



September 6, 2006

Mr. David Arute
Department of Public Works
Room 460
165 Capitol Avenue
Hartford, CT 06106

Re: Revised Notification for 18-20 Trinity Street, Hartford, Connecticut
Project No.: 2B-06-16
DPW Building No.: 19360
TRC Project No.: 43500-4220-00003

Dear Mr. Arute:

Enclosed please find a revised Notification for the asbestos abatement conducted in May and June, 2006 at 18-20 Trinity Street. Please attach this Notification to the compliance report for this project, which was sent on August 28, 2006.

Please contact me at (860) 298-6222 if have any questions concerning the revised Notification.

Very truly yours,

TRC ENVIRONMENTAL CORPORATION

A handwritten signature in cursive script that reads "Donald LePage".

Donald LePage
Project Manager

cc: Michael Sanders, DPW



201-2492
8/28/06
12:30



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 #14 REVISION #: 3
E. EMERGENCY _____ DESCRIBE NATURE OF EMERGENCY _____

2. ABATEMENT CONTRACTOR:

Name: Petco Insulation Company, Inc. License #: 000036
Address: 88 Farwell Street, P.O. Box 26127
City: West Haven State: Connecticut Zip Code: 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: State owned office building
Address: 18-20 Trinity Street
City: Hartford State: CT Zip Code: _____

5.(A) START DATE: 5-26-06 5. (B) COMPLETION DATE: POSTPONED

Phase 2 start delayed. When we send in revision for Phase 2 start, we will provide 10 days notice if start date is after 6-30-06 Phase 2 start 7-27-06 Complete 8-18-06
IF APPLICABLE

6. (A) TOTAL COST OF ABATEMENT: _____ 6. (B) REVISED COST: _____

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 building

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 # DPW Blanket #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. Breeching Insulation	Sq. ft.	H. Pipe Insulation*	Sq. ft.
*Pipe Insulation	Total Linear Feet		

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

In.	LF	x	
In.	LF	x	
In.	LF	x	
In.	LF	x	

NONFRIABLE MATERIAL

Category I	square feet	Category II	square feet
I. Floor coverings/tiles	6,002	L. Transite Board	
J. Roofing, specify:		M. Other, specify: cove base	490
K. Gaskets, packings			

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

Name	Modern Landfill	OR	BFI Imperial Landfill	OR	Manchester Landfill
Address	4400 Mt. Pisgah Rd		11 Boggs Road, P.O. Box 47		1 Landfill Way
City, State, Zip	York, PA 17402		Imperial, PA 15126		Manchester, CT 06040
Owner, Operator					

15. HAULER/WASTE TRANSPORTER:

Name Transwaste, Inc.
 Address 3 Barker Drive
 City, State, Zip Wallingford, CT 06492

Name of Individual Completing This Form James Reilly

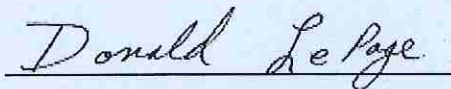


**COMPLIANCE REPORT
FOR THE ABATEMENT OF
ASBESTOS CONTAINING MATERIALS
18-20 TRINITY STREET – PHASE II
HARTFORD, CONNECTICUT**

**Project No. 2B-06-16
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". The signature is written in black ink and is positioned above a horizontal line.

Donald LePage
Project Manager

TRC Project No. 43500-4220-00003
November 1, 2006

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

TABLE OF CONTENTS

SECTION	PAGE
1.0 EXECUTIVE SUMMARY.....	1
2.0 SITE LOGS.....	3

PROJECT OUTLINE

APPENDICES

A	NOTIFICATIONS/ALTERNATIVE WORK PRACTICES
B	SITE SKETCH WITH ABATEMENT LOCATIONS
C	CONTRACTOR CERTIFICATIONS/LICENSES
D	DAILY PROJECT SIGN-IN SHEETS
E	CONTRACTOR OSHA PERSONNEL AIR SAMPLING RESULTS
F	TRC CERTIFICATIONS/LICENSES
G	EQUIPMENT CALIBRATION DATA
H	LABORATORY ANALYTICAL CERTIFICATIONS
I	ASBESTOS BULK SAMPLE ANALYSIS AND CHAIN-OF-CUSTODY DATA
J	ASBESTOS AIR SAMPLE ANALYSIS AND CHAIN-OF-CUSTODY DATA
K	TEM AIR SAMPLE ANALYSIS
L	ASBESTOS WASTE SHIPMENT RECORDS

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 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 Phase II of the project, which took place from July 27 through August 9, 2006, involved the abatement of approximately 2634 square feet (SF) of asbestos containing floor tile/mastic from the second floor State Ethics Office. 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 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).

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. All asbestos air samples collected by TRC (inside and outside of the work areas) were found to be below the OSHA Permissible Exposure Level (PEL).

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 transported to ProScience Analytical Services, Inc. in Newington, Connecticut for TEM analysis via the AHERA method. TEM analysis was required in accordance with CTDPH regulations as the work area involved more than 1,500 SF or 500 LF of ACM. The interior NPE work areas received a satisfactory visual inspection on August 7, had TEM reoccupancy clearance air samples collected on August 7 and received acceptable reoccupancy clearance criteria air results on August 8, 2006.

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 Modern Landfill of York, Pennsylvania where it was deposited. Approximately eleven (10.96) cubic yards of asbestos waste were 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 CT-DPW / 18-20 DUALITY ST - STATE ETHICS
HARTFORD, CT

Month / Year 7/06

Project No 4320-4220-0203

Date	Time	Instrument and TRC ID	Comments	Initials
7/27	0700		TRC + PERO ON SITE TO MEET DAVE ALUTE WITHIN ESCORTS US TO 2ND FLOOR (NORTH END) STATE ETHICS OFFICE.	HA
			PERO TO BEGIN PREP AFTER UNLOADING EQUIPMENT.	
	0800		HA STARTS UP MONITORING PUMPS DRUMS WORK AREA	HA
	0900		CREW BREAKS	HA
	0920		CREW RETURNS TO PREP.	HA
	10:40		PREP WORK CONTINUES AS ABOVE	HA
	12:00		CREW BREAKS FOR LUNCH	HA
	12:30		WORKERS RETURN TO PREP	HA
	14:30		HA STARTS TO TAKE DOWN MONITORING PUMPS	HA
	15:30		TRC + PERO OFF SITE FOR DAY.	
<hr/>				
7/28	0700		TRC + PERO ON SITE FOR DAY. CREW TO CONTINUE PREP IN STATE ETHICS 2ND FLR.	HA
	0900		BREAK.	HA
	0930		PERO ARRIVES W/ MORE SUPPLIES FOR CREW	HA
	10:00		ELECTRICIAN ON SITE TO REMOVE ELECTRICAL FOR BLAST-TAG FOR 1ST FLOOR + MOVE TO 2ND.	
	10:43		PREP CONTINUES AS ABOVE	
	0800	LATELY	HA STARTS UP MONITORING PUMPS	HA
	12:00		LUNCH.	HA
	12:30		CREW RETURNS TO PREP WORK AREA	HA
	14:30		HA STARTS TO TAKE DOWN MONITORING PUMPS FOR DAY	HA
	15:30		TRC + PERO OFF SITE FOR DAY.	HA
<hr/>				
7/31/06	0700		TRC + PERO ON SITE FOR DAY. HA PROVIDES PERO W/ SPECIAL PRE-ARRANGE VISIT FOR 2ND FLOOR (NORTH END) OF STATE ETHICS.	HA

Site / Station CT-DW/18-20 TRUITY ST - STATE ST
HARTFORD, CT

Month / Year 7/06

Project No 4300-4220-0003

Date	Time	Instrument and TRC ID	Comments	Initials
7/31	0730		HA STARTS TO SET UP MONITORING PUMPS FOR DAY.	HA
	0840		BREAK	HA
	0920		CREW CONTINUES FROM TILE REMOVAL	HA
	10:15		CREW WORKS ON FIRM TILE REMOVE SIDE. TILES TO THIS POINT NOT COMING UP SO EASY	HA
	12:00		CREW BREAKS FOR LUNCH.	HA
	12:30		CREW RESUMES TO REMOVE WORK	HA
	14:00		WORKERS CONTINUE TO REMOVE + BAG OUT TODAY'S MATERIAL.	
	14:45		HA STARTS TO TAKE DOWN MONITORING PUMPS FOR DAY. CREW TO EXP. SAW.	HA
	15:30		TRC + PERO OFF SITE.	HA
<hr/>				
8/1	0600		TRC + PERO ON SITE FOR DAY. PERO TO PERFORM A MASSIVE BAGOUT. TODAY DUE TO EMPLOYEE SENSITIVITY ISSUE.	HA
	0630		HA STARTS UP MONITORING PUMPS FOR DAY	HA
	0800		CREW BREAKS AFTER FLASHING BAGOUT	HA
	0820		WORKERS REENTER TO CONTINUE BAGOUT/FLOOR TILE/WASTE REMOVAL	HA
	11:00		CREW BREAKS FOR LUNCH	HA
	13:00		ALL WORK CONTINUES AS ABOVE, CREW TO BAG-UP ALL MATERIAL + BAG-OUT TOMORROW IN AN DUE TO EMPLOYEE SENSITIVITY.	HA
	14:00		HA STARTS TO TAKE DOWN MONITORING PUMPS FOR DAY.	HA
	14:30		TRC + PERO OFF SITE FOR DAY	HA
<hr/>				
8/2	0600		TRC + PERO ON SITE FOR DAY, CREW TO BAGOUT EARLY THIS WILL WORK ON EDGES IN PREPARATION FOR BLAST-TRAC TO COME TOMORROW.	HA

Site / Station CT-DPW/18-20 TRAFFIC ST - ETHICS
HARTFORD, CT

Month / Year 7/06

Project No 43520-4220-0003

Date	Time	Instrument and TRC ID	Comments	Initials
8/2	0800		CREW HAS COMPLETED BAGOUT & WFL BREAK.	HH
	0820		WORKER ENTER TO WORK ON EDGES.	HH
	0630	LATE BODY	HA STARTS UP MONITORING PUMPS FOR DAY	HH
	10:00		CREW CONTINUES TO WORK ON EDGES IN PREPARATION FOR BLAST-TRAC.	HH
	12:00		LUNCH	HH
	12:30		WORKER AGAIN ENTER WORK AREA TO CONTINUE REMOVAL.	HH
	13:30		HA STARTS TO TAKE DOWN MONITORING PUMPS FOR DAY.	HH
	14:30		TRC + PERO ON SITE CREW TO BRING BLASTTRAC TOMORROW. CREW OFF SITE	HH
<hr/>				
8/3	0700		TRC PERO ON SITE FOR DAY BLASTTRAC IS ON THE WAY.	HH
	0730		BLASTTRAC ON SITE CREW TO BRING UP + PUT INTO EQUIP. DECON.	HH
	0745		HA STARTS UP MONITORING PUMPS	HH
	0900		CREW BREAKS.	HH
	0920		CREW ONCE AGAIN ENTERS WORK AREA TO CONTINUE BLAST-TRAC.	HH
	1200		LUNCH	HH
	12:30		CREW RE-ENTER WORK AREA TO CONTINUE REMOVAL + EDGES.	HH
	14:00		HA STARTS TO TAKE DOWN MONITORING PUMPS	HH
	15:00		CREW SHOWS OUT.	HH
	15:30		TRC + PERO OFF SITE w/ 1/3 JUNE w/ REMOVAL	HH
<hr/>				
8/4	0700		TRC + PERO ON SITE. CREW TO CONTINUE REMOVAL @ STATE ETHICS UNTH AREA.	HH
	0830		ATTY. UNDER WORK AREA COMPLAINS OF NOISE UNDER WORK AREA ON PEELING TILES.	HH

