: 651-266-9029

Call between 7:30-9:00 AM Monday - Friday for inspection.

**MINIMUM INSPECTIONS REQUIRED**

1. Erosion control, soil, footings, foundation, and reinforcement as specified.
2. Rough-in for all trades prior to framing inspection.
3. Framing - prior to covering structural members.
4. Insulation and vapor retarder prior to covering.
5. Sheetrock that is part of a fire-resistive or shear assembly.

## INSPECTION APPROVALS

Post this inspection record at the job site until final approval.  
 Approved plans must be retained on the job site.

SEPARATE PERMIT REQUIRED FOR WORK OF EACH TRADE.

Building Inspection: 651-266-9002

An erosion control inspection is required for land disturbances greater than 50 cu. yds.  
 Controls must be installed, inspected and approved prior to beginning excavation.

Soil Erosion Control: Insulation:

Footings: Sheetrock:

Framing: Final:

Rough-in: Electrical Inspection: 651-266-9003

Final:

Rough-in: Mechanical Inspection: 651-266-9004

Final:

Rough-in: Plumbing Inspection: 651-266-9005

Final:

Warm Air/Ventilation Inspection: 651-266-9006

Rough-in: Final:

Rough-in: Elevator Inspection: 651-266-9010

Final:

Rough-in: Fire Inspection: 651-266-8989

Final:



# BUILDING PERMIT

**PERMIT #: 20 17 014185**  
**ISSUED DATE: 03/07/2017**

**JOB SITE ADDRESS:**

1530 CHARLES AVE

**CONTRACTOR:**

RAYCO EXCAVATING INC  
PHONE: 612-619-1487

**TYPE OF WORK:**

Demolition - Residential Demo

**BUILDING INSPECTOR: Mike B.**

PHONE: 651-266-9029

Call between 7:30-9:00 AM Monday - Friday for inspection.

**MINIMUM INSPECTIONS REQUIRED**

1. Erosion control, soil, footings, foundation, and reinforcement as specified.
2. Rough-in for all trades prior to framing inspection.
3. Framing - prior to covering structural members.
4. Insulation and vapor retarder prior to covering.
5. Sheetrock that is part of a fire-resistive or shear assembly.

## INSPECTION APPROVALS

Post this inspection record at the job site until final approval. Approved plans must be retained on the job site.

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Building Inspection: 651-266-9002

An erosion control inspection is required for land disturbances greater than 50 cu. yds. Controls must be installed, inspected and approved prior to beginning excavation.

Soil Erosion Control: Insulation:

Footings: Sheetrock:

Framing: Final:

Rough-in: Electrical Inspection: 651-266-9003

Final:

Rough-in: Mechanical Inspection: 651-266-9004

Final:

Rough-in: Plumbing Inspection: 651-266-9005

Final:

Warm Air/Ventilation Inspection: 651-266-9006

Rough-in: Final:

Elevator Inspection: 651-266-9010

Rough-in: Final:

Fire Inspection: 651-266-8989

Rough-in: Final:



# SKB Rosemount Industrial Waste Facility

File 42669

<b>ASBESTOS Shipping Manifest</b>		1. Generator's US EPA ID No. (if any)		2. Page 1 of _____ page(s)	
3. Generator's Name and Facility Address <i>Boyer Excavating</i>					
4. Generator's Phone				Mailing Address <i>1739 1/2 ...</i>	
5. Transporter 1 Company Name				Fax <i>...</i>	
6. Transporter 2 Company Name Phone:					
7. Designated Facility Name and Site Address SKB Rosemount Industrial Waste Facility 13425 Courthouse Blvd. Rosemount, MN 55068 651-438-1500					
8A. Abatement/Generator Contractor Address <i>3135 ...</i>			8B. Responsible Agency MPCA Address 520 LAFAYETTE ROAD NORTH		
City, State, Zip <i>...</i>			City, State, Zip ST. PAUL, MN 55155		
Operator's Phone No. <i>...</i>			651-296-7997		
9C. U.S. DOT Description (including Proper Shipping Name)					
a. ASBESTOS, 9, NA 2212, III		9. Containers No.	10. Total Quantity	11. Unit Wt/Vol	12. Waste Profile Sheet #
b.					
13. Additional Descriptions for Materials Listed Above (indicate waste stream Approval # below) a. MI b. MI <i>00-0025</i>			14. Special Handling Procedures for Wastes Listed Above		
15. Special Handling Instructions and Additional Information EMERGENCY CONTACT <i>...</i>				SKB Use Only Load # _____ Scale Wt. _____ Tons/Yds. _____	
16. GENERATOR/ABATEMENT CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.					
Printed/Typed Name <i>...</i>		Signature <i>...</i>		Month Day Year <i>10/13/11</i>	
17. Transporter 1 Acknowledged of Receipt of Materials		Signature <i>...</i>		Month Day Year <i>10/13/11</i>	
Printed/Typed Name <i>...</i>		Signature <i>...</i>		Month Day Year <i>10/13/11</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature <i>...</i>		Month Day Year <i>10/13/11</i>	
Printed/Typed Name <i>...</i>		Signature <i>...</i>		Month Day Year <i>10/13/11</i>	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this Manifest except as noted in Item 19.					
Printed/Typed Name <i>...</i>		Signature <i>...</i>		Month Day Year <i>10/13/11</i>	

White - Return to Generator

Pink - Transporter

Canary - Facility Copy

Goldenrod - Generator Copy

### Asbestos-Containing Material Transport and Disposal Manifest

1. Work Site Name <u>City of St. Paul Kayco Exo</u> Address <u>1530 Chalmers Av.</u> City, State, ZIP <u>St. Paul MN 55104</u> Owner's Phone No. <u>612-614-1487</u>		3. Waste Disposal Site <u>SKB LANDFILL</u> Mailing Address <u>1342.5 Courthouse Blvd.</u> City, State, ZIP <u>Rosemount, MN 55068</u> Physical Site Location (Be specific) _____	
2. Abatement Contractor <u>Asbestos Abatement Associates</u> Address <u>3125 Logan Ave N</u> City, State, ZIP <u>Mpls. MN 55411</u> Operator's Phone No. <u>612-588-7755</u>		4. Responsible Agency <u>MPCA</u> Address <u>520 LaFayette Road</u> City, State, ZIP <u>St. Paul MN 55155</u>	
5. Description of Materials <u>Misc Asbestos</u>		6. Containers (No. - Type) <u>6 poly bags</u> <u>20 yd Dumpster</u>	7. Total Quantity <u>6</u> <u>1</u>
8. Special handling instructions and additional information <u>Kept wet until in the ground.</u>			
9. ABATEMENT CONTRACTORS CERTIFICATION: I hereby declare that the contents of this consignment are fully accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects proper condition for transport by highway according to applicable international and government regulations.			
Name & Title (Printed or typed) <u>Charles / Site Super</u>		Signature <u>[Signature]</u> Date <u>3-17</u>	
10. Transporter 1 (Acknowledgment of receipt of materials)			
Name/Title _____		Signature _____	
Address _____		Date _____	
City, State, ZIP _____		Phone # _____	
11. Transporter 2 (Acknowledgment of receipt of materials)			
Name/Title _____		Signature _____	
Address _____		Date _____	
City, State, ZIP _____		Phone # _____	
12. Discrepancy indications space			
13. Waste Disposal Site Owner or Operator Certification of receipt of asbestos materials covered by this manifest excepts as in item 12.			
Name/Title (Printed or Typed) _____		Signature _____	
_____		Date _____	

STATE OF MINNESOTA }

County of Ramsey. }

ss. 1530 CHARLES  
St. PAUL, MN

**AFFIDAVIT OF CONTRACTOR**

RAYMOND V. MATTER

being duly sworn, deposes and says he/she is the

PRESIDENT

of RAYCO EXCAVATING INC.

Contractor, and as

such is duly authorized to make the following affidavit: That all claims for all work and labor

performed upon the above numbered contract from the commencement of the work thereon until

the 20<sup>th</sup> day of March, 2017 have been fully paid, and that there is

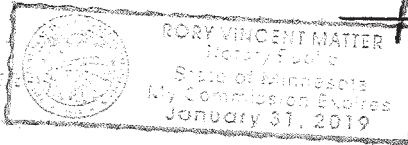
nothing now due or to become due hereafter to any person for any work or labor performed or

material furnished upon said contract prior to said completion date.

