

February 4, 2015

Mr. Jared Jakubowski  
Associate Planner/Grants Manager  
City of Moore, Community Development  
301 N. Broadway  
Moore, Oklahoma 73160

RE: Limited Phase II Environmental Site Assessment  
Royal Park Redevelopment Tract  
Moore, Oklahoma

Dear Mr. Jakubowski:

Marshall Environmental Management, Inc. (MEM) is pleased to submit this scope of services to the City of Moore to prepare the Limited Phase II Environmental Site Assessment (ESA) for approximately 14.44 acres of land located within the redevelopment tract within the southeast quarter of Section 22, Township 10 North, Range 3 West in Moore, Cleveland County, Oklahoma (hereafter referred to as the 'Property').

#### **PHASE I ENVIRONMENTAL SITE ASSESSMENT SUMMARY**

A Phase I Environmental Site Assessment was conducted by HW Lochner, Inc. for the Royal Park Redevelopment Tract in December 2014. The Royal Park Redevelopment Tract is comprised of 14.44 acres located within the southeast quarter of Section 22, Township 10 North, Range 3 West in Moore, Cleveland County, Oklahoma. The attached exhibit depicts the location of the property for which the Phase I ESA was conducted. The Phase I ESA indicated that the Property was initially developed as a mobile home park in the late 1960s. Development of the mobile home park continued until the early 1970s. The mobile home park remained in operation until 2014, when it was vacated due to tornado damage. To date, the Property is predominantly vacant, with mobile home pad infrastructure in place and three buildings remaining of the Property.

The Property is located in an area that served as rural agricultural land from at least the early 1950s through the 1960s. In the 1960s, land to the east and south of the Property began to be developed for residential purposes. This development continued throughout the 1970s, and by the 1980s, all adjoining properties were comprised of residential structures except the land to the southwest of the Property. Commercial buildings were constructed south and southeast of the Property, along SW 19<sup>th</sup> Street and Telephone Road, in the 1990s and 2000s. In May 2013, an EF-5 tornado caused severe damage or destroyed homes to the west, north, and northeast of the Property. The homes to the west and south of the Property were cleared in 2014; homes to the north and northeast were rebuilt as residential structures. At the time of this report, land to the west and southwest was under construction as an apartment complex and a commercial building.

No inquiry was made in the Phase I ESA report with respect to asbestos-containing materials within the three remaining buildings remaining on the Property. As such, prior to renovation or demolition of the three remaining structures, an asbestos-containing materials survey was recommended. Additionally, due to the unknown origin of the debris scattered throughout the Property resulting from the May 2013 tornado, it was recommended that surface soil samples be obtained and analyzed for asbestos-containing materials and lead-based paint.

#### **PROPOSED SCOPE OF SERVICES**

Marshall Environmental Management, Inc. will provide the following services as part of the Limited Phase II Activities for the Royal Park Redevelopment Tract:

*Asbestos-Containing Materials Survey – Three Remaining Buildings*

An asbestos-containing materials survey in accordance with recognized United States Environmental Protection Agency Region 6 and United States Occupational Health & Safety Administration protocols will be provided for the three remaining buildings on the Property. A currently-licensed Oklahoma Department of Labor Asbestos Inspector/Management Planner will be utilized to conduct this work.

The scope of work will include destructive sampling and/or investigation in order to adequately identify and quantify asbestos-containing materials. The inspection will include accessing the common areas, crawlspaces and representative homogenous areas within each building. The inspection criteria will include Category I and II non-friable asbestos-containing materials, as well as regulated asbestos-containing materials, as defined under Title 40 of the Code of Federal Regulations Part 61 (40 CFR 61), Subpart M of the National Emission Standards for Hazardous Air Pollutants.

Samples collected during the inspection will be analyzed by a certified laboratory to determine the presence of asbestos fibers in the samples. The inspector will quantify each material identified in the report.

*Shallow-Surface Soil Sampling*

The Phase I ESA recommended subsequent shallow-surface (0 to 6 inches below ground surface) sampling of soils on the Property to assess the potential presence of asbestos fibers and/or lead. The sampling locations will be systematically determined by sampling at a ratio of one sample per 10 trailer pads and creating a grid-system approach for surface soil sampling locations.

Lead-based paint surface soil sampling will be conducted using an X-ray fluorescence (XRF) spectrometer or a 'grab' sample. In the event that an XRF spectrometer is utilized, due to ease of use of the device, it is recommended that additional sampling locations be determined beyond the designation of one sample per 10 trailer pads. Asbestos-containing materials sampling may be conducted using a 'grab' sample, ensuring the removal of debris prior to depositing in the sample container. It is recommended that samples collected during the inspection are analyzed by a certified laboratory to determine the presence of asbestos fibers or lead.

The asbestos-containing materials survey for the remaining buildings and the shallow-surface soil sampling results will be included in a report that includes a thorough description of the sampling methodology, qualifications of staff conducting the survey, a map or diagram depicting sampling locations, description of the condition of the material sampled (in the case of the asbestos-containing materials survey), analytical results and sample chain of custody, analysis of results, and recommendations for abatement or further sampling activities, if necessary.