Site / Station CT-DW/10-20 TRINITY ST. - ETHICS
HALIFAX, CT

Month / Year 8/06

Project No 43620-4220-00003

Date	Time	Instrument and TRC ID	Comments	Initials
8/4	08:30	CONT'D	HA. START ARIZE, MEASURE, J. GARUTE ALL ADDRESS. HA STARTS UP 4 MONITORING PUMP IN OFFICE, + SETS UP OTHERS	HA
	09:00		PETCO BREAKS. HA ENTERS WITH SOME PECO ^{CHECK} PECO OPERATIONS.	
	09:20		PETCO RETURNS TO RENOVATE	HA HA
	11:00		WORKS CONTINUE TO WORK ON RENOVATE. (BLASTING + EDGES)	HA HA
	12:00		LUNCH	HA HA
	12:20		WORK RESUMES.	HA HA
	13:30		~ 3/4 OF LARGE ROOM LEFT.	HA HA
	14:30		HA STARTS TO TAKE DOWN MONITORING PUMPS FOR DAY. (HARD BATTERY - HIT BUT NO CONTAINMENT BREACH)	HA HA
	15:15		TRC + PECO OFF SITE FOR DAY	HA HA
<hr/>				
8/7	07:00		TRC + PECO ON SITE FOR DAY. CREW TO CONTINUE EDGE WORK IN CONTAINMENT. PLAN TO FINISH TODAY. + HOPEFULLY GET CLEARANCE @ END OF DAY.	HA HA
	07:15		HA STARTS UP MONITORING PUMPS FOR DAY	HA HA
	09:00		BREAK	
	11:45		HA PROVIDES PECO W/ PASSING POST ROUTE VISUAL. CREW TO REMAIN @ BUILDING BUT WORK ON ANOTHER FLOOR (PROTECT)	HA HA
	12:15		CREW BREAKS FOR LUNCH AFTER ENCAP SULTING. HA STOPS MONITORING PUMPS FOR DAY.	HA HA
	13:45		HA STARTS UP TOM CLEARANCE SAMPLES FOR WORK AREA. ~ 2,634 SF OF RENOVATE	HA HA
	15:05		HA STOPS TOM SAMPLES THEN DRIVE TO PROCESSION FOR ANALYSIS	HA HA
<hr/>				
8/8	13:04		HA RECEIVES VERBAL FROM PROCESSION. THEN PASS ON INFO. TO BOB L. (PECO) ETHICS WORK AREA HAS PASSED. PECO TO TEAR DOWN TOMORROW	HA HA

PROJECT OUTLINE

Project Address:	18-20 Trinity Street – Phase II Hartford, CT
DAS Contract Number:	03PSX0346AE
DPW Project Manager:	Michael Sanders
DPW Project No.:	2B-06-16
DPW Building No.:	19360
TRC Project No.:	43500-4220-00003
Date(s) of Project:	7/27/06-8/9/06
TRC Project Manager:	Donald LePage
TRC Project Monitor(s)/Inspector(s):	Hilton Hernandez (#000298) – PM
Abatement Contractor:	Petco Insulation Co., Inc. (#000036)
Materials Abated:	~2634 SF ACM floor tile/mastic – 2 nd floor State Ethics Office
Waste Hauler(s):	TransWaste, Inc., Cheshire, CT
Asbestos Landfill:	Modern Landfill, York, PA
Asbestos Waste Generated:	~ Eleven (10.96) cubic yards (CY)

APPENDIX A
NOTIFICATIONS/ALTERNATIVE WORK PRACTICES



201-2492
8/28/06

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only

Post Mark Date: _____
Check #: _____
Amount: _____
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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 #14 REVISION #: 3
E. EMERGENCY _____ DESCRIBE NATURE OF EMERGENCY _____

2. ABATEMENT CONTRACTOR:

Name: Petco Insulation Company, Inc. License #: 000036
Address: 88 Farwell Street, P.O. Box 26127
City: West Haven State: Connecticut Zip Code: 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: State owned office building
Address: 18-20 Trinity Street
City: Hartford State: CT Zip Code: _____

5.(A) START DATE: 5-26-06 5. (B) COMPLETION DATE: POSTPONED

Phase 2 start delayed. When we send in revision for Phase 2 start, we will provide 10 days notice if start date is after 6-30-06 Phase 2 start 7-27-06 Complete 8-18-06

IF APPLICABLE

6. (A) TOTAL COST OF ABATEMENT: _____ 6. (B) REVISED COST: _____

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 building

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: _____
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D. Breeching Insulation	Sq. ft.	H. Pipe Insulation*	Sq. ft.
*Pipe Insulation	Total Linear Feet		

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

In.	LF	<u>X</u>	
In.	LF	<u>X</u>	
In.	LF	<u>X</u>	
In.	LF	<u>X</u>	

NONFRIABLE MATERIAL

Category I	square feet	Category II	square feet
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City, State, Zip:	York, PA 17402		Imperial, PA 15126		Manchester, CT 06040
Owner, Operator:					

15. HAULER/WASTE TRANSPORTER:

Name:	Transwaste, Inc.
Address:	3 Barker Drive
City, State, Zip:	Wallingford, CT 06492

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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Phone #: (860)713-5702 **Contact Person:** Mike Sanders

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City: Hartford **State:** CT **Zip Code:** _____

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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

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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 # _____ DPW Blanket #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.	B. 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. Breeching Insulation		Sq. ft.	H. Pipe Insulation*		Sq. ft.
*Pipe Insulation	Total Linear Feet				

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

	In.	LF	x		
	In.	LF	x		
	In.	LF	x		
	In.	LF	x		

NONFRIABLE MATERIAL

Category I		square feet	Category II		square feet
I. Floor coverings/tiles		6,002	L. Transite Board		
J. Roofing, specify:			M. Other, specify: cove base		490
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
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) 5B REVISION #: 1
 E. EMERGENCY _____ DESCRIBE NATURE OF EMERGENCY _____

2. ABATEMENT CONTRACTOR:

Name: Petco Insulation Company, Inc. License #: 000036
 Address: 88 Farwell Street, P.O. Box 26127
 City: West Haven State: Connecticut Zip Code: 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: State owned office building
 Address: 18-20 Trinity Street
 City: Hartford State: CT Zip Code: _____

5.(A) START DATE: 5-26-06 5. (B) COMPLETION DATE: POSTPONED

Phase 2 start delayed. When we send in revision for Phase 2 start, we will provide 10 days notice if start date is after 6-30-06

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 building

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 # _____ DPW Blanket #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. Breeching Insulation	Sq. ft.	H. Pipe Insulation*	Sq. ft.
*Pipe Insulation	Total Linear Feet		

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

In.	LF	x		
In.	LF	x		
In.	LF	x		
In.	LF	x		

NONFRIABLE MATERIAL

Category I square feet		Category II square feet	
I. Floor coverings/files	6,002	L. Transite Board	
J. Roofing, specify:		M. Other, specify: cove base	490
K. Gaskets, packings			

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	3 Barker Drive
City, State, Zip	Wallingford, CT 06492

Name of Individual Completing This Form James Reilly



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only

Post Mark Date: _____
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 Amount: _____
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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) 5A and 5B REVISION #: 2
 E. EMERGENCY _____ DESCRIBE NATURE OF EMERGENCY _____

2. ABATEMENT CONTRACTOR:

Name: Petco Insulation Company, Inc. License #: 000036
 Address: 88 Farwell Street, P.O. Box 26127
 City: West Haven State: Connecticut Zip Code: 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)

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 Address: 18-20 Trinity Street
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5.(A) START DATE: 5-26-06 5. (B) COMPLETION DATE: POSTPONED

Phase 2 start delayed. When we send in revision for Phase 2 start, we will provide 10 days notice if start date is after 6-30-06 Phase 2 start 7-27-06 Complete 8-18-06

IF APPLICABLE

6. (A) TOTAL COST OF ABATEMENT: _____ 6. (B) REVISED COST: _____

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

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 D. Office _____ E. College _____ F. Commercial _____
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 Project Designer / License # _____ DPW Blanket # _____
 C. Exterior Abatement _____ D. SPOT REPAIR (>25 SQ FT TOTAL) _____

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B. Boiler Insulation		Sq. ft.	F. Ceiling Tiles		Sq. ft.
C. Tank Insulation		Sq. ft.	G. Other, Specify:		Sq. ft.
D. Breeching Insulation		Sq. ft.	H. Pipe Insulation*		Sq. ft.
*Pipe Insulation	Total Linear Feet				

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	In.	LF	x		
	In.	LF	x		
	In.	LF	x		
	In.	LF	x		

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City, State, Zip	Waynesburg, OH 44688		Imperial, PA 15126		Lisbon, OH 44432
Owner, Operator					

15. HAULER/WASTE TRANSPORTER:

Name	Transwaste, Inc.
Address	3 Barker Drive
City, State, Zip	Wallingford, CT 06492

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.

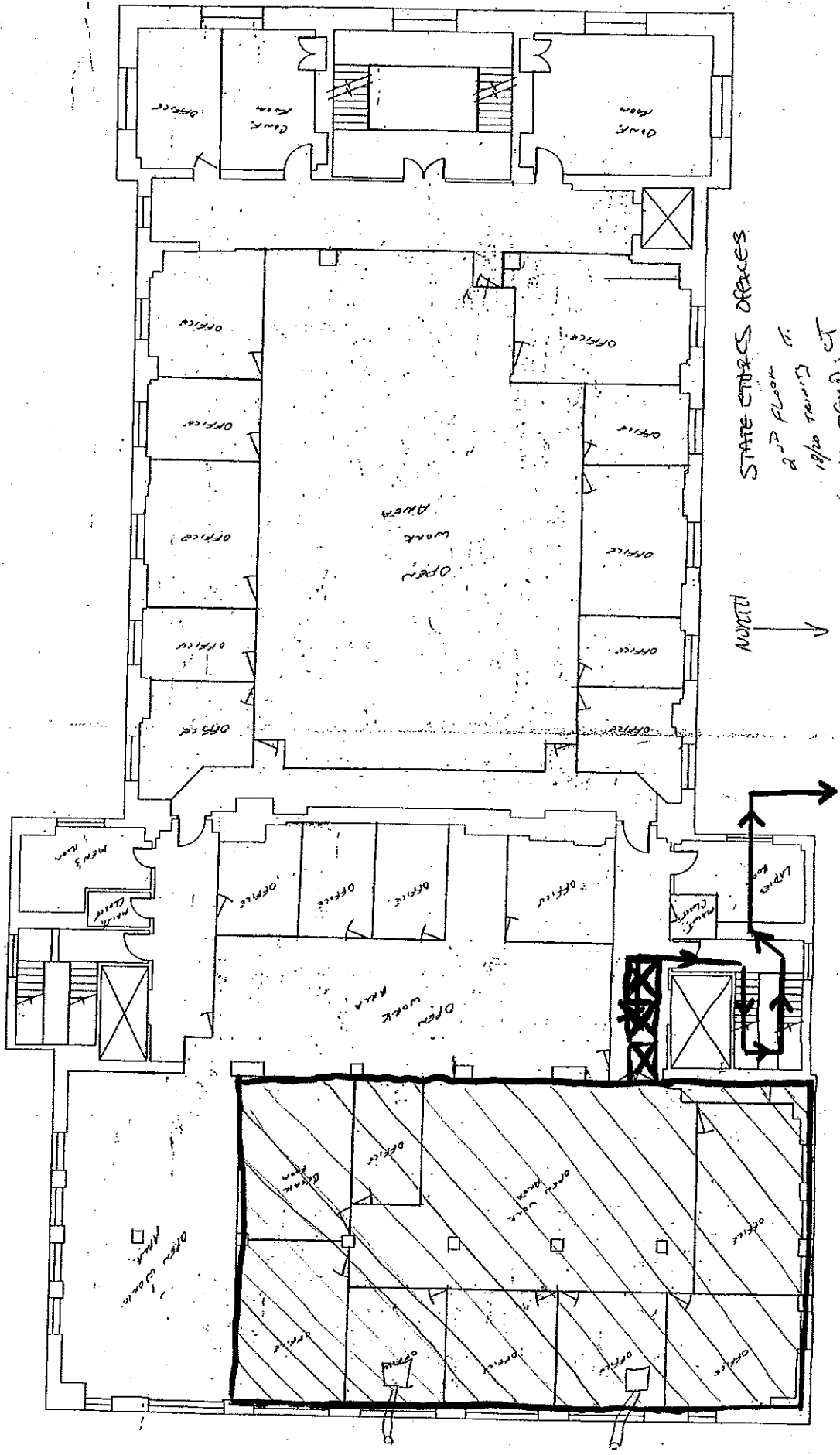
- 3. Demolition Projects, Sound Structure – Removal of Friable ACM Using the Glove-Bag Method**
Variance from Section 19a-332a-5(e)

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
SITE SKETCH WITH ABATEMENT LOCATIONS



STATE OFFICES OFFICES
 2ND FLOOR
 1960 TERRACE
 HARTFORD, CT
 ~ 2634 SF OF FLOOR SPACE ~ WASTIC

APPENDIX C
CONTRACTOR CERTIFICATIONS/LICENSES

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
ROBERT LEACH

VALIDATION NO. 03-323088	CERTIFICATION NO. 000637	CURRENT THROUGH 05/31/07
------------------------------------	------------------------------------	------------------------------------

PROFESSION
ASBESTOS ABATEMENT SUPERVISOR

SIGNATURE _____
J. Robert Hillier M.D., M.P.H.
COMMISSIONER

**ASBESTOS ABATEMENT
SUPERVISOR REFRESHER**

ROBERT M LEACH	
Certificate Number 045468560ASBSR0805	
Course Date 9/1/2005	Exam Date 9/1/2006
Expires: 9/1/2006	

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**

P.O. Box 77
Pomfret Center, CT 06259
(860) 974-1455

ROBERT M LEACH

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II

Joseph M. Sabitoni Training Director

Robert Leach
 SS# 045-46-8560
 07/26 - 07/29 07/26
 Environmental Center C.S.H.