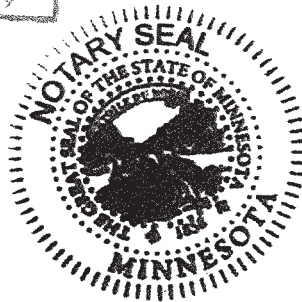
Raymond V. Matter  
Contractor

Subscribed and sworn to before me this 20<sup>th</sup> day of March 2017.

Rory Matter  
Notary Public  
RORY V. MATTER



My Commission Expires: \_\_\_\_\_



# Withholding Affidavit for Contractors

This affidavit must be approved by the Minnesota Department of Revenue before the state of Minnesota or any of its subdivisions can make final payment to contractors.

Please type or print clearly. This will be your mailing label for returning the completed form.

Company name <b>Rayco Excavating Inc.</b>	Daytime phone <b>651-735-2266</b>	Minnesota tax ID number <b>1099001</b>
Address <b>770 Brookline Ave.</b>	Final contract amount <b>\$ 15,215.63</b>	Month/year work began <b>2/2017</b>
City State Zip Code <b>St. Paul, MN 55119</b>	Amount still due <b>\$ 15,215.63</b>	Month/year work ended <b>2/2017</b>

Project Information

Project number: **# 15301** Project location: **TS30 CHARLES AVE** City: **St. Paul, MN** State: **MN** Zip code: **55101**

Project owner: **Contract & Analysis Services, City of St. Paul 55101**

Did you have employees work on this project?  Yes  No. If no, who did the work?

Contractor type

Check the box that describes your involvement in the project and fill in all information requested.

Sole contractor

Subcontractor  
Name of contractor who hired you: \_\_\_\_\_  
Address: \_\_\_\_\_

Prime contractor - If you subcontracted out any work on this project, all of your subcontractors must file their own IC134 affidavits and have them certified by the Department of Revenue before you can file your affidavit. For each subcontractor you had, fill in the information below and attach a copy of each subcontractor's certified IC134. If you need more space, attach a separate sheet.

Business name	Address	Owner/Officer
<b>LIGHTNING DISPOSAL INC.</b>		<b>S. LOSIE</b>
<b>ASBESTOS ABATEMENT ASSOCIATES</b>		<b>N. ZINN</b>

Sign here

I declare that all information I have filled in on this form is true and complete to the best of my knowledge and belief. I authorize the Department of Revenue to disclose pertinent information relating to this project, including a mailing copy of this form, to the prime contractor if I am a subcontractor, and to my subcontractors if I am a prime contractor, and to the contracting agency.

Contractor's signature: *Tom Matt* Title: RATNER Date: \_\_\_\_\_

Mail to: Minnesota Revenue, Mail Station 6610, St. Paul, MN 55146-6610

**Certificate of Compliance**

Based on records of the Minnesota Department of Revenue, I certify that the contractor who has signed this certificate has fulfilled all the requirements of Minnesota Statutes 290.82 and 270C.55 concerning the withholding of Minnesota income tax from wages paid to employees relating to contract services with the state of Minnesota and/or its subdivisions.

Department of Revenue approval: *Kathleen Clark* Date: MAR 2 2017





### Contractor Affidavit Submitted

Thank you, your Contractor Affidavit has been approved.

#### Confirmation Summary

Confirmation Number: 1-828-951-360  
 Submitted Date and Time: 1-Feb-2017 11:38:44 AM  
 Legal Name: AARDVARK ABATEMENT INC  
 Federal Employer ID: 26-3510527  
 User Who Submitted: aardvark  
 Type of Request Submitted: Contractor Affidavit

#### Affidavit Summary

Affidavit Number: 2100543488  
 Minnesota ID: 1088693  
 Project Owner: CITY OF ST. PAUL  
 Project Number: 17-054  
 Project Begin Date: 30-Jan-2017  
 Project End Date: 30-Jan-2017  
 Project Location: 1530 CHARLES AVE., ST. PAUL, MN 55104  
 Project Amount: \$4,995.00  
 Subcontractors: No Subcontractors

#### Important Messages

A copy of this page must be provided to the contractor or government agency that hired you.

