



**COMPLIANCE REPORT  
FOR THE ABATEMENT OF  
ASBESTOS CONTAINING MATERIALS  
18-20 TRINITY STREET  
HARTFORD, CONNECTICUT**

**Project No. 2B-06-10  
DPW No. 19360**

*Prepared for*  
State of Connecticut Department of Public Works  
Hartford, Connecticut

*Prepared by*  
TRC Environmental Corporation  
Windsor, Connecticut

A handwritten signature in cursive script that reads 'Donald LePage', written over a horizontal line.

Donald LePage  
Project Manager

TRC Project No. 43500-3890-00003  
June 22, 2006

**TRC Environmental Corporation**  
21 Griffin Road North  
Windsor, Connecticut 06095  
Telephone 860-298-9692  
Facsimile 860-298-6399

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## 1.0 EXECUTIVE SUMMARY

TRC Environmental Corporation (TRC) of Windsor, Connecticut was retained by the State of Connecticut Department of Public Works (CTDPW) to provide project compliance and industrial hygiene services during the abatement of asbestos containing materials (ACM) conducted at the 18-20 Trinity Street, Hartford, Connecticut. TRC conducted this work per DAS Contract 03PSX0346AE which is effective from May 7, 2004 to September 30, 2008. Asbestos abatement was necessitated in accordance with the U.S. Environmental Protection Agency (USEPA) Asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) (40 CFR Part 61 Subpart M) as the building structure was scheduled for future renovation. The asbestos abatement contractor for the project was Petco Insulation Company, Inc. (Petco) of West Haven, Connecticut utilizing DAS Contract #03PSX0374AC. TRC was on site throughout the duration of the project to provide monitoring services.

The scope of work for the project, which took place from April 7 through April 12, 2006, involved the abatement of approximately 140 square feet (SF) of asbestos containing floor tile/mastic in the office areas on the east side of the third floor as well as approximately 924 SF of asbestos containing floor tile/mastic and approximately 320 SF of asbestos containing wall panel glue daubs in the Family Courtroom. Written notification of the abatement activity was filed with the Connecticut Department of Public Health (CT DPH) by Petco ten days prior to the initiation of the abatement work. A copy of the notification was submitted by Petco to TRC. All work conducted by Petco was performed in compliance with OSHA's Occupational Exposure to Asbestos Standard, 29 CFR 1926.1101, the CT DPH Standards for Asbestos Abatement, 19a-332a-1 through 16, and the EPA's Asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) 40 CFR Part 61 Subpart M. Petco is a licensed State of Connecticut Asbestos Abatement Contractor and all Petco employees performing work on this project were appropriately licensed, trained, and medically qualified to perform such work. Interior work on the east side office area ACM floor tile/mastic was performed following a pre-approved CTDPH blanket Alternative Work Practice (AWP) with a

negative pressure enclosure (NPE) consisting of critical barriers, a single layer of 6-mil poly and contiguous decontamination system (AWP Scenario #2). Interior work on the Family Courtroom ACM floor tile/mastic and glue daubs was performed under full containment conditions with a negative pressure enclosure (NPE) and contiguous decontamination system.

On April 7, 2006, bulk samples of suspected asbestos containing materials (ACM) in the form of sheetrock and joint compound were taken by a State of Connecticut licensed asbestos inspector. The samples were analyzed by Polarized Light Microscopy in TRC's laboratory and found to be negative.

Air samples were collected during abatement activities to monitor airborne asbestos fiber emissions and were transferred using proper chain-of-custody records to TRC's Accredited Laboratory in Windsor, Connecticut and analyzed on-site by an AIHA Registered Asbestos Analyst from TRC for Phase Contrast Microscopy (PCM) analysis via the National Institute for Occupational Safety and Health (NIOSH) 7400 method. PCM analysis revealed that all airborne asbestos emissions outside of regulated areas were below the OSHA Permissible Exposure Level (PEL). PCM airborne fiber emissions inside the regulated area may have at times exceeded the OSHA PEL; however, the workers were in appropriate respiratory protection for such exposure levels.

After abatement activities, the work areas were visually inspected by a TRC licensed Asbestos Project Monitor following ASTM Standard E1368-90 to ensure complete abatement. Further, reoccupancy asbestos clearance air sampling was conducted by TRC in the interior NPE work areas. The interior NPE reoccupancy clearance air samples were collected and analyzed on-site by an AIHA registered Asbestos Analyst from TRC using PCM analysis via the NIOSH 7400 method. The interior NPE work areas received satisfactory visual inspections on April 10 and April 12, had reoccupancy clearance air samples collected on April 10 and April 12 and received acceptable reoccupancy clearance criteria air results on April 10 and April 12.

The asbestos-containing waste generated during this project was containerized and labeled as asbestos waste in compliance with CTDEP/ CTDPH, OSHA, DOT and USEPA requirements. The waste was removed from the site in accordance with all state and federal disposal requirements, including the USEPA Asbestos NESHAP, and transported by TransWaste, Inc. of Cheshire, Connecticut to BFI Imperial Landfill of Imperial, Pennsylvania where it was deposited. Approximately eight (8.41) cubic yards of asbestos waste was removed from the project site.

This concluded TRC's on-site efforts for this project. Refer to Section 2.0 for TRC's complete site log notes documenting all aspects of the project on a daily basis.

## 2.0 SITE LOGS

Site / Station

DPW-18-20 Trinity Street  
Hartford, CT

Month / Year

04/06

Project No

43500-3890-00003

Date	Time	Instrument and TRC ID	Comments	Initials
04/07/06	<del>0715</del>		TRC + Petco arrive on-site	
Finley			- there are 2 areas Petco will be setting up & removing FT/mastic in office areas on East side of the 3rd floor	
			- Petco is unloading equipment	
	0830		Equipment is unloading & Petco starts prep on East office area containment which is 140 SF	JR
	1000		<del>TRC + Petco</del> Gary (DPW) gives TRC + Petco the go-ahead on wall panel glue daubs in the Family court room. Petco is already doing all FT/mastic in this room & will now do glue daubs which are on 3 of the walls. They will not start this until next week. TRC will also have to sample the Joint compound in this room	JR
	1200		Petco working through lunch - putting up ceiling, neg air & decon right now	JR
	1300		TRC off-site to office to drop off samples	
4/10/06	0700		ME and Incor on-site.	ME
	0715		Incor putting the finishing touch to the decon and containment.	ME
	0750		Incor connecting hose to the shower while another Incor worker finishes the containment. Dennis site supervisor tells ME that Incor will be ready for a pre-abatement visual in about 45 minutes.	ME
	0810		ME deploys air sampling pumps. ME does a pre-abatement visual inspection. Visual pass.	ME
	0825		Removal begins.	
			Incor is starting to prep the next area where floor film mastic glue daubs are	ME

Site / Station CTDPW-18-20 Trinity Street  
Hartford, CT

Month / Year

4/06

Project No

43500-3890-00003

Date	Time	Instrument and TRC ID	Comments	Initials
4/10/06	1112		Incor has finished the floor tile/mesh removal. We do a pre-abatement visual inspection. Visual passes. Incon workers tell us that tile was hard to get up off floor. Incon was down with encapsulant called fibersol PM. Incon workers continue prying the hearing room. The area that we will be doing PCM clearance is the office area where family relations used to be.	re re re re
	1130		We start PCM clearance samples in the office area.	re
	1145		lunch	
	1250		we collect clearance sample.	re
	1320		clearance pass in the office area.	re
	1330		Dennis site supervisor told us that Incon will probably not have demo containment in office area today. Dennis really wants to focus on getting the ceiling up in the hearing room so they can start removal tomorrow.	re
	1415		Incon takes up all the up in the hearing room.	re
	1430		Incon starts tearing down the containment in the office area.	re
	1500		We and Incon off-site.	re
4/11/06	0700		We and Incon on-site.	re



Site / Station CTDPW- 18-20 TRINITY Street  
Hartford, CT

Month / Year 4/04  
Project No 43570-3890 00003

Date	Time	Instrument and TRC ID	Comments	Initials
4/11/06	0740		We deploy air sampling pumps we we do a pre-abatement visual inspection. Visual pass.	we
	0755		Incor starts removal.	
	0845		We, Dennis and Dan facilities maintenance went to see two state employees who work in the state library on the 3rd floor where the asbestos removal is taking place. They were concerned about what was going on. Dennis explained about what Incor is doing and we expressed to them that everything will be fine. We put a pump in their office.	we
	0932		All of floor tile is removed. Incor is putting the chemical on the floor to remove the mastic	we
	1125		all of mastic has been removed off of the concrete floor. Incor workers are working on getting the glue dabs off of the sheetrock and plaster walls.	we
	1150		UNLN	we
	1425		Incor has finished removing the glue dabs from the sheetrock but continue removing them from the plaster. Incor is vacuuming up debris as they go along. Incor will finish with glue dabs today.	we

Site / Station CT DPW - 18-20 Trinity Street  
Hartford, CT

Month / Year

4/06

Project No

43500-2890 0003

Date	Time	Instrument and TRC ID	Comments	Initials
4/11/06	1430		We talk with Dennis site supervisor talk about getting all bags out of containment and then doing a final cleaning. We all that's done we will do a post-abatement visual inspection in the morning.	re
	1445-1452		We collect all air samples. Inco will continue removing the glue dents on the sheetrock tomorrow morning. We will definitely be doing air clearances in the am.	re
	1500		We and Inco off-site.	re
4/12/06	0700		We and Inco on site.	re
	0720		Inco starts taking all the bags out of containment in the hearing room. Dennis told me that once that's done Inco workers will finish taking the glue dents off the wall where the plaster is. Inco is about 95% done.	re
	0740		We set up all air samples and personal samples.	re
	0915		We do a post-abatement visual inspection. Visual pans. Inco workers were doing a final cleaning. The area where the asbestos was removed came out very nice.	re
	1000		We start. PM clearance samples in the family relations room.	re



## PROJECT OUTLINE

Project Address: 18-20 Trinity Street  
Hartford, CT

DAS Contract Number: 03PSX0346AE

DPW Project Manager: Michael Sanders

DPW Project No.: 2B-06-10

DPW Building No.: 19360

TRC Project No.: 43500-3890-00003

Date(s) of Project: 4/7/06-4/12/06

TRC Project Manager: Donald LePage

TRC Project Monitor(s)/Inspector(s): Greg Kaczynski (#000439) – PM  
Lance Cotton (#000012) – PM

Abatement Contractor: Petco Insulation Co., Inc. (#000036)

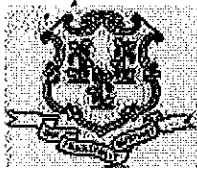
Materials Abated: ~ 1064 SF ACM floor tile/mastic – office areas on east side of 3<sup>rd</sup> floor and Family Courtroom  
~ 320 SF ACM wall panel glue daubs – Family Courtroom

Waste Hauler(s): TransWaste, Inc., Cheshire, CT

Asbestos Landfill: BFI Imperial Landfill, Imperial, PA

Asbestos Waste Generated: ~ Eight (8.41) cubic yards (CY)

**APPENDIX A**  
**NOTIFICATIONS/ALTERNATIVE WORK PRACTICES**



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**ASBESTOS ABATEMENT NOTIFICATION FORM**

**State Use Only**

Post Mark Date: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Transmittal #: \_\_\_\_\_  
 Record #: \_\_\_\_\_

This form is to be completed, postmarked and filed with the Connecticut Department of Public Health ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of emergency notifications, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. The U.S. EPA may require notification of abatement or demolition, as per 40 CFR, Part 61, the asbestos NESHAP regulation. Faxed originals are not acceptable. Revisions may be faxed unless a fee is required.