Enrolled Services, Inc.
 25 Belmont Park - New Haven, CT 06511

EnviroMed Services, Inc.

Certificate of Completion

Robert Leach

has successfully completed, and passed an examination covering the contents of the initial four (4) day thirty-two (32) hour course for Asbestos Abatement Workers in accordance with the United States Environmental Protection Agency's Model Contractor Accreditation Plan.

10812

Certificate Number
George Giacoppo
 Training Coordinator
 Enrolled Services, Inc.

8/7/89 - 8/10/89
 Course and Exam Date

8/19/90
 Instructor

ABATEMENT TECHNIQUES 8-HOUR WORKER UPGRADE to FOREMAN/SUPERVISOR

Name: Robbie Leach	
SS#: 045-46-8560	
Issued: 5/25/90	Expires: 4/25/91
Test Grade: 70%	Certificate #: C-5095-3

New England Laborers Training
 Route 97 - Murdock Rd. - P
 Pomfret Center, CT 06259



HEALTH, SAFETY & ASBESTOS ABATEMENT TECHNIQUES 8-HOUR REVIEW COURSE for FOREMAN/SUPERVISOR

Name: Robert Leach	
SS#: 045-46-8560	
Issued: 4-24-91	Expires: 4-24-92
Test Grade: 88%	Certificate #: C-0274SR

New England Laborers' Training Trust Fund
 Route 97 & Murdock Rd. - P.O. Box 77
 Pomfret Center, CT 06259



Gennaro S. Lepore
 Administrator

HEALTH, SAFETY & ASBESTOS ABATEMENT TECHNIQUES 8-HOUR REVIEW COURSE for FOREMAN/SUPERVISOR

Name: Robert Leach	
SS#: 045-46-8560	
Issued: 3-18-92	Expires: 3-18-93
Test Grade: 86%	Certificate #: C-5003SR

New England Laborers' Training Trust Fund
 Route 97 & Murdock Rd. - P.O. Box 77
 Pomfret Center, CT 06259



HEALTH, SAFETY & ASBESTOS ABATEMENT TECHNIQUES 8-HOUR REVIEW COURSE for FOREMAN/SUPERVISOR

Name: Robert Leach	
SS#: 045-46-8560	
Issued: 2/5/93	Expires: 2/5/94
Test Grade: 84%	Certificate #: C-5003SR

New England Laborers' Training Tr
 Route 97 & Murdock Rd. - P.O. E
 Pomfret Center, CT 06259.



Gennaro S. Lepore
 Administrator

HEALTH, SAFETY & ASBESTOS ABATEMENT TECHNIQUES 40-HOUR COURSE for FOREMAN/SUPERVISOR

Name: Robert Leach	
SS#: 045-46-8560	
Issued: 1-20-94	Expires: 1-20-95
Test Grade: 90%	Certificate #: C-5003SR

New England Laborers' Training Trust Fund
 Route 97 & Murdock Rd. - P.O. Box 77
 Pomfret Center, CT 06259



Gennaro S. Lepore
 Administrator

ASBESTOS ABATEMENT SUPERVISOR REFRESHER

Name/Certificate # Robert Leach 045468560ASBSR0295	
Course Date 02-03-95	Exam Date 020395
Expires 020396	

NEW ENGLAND LABORERS'
 TRAINING TRUST FUND
 P.O. Box 77
 Pomfret Center, CT 06259
 (203) 974-1455



The individual named has complete the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator

ASBESTOS ABATEMENT SUPERVISOR REFRESHER

Name/Certificate # Robert Leach 045468560ASBSR0296	
Course Date 02-02-96	Exam Date 020296
Expires 020297	

NEW ENGLAND LABORERS'
 TRAINING TRUST FUND
 P.O. Box 77
 Pomfret Center, CT 06259
 (203) 974-1455



The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator

ASBESTOS ABATEMENT SUPERVISOR REFRESHER

Name/Certificate # Robert Leach 045468560ASBSR0197	
Course Date 01-10-97	Exam Date 011097
Expires 011098	

NEW ENGLAND LABOR
 TRAINING TRUST FUND
 P.O. Box 77
 Pomfret Center, CT 06
 (203) 974-1455



The individual named has complete the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Admin

ASBESTOS ABATEMENT SUPERVISOR REFRESHER

Name/Certificate # Robert Leach 045468560ASBSR0198	
Course Date 01-09-98	Exam Date 010998
Expires 010999	

NEW ENGLAND LABORERS'
 TRAINING TRUST FUND
 P.O. Box 77
 Pomfret Center, CT 06259
 (203) 974-1455



The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator

ASBESTOS ABATEMENT SUPERVISOR REFRESHER

Name/Certificate # Robert Leach 045468560ASBSR0199	
Course Date 01-06-99	Exam Date 010699
Expires 010600	



Concentra Medical Centers (CT)

900 Northrup Road WALLINGFORD, CT 06492
Phone: (203) 949-1534 Fax: (203) 949-9036

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 06/02/2006

Employee Name:
Leach, Robert M.

Employee SSN: 045-46-8560

Address:
47 Linden St

WEST HAVEN CT 06516

Employer: Petco Insulation Co

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.

[Signature]
PLHCP Signature

Employee's Signature

[Printed Name]
PLHCP Name (printed)

6/2/07
Expiration Date

¹Physician or other Licensed Healthcare Professional

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

2.6 (12)

RESPIRATOR FIT TEST

Date of Test 8/30/05

Name Robert Leech

SS Number 045-46-8560

Respirator Make glendale 1/2 face, 3m PAPC

Type _____

PASS/FAIL _____

Expiration Date 8/30/06

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.

20

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
ADRIAN E. ARDON

VALIDATION NO.	CERTIFICATION NO.	CURRENT THROUGH
03-290213	000009	03/31/07

PROFESSION
ASBESTOS ABATEMENT WORKER

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

SIGNATURE



Committed to a Clean Environment

Certificate of Completion
Awarded to

Adrian E. Ardon

(SSN 041-02-0876) (DOB 3-25-71)

*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-222-21*

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-041-02-0876-06**

Earl R. Clark, Training Director

Training Course Att:
Adrian E. Ardon
082-71-7772

EnviroMed Services, Inc.
2000 West Main Street, Danbury, Connecticut 06810

Certificate of Completion

Adrian Ardon
 SS: 082-71-7772

has successfully completed, and passed an examination covering the contents of the initial four (4) day/ thirty two (32) hour course for Asbestos Abatement Workers. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II as self-certified by Trainer 10/3/94.

6/19/97-6/11/97
 Course Dates

6/13/98
 Expiration Date

19291 Ash-Q1
 Certificate Number

8/13/97
 Exam Date

SPANISH TAUGHT

Earl R. Clark, C.T.A.
 Training Manager
 EnviroMed Services, Inc.

Superior Industries LLC

SUPERIOR INDUSTRIES L.L.C.



Certificate of Completion
Awarded to

Adrian E. Ardon

(SSN 082-71-7772) (DOB 3-25-72)

Has completed an 8 Hour Approved Course of Instruction in
Asbestos Abatement Removal and Disposal (AARD)
Worker Refresher Training - Spanish

March 7, 1998

Required by OSHA and the EPA Revised MAP for accreditation under
the TSCA Title II as self-certified by Trainer 0/5/97
Required by Connecticut Regulations 19a-332-21

SUPERIOR INDUSTRIES LLC
250 Beach Road
Wolcott, CT, 06716
203-879-5531 (voice)
203-235-4811 (fax)

Examination Date: March 7, 1998
Expiration Date: March 7, 1999
Certificate Number: 082-71-7772

Earl R. Clark
Earl R. Clark, Training Director

Superior Industries LLC

SUPERIOR INDUSTRIES L.L.C.

Committed to a Clean Environment

Certificate of Completion
Awarded to

Adrian E. Ardon
 (SSN 082-71-7772) (DOB 3-25-72)

Has completed an 8 Hour Approved Course of Instruction in
Asbestos Abatement Removal and Disposal (AARD)
Worker Refresher Training - Spanish
March 6, 1998

Required by OSHA and the EPA Revised MAP for accreditation under
the TSCA Title II as self-certified by Trainer 0/5/97
Required by Connecticut Regulations 19a-332-21

SUPERIOR INDUSTRIES LLC
250 Beach Road
Wolcott, CT, 06716
203-879-5531 (voice)
203-235-4811 (fax)

Examination Date: March 6, 1998
Expiration Date: March 6, 2000
Certificate Number: 082-71-7772

Earl R. Clark
Earl R. Clark, Training Director



Concentra Medical Centers (CT)

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

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 05/31/2006

Employee Name: Ardon, Adrian E.

Employee SSN: 041-02-0876

Address:

806 South Quaker Lane

WEST HARTFORD CT 06110

Employer: Petco Insulation Co

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.

PLHCP Signature

PLHCP Name (printed)

¹Physician or other Licensed Healthcare Professional

Employee's Signature

Expiration Date

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

RESPIRATOR FIT TEST

Date of Test 12/02/05

Name Adrian Ardor

SS Number 041-02 0876

Respirator Make glendale 1/2 face - 3m PAPP

Type _____

PASS/FAIL _____

Expiration Date 12/02/06

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.



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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:	000026
Name:	ARDON, YAHAIRA Y
Expiration Date:	7/31/2007
Granted Date:	5/11/2000
License Name:	Yahaira Y. Ardon
License Status:	Current
	None

Disciplinary

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
VAHARAY ARON

CERTIFICATION NO. 090026

CURRENT THROUGH
07/31/06

PROFESSION
ASSESSOR ABATEMENT WORKER

VALIDATION NO.
03-20707

[Signature]

SIGNATURE

OP

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**



P.O. Box 77
Pomfret Center, CT 06259
(860) 974-1455

YAHAIRA Y ARDON

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II

Joseph M. Sabitoni Training Director

**ASBESTOS ABATEMENT
WORKER REFRESHER**



YAHAIRA Y ARDON

Certificate Number
045981390ASBR0805

Course Date
8/31/2006

Exam Date
8/31/2005

Expires: 8/31/2006

Superior Industries LLC

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



Committed to a Clean Environment

Certificate of Completion

Awarded to

Yahaira J. Martinez Mateo

(SSN 045-96-1390) (DOB 7-20-80)

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

Worker Initial - Spanish

October 25 - 28, 1997

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
290 Beach Road
Wolcott, CT. 06716
203-879-5531 (voice)
203-235-4811 (fax)

Examination Date: October 28, 1997
Expiration Date: October 28, 1998
Certificate Number: 045-96-1390


Earl R. Clark, Training Director

Concentra Medical Centers (CT)

701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 269-5561 Fax: (860) 291-1895

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 10/05/2005

Employee Name: Ardon, Yahaira Y.

Employee SSN: 045-96-1390

Address: 806 South Quaker Lane

WEST HARTFORD CT 06110

Employer: Petco Insulation Co

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.

PLHCP Signature [Signature]
PLHCP Name (printed) J. M. Franca PAR

Employee's Signature [Signature]
Expiration Date 10/5/06

¹Physician or other Licensed Healthcare Professional

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

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP ¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual ALL that apply) Concentra Medical Centers (CT) prior to respirator approval and usage.

- Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions
- Class III - Respirator Use is NOT PERMITTED
- Further Testing / Evaluation is Required. ²
- Fit Test Required
- Fit Test Performed Satisfactorily
- Fit Test NOT Performed at: Concentra Medical Centers (CT)
- Special prescription eyewear needed to accommodate respirator
- Facial hair needs to be shaved to assure tight seal on certain face masks.
- Physician or other Licensed Healthcare Professional
- Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(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 would 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 nickel and asbestos.

