



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

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

*Prepared by*  
TRC  
Windsor, Connecticut

A handwritten signature in black ink that reads "Donald LePage". The signature is written in a cursive style and is positioned above a horizontal line.

Donald LePage  
Project Manager

TRC Project No. 106107-4000-0215  
April 28, 2008

**TRC**  
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## TABLE OF CONTENTS

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

### PROJECT OUTLINE

### APPENDICES

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

## 1.0 EXECUTIVE SUMMARY

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 20 Trinity Street, 5<sup>th</sup> Floor, 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 Bestech, Inc. of Connecticut (Bestech) of Ellington, Connecticut utilizing DAS Contract #03PSX0374AD. TRC was on site throughout the duration of the project to provide monitoring services.

The scope of work for the project, which took place from January 2 through January 15, 2008, involved the abatement of approximately 6,000 square feet (SF) of asbestos containing floor tile and mastic on the fifth floor. Written notification of the abatement activity was filed with the Connecticut Department of Public Health (CT DPH) by Bestech ten days prior to the initiation of the abatement work. A copy of the notification was submitted by Bestech to TRC. All work conducted by Bestech 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. Bestech is a licensed State of Connecticut Asbestos Abatement Contractor and all Bestech 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).

On January 2, 2008 bulk samples of suspected ACM in the form of plaster were taken by a State of Connecticut licensed asbestos inspector. The samples were analyzed by Polarized Light Microscopy in TRC's laboratory and found to be negative for asbestos.

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 satisfactory visual inspections on January 9 and January 15, had TEM reoccupancy clearance air samples collected on January 9 and January 15 and received acceptable reoccupancy clearance criteria air results on January 10 and January 15, 2008.

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 TRI-S Environmental Services, Inc. of Ellington, CT to Minerva Enterprises of Waynesburg, Ohio where it was deposited. Approximately fifty four (54) cubic yards of asbestos waste was removed from the project site.

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



## 2.0 SITE LOGS

Site / Station CT DPW - 20 Trinity Street 5th floor  
Hartford CT

Month / Year 1/08  
 Project No 106107.4000.0215

Date	Time	Instrument and TRC ID	Comments	Initials
1/12/08	0700		TRC / Best Tech on-site. TRC / Best Tech meet OR + L facility manager Mark Payette. He shows us areas on 5th floor. Will be broken down into 2 phases. 1 phase is occupied at site meet.	SA
Wed.				
	0730		TRC / Best Tech get badged over at 30 Trinity. Mark Payette leads us to hold off bringing equipment until parking lot is de-iced and all employees are in.	SA
	0830		Best Tech Mark Graham on site. TRC / MG / MP go over scope of work. HVAC will be isolated. Electrician needs to hook up electrical for hand blaster. 4th floor is unoccupied and will be used for TRC / Best Tech	SA
	0915		Best Tech starts to load in equipment into 20 Trinity Street	SA
	0935		TRC sets up 3 background air saps: 1 on 4th floor between work area + 2 on 5th floor (adjacent office area and work area). Best Tech hasn't started to prep yet	SA
	1000		Best Tech has all equipment on 5th floor. Best Tech begins to prep curtains on the walls / HVAC vents. Best Tech will be using CT DPW AWP Scenario #2 (curtains with single layer)	SA
	1030		TRC receives Best Tech paperwork. All is up to date	SA

Site / Station CT DPW- 20 Trinity Street  
5<sup>th</sup> floor Hartford CT

Month / Year 1/08  
 Project No 106107.9000.0215

Date	Time	Instrument and TRC ID	Comments	Initials
01/2/08	1200		Lunch. TRC receives call from office	SA
Wed			that some supply of plaster <del>might</del> at 30 Trinity Street DPW will contact SA at 20 Trinity for supply	
	1245		BestTech continues to prep contents of windows / HVAC units on 5 <sup>th</sup> floor south side	SA
	1315		TRC goes over to 30 Trinity to take some samples of plaster (skin/base) on 1st floor (West Hallway)	SA
	1410		TRC takes down PCM air samples and will read them immediately	SA
	1745		All PCM air samples are well below OSHA PEL for 8 hour day	SA
	1950		TRC off-site to bring plaster samples to office so that we can get results in the morning. BestTech cleaning up for the day	SA
1/3/08	0700		TRC on-site / BestTech on-site. BestTech to continue to <del>be</del> hang poly walls + ceiling inside 5 <sup>th</sup> floor south side work area.	SA
Thurs	0730		TRC sets up PCM air sample for today.	SA
	0735		TRC off-site to A/C for annual refresher. BestTech will not be doing any removal, just prep until SA returns	SA
	1300		TRC back on-site. HVAC has been shut down. BestTech hooking up decon	SA