*(fill in or circle each item)*

**1. TYPE OF NOTIFICATION**

A. NEW \_\_\_\_\_ B. BLANKET \_\_\_\_\_ C. CANCELLATION / POSTPONED (C) \_\_\_\_\_ (P) \_\_\_\_\_  
 D. REVISED X (ITEMS REVISED) ITEM #6(B), 13i & 13m REVISION #: 2  
 E. EMERGENCY \_\_\_\_\_ DESCRIBE NATURE OF EMERGENCY \_\_\_\_\_

**2. ABATEMENT CONTRACTOR:**

Name: Petco Insulation Company, Inc. / Incor Group, Inc. License #: 000036 / 000053  
 Address: 88 Farwell Street, P.O. Box 26127 / P.O. Box 26072  
 City: West Haven / West Haven State: Connecticut / Connecticut Zip Code: 06516 / 06516  
 Phone #: (203)934-3926 Contact Person: James Reilly

**3. FACILITY OWNER/OPERATOR:**

Name: State of Connecticut, Department of Public Works  
 Address: 165 Capitol Avenue  
 City: Hartford State: Connecticut Zip Code: 06106  
 Phone #: (860)713-5702 Contact Person: Mike Sanders

**4. NAME OF FACILITY: (MUST BE FILLED IN)**

Name: \_\_\_\_\_  
 Address: 18-20 TRINITY STREET  
 City: HARTFORD State: CT Zip Code: \_\_\_\_\_

5.(A) START DATE: 4-7-06 5. (B) COMPLETION DATE: 4-17-06

FOR PROJECTS INVOLVING 160 SQ FT OR MORE OF ASBESTOS

6. (A) TOTAL COST OF ABATEMENT: \_\_\_\_\_ 6. (B) REVISED COST: \_\_\_\_\_ *IF APPLICABLE*

**Mail to:**  
**Connecticut DPH**  
**Division of Environmental Health**  
**Indoor Air Program**  
**410 Capitol Avenue, MS 51 AIR**  
**PO Box 340308**  
**Hartford, CT 06134-0308**

Phone: (860) 509-7367/ Fax: (860) 509-7378  
 An Equal Opportunity Employer

**7. USE OF FACILITY:**

A. School (K-12) \_\_\_\_\_ B. Public Building \_\_\_\_\_ C. Manufacturing \_\_\_\_\_  
 D. Office \_\_\_\_\_ E. College \_\_\_\_\_ F. Commercial \_\_\_\_\_  
 G. Church/Synagogue \_\_\_\_\_ H. Residential, # of dwellings \_\_\_\_\_ I. Other X (Specify) State Bldg

**8. BUILDING DATA:**

SQUARE FEET: 18317 Number of floors: 4 Age: 1920's

**9. ABATEMENT CLASSIFICATION:**

A. Renovation: X B. Demolition: \_\_\_\_\_ C. Ordered Demolition – Agency Issuing Order: \_\_\_\_\_  
**NOTE: Attach Demolition Order**

**10. ABATEMENT TECHNIQUE:**

A. Full Containment with Neg. Air X B. Alternative Work Practice (preapproval required) X  
 Project Designer / License # CT DPW Blanket AWP, Scenario #2  
 C. Exterior Abatement \_\_\_\_\_ D. SPOT REPAIR (>25 SQ FT TOTAL) \_\_\_\_\_

**11. ABATEMENT METHOD:**

A. Removal X  
 B. Encapsulation \_\_\_\_\_  
 C. Enclosure \_\_\_\_\_

**12. TYPE OF DECONTAMINATION SYSTEM:**

A. Contiguous X B. Remote X

**13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)**

**FRIABLE MATERIAL**

A. Sprayed or Troweled on		Sq. ft.	E. Duct Insulation		Sq. ft.
B. Boiler Insulation		Sq. ft.	F. Ceiling Tiles		Sq. ft.
C. Tank Insulation		Sq. ft.	G. Other, Specify		Sq. ft.
D. Breaching Insulation		Sq. ft.	H. Pipe Insulation*	.52	Sq. ft.
*Pipe Insulation	Total Linear Feet			1	

Pipe diameter" Linear Feet multiplied by conversion factor\* equals Total Sq ft (\*see Notif. Conversion table)

2	In.	1	LF	X	.52	.52
	In.		LF	X		
	In.		LF	X		
	In.		LF	X		

**NONFRIABLE MATERIAL**

Category I	square feet	Category II	square feet
L. Floor coverings/tiles	1,064	J. Transit Board	
P. Roofing, specify		M. Other, specify: Cove/Bease	53
K. Gaskets, packings		Panel Glue	320

**14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY):**

Name	Minerva Enterprises, Inc.	OR	BFI Imperial Landfill	OR	A&L Salvage
Address	9000 Minerva South East		11 Boggs Road, P.O. Box 47		11225 State RT45 & US30
City, State, Zip	Waynesburg, OH 44688		Imperial, PA 15126		Lisbon, OH 44432
Owner/Operator					

**15. HAULER/WASTE TRANSPORTER:**

Name	Transwaste, Inc.
Address	173 Pickering Street
City, State, Zip	Portland, CT 06480

Name of Individual Completing This Form James Reilly



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**ASBESTOS ABATEMENT NOTIFICATION FORM**

**State Use Only**

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*(fill in or circle each item)*

**1. TYPE OF NOTIFICATION**

A. NEW \_\_\_\_\_ B. BLANKET \_\_\_\_\_ C. CANCELLATION / POSTPONED (C) \_\_\_\_\_ (P) \_\_\_\_\_  
 D. REVISED X (ITEMS REVISED) ITEM #2 REVISION #: 1  
 E. EMERGENCY \_\_\_\_\_ DESCRIBE NATURE OF EMERGENCY \_\_\_\_\_

**2. ABATEMENT CONTRACTOR:**

Name: Petco Insulation Company, Inc. / Incor Group, Inc. License #: 000036 / 000053  
 Address: 88 Farwell Street, P.O. Box 26127 / P.O. Box 26072  
 City: West Haven / West Haven State: Connecticut / Connecticut Zip Code: 06516 / 06516  
 Phone #: (203)934-3926 Contact Person: James Reilly

**3. FACILITY OWNER/OPERATOR:**

Name: State of Connecticut, Department of Public Works  
 Address: 165 Capitol Avenue  
 City: Hartford State: Connecticut Zip Code: 06106  
 Phone #: (860)713-5702 Contact Person: Mike Sanders

**4. NAME OF FACILITY: (MUST BE FILLED IN)**

Name: \_\_\_\_\_  
 Address: 18-20 TRINITY STREET  
 City: HARTFORD State: CT Zip Code: \_\_\_\_\_

5.(A) START DATE: 4-7-06 5. (B) COMPLETION DATE: 4-17-06

FOR PROJECTS INVOLVING 160 SQ FT OR MORE OF ASBESTOS

6. (A) TOTAL COST OF ABATEMENT: \_\_\_\_\_ 6. (B) REVISED COST: \_\_\_\_\_ *IF APPLICABLE*

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Phone: (860) 509-7367/ Fax: (860) 509-7378  
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**7. USE OF FACILITY:**

A. School (K-12) \_\_\_\_\_ B. Public Building \_\_\_\_\_ C. Manufacturing \_\_\_\_\_  
 D. Office \_\_\_\_\_ E. College \_\_\_\_\_ F. Commercial \_\_\_\_\_  
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**8. BUILDING DATA:**

SQUARE FEET: 18317 Number of floors: 4 Age: 1920's

**9. ABATEMENT CLASSIFICATION:**

A. Renovation: X B. Demolition: \_\_\_\_\_ C. Ordered Demolition – Agency Issuing Order: \_\_\_\_\_  
**NOTE: Attach Demolition Order**

**10. ABATEMENT TECHNIQUE:**

A. Full Containment with Neg. Air X B. Alternative Work Practice (preapproval required) X  
 Project Designer / License # CT DPW Blanket AWP, Scenario #2  
 C. Exterior Abatement \_\_\_\_\_ D. SPOT REPAIR (>25 SQ FT TOTAL) \_\_\_\_\_

**11. ABATEMENT METHOD:**

A. Removal X  
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 C. Enclosure \_\_\_\_\_

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A. Contiguous X B. Remote X

**13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)**

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C. Tank Insulation		Sq. ft.	G. Other, Specify		Sq. ft.
D. Breaching Insulation		Sq. ft.	H. Pipe Insulation*	.52	Sq. ft.
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	In.		LF	x		
	In.		LF	x		
	In.		LF	x		

**NONFRIABLE MATERIAL**

Category I		square feet	Category II		square feet
J. Floor coverings/tiles		976	L. Transit Board		
K. Gaskets, packings			M. Other specify Cover/Base		53

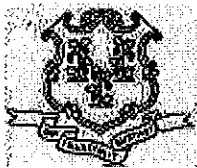
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**FRIABLE MATERIAL**

A. Sprayed or Troweled on		Sq. ft.	E. Duct Insulation		Sq. ft.
B. Boiler Insulation		Sq. ft.	F. Ceiling Tiles		Sq. ft.
C. Tank Insulation		Sq. ft.	G. Other, Specify:		Sq. ft.
D. Breaching Insulation		Sq. ft.	H. Pipe Insulation*	.52	Sq. ft.
*Pipe Insulation	Total Linear Feet			1	

Pipe diameter" Linear Feet multiplied by conversion factor\* equals Total Sq ft (\*see Notif. Conversion table)

2	In.	1	LF	x	.52	.52
	In.		LF	x		
	In.		LF	x		
	In.		LF	x		

**NONFRIABLE MATERIAL**

Category I	square feet	Category II	square feet
I. Floor coverings/tiles	976	L. Transite Board	
J. Roofing, specify		M. Other, specify: Cove Base	53
K. Gaskets, packings			

**14. WASTE DIPSOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY):**

Name	Minerva Enterprises, Inc.	OR	BFI Imperial Landfill	OR	A&L Salvage
Address	9000 Minerva South East		11 Boggs Road, P.O Box 47		11225 State RT45 & US30
City, State, Zip	Waynesburg, OH 44688		Imperial, PA 15126		Lisbon, OH 44432
Owner, Operator					

**15. HAULER/WASTE TRANSPORTER:**

Name	Transwaste, Inc.
Address	173 Pickering Street
City, State, Zip	Portland, CT 06480

Name of Individual Completing This Form James Reilly

**State of Connecticut  
Department of Public Health  
Alternative Work Practice (AWP)  
Approval Form**

Check box for applicable AWP scenario

- 1. Renovation Projects – Removal of Friable Asbestos-Containing Material (ACM) Using the Glove-Bag Method**  
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the friable asbestos-containing material shall be removed utilizing the glove-bag procedure outlined in 29 CFR 1926.1101, of the Department of Labor, Occupational Safety and Health Administration regulation. In addition to the glove-bag procedure, the work area is to be isolated from the non-work area by establishing an air-tight barrier of 6 mil polyethylene sheeting covering or composing the wall surfaces and covering the floor surface. In areas where this barrier does not extend to the ceiling, the layer of 6 mil polyethylene sheeting shall compose the ceiling of the air-tight enclosure.

- 2. Renovation Projects – Removal of Non-friable ACM**  
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area shall be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). Additionally, a single layer of 4 or 6 mil polyethylene sheeting shall be used to seal the wall surfaces in the work area. This scenario is limited to non-friable flooring/treading, cove base, mastic/glue, transite/cementitious materials, glue daubs, gaskets, caulking, putty and asphalt materials unless written approval by DPH is granted.

- 3. Demolition Projects, Sound Structure – Removal of Friable ACM Using the Glove-Bag Method**  
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area shall be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). The friable asbestos-containing material shall be removed utilizing the glove-bag procedure outlined in 29 CFR 1926.1101 of the Department of Labor, Occupational Safety and Health Administration regulation. Negative pressure ventilation will be established in accordance with Section 19a-332a-5(h). The work area shall be visually inspected and pass the no visible debris criteria of Sections 19a-332a-5(g) and 19a-332a-7(c). In addition, when the building is to be reoccupied by any person prior to demolition, post abatement reoccupancy air testing shall be performed in accordance with Section 19a-332a-12.

- 4. Demolition Projects, Sound Structure – Removal of Non-friable ACM**  
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). Negative pressure ventilation will be established in accordance with Section 19a-332a-5(h). This work practice is applicable *only* for removal of non-friable ACM. For the purposes of this approval, non-friable ACM is limited to non-friable flooring/treading, cove base, mastic/glue, transite/cementitious materials, glue daubs, gaskets, caulking, putty and asphalt materials unless written approval by DPH is granted.

**APPENDIX B**  
**CONTRACTOR CERTIFICATIONS/LICENSES**

0006284 FP \*\*PSRRT RH 0 1064 06616  
 INCOR GROUP, INC.  
 P.O. BOX 26072  
 88 FARWELL STREET  
 WEST HAVEN CT 06516

Dear Licensed/Certified Professional,  
 Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:

Department of Public Health (860) 509-7603  
 P.O. Box 340308 or  
 M.S.#12MGA (860) 509-7596  
 Hartford, CT 06134-0308

Sincerely,

*J Robert Galvin M.D., MPH.*

J. ROBERT GALVIN, MD, MPH, COMMISSIONER  
 DEPARTMENT OF PUBLIC HEALTH

**INSTRUCTIONS:**

1. Reattach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.

1. The employer's copy is for persons who need to validate current licensure/certification in order to be employed. The employer's copy of this card is to be presented to the person who is being employed. Only one copy of this card can be supplied to you.