RESPIRATOR FIT TEST

Date of Test 5/10/06

Name Yehaine Ardou

SS Number 045-96-1390

Respirator Make glendale 1/2 face - 3m PAP

Type _____

PASS/FAIL _____

Expiration Date 5/10/07

COMMENTS _____

Test Administrator Mall

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

my

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Health Care or Environmental Health Professional's License Status

This site is part of **CT-lic.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 and dentists 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: 002128
Name: SARMIENTO, HECTOR M
Expiration Date: 11/30/2006
Granted Date: 4/3/2001
License Name: Hector M. Sarmiento
License Status: Current
Disciplinary Action: None

Questions

E-mail webmaster@ct-lic.com or call (860) 509-7603

For Business Registry Questions? Contact www.ct.gov/ctlic **or call 1-800-392-2122.**

State of Connecticut Disclaimer and Privacy Policy. Copyright © 2000 State of Connecticut. Universal Website Accessibility Policy applies. For comments about this site contact the webmaster@ct-lic.com

Superior Industries LLC

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



Committed to a Clean Environment

Certificate of Completion

Awarded to

Hector M. Sarmiento

(SSN 613-46-0946) (DOB 11-14-78)

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

Worker Refresher Training - 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-232-24*

SUPERIOR INDUSTRIES LLC

342 Carter Lane

Southington, CT 06489

860-620-1133 (voice)

860-620-1134 (fax)

Examination Date: January 7, 2006

Expiration Date: January 7, 2007

Certificate Number: SWR-613-46-0946-06

Earl R. Clark, Training Director

Superior Industries LLC

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



Committed to a Clean Environment

Certificate of Completion

Awarded to

Hector Manuel Sarmiento

(SSN 613-46-0946) (DOB 11/14/78)

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

Worker Initial - Spanish

March 27-30, 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

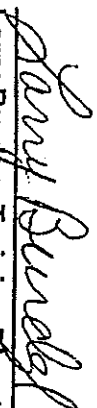
SUPERIOR INDUSTRIES LLC

342 Carter Lane
Southington, CT 06489
860-620-1133 (Voice)
860-620-1134 (fax)

Examination Date: 3/30/01

Expiration Date: 3/30/02

Certificate Number: 613-46-0946


Larry Burdge, Training Director

Concentra Medical Centers (CT)

701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5501 Fax: (860) 291-1895

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 10/21/2005

Employee Name: Sarmiento, Hector M.

Employee SSN: 613-46-0946

Address: 84 Sidney Avenue

WEST HARTFORD CT 06110

Employer: Petco Insulation Co

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.

PLHCP Signature

David Feinstein MD

PLHCP Name (printed)

¹Physician or other Licensed Healthcare Professional

Hector Sarmiento.
Employee's Signature

10/21/05
Expiration Date

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

RESPIRATOR FIT TEST

Date of Test 5/10/06

Name Hector Sarmiento

SS Number 613-46-0946

Respirator Make grendale 1/2 face - 3m PAPR

Type _____

PASS/FAIL _____

Expiration Date 5/10/07

COMMENTS _____

Test Administrator Mall

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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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 Supervisor
License Number: 002896
Name: GUERRA, JUAN G
Expiration Date: 1/31/2007
Granted Date: 6/16/2006
License Name: Juan G. Guerra
License Status: Current
Disciplinary Action: None

Questions ? ?

E-mail 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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ENVIRONMENTAL TRAINING AND ASSESSMENT

Certificate of Completion

*Asbestos Abatement Site Supervisor
Initial Training Course
Awarded To*

Juan Guerra

167 Seymour St #2NW

Hartford, Connecticut 06106

Has successfully completed, and passed an examination covering the contents of the initial five (5) day 40 Hour Training Course for Asbestos Abatement Site Supervisor. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II

Course Date: 5/30/2006 Through 6/3/2006 Examination Grade: 82%

Examination Date: 6/3/2006 Certificate Number: ASI-00221

Expiration Date: 6/3/2007



Stephen J. Craig, Training Manager

Boston Lead Company, LLC

dba

Environmental Training and Assessment

62 Washington Street

Middletown, CT 06450

860-347-7277

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Guerra Juan

Address: P.O. Box 261184
Hartford, CT 06126
 Employee SSN: ---

Employer: _____

Check Type of Respirator(s) To Be Used (Check ALL that apply)

Air-purifying (non-powered) Air-purifying (powered)

Atmosphere supplying Respirator

Combination air-line and SCBA

Continuous-Flow Respirator

Supplied-Air Respirator

Open Circuit SCBA Closed Circuit SCBA

Dust Mask 1/2 Face with Canisters Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Extent of Usage (Check ALL that apply)

On a daily basis _____ Total Hours

Occasionally - but not more than twice a week _____ Total Hours

Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ALL that apply)

Light Moderate Heavy

Exposure to Hazardous Materials (Check ALL that apply)

<input type="checkbox"/> Arsenic	<input type="checkbox"/> Benzene
<input type="checkbox"/> Coke Oven	<input type="checkbox"/> Cotton Seed / Dust
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Formaldehyde
<input type="checkbox"/> Methylene Chloride	<input type="checkbox"/> Lead
<input type="checkbox"/> Textiles	<input type="checkbox"/> Chromium

Special Work Conditions (Check ALL That Apply When Wearing Respirator)

High Places Enclosed Places Protective Clothing

Temperature Extremes Mostly Cold Mostly Hot

Other: _____

Questionnaire will be: HAND CARRIED MAILED OTHER

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ALL that apply)

Employee must schedule a medical examination with _____ prior to respirator approval and usage.

Class I - No Restrictions on Respirator Use

Class II - Some Specific Use Restrictions To be used for Emergency Response or Escape Only Other: _____

Class III - Respirator Use is NOT PERMITTED

Further Testing / Evaluation is Required. ²

Fit Test Required Fit Test Performed Satisfactorily

Fit Test Performed Unsatisfactorily Fit Test NOT Performed at: _____

Special prescription eyewear needed to accommodate respirator Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

¹ Physician or other Licensed Healthcare Professional

² Employee must seek further medical evaluation by a private physician who must submit a report to _____ of his/her findings to _____

(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 would 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).

David Feinstein MD

Physician's Signature: [Signature]
 Physician's License Number (Optional in Most States): 16693 - CT

Physician's Name (Printed): David Feinstein
 Date of Exam: 6/6/06
 Expires On: 6/6/07

RESPIRATOR FIT TEST

Date of Test 6/26/06

Name Juan Guerra

SS Number 649-18-9953

Respirator Make glendale 1/2 face - 3m PAPR

Type _____

PASS/FAIL _____

Expiration Date 6/26/07

COMMENTS _____

Test Administrator Mall

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

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

MARCUS V. REARDEN

VALIDATION NO.
03-323485

CERTIFICATION NO.

000736

CURRENT THROUGH

03/31/07

PROFESSION

ASBESTOS ABATEMENT SUPERVISOR

SIGNATURE

J. Robert Gilman, M.D., M.H.
COMMISSIONER



**ASBESTOS ABATEMENT
SUPERVISOR REFRESHER**

MARCUS V REARDEN	
Certificate Number 048641104ASBSR0905	
Course Date 9/1/2005	Exam Date 9/1/2005
Expires: 9/1/2006	

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**

P.O. Box 77
Pomfret Center, CT 06259
(860) 974-1455

MARCUS V REARDEN.

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II

Joseph M. Sabitoni Training Director

**ASBESTOS ABATEMENT
SUPERVISOR COURSE**



Name/Certificate # Marcus Rearden 048641104ASBS0299	
Course Date 02-01-99	Exam Date 02-05-99
Expires 020500	

**ASBESTOS ABATEMENT
SUPERVISOR REFRESHER**



Name/Certificate # Marcus Rearden 048641104ASBSR0100	
Course Date 01-28-00	Exam Date 012800
Expires 012801	

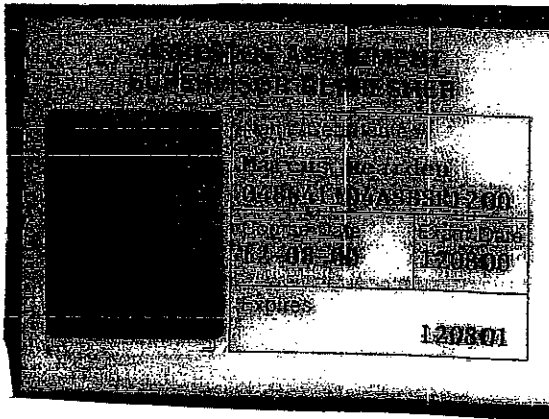
**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**

P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455



The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator



**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**

P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455



The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**

P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455



The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator

**ASBESTOS ABATEMENT
SUPERVISOR REFRESHER**



Name/Certificate # Marcus Rearden 048641104ASBSR1101	
Course Date 11-13-01	Exam Date 111301
Expires 111302	

**ASBESTOS ABATEMENT
WORKER COURSE**



Name/Certificate # Marcus Rearden 048641104ASBW0994	
Course Date 09-19-94	Exam Date 092394
Expires 092395	

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455



The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator

**ASBESTOS ABATEMENT
WORKER REFRESHER**



Name/Certificate # Marcus Rearden 048641104ASBR0995	
Course Date 09-27-95	Exam Date 092795
Expires 092796	

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455



The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator

**ASBESTOS ABATEMENT
WORKER REFRESHER**



Name/Certificate # Marcus Rearden 048641104ASBR0996	
Course Date 09-25-96	Exam Date 092596
Expires 092597	

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455



The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455



The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator

**ASBESTOS ABATEMENT
WORKER REFRESHER**



Name/Certificate # Marcus Rearden 048641104ASBR0997	
Course Date 09-25-97	Exam Date 092597
Expires 092598	

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455



The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John LeConche, Administrator

**ASBESTOS ABATEMENT
WORKER REFRESHER**



Name/Certificate # Marcus Rearden 048641104ASBR0998	
Course Date 09-16-98	Exam Date 091698
Expires 091699	

Concentra Medical Centers (CT)

555 Lordship Blvd STRATFORD, CT 06615
Phone: (203) 380-5945 Fax: (203) 380-5953

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 10/25/2005

Employee Name: _____

Employee SSN: 048-64-1104

Employee Address: _____

City: _____

State: Box 452

Zip: STRAFORD CT 06615

Employer: Petco Insulation Co

_____ 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.

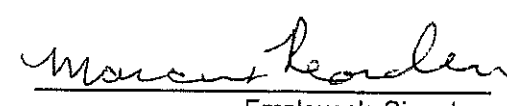


HCP Signature

CHANDLER DEVERA MD

HCP Name (printed)

Physician or other Licensed Healthcare Professional



Employee's Signature

10-25-2005

Expiration Date

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

RESPIRATOR FIT TEST

Date of Test 5/10/06

Name Merwyn Reardon

SS Number 048-64-1104

Respirator Make glendale 1/2 face - 3m PAPP

Type _____

PASS/FAIL _____

Expiration Date 5/10/07

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.

APPENDIX D
DAILY PROJECT SIGN-IN SHEETS

SIGN-IN SHEET FOR

CT-DPW/18-20 RIVERS ST, HFD, CT
 (Job Name and Project Number)

43500-4220-0003

NOTICE: All persons entering and leaving the Clean Room, Showers,

Equipment Room and Work Area(s) must sign in and out.
 Please complete all information slots.

TRC REPRESENTATIVE: A. HERNANDEZ

DATE: 7/31/06, 8/1/06, 8/2/06, 8/3/06

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN - OUT
BOS	PETRO	2ND FLOOR STAIRS (CLEAN)	ALL COMA READ	GENERAL	7:31 AM 8/20-15:30
LEONAR				REPORT/GENERAL	8/1 0600-14:30
ADRIAN				Break/GENERAL	8/2/06 0600-14:30
ALDAN				GENERAL	8/3/06 0600-14:30
YOSHIEA	I	I	I	I	N/A
ARON					
HECTOR					
SERGEANT					
JUAN	I	I	I	I	I
GUELLA					
					11/86

SIGN-IN SHEET FOR CT-Dew/18-20 TRENT ST. HFD. G
 (Job Name and Project Number)

43520 - 4220-0008

NOTICE: All persons entering and leaving the Clean Room, Showers, Equipment Room and Work Area(s) must sign in and out. Please complete all information slots.

TRC REPRESENTATIVE: H. HERNANDEZ **DATE:** 8/13/06

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN - OUT
BOB LOVAT	PETRO	2ND FLOOR STAIRS EQUIPMENT ROOM	ALLOSHA RES-1	REPAIRS	0700-15:30
ADRIAN ARIZON					
YOSHIEA ARIZON					
MARCUS NORDEN					
HELEN SPRINGFIELD					
JUAN GUSERA					
					11/86

SIGN-IN SHEET FOR

CR-DW/18-20 TRUCKS THERMOC
 (Job Name and Project Number)

43004226-0203

NOTICE: All persons entering and leaving the Clean Room, Showers, Equipment Room and Work Area(s) must sign in and out. Please complete all information slots.