Site / Station CT DPW - 20 Trinity Street  
5<sup>th</sup> floor, Hartford, CT

Month / Year 1/08  
 Project No XX607, Y000, 0215

Date	Time	Instrument and TRC ID	Comments	Initials
1/3/08	1315		TRC figures out how many negative air machines are needed	SA
Thurs				
			~25,000 ft <sup>3</sup> ÷ 15 (Air change/hr) $\frac{1200 \text{ CFM (machine capacity)}}{15} = 1.4 \text{ machine}$	
			TRC recommends <del>2</del> 2 machines. Bested has hooked up 3	SA
	1330		3 machines are too much. Bested shuts 1 down. Bested finally decm.	SA
	1415		TRC gives Bested a passing pre abatement visual. Visual passes. Bested going to start with taking up carpet if possible	SA
	1450		TRC stops daily air samples. Will read immediately. A	SA
	1520		All samples are well below PEL for OSHA	SA
	1530		TRC / Bested off-site	SA
1/4/08	0700		TRC / Bested on-site. Bested will continue with removal of carpet / floor tile in 5 <sup>th</sup> floor South Side containment. Bested starts on taking up carpet	SA
Fri				
	0725		TRC sets up PCM air samples on the 4 <sup>th</sup> + 5 <sup>th</sup> floors	SA
	0900		Bested continues to remove floor tile with <del>the</del> pole scraper. Bested wetting tile down as they scrape	SA
	1010		Bested continues to remove tile but also start to use blast tree brand <del>blaster</del> blaster	SA

Site / Station CT DPW-20 Trinity Street  
5<sup>th</sup> floor Hospital, CT

Month / Year 1/08  
 Project No 106107.7000.0215

Date	Time	Instrument and TRC ID	Comments	Initials
1/4/08	1100		Bestech removing a section of floor tile and then using the bead blaster	SA
			Bestech double bagging waste and wetting	
	1200		Lunch	SA
	1300		Bestech continues with floor tile removal and bead blasting inside South side 5 <sup>th</sup> floor containment	
			Bestech will be loading out waste bags on Monday (around 10 AM).	
	1425		TRC stops daily PCM air samples on 4 <sup>th</sup> + 5 <sup>th</sup> floors	SA
	1450		TRC reads all PCM air samples and all are well below OSHA PEL for 8-hr TWA	SA
	1500		Bestech cleaning up for the day. TRC offsite.	SA
1/7/08	0700		Bestech onsite	SA
Mon	0715		TRC onsite. Bestech will continue with FI + mastic removal inside 5 <sup>th</sup> floor South side containment. Bestech will continue to bead blast to mastic and scrape up the floor tile	SA
	0730		TRC sets up PCM air samples for the day on the 4 <sup>th</sup> + 5 <sup>th</sup> floors	SA
	0830		TRC tells Bestech to change reg air machine pre filter	
	0920		Bestech changes reg air pre filter on both machines	SA
	0930		Bestech starts to bag out bags from 5 <sup>th</sup> floor South side containment	SA

Site / Station CT DPW- 20 Trinity Street  
5<sup>th</sup> floor Hartford, CT

Month / Year 11/08  
 Project No 106107 7000.0215

Date	Time	Instrument and TRC ID	Comments	Initials
11/7/08	1000		Bestech Inc. of CT State of CT DPW / State Office Bldg. 20 Trinity Street 5 <sup>th</sup> floor Hartford, CT	SA
			↑                      ↑	
			Bestech label for waste bags	SA
			ORR facility manager Mark Payath wants Bestech to stop loading out because too many people might be using elevator. He thought Bestech would be loading out 6AM. That was the plan but TRC/Bestech didn't state ORR was going to be able to get guy out 6AM. MP will try to get a guy for tomorrow + Weds.	
	1015		Bestech goes back to taking up floor tile + make inside 5 <sup>th</sup> floor South side contained.	SA
	1030		Bestech starts to grind edges. TRC tells Bestech to use plenty of water when grinding edges.	SA
	1130		Bestech continues with edges rock contained. They are working on the South east area right now.	SA
	1200		Lunch	
	1210		TRC off-site to Workers Hill DMR to check in a wall. Will be back	SA
	1330		TRC back on-site	
	1420		TRC going around to collect air samples. #19 was found on the floor. Somebody had moved the pump off of statue itself. See for sample 18. ORR were moving people out of the area. Min boxes etc.	SA