**STATE OF CONNECTICUT**  
 DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT  
 THE INDIVIDUAL NAMED BELOW IS LICENSED  
 BY THIS DEPARTMENT AS A

ASBESTOS CONTRACTOR

LICENSE NO.  
 000053  
 CURRENT THROUGH  
 10/31/06  
 VALIDATION NO.  
 03-235546

INCOR GROUP, INC.

*[Handwritten Signature]*

SIGNATURE

*J Robert Galvin M.D., MPH.*  
 COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT  
 DEPARTMENT OF PUBLIC HEALTH

NAME  
 INCOR GROUP, INC.  
 LICENSE NO.  
 000053  
 PROFESSION  
 ASBESTOS CONTRACTOR

VALIDATION NO.  
 03-235546  
 CURRENT THROUGH  
 10/31/06

SIGNATURE

*J Robert Galvin M.D., MPH.*  
 COMMISSIONER

WALLET CARD

STATE OF CONNECTICUT  
 DEPARTMENT OF PUBLIC HEALTH

NAME  
 INCOR GROUP, INC.  
 LICENSE NO.  
 000053  
 PROFESSION  
 ASBESTOS CONTRACTOR

VALIDATION NO.  
 03-235546  
 CURRENT THROUGH  
 10/31/06

SIGNATURE

*J Robert Galvin M.D., MPH.*  
 COMMISSIONER



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- QUICK CONTACTS
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# Health Care or Environmental Health Professional's License Status

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Note: Requests for copies of documents related to past disciplinary action for professions other than physicians may be emailed as such documents are not currently available via this web site. Please include your name and telephone number on any request.

**License Type:** Asbestos Abatement Supervisor  
**License Number:** 000774  
**Name:** BOUFFARD, DENNIS R  
**Expiration Date:** 2/28/2007  
**Granted Date:** 11/8/2000  
**License Name:** Dennis R. Bouffard  
**License Status:** Current  
**Disciplinary Action:** None

## Questions ??

E-mail [webmaster.dph@po.state.ct.us](mailto:webmaster.dph@po.state.ct.us) or call (860) 509-7603  
Return to [DPH Licensure/Renewal Page](#)

For Business Registry Questions? Contact **Smart** or call 1-800-392-2122.

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09833003

CERT# A-103S - 610


**CHEMSCOPE TRAINING DIVISION  
ASBESTOS CONTRACTOR/SUPERVISOR REFRESHER  
8 HOUR TRAINING CERTIFICATE**

**Dennis Bouffard  
88 Farwell Street PO Box 26072, West Haven CT  
043-66-2414**

Has attended an 8 hour annual refresher course on the subject discipline on  
09/02/05 and has passed a written examination.

"The person receiving this certificate has completed the requisite training required for asbestos accreditation as a supervisor under TSCA Title II"  
Course topics include a review and update on asbestos health hazards, personal protection, emission control measures, government regulations, planning work areas, removal practices and procedures and air monitoring.

**Examination Date: 09/02/05  
Expiration Date: 09/02/06**  
This training course has been accredited by the State of Connecticut.

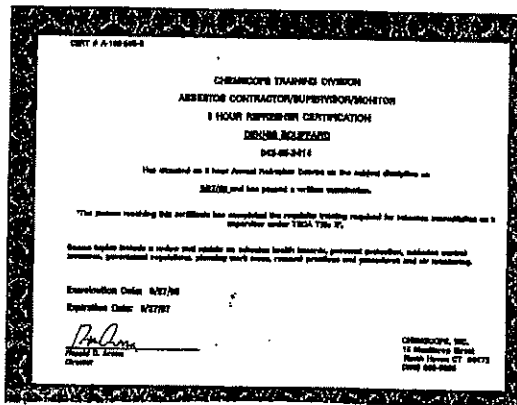
  
Ronald D. Arena or Jesse Whittemore  
Training Director Assistant Training Manager

**CHEMSCOPE, INC.  
15 Moulthrop Street  
North Haven Ct 06473  
(203) 865-5605**

*Handwritten initials*

Printed in USA





*Thomas R. Agutter*  
 Chairman, American Red Cross  
 Instructor's Signature

*Elizabeth Cresman*  
 WLF/MERIDEN BRANCH  
 SO. CENTR. CT. CHAPTER  
 Holder's Signature

32109

Cert. 653212L (Rev. July 1997)



This recognizes that  
**DENNIS BAUFFARD**  
 has completed the requirements for  
**ADULT CPR**  
 conducted by  
**WALLINGFORD / MERIDEN**  
 Date completed 12/17/98  
 The American Red Cross recognizes this certificate  
 as valid for 1 year from completion date.

CERT # A-102-104-B

CHEMSCOPE TRAINING DIVISION  
 ASBESTOS CONTRACTOR/SUPERVISOR/MONITOR  
 8 HOUR REFRESHER CERTIFICATION  
 DENNIS BOUFFARD  
 043-88-2414

Has attended an 8 hour Annual Refresher Course on the subject discipline on 12/22/98 and has passed a written examination.

The person receiving this certificate has completed the requisite training required for asbestos abatement as a supervisor under TSCA Title II.

Course topics include a review and update on asbestos health hazards, personal protection, emission control measures, governmental regulations, planning work areas, removal practices and procedures and air monitoring.

Examination Date: 12/22/98  
 Expiration Date: 12/22/99

*Ronald D. Arana*  
 Ronald D. Arana  
 Director

CHEMSCOPE, INC.  
 18 Moulthrop Street  
 North Haven CT 06473  
 (203) 882-2400

CERT # A-114-87-B

CHEMSCOPE TRAINING DIVISION  
 ASBESTOS CONTRACTOR/SUPERVISOR  
 AND PROJECT MONITOR TRAINING  
 40 HOUR CERTIFICATION  
 DENNIS BOUFFARD  
 043-88-2414

Has attended an 40 hour Course on the subject discipline on 12/17/98 and has passed a written examination.

The person receiving this certificate has completed the requisite training required for asbestos abatement as a supervisor under TSCA Title II.

Course topics include asbestos physical properties, health hazards, respiratory protection, procedures for asbestos abatement, protective clothing, air monitoring, governmental regulations, equipment and supplies, planning work areas, removal practices and procedures, use of the glove bag, and safety hazards other than asbestos, legal issues, insurance and bonding, record keeping, building systems, supervisory techniques, and contract specifications. The course includes lectures, demonstration, and hands on training.

Examination Date: 12/17/98  
 Expiration Date: 12/17/99

*Ronald D. Arana*  
 Ronald D. Arana  
 Director

CHEMSCOPE, INC.  
 18 Moulthrop Street  
 North Haven CT 06473  
 (203) 882-2400

# Concentra Medical Centers (CT)

900 Northrup Road WALLINGFORD, CT 06492  
Phone: (203) 949-1034 Fax: (203) 949-9036

## PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 05/27/2005

Employee Name:

Employee SSN: 043-66-2414

Bouffard, Dennis R.

Address:

16 Pirot Circle

EAST HAVEN CT 06512

Employer: Incor Group

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

TBP

Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check  ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

Paul Accornero  
PLHCP Signature

\_\_\_\_\_  
Employee's Signature

Paul Accornero  
P. Name (printed)

5/27/05  
Expiration Date

<sup>1</sup>Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

RESPIRATOR FIT TEST

Date of Test 4/4/06

Name Dennis Bonfield

SS Number 043-66-2414

Respirator Make glendale 1/2 face - 3m PAPP

Type \_\_\_\_\_

PASS/FAIL \_\_\_\_\_

Expiration Date 4/4/07

COMMENTS \_\_\_\_\_

Test Administrator Majl

This fit test certification will expire in one (1) year unless other physical factors and/or different respirator is required, Re-Test is required.

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**License Type:** Asbestos Abatement Worker  
**License Number:** 002741  
**Name:** ALVARADO, FRANKLIN  
**Expiration Date:** 10/31/2006  
**Granted Date:** 6/26/2001  
**License Name:** Franklin Alvarado  
**License Status:** Current  
**Disciplinary Action:** None

### Questions

E-mail [webmaster@dph.state.ct.us](mailto:webmaster@dph.state.ct.us) or call (860) 509-7603

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# Superior Industries LLC

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment

**Certificate of Completion**  
Awarded to

**Franklin Alvarado**

**(SSN 585-12-4760) (DOB 10-30-1978)**

Has completed a 8 Hour 1 day Approved Course of Instruction in  
Asbestos Abatement Removal and Disposal (AARD)  
**Worker Refresher - Spanish**

**June 4, 2005**

Required by OSHA and the EPA Revised MAP for accreditation under  
the TSCA Title 11 as self-certified by Trainer 8/5/97  
Required by Connecticut Regulations 19a-332-21

**SUPERIOR INDUSTRIES LLC**

342 Carter Lane

Southington, CT. 06489

860-620-1133 (voice)

860-621-1134 (fax)

Examination Date: June 4, 2005

Expiration Date: June 4, 2006

Certificate Number: ASWR-585-12-4760-05

Earl R. Clark, Training Director

EMPLOYER'S COPY

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME: FRANKLIN ALVARADO  
VALIDATION NO. 03-109388  
CERTIFICATION NO. 002741  
PROFESSION: ASBESTOS ABATEMENT WORKER  
CURRENT THROUGH 10/31/05

SIGNATURE: EARL R. CLARK

# Superior Industries LLC

**SUPERIOR  
INDUSTRIES LLC.**



Committed to a Clean Environment

## Certificate of Completion

Awarded to

**Franklin Alvarado**

(SSN 585-12-4760) (DOB 10-30-78)

Has completed a 32 Hour 4 day Approved Course of Instruction in  
Asbestos Abatement Removal and Disposal (AARD)  
**Worker Initial**

**June 14, 2001 to June 17, 2001**

Required by OSHA and the EPA Revised MAP for accreditation under  
the TSCA Title 11 as self-certified by Trainer 8/5/97  
Required by Connecticut Regulations 19a-332-21

SUPERIOR INDUSTRIES LLC.

342 Carter Lane

Southington, CT. 06489

860-620-1133 (voice)

860-621-1134 (fax)

Examination Date: June 17, 2001

Expiration Date: June 17, 2002

Certificate Number: 585-12-4760

Earl R. Clark, Training Director

PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 6/2/05

Employee Name: Franklin Alvarado

Employee SSN: 585-12-4760

Address: 51 New Donald St.  
Hartford, CT 06106

Employer: \_\_\_\_\_

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to \_\_\_\_\_ so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check  ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

PLHCP Signature

David C. ... MD.

PLHCP Name (printed)

<sup>1</sup>Physician or other Licensed Healthcare Professional

Franklin Alvarado  
Employee's Signature

6/2/05

Expiration Date

To be maintained in the employee's file with a copy to the employee

RESPIRATOR FIT TEST

Date of Test 6/22/05

Name Franklin Alvarado

SS Number 585-12-4760

Respirator Make glendale 1/2 face, 3m PAPR

Type \_\_\_\_\_

PASS/FAIL \_\_\_\_\_

Expiration Date 4/22/06

COMMENTS \_\_\_\_\_

Test Administrator M. J. [Signature]

This fit test certification will expire in one (1) year unless other physical factors and/or different respirator is required, Re-Test is required.



DP

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Note: Requests for copies of documents related to past disciplinary action must be submitted in writing. Such documents are currently not available in an electronic format. Therefore, include your name, mailing address and telephone number on any request.