TRC REPRESENTATIVE: H. ARENAUREZ

DATE: 8/4/86 + 8/7/86 + 8/9/86

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE OF ENTRY (Inspection, Work)	TIME IN - OUT
BOB LEACH	PETRO	2ND FLOOR STAIR ETHICS	ALL OBTAINED	RENOVATE	0700 - 5:30
ADRIAN ALDON					
ROTHA ALDON					
WARREN ALDON					
<u>17/86</u> BOB LEACH				RENOVATE	0700 - 5:30
ADRIAN ALDON					
<u>19/86</u> WALTER ALDON					
BOB LEACH				TEAR DOWN	0600 -
ADRIAN ALDON					
WALTER ALDON					
					11/86

APPENDIX E
CONTRACTOR OSHA PERSONNEL AIR
SAMPLING RESULTS

Company: PEICO Hygienist: TRC Lab # 81512
 88 Farwell Street
 West Haven, Connecticut 06516-0961

Type of Project: Asbestos Abatement Type of Removal: Floor Tile

Type of Abatement: Lead Abatement

Date Collected: 7-31-06/81-06

Job Name: 1820 TRINITY ST

Job Number: 201-2492

Project Foreman: Bob Leach

Calibration: Final Clearance Air Test 8/15/06 Personal Sample 8/15/06 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

Respirator Type/Brand: ac + Amarsypt: K. Williams
8/15/06
 Lab Sup: Henry J. Adhikari

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	Adrian Ardon - Excursion Removing (Acq) Floor Tile	Face Glendale	7:15 AM	7:45 AM	2.5		1/100 NO. 0.0	+
2	Adrian Ardon Removing (Acq) Floor Tile	Face Glendale	7:45 AM	3:00 PM	2.5		1/100 NO. 0.0	0.5 0/100
3	Field Blank						0/100	
4	Field Blank						0/100	
5	Adrian Ardon - Excursion Removing (Acq) Floor Tile	Face Glendale	7:15 AM	7:45 AM	2.5		1/100 NO. 0.0	
6	Adrian Ardon Removing (Acq) Floor Tile	Face Glendale	7:45 AM	2:55 PM	2.5		0/100 NO. 0.0	

Red hat K. Williams 8/15/06 10:30

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

Hygienist: TAC

Lab # 81512

Asbestos Abatement
 Lead Abatement

Type of Project
 Date Collected 1-8-06 / 8-2-06
 Job Name 18-20 Trinity St
 Job Number 201-2492
 Project Foreman Bob Leach

Type of Removal

<input type="checkbox"/> Pre-clean	<input type="checkbox"/> Set Up	<input type="checkbox"/> Encapsulation
<input type="checkbox"/> Pipe	<input type="checkbox"/> Fittings	<input type="checkbox"/> Transit Board
<input type="checkbox"/> Boiler	<input type="checkbox"/> Tank	<input type="checkbox"/> Sprayed-On
<input type="checkbox"/> Breaching	<input type="checkbox"/> Duct	<input checked="" type="checkbox"/> Floor Tile
<input type="checkbox"/> Ceiling Tile	<input type="checkbox"/> Bag Out	<input type="checkbox"/> Blastrac
<input type="checkbox"/> Glovebag		<input checked="" type="checkbox"/> Mastic Removal
<input type="checkbox"/> Other		

Calibration
 Final Clearance Air Test
 Personal Sample
 Work Sample

OC + Analyte X. Williams
 8/15/06
 Lab Dir: Henry J. Adilberto

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.
7	Field Blank						0/100	
8	Field Blank						0/100	
9	Adrian ARDON Ekurong Removing (rem) floor tile	Face Glendale	7:15 AM	7:45 AM	2.5		1/100 NO 2036	
10	Adrian ARDON Removing (rem) Floor tile	Face Glendale	7:45 AM	3:00 PM	2.5		1/100 NO 2036	
11	Field Blank						0/100	
12	Field Blank						0/100	

Rail box missing 8/14/06 1030

Company: PETCO Hygienist: TRC

88 Farwell Street
West Haven, Connecticut 06516-0961

Lab # 81512

Asbestos Abatement
 Lead Abatement

Type of Project

Type of Removal

Date Collected 8-3-06
Job Name 18-20 Trinity ST
Job Number 201-2492
Project Foreman Bob Leach

- | | | |
|---------------------------------------|-----------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Pre-clean | <input type="checkbox"/> Set Up | <input type="checkbox"/> Encapsulation |
| <input type="checkbox"/> Pipe | <input type="checkbox"/> Fittings | <input type="checkbox"/> Transite Board |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Tank | <input type="checkbox"/> Sprayed-On |
| <input type="checkbox"/> Breaching | <input type="checkbox"/> Duct | <input type="checkbox"/> Floor Tile |
| <input type="checkbox"/> Ceiling Tile | <input type="checkbox"/> Bag Out | <input checked="" type="checkbox"/> Blastrac |
| <input type="checkbox"/> Glovebag | | <input checked="" type="checkbox"/> Mastic Removal |
| <input type="checkbox"/> Other | | |

Calibration

Final Clearance Air Test OC + Analyt + K. Williams
 Personal Sample
 Work Sample Lab Sup: Henry J. Schifano

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.
13	Adrian Ardon-Excursion Removing (AcM) Mastic	FACE Gondale	7:30 AM	8:00 AM	2.5		0/100 No V.E.O. ✓	
14	Adrian Ardon Removing (AcM) Mastic	FACE Gondale	8:00 AM	3:00 PM	2.5		0/100	
15	Field Blank						0/100	
16	Field Blank						0/100	
17	Adrian Ardon-Excursion Removal (AcM) Mastic		7:15	7:45	2.5		1/100 No V.E.O. ✓	
18	Adrian Ardon Removing (AcM) Mastic		7:45	2:45	2.5		1/100 No V.E.O. ✓	

5/14/06

K. Williams

R. J. Leach

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

Hygienist: AMC

Lab # 81512

Asbestos Abatement
 Lead Abatement

Type of Project

Type of Removal

Pre-clean
 Pipe
 Boiler
 Breaching
 Ceiling Tile
 Glovebag
 Other

Set Up
 Fittings
 Tank
 Duct
 Bag Out

Encapsulation
 Transit Board
 Sprayed-On
 Floor Tile
 Blastrac
 Mastic Removal

Date Collected: 8-4-06
 Job Name: 18-20 TRINITY ST.
 Job Number: 201-2492
 Project Foreman: Bob Louch

Calibration
 Final Clearance Air Test
 Personal Sample
 Work Sample

Lab Source: Henry J. Schuster
QCT Analytical & William

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.
19	Field Blank						0/100	
20	Field Blank						0/100	
21	Adrian Ardoh-Excursion Removing (Am) Mastic	Face Gendale	7:15 ^{AM}	7:45 ^{AM}	2.5		0/100 M.O. ✓	0% 0/100
22	Adrian Ardoh Removing (Am) Mastic	Face Gendale	7:45 ^{AM}	1:15 ^{PM}	2.5		1/100 M.O. ✓	
23	Field Blank						0/100	
24	Field Blank				60		0/100	

Rec'd by: William 8/14/06

APPENDIX F
TRC CERTIFICATIONS/LICENSES

0007685 FP **PRSR T5 0 1664 06450
HILTON HERNANDEZ
45 PEARL STREET
MERIDEN CT 06450

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
M.S.#12MQA <http://www.dph.state.ct.us>
Hartford, CT 06134-0308

Sincerely,



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

INSTRUCTIONS:

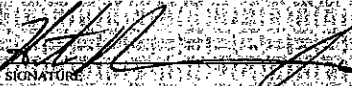
1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.

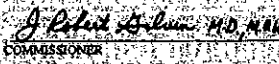
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

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

HILTON HERNANDEZ

LICENSE NO.
000298
CURRENT THROUGH
01/31/07
VALIDATION NO.
03-309459

 SIGNATURE

 COMMISSIONER

EMPLOYER'S COPY
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NAME
HILTON HERNANDEZ
VALIDATION NO. 03-309459
LICENSE NO. 000298
CURRENT THROUGH
01/31/07
PROFESSION
ASBESTOS CONSULTANT PROJECT MONITOR
SIGNATURE

EnviroScience Consultants, Inc.

795 North Mountain Road, Newington, CT 06111 – (860) 953-2700

This is to certify that

Hilton Hernandez

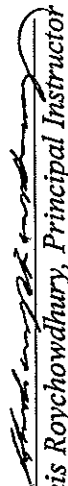
SS# 049-56-8984

has successfully completed the

8 Hr. Asbestos Project Monitor Refresher

Asbestos Accreditation under TSCA Title II

40 CFR Part 763


Ashis Roychowdhury, Principal Instructor

January 18 & 19, 2006

Date of Course

January 19, 2006; B

Examination Date & Grade


Neal Freußen, Training Manager

APM-R-1/06-11

Certificate Number

January 19, 2007

Expiration Date



AIHA
The Essential Source

RETAIN FOR YOUR RECORD

August 24, 1998

Hilton F. Hernandez
TRC Environmental Corporation
5 Waterside Crossing
Windsor, CT 06095

Counter ID: 7715
Organization ID: 6940

Dear Hilton F. Hernandez:

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 beginning of the suspended round.

For your information:

- 1) *You automatically lose board approval 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,

KimE Banks
Laboratory Program Specialist

KEB

American Industrial Hygiene Association
2700 Prosperity Ave., Suite 250, Fairfax, VA 22031
(703) 849-8888 (703) 207-3561 fax ☎
InfoFax Service Line (703) 641-INFO or Internet: inonet@aiha.org

0004168 FP **PRSRT T2 D 1364 06450
HILTON HERNANDEZ
45 PEARL STREET
MERIDEN CT 06450

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 (866) 509-7603
P.O. Box 340308 or
M.S. #12MQA (866) 509-7598
Hartford, CT 06134-0308

Sincerely,

J. Robert Galvin MD, 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 INSPECTOR

HILTON HERNANDEZ

LICENSE NO.
000424
CURRENT THROUGH
01/31/07
VALIDATION NO.
03-267078

[Signature]
SIGNATURE

J. Robert Galvin MD, MPH
COMMISSIONER

EMPLOYER'S COPY
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NAME
HILTON HERNANDEZ
VALIDATION NO. 03-267078
LICENSE NO. 000424
CURRENT THROUGH 01/31/07
PROFESSION
ASBESTOS CONSULTANT INSPECTOR

[Signature]
SIGNATURE

[Signature]
SIGNATURE

Certificate of Training

Awarded to

HILTON HERNANDEZ

**For successful completion of a 4 Hour, 1/2 Day
Asbestos Building Inspector
Annual Refresher Training
03/20/2006**

This training was approved and given in accordance with the
Regulations for Connecticut State Agencies
RCSA 20 - 440 - 1-9 and RCSA 20 - 441 and meets the
requirements of the EPA Revised MAP under TSCA Title II of 4/4/94.

Presented by

Mystic Air Quality Consultants, Inc.