Site / Station CDPW-20 Trinity St 5th floor  
Hertel, CT

Month / Year 1/08  
Project No 100609.4000.0215

Date	Time	Instrument and TRC ID	Comments	Initials
1/7/08	1500		TRC has read all daily PCM air samples. All samples are well below OSHA PEL	SA
	1530		TRC / Bestek offsite. Will be on site at 6 AM for load out	SA
1/8/08	0600		Bestek on-site	SA
Tues	0610		TRC on-site. Bestek has started to load out ACM waste bag from 5th floor contained to the back of the lined truck	SA
	0620		TRC sets up daily PCM air samples on 4th + 5th floors	
	0650		Bestek finishes waste load out from 5th floor contained.	SA
	0730		Bestek working on edges with grinder inside contained. TRC again tells Bestek to use water while grinding	SA
	0900		Bestek continues with edges. Bestek using water and hepa vac as they grind edges.	SA
	0920		TRC checks on air pumps and all are still running fine.	SA
	1030		Bestek continues to work on edges inside 5th floor South side contained	
	1135		Load	SA
	1220		Bestek has finished FT/MAS removal inside 5th floor South side contained. Bestek will be final cleanup for the rest of the day and will be looking for post abatement visit tomorrow morning	SA

Site / Station CT DPW - 20 Trinity St 5<sup>th</sup> floor  
Hertford, CT

Month / Year 11/04  
 Project No 106107.7000.0215

Date	Time	Instrument and TRC ID	Comments	Initials
11/10/07	1315		TRC starts to take down daily PCM air sample.	Srx
	1400		TRC / BestTech meet with OR+C manager Mark Payette about BestTech station North side of 5 <sup>th</sup> floor. There is a contractor walk through tomorrow at 2pm and MP isn't sure if he wants poly to be hung up. He will check on it.	Srx
	1420		All PCM air samples are well below PEL	SA
	1445		TRC / BestTech / MP discuss next place on 5 <sup>th</sup> floor <del>South Side</del> North Side	Srx
	1500		TRC off-site	
11/9/07	0600		BestTech on-site	SA
Wed	0615		TRC on-site. BestTech loading out last of ACM waste from 5 <sup>th</sup> floor South Side contained	SA
	0630		TRC enters contained for post abatement visit on 5 <sup>th</sup> floor South Side.	SA
	0650		Visit passes. BestTech to manipulate	
	0657		TRC puts out daily PCM air samples as BestTech begins to prep 5 <sup>th</sup> floor North Side	
	0730		TRC talks to OR+C MP about tile/mud bag under sheetrock partition walls and it could be an issue down the line. He is going to talk to people doing walling today about dens area. Will get back to TRC	SA
	0800		BestTech taking off debris and putting up cri-trails in winding/HVAC vents	



Site / Station CT DAW-20 Trinity Street 5th floor  
Hartford CT

Month / Year 11/09  
 Project No 100607.4000.0215

Date	Time	Instrument and TRC ID	Comments	Initials
11/9/09	0920		TRC talks to Mark Pagette (COR+L). He said that there is 10 ft of wall (~3 SF of FF/MAS) inside contained vch steel truss partition that needs to come out. This will be done after the area clears air clearance	SA
	1030		BestTech Mark Graham on-site. Go over work progress and some possible work after contained tear down on 5th floor South Side	SA
	1115		TRC starts TEM air clearance model 5th floor South Side contained	SA
	1135		TRC/BestTech take lunch	SA
	1230		BestTech continues to prep cribbing/walls/ceilings on 5th floor North Side	SA
	1315		TRC stops TEM air sample for the 5th floor South Side contained. Will be dropping off to Proscenic later.	SA
	1350		DL on-site with supplies and to go over scope of work.	SA
	1415		TRC talks to concern employee on 2nd floor. DL off-site	SA
	1430		TRC off-site	
11/10/09	0700		Mr on-site after stopping at lab - met w/ Fausto from Boston - He will need pre-Abate Visual in AM nearly complete w/ set up of Decon waiting for TEM results before moving lead blaster into containment - Poly on all walls except on - Needs to place poly on ceiling - Set up NEG Air and Decon	