**License Type:** Asbestos Abatement Worker  
**License Number:** 001718  
**Name:** MEJIA, JOSE A  
**Expiration Date:** 5/31/2006  
**Granted Date:** 2/7/2001  
**License Name:** Jose A. Mejia  
**License Status:** Current  
**Disciplinary Action:** None

### Questions

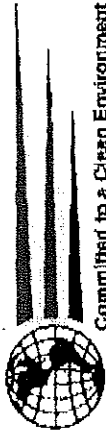
E-mail [licensing@lic.state.ct.us](mailto:licensing@lic.state.ct.us) or call (860) 509-7603

**For Business Registry Questions? Contact** [businessregistry@lic.state.ct.us](mailto:businessregistry@lic.state.ct.us) **or call 1-800-392-2122.**

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# Superior Industries LLC

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment

## Certificate of Completion Awarded to

**Jose A. Mejia**

**(SSN 546-98-8031) (DOB 5-02-76)**

Has completed a 8 Hour 1 day Approved Course of Instruction in  
Asbestos Abatement Removal and Disposal (AARD)  
**Worker Refresher - Spanish**

**January 7, 2006**

Required by OSHA and the EPA Revised MAP for accreditation under  
the TSCA Title 11 as self-certified by Trainer 8/5/97  
*Required by Connecticut Regulations 19a-332-27*

**SUPERIOR INDUSTRIES LLC**

342 Carter Lane  
Southington, CT. 06489  
860-620-1133 (voice)  
860-621-1134 (fax)

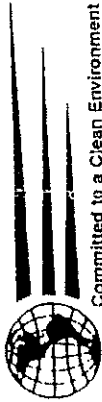
Examination Date: January 7, 2006  
Expiration Date: January 7, 2007  
Certificate Number: SWR-546-98-8031-06



Earl R. Clark, Training Director

# Superior Industries LLC

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment

## Certificate of Completion

Awarded to

**Jose A. Mejia**

(SSN 546-98-8031) (DOB 5-02-76)

Has completed a 32 Hour 4 day Approved Course of Instruction in  
Asbestos Abatement Removal and Disposal (AARD)

**Worker Initial - Spanish**

**February 1, 2001 through February 4, 2001**

Required by OSHA and the EPA Revised MAP for accreditation under  
the TSCA Title 11 as self-certified by Trainer 8/5/97

Required by Connecticut Regulations 19a-332-21

**SUPERIOR INDUSTRIES LLC**

342 Carter Lane

Southington, CT. 06489

860-620-1133 (voice)

860-621-1134 (fax)

Examination Date: February 4, 2001

Expiration Date: February 4, 2002

Certificate Number: 546-98-8031



Earl R. Clark, Training Director

# Concentra Medical Centers (CT)

701 Main Street EAST HARTFORD, CT 06108  
Phone: (860) 289-5561 Fax: (860) 291-1895

## PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 04/18/2005

Employee Name: \_\_\_\_\_

Employee SSN: 546-98-8031

Mejia, Jose A.

Address: \_\_\_\_\_

132 Madison Street

HARTFORD CT 06106

Employer: Incor Group

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check  ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

H. Zushman  
PLHCP Signature

H. ZUSHMAN  
PLHCP Name (printed)

<sup>1</sup>Physician or other Licensed Healthcare Professional

\_\_\_\_\_  
Employee's Signature

4/18/05  
Expiration Date

To be maintained in the employee's file with a copy to the employee

RESPIRATOR FIT TEST

Date of Test 4/04/06

Name Jose Mejia

SS Number 546-98-8031

Respirator Make grendale 1/2 face - 3m PAPP

Type \_\_\_\_\_

PASS/FAIL \_\_\_\_\_

Expiration Date 4/04/07

COMMENTS \_\_\_\_\_

Test Administrator M. J. [Signature]

This fit test certification will expire in one (1) year unless other physical factors and/or different respirator is required, Re-Test is required.



HELP | Connecticut



# Health Care or Environmental Health Professional's License Status

This site is part of **CT-clic.com**, the **Connecticut Licensing Info Center**, that links to all YOUR State licensing and registration needs.

Note: Requests for copies of documents related to past disciplinary action for professions other than physicians may be emailed as such documents are not currently available via this web site. Please include your name and telephone number on any request.

**License Type:** Asbestos Abatement Worker  
**License Number:** 001608  
**Name:** MORA, SAMUEL  
**Expiration Date:** 11/30/2006  
**Granted Date:** 1/16/2001  
**License Name:** Samuel Mora  
**License Status:** Current  
**Disciplinary Action:** None

### Questions ? ?

E-mail [webmaster.dph@po.state.ct.us](mailto:webmaster.dph@po.state.ct.us) or call (860) 509-7603

[Return to DPH Licensure/Renewal Page](#)

**For Business Registry Questions?** Contact **Smart** or call **1-800-392-2122**.

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# Superior Industries LLC

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment

## Certificate of Completion

Awarded to

**Samuel Mora**

**(SSN 064-58-7059) (DOB 11-20-73)**

Has completed a 8 Hour 1 day Approved Course of Instruction in  
*Asbestos Abatement Removal and Disposal (AARD)*

**Worker Refresher - Spanish**

**January 7, 2006**

Required by OSHA and the EPA Revised MAP for accreditation under  
the TSCA Title 11 as self-certified by Trainer 8/5/97

*Required by Connecticut Regulations 19a-332-21*

**SUPERIOR INDUSTRIES LLC**

342 Carter Lane

Southington, CT. 06489

860-620-1133 (voice)

860-621-1134 (fax)

Examination Date: January 7, 2006

Expiration Date: January 7, 2007

Certificate Number: SWR-064-58-7059-06

Earl R. Clark, Training Director

# SENAGRYPH TRAINING FACILITIES

SERVING THE ASBESTOS AND LEAD ABATEMENT INDUSTRY

37-42 72nd St. Jackson Hts. N.Y. 11372 (718) 429-0647 E-MAIL: senagrph@aol.com

HEREBY CERTIFIES THAT

SAMUEL MORA

SS# 064-58-7059



HAS SUCCESSFULLY COMPLETED

A 32 HOUR NYS-EPA (TSCA TITLE II) APPROVED COURSE ENTITLED

ASBESTOS ABATEMENT WORKER

INCLUDING CLASSROOM LECTURES HANDS-ON WORKSHOP INSTRUCTION AND FINAL EXAM

ON THIS 08TH DAY OF DECEMBER 2001

COURSE DATES: 01/02-08/01

EXPIRATION DATE: 01/08/02

LANGUAGE: SPANISH

TEST SCORE: 80%

DIRECTOR:

*Julia Herrera*  
JULIA HERRERA

INSTRUCTOR:

*Gerardo Cano*  
GERARDO CANO

FOR COURSE PARTICIPANTS SEEKING NEW YORK STATE CERTIFICATION OR TRAINING  
RECIPROCIITY FROM ANOTHER STATE, THE OFFICIAL RECORD OF SUCCESSFUL COMPLETION  
IS THE NYS-DOH 2832 CERTIFICATE OF COMPLETION OF ASBESTOS SAFETY TRAINING .





**Concentra Medical Centers (CT)**

701 Main Street EAST HARTFORD, CT 06108  
Phone: (860) 289-5561 Fax: (860) 291-1895

PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 02/07/2006

Employee Name: Aora, Samuel

Employee SSN: 064-58-7059

Address:

12 Elliott Street

Apt. 324

HARTFORD CT 06114

Employer: Incor Group

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)

- I ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- I ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check  ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

PLHCP Signature

PLHCP Name (printed)

<sup>1</sup>Physician or other Licensed Healthcare Professional

Employee's Signature

Expiration Date

To be maintained in the employee's file with a copy to the employee

RD

RESPIRATOR FIT TEST

Date of Test 11/22/06

Name Samuel Moore

SS Number 064-58-7059

Respirator Make glendale 1/2 face, 3m PAPP

Type \_\_\_\_\_

PASS/FAIL \_\_\_\_\_

Expiration Date 11/22/07

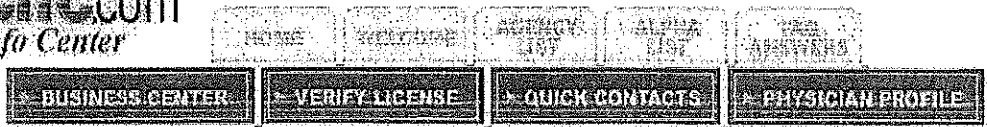
COMMENTS \_\_\_\_\_

Test Administrator Maff

This fit test certification will expire in one (1) year unless other physical factors and/or different respirator is required, Re-Test is required.



HELP | Connecticut



# Health Care or Environmental Health Professional's License Status

This site is part of **CT-clic.com**, the **Connecticut Licensing Info Center**, that links to all YOUR State licensing and registration needs.

Note: Requests for copies of documents related to past disciplinary action for professions other than physicians may be emailed as such documents are not currently available via this web site. Please include your name and telephone number on any request.

**License Type:** Asbestos Abatement Worker  
**License Number:** 000039  
**Name:** SEMAYOA, CARLOS  
**Expiration Date:** 11/30/2006  
**Granted Date:** 5/12/2000  
**License Name:** Carlos Semayoa  
**License Status:** Current  
**Disciplinary Action:** None

### Questions ? ?

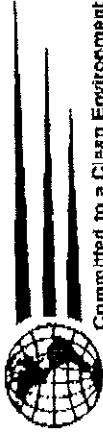
E-mail [webmaster.dph@po.state.ct.us](mailto:webmaster.dph@po.state.ct.us) or call (860) 509-7603  
Return to [DPH Licensure/Renewal Page](#)

**For Business Registry Questions?** Contact **Smart** or call **1-800-392-2122**.

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# Superior Industries LLC

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment

## Certificate of Completion Awarded to

**Carlos Samayoa**

**(SSN 638-25-8018) (DOB 11-12-72)**

*Has completed a 8 Hour 1 day Approved Course of Instruction in  
Asbestos Abatement Removal and Disposal (AARD)  
Worker Refresher - Spanish*

**January 7, 2006**

*Required by OSHA and the EPA Revised MAP for accreditation under  
the TSCA Title 11 as self-certified by Trainer 8/5/97  
Required by Connecticut Regulations 19a-332-2f*

**SUPERIOR INDUSTRIES LLC  
342 Carter Lane  
Southington, CT. 06489  
860-620-1133 (voice)  
860-621-1134 (fax)**

**Examination Date: January 7, 2006  
Expiration Date: January 7, 2007  
Certificate Number: SWR-638-25-8018-06**

**Earl R. Clark, Training Director**

# HANDS ON ABATEMENT TRAINING

SERVING THE ASBESTOS AND ENVIRONMENTAL INDUSTRY  
60 INDUSTRIAL PARK ROAD WEST UNIT 91  
TOLLAND CT 06084 (860) 872-4611

Certificate # **H0000035**  
HEREBY CERTIFIES THAT

**CARLOS SAMAYOA**

NAME

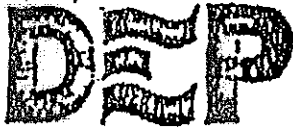
S.S.# **638-25-8018**

HAS SUCCESSFULLY COMPLETED A 32 HOUR  
ASBESTOS ABATEMENT WORKER COURSE. REQUIRED BY OSHA  
AND THE EPA REVISED MAP FOR ACCREDITATION UNDER TSCA TITLE II

ON THIS **4TH** DAY OF SEPTEMBER **1998** EXPIRATION DATE: **9/06/99**

COURSE DATE(S): **9/01 - 9/04/98** LANGUAGE: **SPANISH**

DIRECTOR *[Signature]* INSTRUCTOR *[Signature]*



CITY OF NEW YORK  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 BUREAU OF ENVIRONMENTAL REMEDIATION AND DISPOSAL  
 ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT  
 29-17 JUNCTION BOULEVARD, 5TH FLOOR, COCONA, NEW YORK 11364

APPLICATION FOR ASBESTOS INVESTIGATOR  
 AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME: Carlos Samayoa  
 HOME ADDRESS: 219 Jefferson St  
 CITY, STATE, & ZIP: Hartford Ct 06106  
 TELEPHONE NUMBER: (860) 922 66 18  
 DATE OF BIRTH: 11-12-77  
 SOCIAL SECURITY NO.: 638 25 8018

ORIGINAL

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED  
 PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)  
 AND FORCED EXPIRATORY VOLUME AT ONE SECOND  
 (FEV<sub>1</sub>), AND AN EVALUATION OF A RECENT CHEST  
 ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE  
 NAMED PATIENT (PLEASE CHECK IN APPROPRIATE BOX)

IS

IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE  
 PERFORMANCE OF HIS/HER JOB.

Alberto Pozo  
 PRINT NAME OF PHYSICIAN

April 14/2005  
 DATE OF EXAMINATION

[Signature]  
 SIGNATURE OF PHYSICIAN

40-46 74 St  
 ADDRESS

DEPT. OF ENVIRONMENTAL PROTECTION  
 BUREAU OF ENVIRONMENTAL REMEDIATION AND DISPOSAL  
 40-46 74th St  
 Elmhurst, N.Y. 11378  
 Dr. Alberto Pozo

(718) 458-1515  
 TELEPHONE NUMBER

RESPIRATOR FIT TEST

Date of Test 12/28/05

Name Carlos Samayoa

SS Number 638-25-8018

Respirator Make grendale 1/2 face - 3m PAPC

Type \_\_\_\_\_

PASS/FAIL \_\_\_\_\_

Expiration Date 12/28/06

COMMENTS \_\_\_\_\_

Test Administrator Maff

This fit test certification will expire in one (1) year unless other physical factors and/or different respirator is required, Re-Test is required.