1204 North Road, Groton, CT 06340 (800) 247-7746

Certificate Number: ABIRF14117

Exam Grade: 92

Exam Date: 03/20/2006

Expiration Date: 03/20/2007



Christopher J. Eident, CIH, CSP, RS



George Williamson, Training Director

APPENDIX G

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	0.9727	0.9689	0.9679	0.9682	0.9676	0.9691
2	2.012	2.010	2.013	2.012	2.008	2.011
3	2.946	2.946	2.943	2.940	2.943	2.944
3.5 4	3.505	3.502	3.502	3.503	3.504	3.503
Rotameter# L-28						
calibrated by KWS						
date 3/31/06 doc 5/12/06						
temperature 21.5						

Rotameter calibrated using
 1/8" ball. Calibrated with
 Standard Electronic
 DC-1 meter. Model :
 C-1 Bios International Corp
 TRC

*CC = cubic centimeter
 *LPM = liters per minute

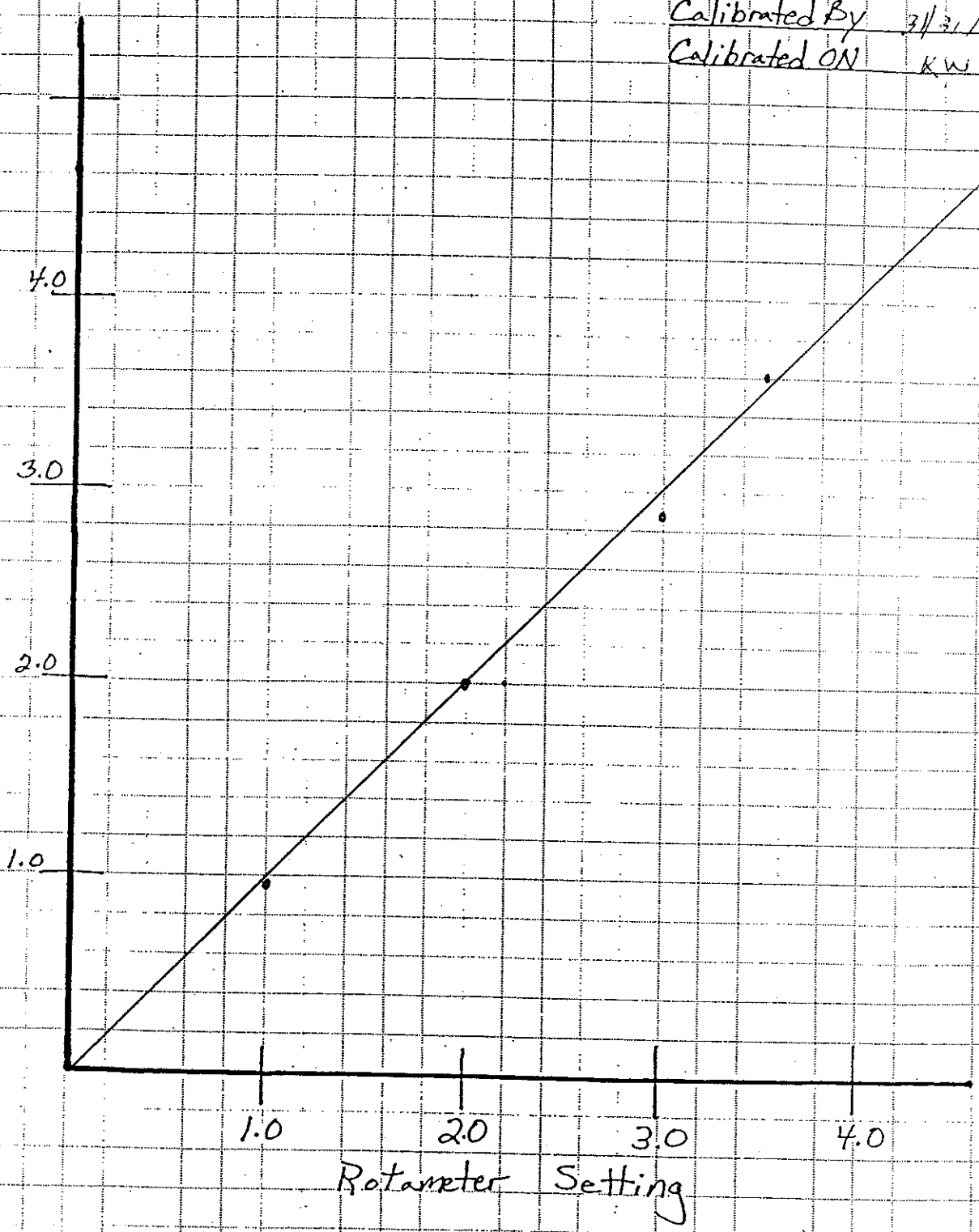


SUBJECT (Low Flow) Rotameter Calibration

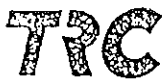
(Calibrate to center of ball)

Rotameter # L-28
Calibrated By 3/31/06 A
Calibrated ON KW

Actual Average Flow (LPM)



Rotameter Setting



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 Fl LPM
4	3.611	2.170	2.480	2.657	2.996	X	2.783
8	8.239	8.477	9.499	8.409	10.10	X	8.945
12	11.41	11.46	11.47	11.47	11.46	X	11.45
16	15.85	15.90	15.90	15.96	15.92	X	15.91

ROTAMETER # H-27
 CALIBRATED BY KLO
 DATE 3/31/06
 TEMPERATURE 21.5

* LPM = Liters Per Minute

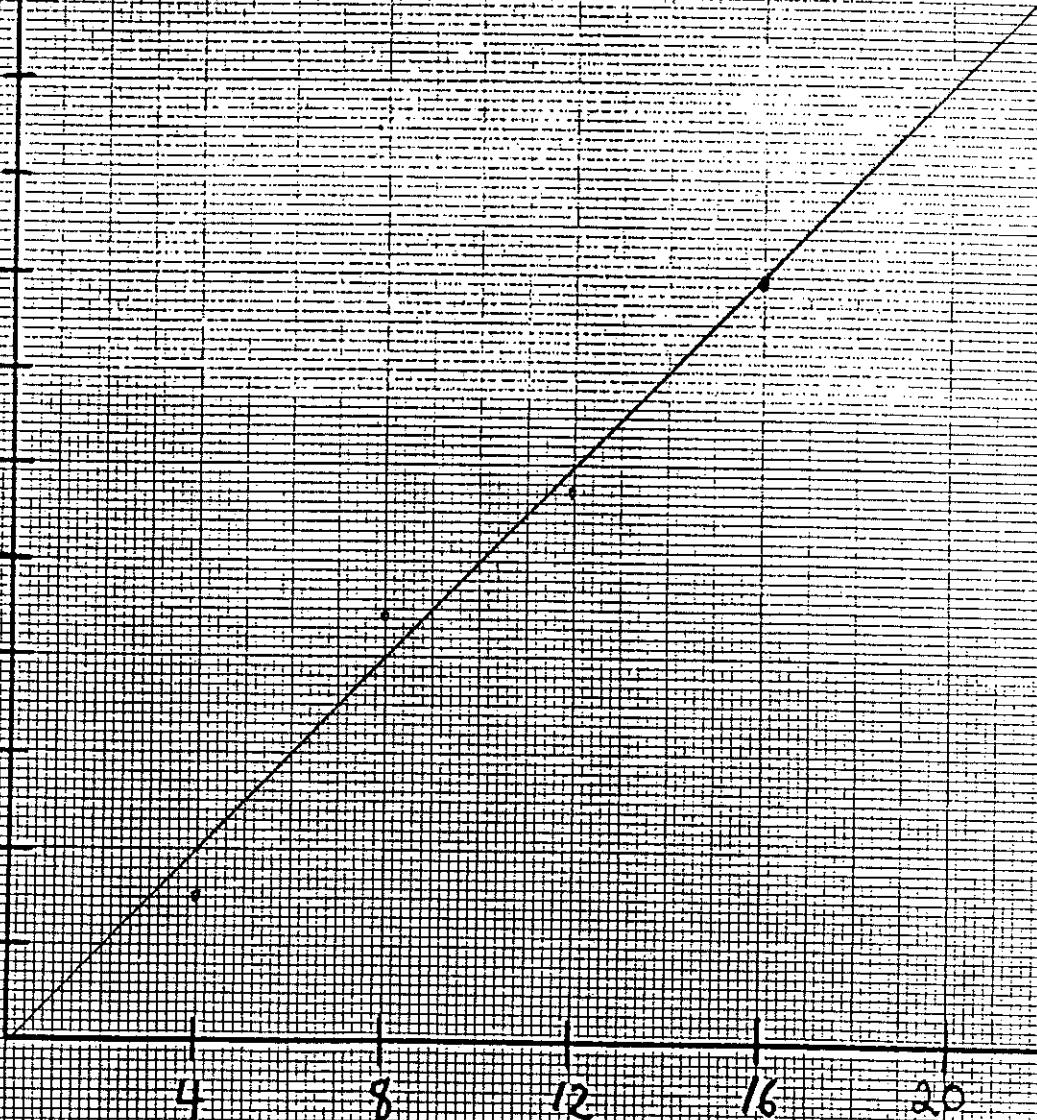
Rotameter calibrated using center of ball

Hi-flow Rotameter

Rotameter # H-27
Calibrated ON 3/21/06
BY KW

Actual (Flow Rate) (LPM)

20
18
16
14
12
10
8
6
4
2



Rotameter Setting

.PCM



APPENDIX H
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

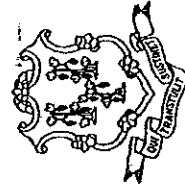
LOCATED AT 21 Griffin Road North IN Windsor, CT 06095
AND REGISTERED IN THE NAME OF Richard A. Love

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:

ASEESTOS
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 22ND DAY OF DECEMBER 2005



Registration
No.

PH-0426

Ellen J. Blaschinski
CHIEF, REGULATORY SERVICES BRANCH



The American Industrial Hygiene Association

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

- INDUSTRIAL HYGIENE
- ENVIRONMENTAL LEAD
- ENVIRONMENTAL MICROBIOLOGY
- FOOD

- Accreditation Expires: 02/01/2008
- Accreditation Expires:
- Accreditation Expires:
- 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

David Kahane, CIH
Chairperson, Analytical Accreditation Board

R M Buchan

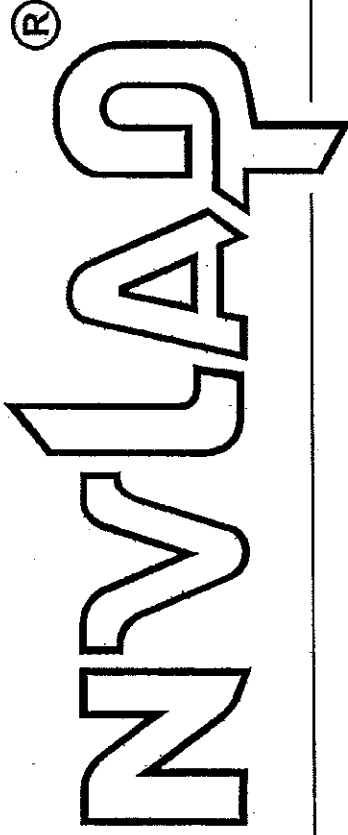
Roy M. Buchan, DrPH, CIH
President, AIHA

Date Issued: 2/24/2006

CELEBRATING
30
Thirty Years
of AIHA
Accrediting Labs

SMART DECISIONS
1974 - 2004

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 17025:1999.
Accreditation is granted for specific services, listed on the Scope of Accreditation, for:

BULK ASBESTOS FIBER ANALYSIS

2006-07-01 through 2007-06-30

Effective dates



Dolly A. Bruce
For the National Institute of Standards and Technology

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.

PROSCIENCE ANALYTICAL SERVICES, INC. - CT

LOCATED AT 683 N. Mountain Road IN Newington, CT 06111

AND REGISTERED IN THE NAME OF Jack Yee

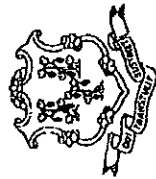
THIS CERTIFICATE IS ISSUED IN THE NAME OF Jack Yee - Director WHO HAS BEEN DESIGNATED BY THE REGISTERED OWNER/AUTHORIZED AGENT TO BE IN CHARGE OF THE LABORATORY WORK COVERED BY THIS CERTIFICATE OF APPROVAL AS FOLLOWS:

ASBESTOS
Examination for:
Air - TEM, PCM
Bulk Materials - PLM

SEE COMPUTER PRINT-OUT FOR SPECIFIC TESTS APPROVED

THIS CERTIFICATE EXPIRES December 31, 2006 AND IS REVOCABLE FOR CAUSE BY THE STATE DEPARTMENT OF PUBLIC HEALTH

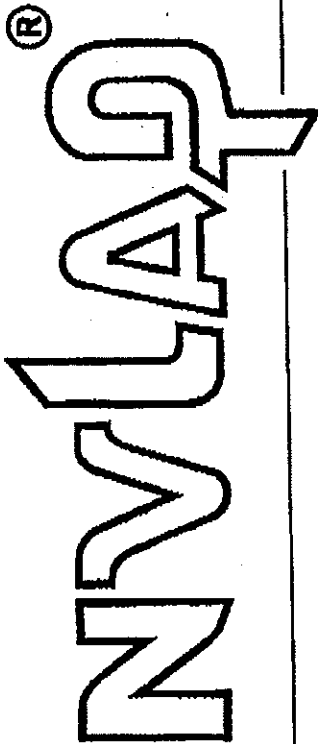
DATED AT HARTFORD, CONNECTICUT, THIS 13th DAY OF April 2005



PH-0303

Ellen J. Blaschinski
DIRECTOR, DIVISION OF ENVIRONMENTAL HEALTH

United States Department of Commerce
National Institute of Standards and Technology



Certificate of Accreditation to ISO/IEC 17025:1999

NVLAP LAB CODE: 200665-0

Pro Science Analytical Services, Inc.
Newington, 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 17025:1999.
Accreditation is granted for specific services, listed on the Scope of Accreditation, for.