#### Contact Us

If you need further assistance, contact our Withholding Tax Division at 651-282-9999, (toll-free) 800-657-3594, or (email) [withholding.tax@state.mn.us](mailto:withholding.tax@state.mn.us). Business hours are 8:00 a.m. - 4:30 p.m. Monday - Friday.

Please print this page for your records using the print or save functionality built into your browser.

City of St. Paul  
 1530 Charles Ave  
 St. Paul, MN 55104  
 651-282-9999  
 800-657-3594  
[withholding.tax@state.mn.us](mailto:withholding.tax@state.mn.us)  
 8:00 a.m. - 4:30 p.m. Monday - Friday

Contractor Affidavit

This Contractor Affidavit must be certified by the Minnesota Department of Revenue before the state of Minnesota or any of its subdivisions can make final payment to contractors. For more detailed information, see the instructions on the back of this form.

Please type or print clearly. This information will be used for returning the completed form.

Company name <b>Lightning Disposal Inc</b>	Daytime phone <b>657 457 4434</b>	Minnesota tax ID number <b>1302578</b>
Address <b>10730 Briggs Dr. Suite B</b>	Total contract amount \$ <b>—</b>	Month/year work began <b>3/2017</b>
City <b>Inver Grove Heights, MN 55077</b>	Amount still due \$ <b>3162.29</b>	Month/year work ended <b>3/2017</b>

Project Information

Project number **#1530** Project location **1530 Charles, ST. PAUL MN**

Project owner **REVENUE** Address **CITY OF ST PAUL** City **ST. PAUL** State **MN** ZIP code **55119**

Did you have employees work on this project?  Yes  No. If no, who did the work?

Check the box that describes your involvement in the project and fill in all information requested.

Sole contractor

Subcontractor **Rayco Excavating**  
Name of contractor who hired you **7th Brooklyn Ave**  
Address **50 Paul MN 55119**

Prime contractor—If you subcontracted out any work on this project, all of your subcontractors must submit their own Contractor Affidavits and have them certified by the Department of Revenue before you can submit your Contractor Affidavit. For each subcontractor you had, fill in the information below and attach a copy of each subcontractor's certified Contractor Affidavit. If you need more space, attach a separate sheet.

Business name	Address	Owner/Officer

Contractor Type

I declare that all information I have filled in on this form is true and complete to the best of my knowledge and belief. I authorize the Department of Revenue to disclose pertinent information relating to this project, including sending copies of this form, to the prime contractor if I am a subcontractor, and to any subcontractors if I am a prime contractor, and to the contracting agency.

Sign Here

Contractor's signature **[Signature]** Title **OM** Date **4-18-17**

Mail to: Minnesota Revenue, Mail Station 6610, St. Paul, MN 55146-6610  
Phone: 651-282-9999 or 1-800-557-3594 (TTY: Call 711 for Minnesota Relay).

**Certificate of Compliance**

**Kathleen Clark** **MAR 2 2017**

**Demolition Contractor Supplemental Report  
One form per Job**

Address of Demolition job: 1530 CHARLES

Date of Notice to Proceed letter, sent by the City: 12-16 (date provided by City)

Date of Demolition: 3-17

All businesses receiving payment from federal stimulus project funds must have a DUNS number. If you do not have one, this is where to go to get one: <http://www.fairplay.com/USInc/index/>

1. Demolition Contractor Name: RAYCO EXCAVATING INC.  
DUNS # 11-287-5484

Jobs/Employee form attached

2. Subcontractor Name: LIVANTON DISPOSAL INC.  
DUNS # 88-372-3752

Jobs/Employee form attached

3. Subcontractor Name: ASBESTOS ABATEMENT ASS  
DUNS # 83-645-473

Jobs/Employee form attached

(If more subcontractors were used, continue with all above requested information for each additional company/contractor)

**Jobs/Employees information for this job**  
**One form must be submitted by each contractor/subcontractor on this job**

Demolition job site/address: 1530 CHARLES

Demolition date: 1-17

Company/Contractor/Subcontractor Name: AAA

**Construction Jobs Information**

Job title (1 line for each employee, even if the same title as another employee)	Race* of worker/employee	Number of Hours	Hourly rate
ASB. SUP	B	12	\$ 23.-
" WORKER	W	12	\$ 19.-
" "	W	12	\$ 19.-
" "	W	10	\$ 19.-

Total # of employees: 4  
 (Add more lines, if necessary)

Total # of Hours: 46

**Non-construction Jobs Information**

Job title (1 line for each employee, even if the same title as another employee)	Race* of worker/employee	Number of Hours	Hourly rate

Total # of employees:    
 (Add more lines, if necessary)

Total # of Hours:  

**\* Race abbreviations:**

W = White

A = Asian (Chinese, Hmong, etc.)