**PROPOSED COSTS**

Marshall Environmental Management, Inc. will complete the proposed task for a lump-sum fee as defined by the scope of services presented above:

• Asbestos Inspection of Remaining Buildings .....	\$5,175.00
• Site Characterization of Lead and Asbestos in Soils .....	\$4,050.00
• Analytical Report .....	\$450.00
<b>TOTAL .....</b>	<b>\$9,675.00</b>

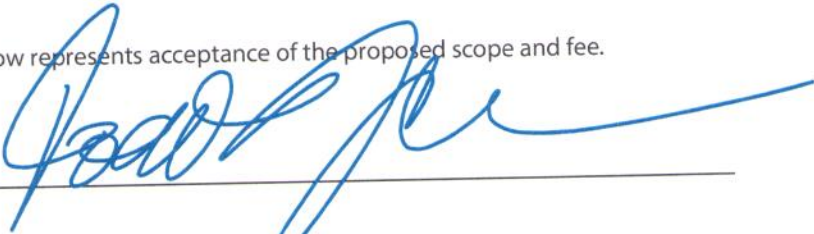
The budget is based on the anticipated scope-of-work outlined in this proposal. Lochner will devote its best efforts to perform the work and accomplish the objectives defined, within the cost proposed. If the findings of the investigation indicate the need for further or modified environmental study, you will be notified immediately of the conditions of concern with recommendations, if necessary.

Marshall Environmental Management, Inc. appreciates the opportunity to support the City of Moore with this important initiative. If you have any questions regarding our proposed scope of services, do not hesitate to contact us at (405) 748-6651.

Sincerely,

*Sarah Marshall*  
Sarah Marshall, Project Manager  
Marshall Environmental Management, Inc.

Signature below represents acceptance of the proposed scope and fee.

Signed: 

Organization: City of Moore, Oklahoma

Date: 02/09/2015




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/09/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Teresa Martin Insurance Agency, Inc. 105 E. Chickasaw Street Lindsay, OK 73052 	<b>CONTACT NAME:</b> John Martin <b>PHONE (A/C, No, Ext):</b> 405-756-3263 <b>E-MAIL ADDRESS:</b> john.c.martin.an52@statefarm.com	<b>FAX (A/C, No):</b> 405-756-8105
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Marshall Environmental Management, Inc. 1501 S.W. 89th Street, Ste 1100 Oklahoma City, OK 73159-6357	<b>INSURER A:</b> State Farm Fire and Casualty Company <b>NAIC #</b> 25143	
	<b>INSURER B:</b> State Farm Mutual Automobile Insurance Company <b>25178</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	96-BF-H941-8	06/04/2014	06/04/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	519-0775-B15-36D 174-2377-A29-36	02/15/2015 01/29/2015	08/15/2015 07/29/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	Y	Y	96-CZ-2430-5	10/04/2014	10/04/2015	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Environmental Testing and Control.

**CERTIFICATE HOLDER**

City of Moore  
 Kahley Gilbert, Administrative Asst  
 301 N. Broadway  
 Moore, Oklahoma 73160

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Marshall Environmental Management, Inc.</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) <b>1601 SW 89th St., Suite A-100</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Oklahoma City, OK 73159</b>	
<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>						
or											
<b>Employer identification number</b>											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;">7</td> <td style="width: 12.5%;">3</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">3</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">7</td> <td style="width: 12.5%;">4</td> <td style="width: 12.5%;">2</td> <td style="width: 12.5%;">3</td> </tr> </table>	7	3		1	3	0	7	4	2	3	
7	3		1	3	0	7	4	2	3		

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Sarah Marshall</i>	Date ▶ <i>02/09/2015</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/11/2015

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<b>PRODUCER</b> Hays Affinity Suite 425 West 1025 Thomas Jefferson St NW Washington, DC 20007 Barry F. Peters	<b>CONTACT NAME:</b> Barry F. Peters	
	<b>PHONE (A/C, No, Ext):</b> 202-263-4000	<b>FAX (A/C, No):</b> 202-263-4001
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Lloyd's of London		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** **Marshall Environmental Management, Inc.**  
**Dr. Charles L. Marshall**  
**1601 SW 89 St., #A100**  
**Oklahoma City, OK 73159**


**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof. E&O Liab.			AIHA0014145	10/09/2014	10/09/2015	<b>Per Claim</b> 1,000,000 <b>Aggregate</b> 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This certificate of insurance serves as evidence of the Professional Liability coverage.

<b>CERTIFICATE HOLDER</b>  CITY0F4  <b>City of Moore</b> <b>Attn: Kahley Gilbert</b> <b>301 N. Broadway</b> <b>Moore, OK 73160</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**NOTEPAD**

INSURED'S NAME **Marshall Environmental**

**MARSH-4**  
**OP ID: IQ**

PAGE 2  
Date **02/11/2015**

Mold Sublimit: \$1,000,000