**APPENDIX C**  
**DAILY PROJECT SIGN-IN SHEETS**









**APPENDIX D**  
**CONTRACTOR OSHA PERSONNEL AIR**  
**SAMPLING RESULTS**

Company: Petes  
 88 Farwell Street  
 West Haven, Connecticut 06516-0961

Hygienist: TRC

Lab # 81210

Type of Project:  Asbestos Abatement  Lead Abatement

Date Collected: 4-10-06

Job Name: 18-20 TRINITY ST.

Job Number: 201-2452

Project Foreman: D. Beard

Analyst: Lance R. Cotton 4/12/06

QC Analyst: Lance R. Cotton, 4/12/06

Calibration: K. Williams

Final Clearance Air Test:

Personal Sample:  Lab Manager: Henry J. Sabatone

Work Sample:

Type of Removal:

Pre-clean:  Set Up:  Encapsulation:

Pipe:  Fittings:  Transit Board:

Boiler:  Tank:  Sprayed-On:

Breaching:  Duct:  Floor Tile:

Ceiling Tile:  Bag Out:  Blastrac:

Glovebag:  Mastic Removal:

Other:

Sample Number	Worker Name/S.S. Number Work Function	Respirator Type/Brand	Time On	Time Off	Flow (L/Min)	Pump No.	Fiber Concentration	T.W.A.
1	Franklin Alvarado	1/2 Face	8:15	8:45	2.0	600	23/100 / 0.045 / 0.070	QC 0/100
2	Franklin Alvarado	1/2 Face	8:45	11:05	2.0	780	11/100 / 0.019 / 0.019	QC 0/100
3	Blank						0/100 / 0/100	
4	Blank							
5	Samuel Mora	1/2 Face	7:50	8:20	2.0	600	46/100 / 0.37 / 0.37	
6	Samuel Mora	1/2 Face	8:20	3:00	2.0	800	36/107 / 0.021 / 0.021	
7	Blank						0/100 / 0/100	
8	Blank							

Rec'd by: K. Williams 4/10/06 1030

**APPENDIX E**  
**TRC CERTIFICATIONS/LICENSES**

0010437 FP \*\*PRSRH H1 0 0364 06095

GREGORY A. KACZYNSKI  
TRC ENVIRONMENTAL CORP.  
5 WATERSIDE CROSSING  
WINDSOR CT 06095

Dear Licensed/Certified Professional,  
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:

Department of Public Health (860) 509-7603  
P.O. Box 340308 or  
M.S.#12MGA (860) 509-7596  
Hartford, CT 06134-0308

Sincerely,  
*J. Robert Galvin M.D., MPH.*  
J. ROBERT GALVIN, MD, MPH, COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH

**INSTRUCTIONS:**

1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.

4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT  
THE INDIVIDUAL NAMED BELOW IS LICENSED  
BY THIS DEPARTMENT AS A

**ASBESTOS CONSULTANT-PROJECT MONITOR**

GREGORY A. KACZYNSKI

LICENSE NO.  
000439  
CURRENT THROUGH  
07/31/06  
VALIDATION NO.  
03-226683

*J. Robert Galvin*  
SIGNATURE

*J. Robert Galvin M.D., MPH.*  
COMMISSIONER

EMPLOYER'S COPY

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

NAME  
GREGORY A. KACZYNSKI

VALIDATION NO. 03-226683      LICENSE NO. 000439      CURRENT THROUGH 07/31/06

PROFESSION:  
ASBESTOS CONSULTANT-PROJECT MONITOR

*J. Robert Galvin*  
SIGNATURE

*J. Robert Galvin M.D., MPH.*  
COMMISSIONER

# CERTIFICATE OF ACHIEVEMENT

*This certifies that*

**Greg Kaczynski**

*has successfully completed the*

**8 Hour Asbestos Project Monitor Refresher Training**

conducted by  
ATC Associates Inc.  
73 William Franks Drive  
West Springfield, MA 01089  
(413) 781-0070

*Edward Kolby*

Principal Instructor

August 29, 2005

Date of Course

August 29, 2006

Expiration Date

*Dresser J. Mosch*

Regional Manager

PMR-0687

Certificate Number

August 29, 2005

Examination Date





Your Essential  
Connection

**RETAIN FOR YOUR RECORDS**

June 1, 2001

Counter ID: 8237  
Organization ID: 100122

Gregory Kaczynski  
TRC Environmental Corporation  
5 Waterside Crossing  
Windsor, CT 06095

Dear :Analyst

**Congratulations!** The American Industrial Hygiene Association (AIHA) Analytical Accreditation Board (AAB) has approved your listing in the Asbestos Analysts Registry (AAR). This Board Approval takes effect today and is current as long as you maintain two or less outliers in the two most current consecutive Asbestos Analytical Testing (AAT) rounds. This is the only time AIHA requires that you be on the AAB Ballot.

If you should receive more than two outliers in two consecutive rounds, your AAT Performance Results report will show that you are "not acceptable." To regain your Board Approval, your options are:

- 1) Purchase the current round retest to override the results, or:
- 2) Analyze the next two AAT rounds and again meet Board Approval qualifications.

**If you foresee non-participation in a future AAT round, AIHA requires a letter requesting a suspension from that round to retain the Board Approval status before the date that results are due for that particular round.**

For your information:

- 1) You automatically lose Board Approval status when you cease analyzing AAT samples with your organization.
- 2) If you transfer to an unapproved organization, you immediately lose Board Approval status.

Congratulations again and thank you for your continued interest in the Asbestos Analysts Registry program. If you have any questions concerning your status, please call me.

Sincerely,

Gary E. Coates  
Laboratory Accreditation Specialist



LABORATORY QUALITY  
ASSURANCE PROGRAMS

SOUND DATA

SMART DECISIONS

**AIHA**

Your Essential Connection:  
Advancing Occupational and Environmental Health  
and Safety Globally

2700 Prosperity Ave., Suite 250, Fairfax, VA 22031 U.S.A.  
(703) 849-8888; Fax (703) 207-8558; www.aiha.org

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT  
THE INDIVIDUAL NAMED BELOW IS LICENSED  
BY THIS DEPARTMENT AS A  
ASBESTOS CONSULTANT-PROJECT MONITOR

LANCE R. COTTON

LICENSE NO.  
000012  
CURRENT THROUGH  
07/31/06  
VALIDATION NO.  
03-226682

*Lance R. Cotton*  
SIGNATURE

*J. Robert Rubin, M.D., M.P.H.*  
COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
LANCE R. COTTON

VALIDATION NO. 03-226682

LICENSE NO. 000012

CURRENT THROUGH 07/31/06

PROFESSION  
ASBESTOS CONSULTANT-PROJECT MONITOR

*Lance R. Cotton*  
SIGNATURE

*J. Robert Rubin, M.D., M.P.H.*  
COMMISSIONER

# CERTIFICATE OF ACHIEVEMENT

*This certifies that*

**Lance R. Cotton**

*has successfully completed the*

## **8 Hour Asbestos Project Monitor Refresher Training**

Official record of successful  
completion of this Course is  
the DOH2832 Certificate issued  
on January 3, 2006

conducted by  
ATC Associates Inc.  
73 William Franks Drive  
West Springfield, MA 01089  
(413) 781-0070

*Charles Kolby*

Principal Instructor

January 3, 2006

Date of Course

January 3, 2007

Expiration Date

*Gregory J. Morach*

Regional Manager

PMR-0720

Certificate Number

January 3, 2006

Examination Date

# AMERICAN INDUSTRIAL HYGIENE ASSOCIATION

P.O. Box 8390 • 345 White Pond Dr. • Akron, OH 44320 • TEL. (216) 873-AIHA (2442) • FAX (216) 873-1642

LANCE R COTTON  
TRC ENVIRONMENTAL CONSULTANTS, INC.  
800 CONNECTICUT BOULEVARD  
EAST HARTFORD CT 06100

September 25, 1990

You have been entered as an asbestos counter on the AIHA Asbestos Analysts Registry (AAR). In the future, your AAR listing will indicate your performance on AAR quality audit sample analyses. This letter introduces you to some of the procedures related to these quality audit samples, such as how your analytical results should be reported. This letter does not imply final approval of your application, which may still be in review.

Each counter on the Registry has a 4-digit Counter Identification (Counter ID). The organization you work for also has an ID number. (If you move, your new organization should re-enroll you with AIHA.) The following are your ID numbers:

COUNTER ID for LANCE R COTTON: 3750  
ORGANIZATION ID for TRC ENVIRONMENTAL CONSULTANTS, INC.: 06108001  
ORGANIZATION CONTACT PERSON: PAUL J. HUNT

Quality audit samples will be mailed each quarter along with a form for reporting your results. You will have to enter your Counter ID and Organization ID on the form to properly report your results, so be sure to retain these numbers in a secure place. The enclosed page of instructions gives sample mailing dates, information on reporting results, and performance criteria. Also enclosed is an extra copy of the reporting form which you should keep for possible future use.

The AAR audit samples will be mailed to your organization's contact person. The contact person will receive a set of four samples for every five counters at your address shortly after the sample mailing date. At that time, it is your responsibility to contact that person, obtain a result form, and carefully prepare a wedge from each sample in a set. Performance results are also mailed to the contact person. It is your responsibility to obtain a copy if you want a continuous record of your performance; the AAR reports only your present status (performance over the last two quarters).

If you have questions concerning AAR, call AIHA at 216 873 2442.

EMPLOYER'S COPY

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME

ANTHONY J. MINALGA

VALIDATION NO.

03-168983

LICENSE NO.

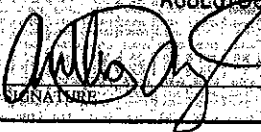
000464


CURRENT THROUGH

03/31/06

PROFESSION

ASBESTOS CONSULTANT INSPECTOR

  
SIGNATURE

  
COMMISSIONER

# CERTIFICATE OF ACHIEVEMENT

*This certifies that*

**Anthony Minalga**

*has successfully completed the*  
**Asbestos Site Inspector Refresher Training**  
**Asbestos Accreditation Under TSCA Title II**  
**40 CFR Part 763**

*conducted by*

Official record of successful  
completion of this Course is the  
DOH2832 Certificate issued  
on March 23, 2006

*ATC Associates Inc.*  
73 William Franks Drive  
West Springfield, MA 01089  
(413) 781-0070

*Charles Volpe*

Principal Instructor

March 23, 2006

Date of Course

March 23, 2007

Expiration Date

*Gregory J. Morach*

Regional Manager

SIAR-2140

Certificate Number

March 23, 2006

Examination Date

**APPENDIX F**  
**EQUIPMENT CALIBRATION DATA**

### Low-flow Rotameter Calibration

Rotameter setting	(cc) Trial 1	(cc) Trial 2	(cc) Trial 3	(cc) Trial 4	(cc) Trial 5	LPM
1	<del>1.017</del> 0.999	<del>0.995</del> 1.019	<del>1.008</del> 0.975	1.012	1.009	1.013
2	2.004	2.014	2.005	2.040	2.007	2.008
3	3.009	3.009	3.017	3.015	3.022	3.022
4	4.260	4.265	4.271	4.249	4.256	4.260
Rotameter#		L-4				
calibrated by		KMS				
date		5/13/05				
temperature		22°C				

Rotameter calibrated using  
 primary Standard Electronic  
 Cry-Cal DC-1 meter. Model:  
 DC-1 Bios International Corp  
 /N TRC

\*CC = cubic centimeter  
 \*LPM = liters per minute



SUBJECT (Low Flow) Rotameter Calibration

(Calibrate to center of ball)

