



DEPARTMENT OF SAFETY AND INSPECTIONS
DIVISION OF CODE ENFORCEMENT – VACANT BUILDINGS

375 Jackson Street, Suite 220
 Saint Paul, MN 55101-1806
 FAX: (651) 266-1919

FACSIMILE TRANSMISSION

DATE: JUNE 22, 2011 **TO EMAIL** raycoexcavating@yahoo.com

To: Rory Matter

LOCATION: Rayco Excavating

FROM: STEVE MAGNER, VACANT BUILDINGS PROGRAM MANAGER

This transmission consists of 2 page(s) (including cover sheet).

If transmission is incomplete or illegible, call sender at: 651-248-4323

Addendum to Bid # 28832-3

Address: 1066 Lafond Ave

Total Lump Sum Base Bid:	<u>\$7,380.00</u>
Hazardous Waste Abatement:	<u>\$745.00</u>
Total Lump Sum:	<u>\$8,125.00</u>
Additional Abatement Costs:	<u> </u>
New Lump Sum Amount:	<u>\$8,125.00</u>

Costs Cover:

X	Asbestos Removal
	Hazardous Waste Removal
	Other (Specify) _____

Provide: Full documentation for payment

Include: Invoice of work performed, survey of materials abated and waste manifest forms



Asbestos Abatement Associates

3125 Logan Ave. N., Minneapolis, MN 55411

5/26/2011

Rayco Excavating
Ray/Rory Matter
770 Brookline Ave.
St. Paul, MN 55119
Ray: 612-619-0415
Rory: 612-619-1487
Fax: 651-735-2266

RE: Asbestos Removal at Property:
1066 Lafond Ave.
St. Paul, MN 55104

Dear Ray/Rory:

We at Asbestos Abatement Associates are pleased to furnish you with this proposal for your upcoming asbestos related project.

Our price is \$745.00 for the removal of Asbestos related items listed as follows prior to demolition at the above listed address:

- Packing around the Drip-T
- Sink under coating 1 each

All prices include permit (if necessary), all labor, materials, disposal or all debris, and third party analysis of air clearance samples.

If you have any questions or concerns, please do not hesitate to call the office. Someone is available until 4pm daily.

Sincerely,

Richard Pruitt
President

Joe Yunnally
per Steve Mager's verbal order

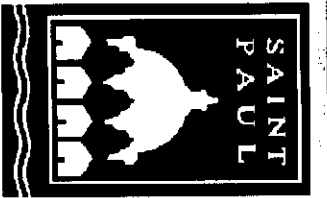
This price is valid for six (6) months from the date listed above. Clean work area before the start date or cleaning will be performed at the rate of \$55/hour.

North Metro: 612-588-7755
St. Paul: 651-633-4060

South Metro: 612-823-2955
Fax: 612-588-6780

Email: abatenow@popp.net

6/22/11



CITY OF SAINT PAUL BUILDING

PERMIT # : 20 11 241172

CONTRACTOR:

RAYCO EXCAVATING INC

ISSUED DATE: 06/20/2011

TYPE OF WORK:

Demolition - Residential Demo

JOB SITE ADDRESS:

1066 LAFOND AVE

BUILDING INSPECTOR: Eggers, Ken

PHONE: 651-266-9047

MINIMUM INSPECTIONS REQUIRED

1. Soil, foundation, footings, reinforcement and erosion control as specified.
2. Raugh-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.
6. Final - prior to occupancy.

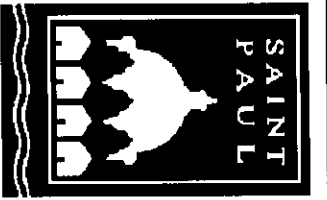
INSPECTION APPROVALS

Call between 7:30 - 9:00 am to arrange for inspection.
 Post this inspection record at the job site until final approval.
 No building shall be occupied without inspector approval.
 Work shall not proceed without inspector 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:
Electrical Inspection: 651-266-9003	
Rough-in:	Final:
Mechanical Inspection: 651-266-9004	
Rough-in:	Final:
Plumbing Inspection: 651-266-9005	
Rough-in:	Final:
Warm Air/Ventilation Inspection: 651-266-9006	
Rough-in:	Final:
Elevator Inspection: 651-266-9010	
Rough-in:	Final:
Fire Inspection: 651-266-9090	
Rough-in:	Final:



**CITY OF SAINT PAUL
BUILDING**

PERMIT # : 20 11 241173

CONTRACTOR:

RAYCO EXCAVATING INC

ISSUED DATE: 06/20/2011

TYPE OF WORK:

Demolition - Residential Accessory Structure

Demolition

JOB SITE ADDRESS:

1066 LAFOND AVE

BUILDING INSPECTOR: Eggers, Ken

PHONE: 651-266-9047

MINIMUM INSPECTIONS REQUIRED

1. Soil, foundation, footings, reinforcement and erosion control 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.
6. Final - prior to occupancy.

INSPECTION APPROVALS

Call between 7:30 - 9:00 am to arrange for inspection.
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Footings:	Sheetrock:
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Mechanical Inspection: 651-266-9004	
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Plumbing Inspection: 651-266-9005	
Rough-in:	Final:
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Elevator Inspection: 651-266-9010	
Rough-in:	Final:
Fire Inspection: 651-266-9090	
Rough-in:	Final:

STATE OF MINNESOTA }

County of Ramsey. }

Ass. 1066 LAFOND AV.