AIRBORNE ASBESTOS FIBER ANALYSIS



Jolly St. Bruce
For the National Institute of Standards and Technology

2006-04-01 through 2007-03-31
Effective dates

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 #: 32615
Project #: 43500-4220-00003
Date Received: 08/04/06
Date Analyzed: 08/07/06

RESULTS

Sample No.	Color	Homogeneous	Multi-Layered	Layer No.	Other Matrix Mat'ls	Asbestos %	Asbestos Type
01	Yellow (glue)	No	Yes	1	--	ND<1%	None
01	White (leveling compound)	No	Yes	2	--	ND<1%	None
01	Grey (leveling compound)	No	Yes	3	--	ND<1%	None
01	Red (leveling compound)	No	Yes	4	--	ND<1%	None
01	Black (mastic)	No	Yes	5	--	10%	Chrysotile

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: Kathleen Williamson

Reviewed by: 
Laboratory Analyst

Approved: 
Henry J. Laliberte
Signatory: Laboratory Manager

Date Issued: 8/7/06



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

LAB ID #: 32615

FIELD SAMPLE NUMBER	DATE	TIME	TYPE		SAMPLE LOCATION	PLM NY 600/R93/116 (POSITIVE STOP)	PLM NY NOB 198.1 (w/ gravimetric reduction) (POSITIVE STOP)	ANALYZE BY LAYER	POINT COUNT (PF > 1% & < 10%)	TEM NY NOB 198.4 (IF PLM SERIES NEG)	PARAMETERS					MATERIAL	
			COMP	GRAB							PLM: 24hr	48hr	5day	TEM: 24hr	48hr		5day
01	8/12/06	0940	X		2ND FLOOR ELEVATOR SHAFT (2 ND FLOOR)	X		X		X							LAYERED FLOOR CONCRETE (5 LAYERS) 1) BROWN CARPET BLUE 2) WHITE LEVELING COMPOUND ZONE ANALYSIS 3) GREY LEVELING COMPOUND ANALYSIS 4) RED LEVELING COMPOUND 2ND 5) BLACK WASTEC ANALYSIS

TURNAROUND TIME				
PLM: 24hr	X	48hr		5day
TEM: 24hr	X	48hr		5day

PROJECT NAME: CT-Dew
18-20 TRINITY ST
HARTFORD, CT

INSPECTOR: (SIGNATURE) *H. Hernandez*
HECEN HERNANDEZ (PRINTED)

Relinquished by: (Signature) <i>H. Hernandez</i>	Date: 8/13/06	Relinquished by: (Signature)	Date:
(Printed) HECEN HERNANDEZ	Time: 1600	(Printed)	(Printed)
Received by: (Signature) <i>K. Williams</i>	Date: 8/14/06	Received by: (Signature)	Date:
(Printed) K. Williams	Time: 1600	(Printed)	(Printed)

Remarks: PLEASE ANALYZE A CROSS SECTION OF MATERIALS
IT WILL ALL HAVE TO COME UP TOGETHER IF POSITIVE.

Condition of Samples: OK
Acceptable: Yes No
Comments:

APPENDIX J
ASBESTOS AIR SAMPLE ANALYSIS AND
CHAIN-OF-CUSTODY DATA

AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 4280-7220-0003 DATE: 7/27/06 PG. 1 OF 1
 SAMPLER PRINT: HERRERA SIGNATURE: [Signature] DATE ANALYZED: 7/27/06
 ANALYST PRINT: HERRERA SIGNATURE: [Signature] DATE ANALYZED: 7/27/06
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: 8/4/06
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED: [Signature]
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature]

ROTOMETER NO.: L-28 DATE OF CALIBRATION: 3/31/06 LAB NO.: 322612
 SAMPLE TYPE: PCM TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHERA _____ OTHER (SPECIFY) _____
 Issue 2 8/15/94

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

CONTACT/NAME: TON LEACE
 PHONE NO.: (860) 298-6223

Intra- and Interlaboratory relative standard deviation quality 1/00110
 control information is available in the laboratory. SE = STATE STAIRS

SAMPLE NO.	01-SE	02-SE	03-SE	04-SE	05-SE
SAMPLING LOCATION/ COMMENTS	SECOND FLOOR STATE STAIRS	STATE STAIRS ADJACENT OFFICES TO ELEVATOR	STATE STAIRS ADJACENT OFFICES	BLANKS	
TYPE OF SAMPLE	2	2	2		
PUMP NUMBER					
START TIME/STOP TIME	0830 / 14:30	0832 / 14:32	0833 / 14:33		
TOTAL TIME (min)	360	360	360		
FLOW RATE	2.5 / 2.0	2.5 / 2.1	2.5 / 2.8		
TOTAL VOLUME (l)	810	828	810		
FB - BFB FL - BFL	4/100	9/100	1/100	0/100	
AIRBORNE FIBER CONC. (fibers/cc)	NDL	NDL	NDL	NDL	
	0.003	0.003	0.003	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: 8/4/06 TIME: 14:15
 RECEIVED BY: [Signature] DATE: 8/4/06 TIME: 16:00
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____



AIR SAMPLE ANALYSIS REPORT

PROJECT NO: 4380-4220-0003 DATE: 7/28/06 PG 1 OF 1
 SAMPLER PRINT: HELEN BEAUMONT SIGNATURE: [Signature] DATE ANALYZED: 7/28/06
 ANALYST PRINT: HILTON BEAUMONT SIGNATURE: [Signature]
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: [Signature]
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: [Signature]
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature]

ROTOMETER NO.: 1-28 DATE OF CALIBRATION: 3/31/06 LAB NO.: 326012
 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.	06-SE	07-SE	08-SE	09-SE	10-SE
SAMPLING LOCATION/ COMMENTS	SECOND FLOOR STAIR PLUG	ADJACENT OFFICES TO (SOUTH)	ADJACENT OFFICES (WEST)	BLANKS	
TYPE OF SAMPLE	2	2	2		
PUMP NUMBER					
START TIME/STOP TIME	0820 / 14:50	0804 / 14:34	0806 / 14:36		
TOTAL TIME (min)	450	390	450	390	
FLOW RATE	2.5 / 2.1	2.5 / 2.2	2.5 / 2.3		
TOTAL VOLUME (l)	897	916	936		
FB - BFB FL - BFL	8 / 100	6 / 100	3 / 100	0 / 100	0 / 100
AIRBORNE FIBER CONC. (fibers/cc)	0.004	0.003	nd < 0.003		

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory. 0.25/100%

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

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: 8/4/06 TIME: 14:15
 RECEIVED BY: [Signature] DATE: 8/4/06 TIME: 16:00
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # AA000052 NY # 10980 RI # AAL-007C3 VT # AL014538 AIHA/PAT # 100122 NVLAP # 101424-0
 ME # LB-0071 VA # 3333000283 TX # 300354
 Condition of Sample: OK Acceptable: Y ✓ N _____
 Comments: _____



AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 4388-4220-00003 DATE: 7/31/06 PG. 1 OF 1
 SAMPLER PRINT: HERNAN HERRANDEZ SIGNATURE: [Signature] DATE ANALYZED: 7/31/06
 ANALYST PRINT: HICHA HERRANDEZ SIGNATURE: [Signature] DATE ANALYZED: 7/31/06
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: [Signature]
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED: [Signature]
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature]

ROTOMETER NO.: 1-28 DATE OF CALIBRATION: 3/31/06 LAB NO.: 32612
 SAMPLE TYPE: PCB 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

CONTACT/NAME: DENNIS L. PAGE
 PHONE NO.: (800) 298-6222
 Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory. QC-0/100

SAMPLE NO.	11-SE	12-SE	13-SE	14-SE	15-SE
SAMPLING LOCATION/ COMMENTS	SECOND FLOOR STATE ELEVATOR	SECOND FLOOR STATE ELEVATOR	SECOND FLOOR STATE ELEVATOR	BLANKS	
TYPE OF SAMPLE	4	4	4		
PUMP NUMBER					
START TIME/STOP TIME	8730 / 14:45	0732 / 14:49	0733 / 14:48		
TOTAL TIME (min)	435	435	435		
FLOW RATE	2.5 / 2.2	2.5 / 2.2	2.5 / 2.2		
TOTAL VOLUME (l)	1022	1022	1022		
FB - BFB FL - BFL	12 / 100	1 / 100	2 / 100	0 / 100	0 / 100
AIRBORNE FIBER CONC. (fibers/cc)	0.006	0.003	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: 8/4/06 TIME: 14:15
 RECEIVED BY: [Signature] DATE: 8/4/06 TIME: 16:00
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____



AIR SAMPLE ANALYSIS REPORT

PROJECT NO: 43500-120-0003 DATE: 8/1/00 PG 1 OF 1
 SAMPLER PRINT: HILTON HERNANDEZ SIGNATURE: [Signature] DATE ANALYZED: 8/1/00
 ANALYST PRINT: HILTON HERNANDEZ SIGNATURE: [Signature] DATE ANALYZED: 8/1/00
 QC ANALYST PRINT: K. Williams SIGNATURE: [Signature] DATE ANALYZED: 8/25/00
 LAB SUPERVISOR PRINT: H. Lohrbach SIGNATURE: [Signature] DATE ISSUED: [Signature]
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature]

ROTOMETER NO.: L-20 DATE OF CALIBRATION: 3/15/00 LAB NO.: 32737
 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.	16-SE	17-SE	18-SE	19-SE	20-SE
SAMPLING LOCATION/ COMMENTS	SECOND FLOOR STATE OFFICES	ADJACENT OFFICES TO SOUTH LOBBY	REAR	LEGAL OFFICES	BUNKS
TYPE OF SAMPLE	4	4			
PUMP NUMBER					
START TIME/STOP TIME	0630 / 14:00	2632 / 14:02	0633 / 14:03		
TOTAL TIME (min)	450	450	450		
FLOW RATE	2.5 / 2.3	2.5 / 2.3	2.5 / 2.2		
TOTAL VOLUME (l)	1080	1080	1057.5		
FB - BFB FL - BFL	5 / 100	2 / 100	9 / 100	9 / 100	
AIRBORNE FIBER CONC. (fibers/cc)	NDL 0.002	NDL 0.002	NDL 0.003		

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory. QC = 0.018 (TR)

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: _____ TIME: _____
 RECEIVED BY: K. Williams DATE: 8/25/00 TIME: 1/30
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____



AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 43500-9220-0003 DATE: 8/2/00 PG. 1 OF 1
 SAMPLER PRINT: H. C. HERRANDEZ SIGNATURE: *H. C. Hernandez* DATE ANALYZED 8/2/00
 ANALYST PRINT: H. C. HERRANDEZ SIGNATURE: *H. C. Hernandez* DATE ANALYZED 8/2/00
 QC ANALYST PRINT: K. Williams SIGNATURE: *K. Williams* DATE ANALYZED
 LAB SUPERVISOR PRINT: H. C. HERRANDEZ SIGNATURE: *H. C. Hernandez* DATE ISSUED
 QC MANAGER PRINT: H. C. HERRANDEZ SIGNATURE: *H. C. Hernandez*

ROTOMETER NO.: L-28 DATE OF CALIBRATION: 3/31/00 LAB NO.: 32737
 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

CLIENT: CT-D&W
 SITE: 10-20 TRAVERTY ST.
 ADDRESS: HARTFORD, CT

CONTACT/NAME: DON C. PAGES
 PHONE NO: (860) 298-6222

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

SAMPLE NO.	21-SE	22-SE	23-SE	24-SE	25-SE
SAMPLING LOCATION/ COMMENTS	SECOND FLOOR STAIR REMOVAL	FLOOR STAIR REMOVAL	STAIRS	STAIRS	STAIRS
TYPE OF SAMPLE	4	4	4	4	4
PUMP NUMBER					
START TIME/STOP TIME	0630 / 13:30	0633 / 13:33	0635 / 13:35		
TOTAL TIME (min)	420	420	420		
FLOW RATE	2.5 / 2.2	2.5 / 2.3	2.5 / 2.2		
TOTAL VOLUME (l)	987	1080	987		
FB - BFB FL - BFL	3 / 100	0 / 100	0 / 100	0 / 100	0 / 100
AIRBORNE FIBER CONC. (fibers/cc)	NDL 0.003	NDL 0.002	NDL 0.003	NDL 0.003	NDL 0.003

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: *H. C. Hernandez* DATE: 8/25/00 TIME: 11:30
 RECEIVED BY: *K. Williams* DATE: 8/25/00 TIME: 11:30
 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



AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 43500-4220-0003 DATE: 8/3/06 PG. 1 OF 1
 SAMPLER PRINT: HILDA HERMANDEZ SIGNATURE: *H.H.* DATE 8/3/06
 ANALYST PRINT: HILDA HERMANDEZ SIGNATURE: *H.H.* DATE ANALYZED 8/3/06
 QC ANALYST PRINT: K. Williams SIGNATURE: *K. Williams* DATE ANALYZED
 LAB SUPERVISOR PRINT: H. Lott SIGNATURE: *H. Lott* DATE ISSUED
 QC MANAGER PRINT: *Henry J. Joliffe* SIGNATURE: _____

ROTOMETER NO.: 6-28 DATE OF CALIBRATION: 3/31/06 LAB NO.: 32737
 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

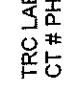
CLIENT: CT-DEW
 SITE: 1B-20 TRAVEL ST
 ADDRESS: HARTFORD, CT
 CONTACT/NAME: DAN SPAGE
 PHONE NO.: (860) 298-6222
 QC-0/100%

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

SAMPLE NO.	26-SE	27-SE	28-SE	29-SE	30-SE
SAMPLING LOCATION/ COMMENTS	SECOND FLOOR STAIR REMOVAL	ADJACENT OFFICES TO ELEVATOR LOBBY	CELESTIAL STAIRS	BLANKS	
TYPE OF SAMPLE	4	4	4		
PUMP NUMBER					
START TIME/STOP TIME	0745 / 14:00	0748 / 14:03	0749 / 14:04		
TOTAL TIME (min)	3:75	3:75	3:75		
FLOW RATE	2.5 / 2.3	2.5 / 2.5	2.5 / 2.3		
TOTAL VOLUME (l)	900	900	900		
FB - BFB FL - BFL	5 / 100	1 / 100	2 / 100	9 / 100	9 / 100
AIRBORNE FIBER CONC. (fibers/cc)	ND< 0.003	ND< 0.003	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: *H.H.* DATE: _____ TIME: _____
 RECEIVED BY: *K. Williams* DATE: 8/25/06 TIME: 1130
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____



AIR SAMPLE ANALYSIS REPORT

CLIENT: CT-DOW
SITE: 18-20 TRINITY ST. - STATE ETHICS
ADDRESS: BAAT FORD CT

PROJECT NO.: 93520-4220-00008 DATE: 8/14/06 PG. 1 OF 1
SAMPLER PRINT: H. H. R. SIGNATURE: H. H. R. DATE ANALYZED: 8/14/06
ANALYST PRINT: H. H. R. SIGNATURE: H. H. R. DATE ANALYZED: 8/14/06
QC ANALYST PRINT: K. Williams SIGNATURE: K. Williams DATE ANALYZED: 8/14/06

LAB SUPERVISOR PRINT: H. H. R. SIGNATURE: H. H. R. DATE ISSUED: 8/14/06
QC MANAGER PRINT: Henry J. Adolphe SIGNATURE: Henry J. Adolphe

ROTOMETER NO.: L-28 DATE OF CALIBRATION: 3/3/06 LAB NO.: 32737
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.	31-SE	32-SE	33-SE	34-SE	35-SE
SAMPLING LOCATION/ COMMENTS	SECOND FLOOR STATE ETHICS (NORTH)	REMOVAL	CEILING TEST FLOOR ETHICS ATT. OFF	BUNKS	
TYPE OF SAMPLE	4	4	4		
PUMP NUMBER					
START TIME/STOP TIME	0833/14:38	0836/14:36	0830/14:30		
TOTAL TIME (min)	360	360	360		
FLOW RATE	2.5 / 2.2	2.5 / 2.2	2.5 / 2.2		
TOTAL VOLUME (l)	846	846	846		
FB - BFB / FL - BFL	6/100	6/100	6/100		
AIRBORNE FIBER CONC. (fibers/cc)	0.003	0.003	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: H. H. R. DATE: _____ TIME: _____
 RECEIVED BY: K. Williams DATE: 8/15/06 TIME: 11:30
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____



AIR SAMPLE ANALYSIS REPORT

PROJECT NO: 4380-420-0003 DATE: 8/7/06 PG. 1 OF 1
 SAMPLER PRINT: H. Hernandez SIGNATURE: [Signature] DATE: 8/7/06
 ANALYST PRINT: H. Hernandez SIGNATURE: [Signature] DATE ANALYZED: 8/7/06
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE: [Signature]
 LAB SUPERVISOR PRINT: H. Hernandez SIGNATURE: [Signature] DATE SERVED: [Signature]
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature]

CLIENT: CT-Dow
 SITE: 18-20 BERRY ST - ETHICS
 ADDRESS: HARTFORD, CT

ROTOMETER NO.: L-28 DATE OF CALIBRATION: 3/31/06 LAB NO.: 32737
 SAMPLE TYPE: PCM TEM OTHER (SPECIFY)
 ANALYSIS METHOD: NIOSH 7400 AHERA OTHER (SPECIFY)
 Issue 2 8/15/94

CONTACT/NAME: DAN L. DARE
 PHONE NO.: (860) 298-6222

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory. QC = 3/100 (4)

SAMPLE NO.	36-SE	37-SE	38-SE	39-SE
SAMPLING LOCATION/ COMMENTS	SECOND FLOOR (NORTH) RENOVATE	STATE STAIRS	STATE STAIRS	BLANKS
TYPE OF SAMPLE	4	4	4	
PUMP NUMBER				
START TIME/STOP TIME	6715 / 7215	0717 / 1217		
TOTAL TIME (min)	300	300		
FLOW RATE	2.5 / 2.5	2.5 / 2.5		
TOTAL VOLUME (l)	750	750		
FB - BEB FL - BFL	8/100	3/100	0/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.025	0.004	0.004	

CHAIN OF CUSTODY RECORD
 RELINQUISHED BY: [Signature] DATE: _____ TIME: _____
 RECEIVED BY: [Signature] DATE: 8/25/06 TIME: 1130
 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



APPENDIX K

TEM AIR SAMPLE ANALYSIS

ProScience Analytical Services, Inc

683 N Mountain Rd • Newington, CT 06111 • Phone (860)-953-1022 • Fax (860)-953-1030 general@proscience.net

Client #: 297
 Client Project: 43500-4220-00003
 Client Reference: 18/20 Trinity St - Hartford, CT
 Client Name: TRC Environmental Corp. (CT)

Method: AHERA
 Batch: CTAT 362
 Date Analyzed: 8/8/2006
 Date Received: 8/7/2006
 Date of Report: 8/8/2006

Lab ID	Client ID	Description	Type	Grid Area	# G.O.	VOL(L)	Analytical Sensitivity	Total # STR.	#STR. >=5	Total s/cc	Total Asbestos >=5	Total s/imm 2	>=5
A2376	40-SE	Second Floor (North) State Ethics - North	In	.009998	7	1200	.0046	NSD	NSD	NSD	NSD	NSD	NSD
A2377	41-SE	Second Floor (North) State Ethics - South	In	.009998	7	1200	.0046	NSD	NSD	NSD	NSD	NSD	NSD
A2378	42-SE	Second Floor (North) State Ethics - East	In	.009998	7	1200	.0046	NSD	NSD	NSD	NSD	NSD	NSD
A2379	43-SE	Second Floor (North) State Ethics - West	In	.009998	7	1200	.0046	NSD	NSD	NSD	NSD	NSD	NSD
A2380	44-SE	Second Floor (North) State Ethics - Center	In	.009998	7	1200	.0046	NSD	NSD	NSD	NSD	NSD	NSD

ASBESTOS STRUCTURE TYPE TOTAL

CHR	AMO	CRO	ACT	TRE	ANT
0	0	0	0	0	0

Comments:

All sizes in microns

Asbestos Codes: CHR = Chrysotile AMO = Amosite CRO = Crocidolite ACT = Actinolite TRE = Tremolite ANT = Anthophyllite NSD = No Structures Detected

Mark Derosier, Analyst



CTAH
362
24 hr TAT
FOR FORK + CAN H.H.
w/ RESULTS
AIR SAMPLE ANALYSIS REPORT

CLIENT: CT - DUNN

SITE: 18/20 TRINITY ST

ADDRESS: HARTFORD, CT

CONTACT/NAME: HELDAN HERNANDEZ

PHONE NO.: (860) 874-1063

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

Edition: July 2006
Supersede Previous Edition

PROJECT NO.: 4300-4220-2003 DATE: 8/17/06 PG. 1 OF 1

SAMPLER PRINT: Heldan Hernandez SIGNATURE: [Signature] DATE: 8/2/06

ANALYST PRINT: _____ SIGNATURE: _____ DATE: _____

QC ANALYST PRINT: _____ SIGNATURE: _____ DATE: _____

LAB SUPERVISOR PRINT: _____ SIGNATURE: _____ DATE: _____

QC MANAGER PRINT: _____ SIGNATURE: _____ DATE: _____

ROTOMETER NO.: A-20 DATE OF CALIBRATION: 3/31/06 LAB NO.: _____

SAMPLE TYPE: PCM TEM OTHER (SPECIFY) _____

ANALYSIS METHOD: NIOSH 7400 AHERA _____ OTHER (SPECIFY) _____

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

SAMPLE NO.	40-SE	41-SE	42-SE	43-SE	44-SE	45-SE	46-SE	47-SE
SAMPLING LOCATION/ COMMENTS	SECOND FLOOR (NORTH)	SECOND FLOOR (SOUTH)	STATE	ENTRANCE WORK AREA	LAB	LAB	FIELD	FIELD
TYPE OF SAMPLE				WEST		BLANK	BLANK	BLANK
PUMP NUMBER	6							
START TIME/STOP TIME	13:45/15:05	13:45/15:05	13:46/15:06	13:46/15:07				
TOTAL TIME (min)	80							
FLOW RATE	15/15							
TOTAL VOLUME (l)	1200							
FB - BFB FL - BFL								
AIRBORNE FIBER CONC. (fibers/cc)								

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: [Signature] DATE: 8/17/06 TIME: _____
 RECEIVED BY: ML DATE: 8-22-06 TIME: 16:00
 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

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # AA000052 NY # 10980 RI # AAL-007C3 VT # AL014538 AIHA/PAT # 100122 NVLAP # 101424-0
 ME # LB-0071 VA # 3333000283 TX # 300354

Condition of Sample: _____
 Acceptable: Y _____ N _____
 Comments: _____



APPENDIX L
ASBESTOS WASTE SHIPMENT RECORDS



TransWaste, Inc.

4006 #1195
1895

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

40 yd / 201-2492

Section I GENERATOR

a. Generator Name: State of CT, DPW
 b. Generating Location: 18-20 Trinity St, LIBRARY
 c. Address: 165 Capitol Ave, Hartford, CT 06106
 d. Address: Hartford, CT
 e. Phone No.: _____
 f. Phone No.: _____
 g. If owner of the generating facility differs from the generator provide:
 i. County Service Code: _____

Description of Waste	Waste Code	Qty (%/#)	Shipped In:
1. <u>ACM</u>	<u>60606 J2</u>	<u>10.96</u>	<input type="checkbox"/> Rolloff
2. <u>20 Asbestos in Wall Paper Cell</u>	<u>42424</u>	<u>cu yds</u>	<input type="checkbox"/> Fiber Drum
3. _____	_____	_____	<input checked="" type="checkbox"/> Truck
4. _____	_____	_____	<input type="checkbox"/> Other
5. <u>42424</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: [Signature] Shipment Date: 09/22/06

Section II TRANSPORTER

TRANSPORTER I	TRANSPORTER II
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____
b. Address: <u>3 Barker Dr. Wallingford, CT 06492</u>	i. Address: _____
c. Driver Name / Title: <u>Dave Pearce</u>	j. Driver Name / Title: _____
d. Phone No.: <u>203-284-0009</u>	k. Phone No.: _____
e. Truck No.: <u>262</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>40385 A G</u>	m. Vehicle License No./State: _____
g. <u>[Signature]</u> Driver Signature	n. _____ Driver Signature
<u>10/02/06</u> Shipment Date	_____ Shipment Date

Section III DESTINATION

a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> : <u>A & L Salvage</u>	e. Site <input checked="" type="checkbox"/> : <u>Modern</u>
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 & US30</u>	f. Mailing <u>4400 Mt Asgah</u>
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address: <u>York, PA</u>
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone: _____

o. 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.

Name of Authorized Agent: M. Ricie Signature: [Signature] Receipt Date: 10/02/06

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.

Contractor's Name & Title: D. Pellegrino, Admin. Asst. Print / Type
 Contractor's Signature: [Signature]
 Date: 09/22/06

Name and Address of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203

Friable Non-friable Both 100 % friable _____ % non-friable