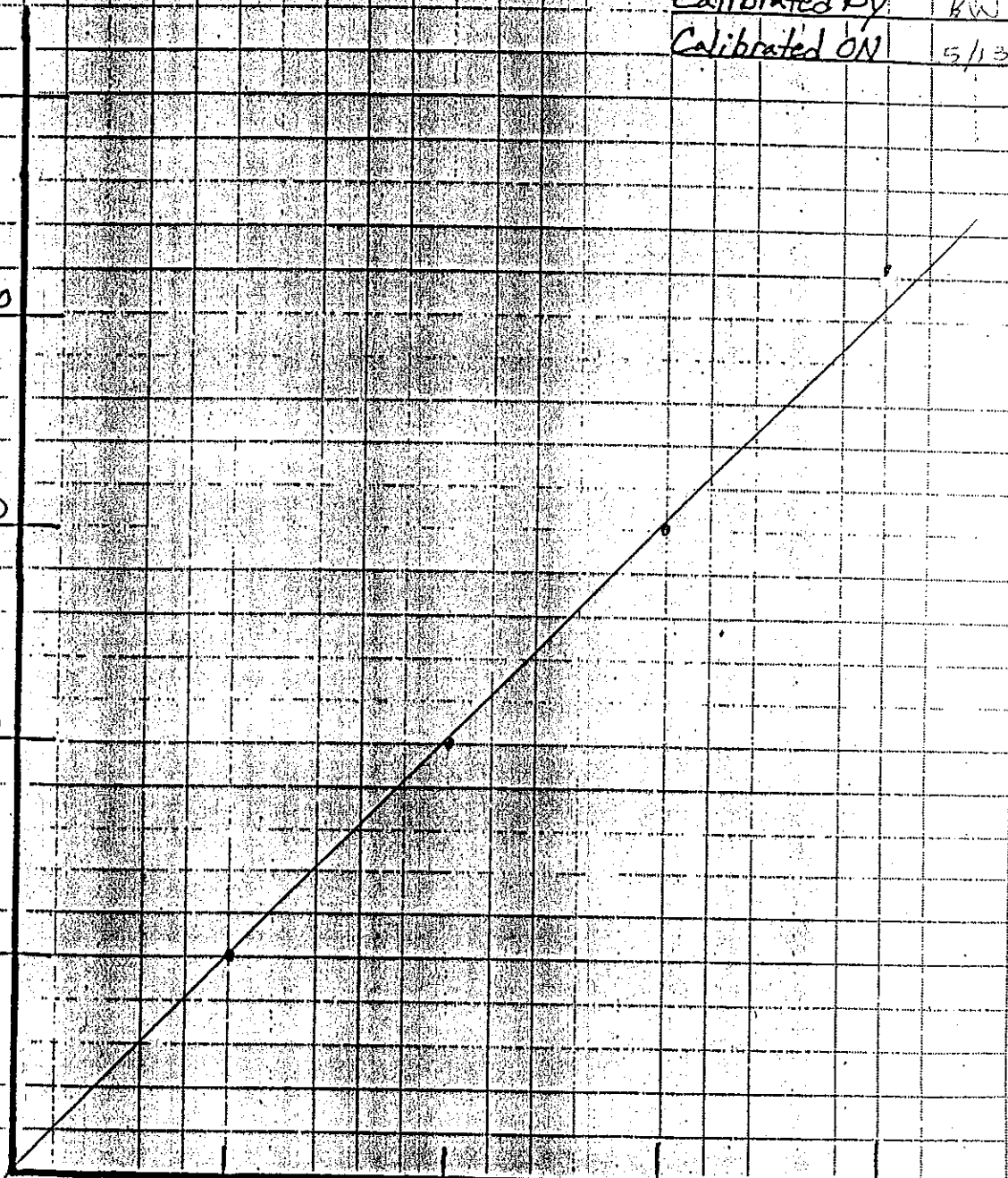
Rotameter # L-4  
Calibrated By KW  
Calibrated ON 5/13/09

Actual Average Flow (LPM)

4.0  
3.0  
2.0  
1.0

1.0 2.0 3.0 4.0

Rotameter Setting



### Low-flow Rotameter Calibration

Rotameter setting	(cc) Trial 1	(cc) Trial 2	(cc) Trial 3	(cc) Trial 4	(cc) Trial 5	LPM
1	0.9134	0.9116	0.9142	0.9114	0.9138	0.9129
2	2.260	2.103	1.945	1.950	1.930	2.038
3	2.898	2.897	2.896	2.904	2.898	2.899
4	3.843	3.838	3.836	3.834	3.834	3.837

Rotameter# L-22  
 calibrated by KW  
 date 11/13/05  
 temperature 22C

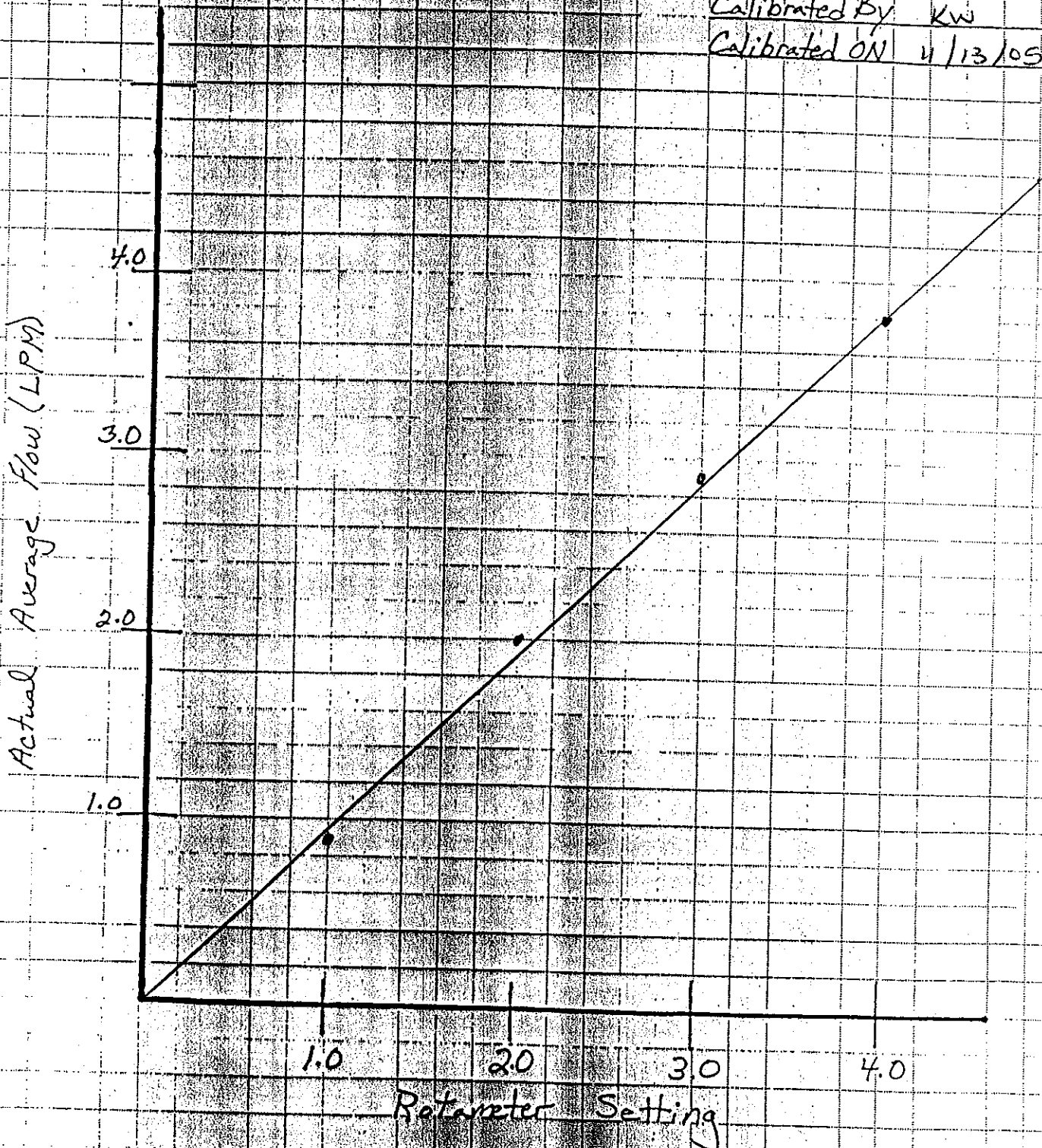
Rotameter calibrated using  
 center of ball. Calibrated with  
 Standard Electronic  
 Model DC-1 meter. Model :  
 C-1 Bios International Corp  
 TRC

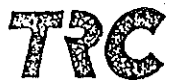
\*CC = cubic centimeter  
 \*LPM = liters per minute

SUBJECT (Low Flow) Rotameter Calibration

(Calibrate to center of ball)

Rotameter # L-22  
Calibrated By KW  
Calibrated ON 4/13/05





TRC Environmental

Note: Rotameter Calibrated using Center of Ball.

Calibrated with Primary Standard Electronic Dry-CAL DC-1 meter Model: DC-1 Bios International Corp. S/N TRC-

SHEET NO. 1 OF 2  
PROJECT NO. \_\_\_\_\_  
DATE \_\_\_\_\_  
BY \_\_\_\_\_  
CHK'D \_\_\_\_\_

SUBJECT Hi-flow Rotameter Calibration

Rotameter Setting	TRIAL 1	TRIAL 2	TRIAL 3	TRIAL 4	TRIAL 5		Average Flow LPM
4	4.537	5.117	5.513	5.571	5.068	X	5.161
8	8.895	7.360	9.296	7.676	8.605	X	8.366
12	11.86	11.89	11.83	11.89	11.86	X	11.87
16	15.58	15.81	15.79	15.84	15.86	X	15.83

ROTAMETER # H-21  
CALIBRATED BY KW  
DATE 11/13/05  
TEMPERATURE 22C

\* LPM = Liters Per Minute

Rotameter calibrated using center of ball

Hi-flow Rotameter

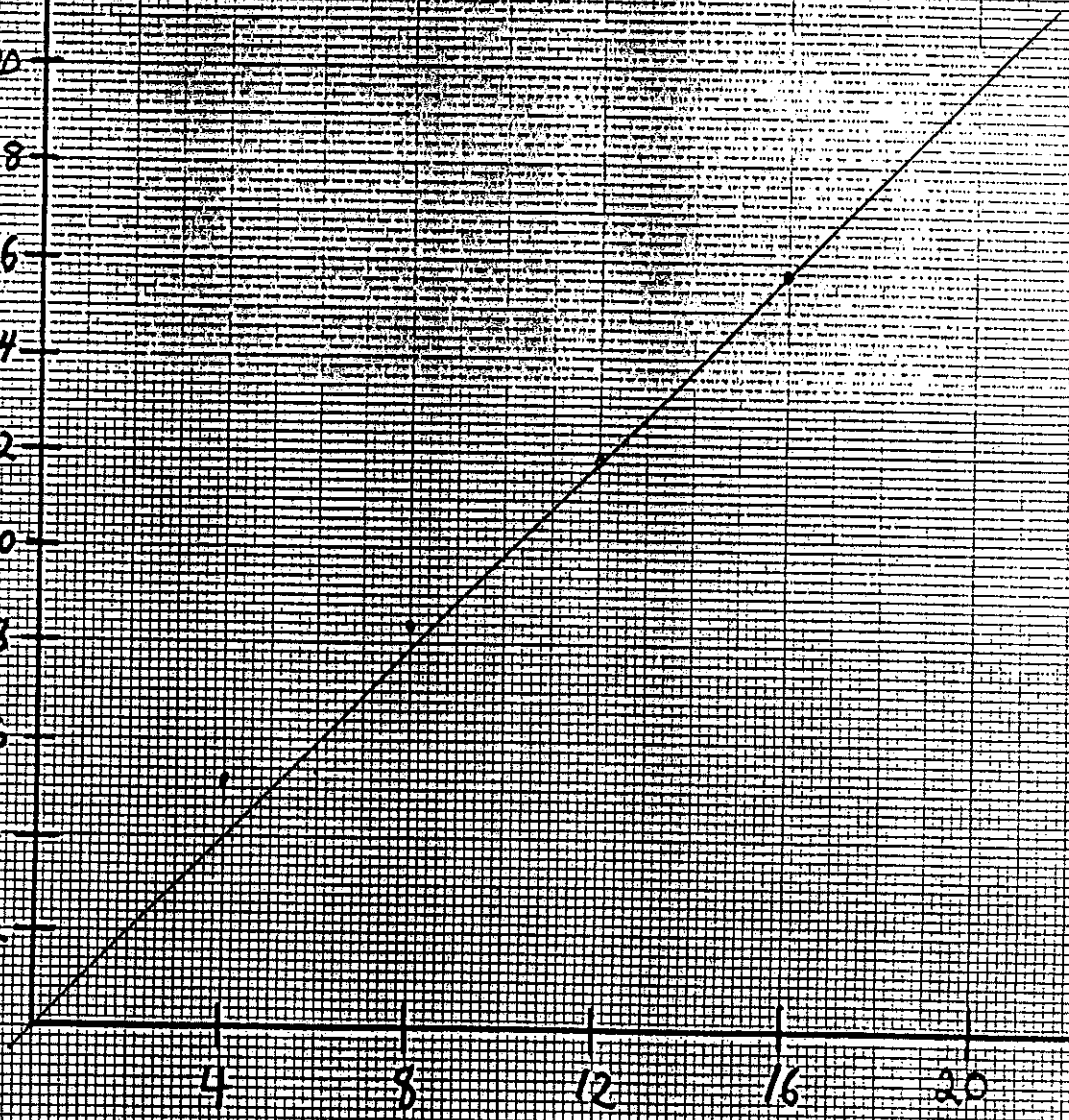
Rotameter # H-21

Calibrated ON 11/13/65

BY K.W.