#25629

AFFIDAVIT OF CONTRACTOR

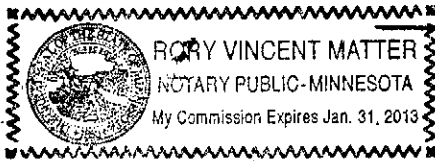
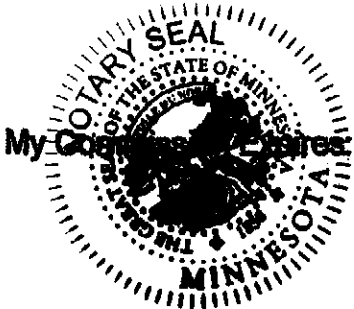
Raymond V. Matter being duly sworn, deposes and says he/she is the
President of Rayco Excavating Inc. Contractor, and as

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 25th day of JUNE, 2011 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 3RD day of AUGUST, 2011.

Ray V. Matter
Notary Public



Asbestos-Containing Material Transport and Disposal Manifest

<p>1. WorkSite Name <u>RALCO EXCAVATING</u> Address <u>1066 LAFAYETTE AVE</u> City, State, ZIP <u>ST PAUL MN 55104</u> Owner's Phone No. <u>612-619-1487</u></p> <p>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></p>	<p>3. Waste Disposal Site <u>Spruce Ridge</u> Mailing Address <u>12755 - 137th Street</u> City, State, ZIP <u>Glencoe, MN 55336</u> Physical Site Location (Be specific) <u>Section 31</u> <u>Rich Valley Township, McLeod County</u></p> <p>4. Responsible Agency <u>MPCA</u> Address <u>520 LaFayette Road</u> City, State, ZIP <u>St. Paul MN 55155</u></p>	
<p>5. Description of Materials <u>SINK</u> <u>ASBESTOS</u></p>	<p>6. Containers (No. - Type) <u>6 MIL BAG</u> <u>6 MIL BAG</u></p>	<p>7. Total Quantity <u>1</u> <u>1</u></p>
<p>8. Special handling instructions and additional information <u>KEEP WET UNTIL IN GROUND</u></p>		
<p>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.</p> <p>Name & Title (Printed or typed) <u>JACOB MARTIN SE</u> Signature  Date <u>6-16-11</u> <u>SITE SUPERVISOR</u></p>		
<p>10. Transporter 1 (Acknowledgment of receipt of materials)</p> <p>Name/Title _____ Signature _____ Date _____ Address _____ City, State, ZIP _____ Phone # _____</p>		
<p>11. Transporter 2 (Acknowledgment of receipt of materials)</p> <p>Name/Title _____ Signature _____ Date _____ Address _____ City, State, ZIP _____ Phone # _____</p>		
<p>12. Discrepancy indications space</p>		
<p>13. Waste Disposal Site Owner or Operator Certification of receipt of asbestos materials covered by this manifest excepts as in item 12.</p> <p>Name/Title (Printed or Typed) _____ Signature _____ Date _____</p>		

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 Rayco Excavating Inc.		Debtors phone 651-735-2266	Minnesota tax ID number 1099001
Address 770 Brookline Ave.		Total contract amount \$ 8,125	Month/year work began 6/2011
City St. Paul, MN	State MN	Zip Code 55119	Amount still due \$ 8,125
			Month/year work ended 6/2011

Project Information

Project number: ***25629** Project location: **1066 LAFOND** City: **St. Paul, MN**
 Project owner: **Contract & Analysis Services, City of St. Paul, MN** State: **MN** Zip code:
 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

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
LIGHTNING DISPOSAL INC.		S. LOSIE
AAA		N. ZINN

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 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.

Contractor's signature: **Kerry Math** Title: **PARTNER** Date: **8-1-2011**

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 290.92 and 270C.66 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: **[Signature]**

Date: **SEP 13 2011**

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 Lightning Disposal Inc			Daytime phone 651-457-4434	Minnesota tax ID number 1302512
Address 1725 Meadow View Road			Total contract amount \$ 2,167.20	Month/year work began 6-2011
City Eagan	State MN	Zip Code 55121	Amount still due \$ 2,167.20	Month/year work ended 6-2011

Project number **#25629** | Project location **1066 Lafond Ave, ST. PAUL MN**

Project owner **CITY OF ST. PAUL** | Address **St Paul** | City **St Paul** | State **MN** | Zip code **55104**

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 **Bayco Excavating**

Name of contractor who hired you **770 Brookline Ave**

Address **St Paul MN 55119**

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

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Contractor's signature **Shea Lauer** | Title **Office Mgr.** | Date **7-6-11**

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 290.92 and 270C.66 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 **[Signature]** | Date **SEP 13 2011**

LB DOR MR AUG 2 2 2011

MINNESOTA • REVENUE

IC134

Withholding Affidavit for Contractors

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

Company name Asbestos Abatement Associates			Daytime phone 612-588-7755	Minnesota tax ID number 1088693
Address 3125 Logan Ave. N.			Total contract amount \$ 745.00	Month/year work began 05/2011
City Minneapolis	State MN	Zip Code 55411	Amount still due \$ 745.00	Month/year work ended 06/2011

Project number #25629	Project location 1066 Lafond Ave., St. Paul, MN 55104
Project owner CITY OF ST. PAUL	Address ST PAUL MN
City ST PAUL	State MN
Zip code 55104	

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

Name of contractor who hired you

Rayco Excavating

Address

770 Brookline Ave., St. Paul, MN 55119

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Address

Owner/Officer

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Contractor's signature

[Handwritten Signature]

Title

Office Manager

Date

06/21/2011

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 290.92 and 270C.66 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

Date

SEP 13 2011