AF = African-American

L = Hispanic/Latino

Other/Specify = write in the race if it is not listed above (spell it out, do not abbreviate)

**Jobs/employees information for this job**  
 One form must be submitted by each contractor/subcontractor on this job

Demolition job site/address: 1530 CHARLES

Demolition date: 3-17

Company/Contractor/Subcontractor Name: RAYCO

**Construction Job Information**

Job title (1 line for each employee, even if the same title as another employee)	Race* of worker/employee	Number of Hours	Hourly rate
OPERATOR	W	32	\$30.5
"	W	32	\$30.5
"	W	32	\$30.5

Total # of employees: 3  
 (Add more lines, if necessary)

Total # of Hours: 96

**Non-Construction Job Information**

Job title (1 line for each employee, even if the same title as another employee)	Race* of worker/employee	Number of Hours	Hourly rate

Total # of employees:    
 (Add more lines, if necessary)

Total # of Hours:  

\* Race abbreviations:  
 W = White                      A = Asian (Chinese, Hmong, etc.)  
 AF = African American        L = Hispanic/Latino  
 Other/Specify - write in the race if it is not listed above (spell it out, do not abbreviate)

**Jobs/Employees information for this job**  
**One form must be submitted by each contractor/subcontractor on this job**

Demolition job site/address: 1530 Charles  
 Demolition date: March 22  
 Company/Contractor/Subcontractor Name: Lightning Disposal Inc  
10730 Briggs Dr. Suite B  
Inver Grove Heights, MN 55077

**Construction Jobs Information**

Job title (1 line for each employee, even if the same title as another employee)	Race* of worker/employee	Number of Hours	Hourly rate
Rick Wallenberg	W	9	\$24
John Dzhozinski	W	3	\$22

Total # of employees: 2      Total # of Hours: 12

(Add more lines, if necessary)

**Non-construction Jobs Information**

Job title (1 line for each employee, even if the same title as another employee)	Race* of worker/employee	Number of Hours	Hourly rate

Total # of employees:        Total # of Hours:  

(Add more lines, if necessary)

\* Race abbreviations:  
 W = White      A = Asian (Chinese, Hmong, etc.)  
 AF = African-American      L = Hispanic/Latino  
 Other/Specify = write in the race if it is not listed above (spell it out, do not abbreviate)

Industrial-Rosemont  
 13425 Courthouse Blvd.  
 Rosemont, MN 55068



000749 LIGHTNING DISPOSAL  
 10730 Briggs Dr, Suite B  
 Inver Grove Heights MN 55077

SITE	TICKET	GRID		WEIGHMASTER	
02	00275402	5		Lisa Dean	
DATE IN	DATE OUT	TIME IN	TIME OUT	VEHICLE	ROLL OFF
02/01/17	02/01/17	08:41	09:06	LD129	00-0025
REFERENCE			ORIGIN		
00-0025			VIN: YBP3820_MN_4AXLES-8		

Scale 1 Gross Wt. 38520 LB  
 Scale 1 Tare Wt. 35740 LB  
 Net Weight 2780 LB

Inbound - Charge ticket

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	FEE	TOTAL
1.39	TON	ASS NONFRI TON C5				

This facility will only accept non-hazardous industrial waste, recyclables or construction, and demolition waste.

We will not accept any loads containing any non-approved wastes or hazardous waste. 651-438-1500

Generator: LIGHTNING DISPOSAL INC.  
 Address: 1725 MEADOW VIEW ROAD  
 City/State: EAGAN, MN 55121  
 Manifest: 242669

NET AMOUNT
TENDERED
CHANGE