Actual (Flow Rate) (LPM)

20  
18  
16  
14  
12  
10  
8  
6  
4  
2



4 8 12 16 20  
PCM

Rotameter Setting

**APPENDIX G**  
**LABORATORY ANALYTICAL CERTIFICATIONS**

# State of Connecticut, Department of Public Health Approved Environmental Laboratory

THIS IS TO CERTIFY THAT THE LABORATORY DESCRIBED BELOW HAS BEEN APPROVED BY THE STATE DEPARTMENT OF PUBLIC HEALTH PURSUANT TO APPLICABLE PROVISIONS OF THE PUBLIC HEALTH CODE AND GENERAL STATUTES OF CONNECTICUT, FOR MAKING THE EXAMINATIONS, DETERMINATIONS OR TESTS SPECIFIED BELOW WHICH HAVE BEEN AUTHORIZED IN WRITING BY THAT DEPARTMENT.

## TRC ENVIRONMENTAL CORPORATION

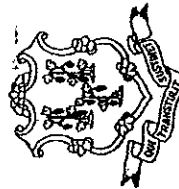
LOCATED AT 21 Griffin Road North IN Windsor, CT 06095  
AND REGISTERED IN THE NAME OF Richard A. Love

THIS CERTIFICATE IS ISSUED IN THE NAME OF Henry Laliberte WHO HAS BEEN DESIGNATED  
BY THE REGISTERED OWNER/AUTHORIZED AGENT TO BE IN CHARGE OF THE LABORATORY WORK COVERED BY THIS CERTIFICATE OF  
APPROVAL AS FOLLOWS:

ASBESTOS  
AIR-FIBER COUNTING - PCM  
BULK IDENTIFICATION - PLM

### SEE COMPUTER PRINT-OUT FOR SPECIFIC TESTS APPROVED

THIS CERTIFICATE EXPIRES December 31, 2007 AND IS REVOCABLE FOR CAUSE BY THE STATE DEPARTMENT OF PUBLIC HEALTH  
DATED AT HARTFORD, CONNECTICUT, THIS 22<sup>ND</sup> DAY OF DECEMBER 2005



Registration  
No.

PH-0426

*Ellen J. Blaschinski*

CHIEF, REGULATORY SERVICES BRANCH



## The American Industrial Hygiene Association

CELEBRATING  
**30**  
Thirty Years  
of AIHA  
Accrediting Labs

SOUND DATA  
SMART DECISIONS  
1974 - 2004

acknowledges that

### TRC Environmental Corporation

21 Griffin Road North, Windsor, CT 06095

Laboratory ID: 100122

has fulfilled the requirements of the AIHA Laboratory Quality Assurance Programs (LQAP), thereby, conforming to the ISO/IEC 17025:1999 international standard, *General Requirements for the Competence of Testing and Calibration Laboratories*. The above named laboratory, along with all premises from which key activities are performed, as listed above, have been accredited by AIHA in the following:

#### ACCREDITATION PROGRAMS

- |                                     |                            |                                   |
|-------------------------------------|----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | INDUSTRIAL HYGIENE         | Accreditation Expires: 02/01/2008 |
| <input type="checkbox"/>            | ENVIRONMENTAL LEAD         | Accreditation Expires:            |
| <input type="checkbox"/>            | ENVIRONMENTAL MICROBIOLOGY | Accreditation Expires:            |
| <input type="checkbox"/>            | FOOD                       | Accreditation Expires:            |

Specific Field(s) of Testing (FoT)/Method(s) within each Accreditation Program for which the above named laboratory maintains accreditation is outlined on the attached Scope of Accreditation. Continued accreditation is contingent upon successful on-going compliance with LQAP requirements. This certificate is not valid without the attached Scope of Accreditation.

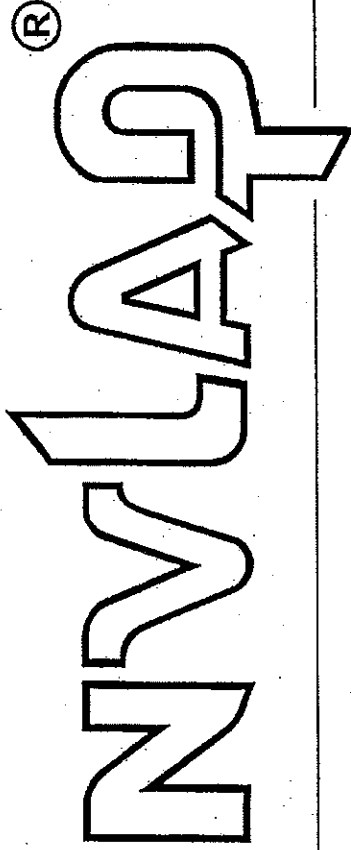
David Kahane, CIH  
Chairperson, Analytical Accreditation Board

Roy M. Buchan, DrPH, CIH  
President, AIHA

Date Issued: 2/24/2006



United States Department of Commerce  
National Institute of Standards and Technology



## Certificate of Accreditation to ISO/IEC 17025:1999

NVLAP LAB CODE: 101424-0

**TRC Environmental Corporation**  
Windsor, CT

is recognized by the National Voluntary Laboratory Accreditation Program for conformance with criteria set forth in  
NIST Handbook 150:2001 and all requirements of ISO/IEC Guide 17025:1999.  
Accreditation is granted for specific services, listed on the Scope of Accreditation, for:

**BULK ASBESTOS FIBER ANALYSIS**

2005-07-01 through 2006-06-30

Effective dates



*John P. Walsh*  
For the National Institute of Standards and Technology

**APPENDIX H**  
**ASBESTOS AIR SAMPLE ANALYSIS AND**  
**CHAIN-OF-CUSTODY DATA**

# AIR SAMPLE ANALYSIS REPORT

CLIENT: DPW  
 SITE: 18-20 Tisbury St  
 ADDRESS: Hartford, CT

PROJECT NO.: 43500-3890-0003 DATE: 04/07/06 PG 1 OF 1  
 SAMPLER PRINT: G. Kozymski SIGNATURE: \_\_\_\_\_ DATE: 4/7/06  
 ANALYST PRINT: Larry Cottam SIGNATURE: \_\_\_\_\_ DATE ANALYZED: 4/10/06  
 QC ANALYST PRINT: K. Williams SIGNATURE: \_\_\_\_\_ DATE ANALYZED: 4/10/06  
 LAB SUPERVISOR PRINT: H. H. ... SIGNATURE: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
 QC MANAGER PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ROTMETER NO.: 622 DATE OF CALIBRATION: 11/3/05 LAB NO.: 32217  
 SAMPLE TYPE:  PCM  TEM  OTHER (SPECIFY) \_\_\_\_\_  
 ANALYSIS METHOD:  NIOSH 7400  AHERA  OTHER (SPECIFY) \_\_\_\_\_  
 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	01	02	03	04	05
SAMPLING LOCATION/ COMMENTS	Pop area SE side of Bldg	NE side of U.A.	Hall outside W.A.	FIELD	
TYPE OF SAMPLE	3m flr	3m flr	3m flr	BLANKS - 1	
PUMP NUMBER	2	2	2	-	
START TIME/STOP TIME	0918 / 1245	0918 / 1245	0919 / 1245	-	
TOTAL TIME (min)	207	207	206	-	
FLOW RATE	2.2 / 2.2	2.1 / 2.1	2.2 / 2.2	-	
TOTAL VOLUME (l)	455	455	453	-	
FB - BFB FL - BFL	38/106	28.5/100	50/100	0/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.039	0.031	0.054	-	-

**STANDARDS**  
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria  
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)  
 1.0 f/cc - OSHA 30 min. Excursion Level  
 ND < = Non-Detected, Less Than the Limit of Detection  
 Limit of Detection = 0.055 fibers/field

**CHAIN OF CUSTODY RECORD**  
 RELINQUISHED BY: Larry Cottam DATE: 4/10/06 TIME: 0900 am  
 RECEIVED BY: K. Williams DATE: 4/10/06 TIME: 1630  
 RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DPW  
 SITE: 18-20 Trinity Street  
 ADDRESS: Hartford, CT  
 CONTACT NAME: Don LePage  
 PHONE NO.: (860) 298-6222

PROJECT NO.: 43520-3890-00003 DATE: 4/10/06 PG. 1 OF 1  
 SAMPLER PRINT: Lance Cotton SIGNATURE: Lance Cotton  
 ANALYST PRINT: Lance Cotton SIGNATURE: Lance Cotton 4/10/06  
 QC ANALYST PRINT: K. Williams SIGNATURE: Lance Cotton 4/10/06  
 LAB SUPERVISOR PRINT: H. LePage SIGNATURE: Henry J. LePage  
 QC MANAGER PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 ROTOMETER NO.: L-4 DATE OF CALIBRATION: 11/13/05 LAB NO.: 32217  
 SAMPLE TYPE: X PCM \_\_\_\_\_ TEM \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
 ANALYSIS METHOD: X NIOSH 7400 \_\_\_\_\_ AHERA \_\_\_\_\_  
 ISSUE 2 8/15/94

Intra- and interlaboratory relative standard deviation quality control information is available in the laboratory.

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	06	07	08	09	10
SAMPLING LOCATION/ COMMENTS	15 Containment removal of floor tile/mastic	05 Containment on top of decision	05 containment nail outside work area prep	F.B.	F.B.
TYPE OF SAMPLE	3rd floor	3rd floor	3rd floor		
PUMP NUMBER	3	4	4/2		
START TIME/STOP TIME	0810/1100	0810/1102	0817/1135		
TOTAL TIME (min)	170	172	383		
FLOW RATE	2.2/1.05	2.05/2.0	2.15/1.45		
TOTAL VOLUME (l)	328	349	689		
FB - BFB / FL - BFL	50/100	1/100	32/100	0/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.075	0.008	0.073		

CHAIN OF CUSTODY RECORD  
 RELINQUISHED BY: Lance Cotton DATE: 4/10/06 TIME: 1437 PM  
 RECEIVED BY: K. Williams DATE: 4/18/06 TIME: 1630  
 RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STANDARDS  
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria  
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)  
 1.0 f/cc - OSHA 30 min. Excursion Level  
 ND < = Non-Detected, Less Than the Limit of Detection  
 Limit of Detection = 0.055 fibers/field

600-312-0001 - ts f

# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DPW  
 SITE: R-20 Trinity Street  
 ADDRESS: Hartford, CT

CONTACT/NAME: Don LePage  
 PHONE NO.: (860) 298-6222

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory.

