Independent Third Party Dust Inspection Checklist

Inspector Name & Company: Tobin Valverde, Albion Partners

Date/Time: 3/9/2020, 1114

Weather: Mostly sunny, 55F, 5-7 mph E.

BAAQMD Spare the Air day?

[ ] Yes  [x] No

Project Name and Location: Candlestick Point – CP01

1. **Equipment and Activity Description** Provide a description of equipment currently onsite and observed work activities. Use attached map to show locations of activities and to provide descriptions.

   A. **Equipment**

      Equipment was not observed onsite during the time of inspection.

   B. **Activity Description**

      No construction personnel or activity was observed onsite during the time of inspection.

2. **Observations**

   A. **Describe whether dust is being generated and whether it is crossing the project boundary.**

      If dust is present, describe contractor response and timing of response. Note location and activity at issue.

      Dust was not observed being generated or crossing the project boundary during the time of inspection.

   B. **Describe conditions of paved roads both within the work area and at/adjacent to construction site exits.** Note whether trackout is present and contractor response.

      Trackout was not observed onsite during the time of inspection.

   C. **Describe observed mitigation measures in use** (hoses, water trucks, street sweeper, hand sweeping, road wetting, exit protection including stabilized entrance/exit, wheel wash, etc.).

      Mitigation measures were not observed onsite during the time of inspection.
D. Describe material handling activities and associated mitigation measures in use (drop heights minimized, vehicles tarped, proper loading, driving speeds, offsite transport occurring, water added to material processing areas, water placed on internal haul routes, etc.).

No material handling activities were observed onsite during the time of inspection.

E. Describe stockpile control measures, temporary and final stabilization of inactive or completed areas. Note location and type of stockpile control and/or stabilization methods.

Stockpiles or inactive areas were not observed onsite during the time of inspection.

3. Monitor Information Provide monitor number, current reading and time.

   CP01-1 = 0.009 @ 1120
   CP01-3 = 0.011 @ 1114
   CP01-4 = 0.013 @ 1122
   All monitors on.

4. Communications
   A. Provide details of communication with construction managers, site superintendents and/or regulatory agency personnel. Include name(s) and time(s) of discussion. Include recommendations here for enhanced mitigation measures and/or contractor timeline to rectify a current issue.

      No communication onsite during the time of inspection.

   B. Have any complaints been received via the Lennar Hotline? If so, provide response.

      No complaints reported.

5. Offsite observations/activities. Provide location and time along with the description.

      No offsite dust generating activities were observed during the time of inspection.

6. Comments

      N/A.
No activity was observed onsite during the time of inspection.
### Independent Third Party Dust Inspection Checklist

<table>
<thead>
<tr>
<th>Inspector Name &amp; Company: Tobin Valverde, Albion Partners</th>
<th>Date/Time: 3/10/2020, 0958</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weather: Mostly sunny, 52F, 5-9 mph E.</td>
<td>BAAQMD Spare the Air day?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>X No</td>
</tr>
<tr>
<td>Project Name and Location: Candlestick Point – CP01</td>
<td></td>
</tr>
</tbody>
</table>

1. **Equipment and Activity Description** Provide a description of equipment currently onsite and observed work activities. Use attached map to show locations of activities and to provide descriptions.
   
   **A. Equipment**
   
   No equipment was observed onsite during the time of inspection.

   **B. Activity Description**
   
   No construction personnel or activity was observed onsite during the time of inspection.

2. **Observations**
   
   **A. Describe whether dust is being generated and whether it is crossing the project boundary.**
   
   If dust is present, describe contractor response and timing of response. Note location and activity at issue.
   
   Dust was not observed being generated or crossing the project boundary during the time of inspection.

   **B. Describe conditions of paved roads both within the work area and at/adjacent to construction site exits.** Note whether trackout is present and contractor response.
   
   Trackout was not observed onsite during the time of inspection.

   **C. Describe observed mitigation measures in use** (hoses, water trucks, street sweeper, hand sweeping, road wetting, exit protection including stabilized entrance/exit, wheel wash, etc.).
   
   Mitigation measures were not observed onsite during the time of inspection.
D. **Describe material handling activities and associated mitigation measures in use** (drop heights minimized, vehicles tarped, proper loading, driving speeds, offsite transport occurring, water added to material processing areas, water placed on internal haul routes, etc.).

No material handling activities were observed onsite during the time of inspection.

E. **Describe stockpile control measures, temporary and final stabilization of inactive or completed areas.** Note location and type of stockpile control and/or stabilization methods.

Inactive areas or stockpiles were not observed onsite during the time of inspection.

3. **Monitor Information** Provide monitor number, current reading and time.

   - CP01-1 = 0.010 @ 1004
   - CP01-3 = 0.034 @ 1008
   - CP01-4 = 0.020 @ 0958
   
   All monitors on.

4. **Communications**

   A. **Provide details of communication with construction managers, site superintendents and/or regulatory agency personnel.** Include name(s) and time(s) of discussion. Include recommendations here for enhanced mitigation measures and/or contractor timeline to rectify a current issue.

   No communication onsite during the time of inspection.

   B. **Have any complaints been received via the Lennar Hotline?** If so, provide response.

   No complaints reported.

5. **Offsite observations/activities.** Provide location and time along with the description.

   No offsite dust generating activities observed during the time of inspection.

6. **Comments**

   N/A.
NO activity was observed.

Of Inspection.

On site during the