Qcd 77-5/10/06

PROJECT NO.: 43570-3890-0003 DATE: 4/10/06 PG 1 OF 1  
 SAMPLER PRINT: Lance Cotton SIGNATURE: Lance Cotton  
 ANALYST PRINT: Lance Cotton SIGNATURE: Lance Cotton  
 QC ANALYST PRINT: Lance Cotton SIGNATURE: Lance Cotton  
 LAB SUPERVISOR PRINT: H. Cotton SIGNATURE: Henry J. Adolante  
 QC MANAGER PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ROTOMETER NO.: #21 DATE OF CALIBRATION: 11/13/05 LAB NO.: 322.17  
 SAMPLE TYPE: X PCM \_\_\_\_\_ TEM \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
 ANALYSIS METHOD: X NIOSH 7400 \_\_\_\_\_ AHRA \_\_\_\_\_  
Issue 2 8/15/94

TYPE OF SAMPLE: pc 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	11	12	13	14	15	16	17
SAMPLING LOCATION/ COMMENTS		3rd floor				FB	FB
TYPE OF SAMPLE		4 - removal of floor tile/mastic					
PUMP NUMBER		6					
START TIME/STOP TIME	1130/1250	1130/1250	1130/1250	1130/1250	1130/1250	1130/1250	1130/1250
TOTAL TIME (min)	80	80	80	80	80	80	80
FLOW RATE	15715	15715	15715	15715	15715	15715	15715
TOTAL VOLUME (l)	1200	1200	1200	1200	1200	1200	1200
FB - BFB FL - BFL	24100	17100	23100	125100	24100	01100	0100
AIRBORNE FIBER CONC. (fibers/cc)	0.009	0.007	0.009	0.005	0.009		

**STANDARDS**  
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria  
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)  
 1.0 f/cc - OSHA 30 min. Excursion Level  
 ND < = Non-Detected, Less Than the Limit of Detection  
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD  
 RELINQUISHED BY: Lance Cotton DATE: 4/10/06 TIME: 1300 pm  
 RECEIVED BY: K. Williams DATE: 4/18/06 TIME: 1630  
 RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

# AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 43500-3890-00003 DATE: 4/11/06 PG 1 OF 1  
 SAMPLER PRINT: Lance Cottan SIGNATURE: [Signature]  
 ANALYST PRINT: Lance Cottan SIGNATURE: [Signature]  
 QC ANALYST PRINT: Lance Cottan SIGNATURE: [Signature]  
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature]  
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature]

CONTACT NAME: Don LePage ROTOMETER NO.: L-1 DATE OF CALIBRATION: 11/3/05 LAB NO.: 32217  
 PHONE NO.: (800) 298-6222 SAMPLE TYPE: X PCM     TEM     OTHER (SPECIFY)      
 ANALYSIS METHOD: X NIOSH 7400     AHERA     OTHER (SPECIFY)      
Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance  
Old 8.5/100 mL

SAMPLE NO.	18	19	20	21	22	23
SAMPLING LOCATION/ COMMENTS	115 Containment work area hearing rm. 3rd floor	015 Containment on top of deck 3rd floor	015 Containment in hallway 3rd floor	P13	P13	in state library office 3rd floor
TYPE OF SAMPLE	3	4	4			4
PUMP NUMBER						
START TIME/STOP TIME	0740/1450	0740/1452	0740/1447			1845/1445
TOTAL TIME (min)	430	432	427			360
FLOW RATE	2.1 / 2.1	2.0 / 1.95	2.2 / 2.2			1.6 / 1.6
TOTAL VOLUME (l)	903	855	939			576
FB - BFB / FL - BFL	53/100	5/100	8.5/110	0/100	0/100	3/100
AIRBORNE FIBER CONC. (fibers/cc)	0.027	nd < 0.003	0.004			nd < 0.003

**STANDARDS**  
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria  
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)  
 1.0 f/cc - OSHA 30 min. Excursion Level  
 ND < = Non-Detected, Less Than the Limit of Detection  
 Limit of Detection = 0.055 fibers/field

**CHAIN OF CUSTODY RECORD**  
 RELINQUISHED BY: [Signature] DATE: 4/11/06 TIME: 1500 pm  
 RECEIVED BY: [Signature] DATE: 4/11/06 TIME: 1630  
 RELINQUISHED BY:     DATE:     TIME:      
 RECEIVED BY:     DATE:     TIME:

# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DPW

SITE: 18-20 Trinity Street

ADDRESS: Hartford, CT

CONTACT/NAME: Don LaPage

PHONE NO.: (860) 298-6222

PROJECT NO.: 43500-3870-0003 DATE: 4/12/06 PG 1 OF 1

SAMPLER PRINT: Lance Cotton SIGNATURE: [Signature]

ANALYST PRINT: Lance Cotton SIGNATURE: [Signature]

QC ANALYST PRINT: [Signature] SIGNATURE: [Signature]

LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature]

QC MANAGER PRINT: [Signature] SIGNATURE: [Signature]

ROTOMETER NO.: 4-21 DATE OF CALIBRATION: 11/13/05 LAB NO.: 32217

SAMPLE TYPE: X PCM TEM OTHER (SPECIFY)

ANALYSIS METHOD: X NIOSH 7400 AHERA OTHER (SPECIFY)

Intra- and interlaboratory relative standard deviation quality control information is available in the laboratory.

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	SAMPLING LOCATION/ COMMENTS	TYPE OF SAMPLE	PUMP NUMBER	START TIME/STOP TIME	TOTAL TIME (min)	FLOW RATE	TOTAL VOLUME (l)	FB - BFB / FL - BFL	AIRBORNE FIBER CONC. (fibers/cc)
24	3rd floor - hearing room	6		1000/1170	80	15/15	1200		0/100
25	Removal of blk, Mashe i gwe daub	6		1000/1170	80	15/15	1200		0/100
26	PM clearance	6		1000/1170	80	15/15	1200		0/100
27	Family relations	6		1000/1170	80	15/15	1200		0/100
28	Family relations	6		1000/1170	80	15/15	1200		0/100
29	FB	6		1000/1170	80	15/15	1200		0/100
30	FB	6		1000/1170	80	15/15	1200		0/100

**STANDARDS**  
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria  
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)  
 1.0 f/cc - OSHA 30 min. Excursion Level  
 ND < = Non-Detected, Less Than the Limit of Detection  
 Limit of Detection = 0.055 fibers/field

**CHAIN OF CUSTODY RECORD**

RELINQUISHED BY: [Signature] DATE: 4/12/06 TIME: 1200 noon

RECEIVED BY: [Signature] DATE: 4/18/06 TIME: 1630

RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



**APPENDIX I**  
**ASBESTOS BULK SAMPLE ANALYSIS AND**  
**CHAIN-OF-CUSTODY DATA**



**TRC ENVIRONMENTAL CORPORATION**  
Environmental Chemistry Laboratory  
21 Griffin Road North  
Windsor, CT 06095  
(860) 298-6308

**BULK ASBESTOS ANALYSIS REPORT**

CLIENT: CT Department of Public Works

Site: 18-20 Trinity Street, Hartford, CT  
Lab Log #: 32188  
Project #: 43500-3720-00003  
Date Received: 04/07/06  
Date Analyzed: 04/10/06

**RESULTS**

Sample No.	Color	Homogeneous	Multi-Layered	Layer No.	Other Matrix Mat'ls	Asbestos %	Asbestos Type
01	White	Yes	No	--	--	ND<1%	None
02	White	Yes	No	--	--	ND<1%	None

Reporting limit- asbestos present at 1%  
ND<1% - asbestos was not detected  
Trace- asbestos was observed at level of less than 1%

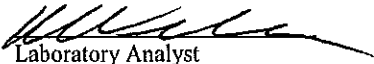
Note: Polarized-light microscopy is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. In those cases, negative results must be confirmed by quantitative transmission electron microscopy.


The Laboratory at TRC follows the EPA's Interim Method for the Determination of Asbestos in Bulk Insulation (1982), and the EPA recommended Method for the Determination of Asbestos in Bulk Building Materials (EPA/600/R-93/116), July 1993, R.L. Perkins and B.W. Harvey which utilizes polarized light microscopy (PLM). Our analysts have completed an accredited course in asbestos identification. TRC's Laboratory is accredited under the National Voluntary Laboratory Accreditation Program (NVLAP), for Bulk Asbestos Fiber Analysis, NVLAP Code 18/A01, effective through June 30, 2006. TRC is an American Industrial Hygiene Association (AIHA) accredited lab for PLM effective through February 1, 2008. Asbestos content is determined by visual estimate unless otherwise indicated. Quality Control is performed in-house on at least 10% of samples and the QC data related to the samples is available upon written request from the client.

This report shall not be reproduced, except in full, without the written approval of TRC. This report must not be used by the client to claim product endorsement by NVLAP or any agency of the U.S. Government. This report relates only to the items tested.

Analyst: Kathleen Williamson

QC Analyst: Maureen Grissom

Reviewed by:   
Laboratory Analyst

Approved:   
Henry J. Laliberte  
Signatory: Laboratory Manager

Date Issued: 4/10/06

TRC

21 GRIFFIN ROAD NORTH  
WINDSOR, CONNECTICUT 06095  
TELEPHONE (860) 298-9692  
FAX (860) 298-6399

**ASBESTOS BULK SAMPLING  
CHAIN OF CUSTODY**

Edition: September 2005  
Supersede Previous Edition

PROJECT NUMBER  
43500 - 3720-00003

PROJECT NAME  
DPW - 18-20 Trinity Street,  
Hartford, CT

LAB ID #. 32188

TURNAROUND TIME

PLM:	X	24hr	48hr	3day	5day
TEM:		24hr	48hr	3day	5day

INSPECTOR: (SIGNATURE)

(PRINTED)  
Greg Kaczynski

FIELD SAMPLE NUMBER	DATE	TIME	TYPE	SAMPLE LOCATION	PLM EPA 600/R93/116 (POSITIVE STOP)	PLM NY NOB 198.1 (w/ gravimetric reduction) (POSITIVE STOP)	ANALYZE BY LAYER	POINT COUNT (IF >1% & <10%)	TEM NY NOB 198.4 (IF PLM SERIES NEG)	MATERIAL
01	04/07/06	AM		3 <sup>rd</sup> floor - family court room	X			X		Joint compound - North wall
02	04/07/06	AM		3 <sup>rd</sup> floor - family court room	X			X		Joint compound - East wall

Relinquished by: (Signature)

Date: 04/07/06

Received by: (Signature) *K. Williams*

Date: 4/7/06

Relinquished by: (Signature)

Date:

Received by: (Signature)

(Printed)  
Gregory kaczynski

Time: 1330

(Printed)  
1500

(Printed)

Time:

(Printed)

Remarks:

Condition of Samples:  Yes  No

Comments:

Page 1 of 4

**APPENDIX J**  
**ASBESTOS WASTE SHIPMENT RECORDS**



# TransWaste, Inc.

1824

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

40 VD / 201-2452

### Section I GENERATOR

a. Generator Name: State of CT, DRW  
 b. Generating Location: 18-20 Trinity St  
 c. Address: 165 Capitol Ave  
 d. Address: Hartford, CT  
Hartford, CT 06106  
 e. Phone No.: \_\_\_\_\_  
 f. Phone No.: \_\_\_\_\_  
 i. County Service Code: \_\_\_\_\_

If owner of the generating facility differs from the generator provide:

j. Description of Waste	Waste Code	Qty (%/#)	Shipped In:
1. <u>ACM</u>		<u>8.41</u>	<input type="checkbox"/> Rolloff
2. _____		<u>405</u>	<input type="checkbox"/> Fiber Drum
3. _____	<u>20Asbestos Waste - RC III</u>		<input checked="" type="checkbox"/> Truck
4. _____			<input type="checkbox"/> Other
5. _____	<u>US YURBLE</u>		

Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: D. Pellegrino Signature: \_\_\_\_\_ Shipment Date: 042706

### Section II TRANSPORTER

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>3 Barker Dr.</u>		i. Address: _____	
<u>Wallingford, CT 06492</u>			
c. Driver Name / Title: <u>Celenn Serbani</u>		j. Driver Name / Title: _____	
<u>Kent Goodell</u>		k. Phone No.: _____	l. Truck No.: _____
d. Phone No.: <u>203-284-0009</u>	e. Truck No.: <u>305</u>	m. Vehicle License No./State: _____	
f. Vehicle License No./State: <u>40984 A</u>		Acknowledgement of Receipt of Materials.	
g. <u>[Signature]</u>	<u>050906</u>	n. _____	<u>[Signature]</u>
Driver Signature	Shipment Date	Driver Signature	Shipment Date

### Section III DESTINATION

a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>	e. Site <input checked="" type="checkbox"/> : <u>OSPT</u>
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing <u>113099 Skel</u>
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address: _____
Phone: <u>330-866-7435</u>	Phone: <u>330-424-3739</u>	Phone: <u>Dupont Pk</u>
g. Discrepancy Indication Space: _____		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
h. <u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Name of Authorized Agent	Signature	Receipt Date

### Section IV ASBESTOS

a. Contractor's Name: Petco Insulation Co., Inc. b. Contractor's Phone No.: 203-934-3926  
 c. Contractor's Address: 88 Farwell St., West Haven, CT 06516  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**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 government regulations.

e. Contractor's Name & Title: D. Pellegrino Admin Asst [Signature] 042706  
 Print / Type Contractor's Signature Date

f. Name and Address  
 of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203  
 g.  Friable  Non-friable  Both 100 % friable \_\_\_\_\_ % non-friable