Site / Station CT DPW- 20 Trinity St. 5<sup>th</sup> flr  
Hartford CT

Month / Year 1/08  
 Project No 106107 #000 0215

Date	Time	Instrument and TRC ID	Comments	Initials
1/10/08	0940		Mike from Comptrollers office in containment Removing speaker systems in ceiling He believed he would be allowed to have a contractor come in and do the work but was not given clearance by Ddg Maintenance & Management to have the contractor come in and do removal/ He is doing work himself cutting holes in poly ceiling to move ceiling tiles to gain access to equipment will take ~ 1 hr then Fausto and Bestech and complete containment Fausto work life pre Abate visual after lunch	
0950	1230		MG off site MG on site went to 5 <sup>th</sup> floor Fausto & Bestech Not ready for visual	
	1330		MG gave pre abate visual All walls ceilings properly covered w/ 6 mil Poly stapled Gunned and taped - Both hot & cold water working at Decon - proper filtration used → 5 Meters - Proper Vol for NEG Air - 3 NEG Air Machines - No visible Gaps or holes in Poly.	
	1345		Removal of carpet begins	
	1515		carpet removed and bagged out - removal of floor tile to begin 1/11/08 TRC / Bestech off site	
1/11/08	0745		MG on site for TRC after going to lab Bestech on site work for the day begin removal of tile and mastic	

Site / Station CT DPW 20 Trinity St 5th Flr  
Hartford CT

Month / Year 01/08  
 Project No 106107 400 0215

Date	Time	Instrument and TRC ID	Comments	Initials
1/11/08	0800		MG Decoms into Containment to set up low flows and visual on progress - All Carpet Removed ~ 45% of tile removed	MG
	0840		Bestech starts bead blaster in Containment	
	1100		Mark Fayette Facility Manager @ 20 Trinity on site ASK MG to advise Bestech not to use elevators employees on site complaining about use. Also he cannot have an employee here @ 0600 to open the doors for Bestech on Monday 1/14 but will have someone here Tuesday 1/15 and Wednesday 1/16.	
	1200-1240		Lunch Removal continues	
	1515 1530		Removal complete for day ~ 60% removed MG TRC / Bestech off site	
1/14/08	0800		MG on site snow storm today - Bestech on site work for today - continued removal of mastic w/ bead blaster MG Set up 5 pump <del>3</del> 1 each in the 3 NEG AIRS 1 O/S Decom 1 O/S N Elevator	
	0930		MG finished reading personal samples for bestech at front 1/14/08 So 8th Sample was overloaded w/ dust - for the bead blast operator - MG spoke w/ Fayette the supervisor for bestech explained the results	

Site / Station 20 Trinity Street  
Hartford CT

Month / Year 02/08  
Project No 106107-4000-025

Date	Time	Instrument and TRC ID	Comments	Initials
1/14	0930		and suggested dust control methods	MG
	1200-1230		Lunch	
	1330		MG Decons in to check progress Mastic 80% removed w/ Bead Blaster Now manually scraping along edges and corners	
	1515		Cleaning to begin 1/15 Removal complete except for clings in floor and several corners. TRC/Bestech off site	
1/15	0700		MG onsite after going to A-Minogian's home to pick up HiFlow pumps Bestech onsite completing removal work for today: complete removal of mastic clean and wipe down area. Pre-abate visual - Clearances (Tens) Bring Clearances to Mark @ ProScience MG spoke w/ Mark @ ProScience alerted him that I will drop the samples off this morning and would like a 2nd test he said he would have the before the end of today	
	0815		MG Give post-abate visual no visible debris - some areas where mastic remaining Bestech spot cleaned all these spots. pass post-abate	
	1000-1200		Run Clearances	
			Brought clearances to ProScience	
	1100		MG speak w/ Mark @ ProScience. Samples pass MG will call DM before Bestech for complete tear down 1/14	

## PROJECT OUTLINE

Project Address:	20 Trinity Street – 5 <sup>th</sup> Floor Hartford, CT
DAS Contract Number:	03PSX0346AE
DPW Project Manager:	Robert Cody
TRC Project No.:	106107-4000-0215
Date(s) of Project:	1/2/08-1/15/08
TRC Project Manager:	Donald LePage
TRC Project Monitor(s)/Inspector(s):	Stephen Arienti (#000487) – PM Maureen Grissom (#000565) – PM
Abatement Contractor:	Petco Insulation Co., Inc. (#000036)
Materials Abated:	~6,000 SF ACM floor tile/mastic – facility 5 <sup>th</sup> floor
Waste Hauler(s):	TRI-S Enviro Services Inc., Ellington, CT
Asbestos Landfill:	Minerva Enterprises, Waynesburg, Ohio
Asbestos Waste Generated:	Fifty four (54) Cubic Yards

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



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only

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

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

INSTRUCTIONS FOR FILLING IN FORM USING 'WORD':
This is a form that will only accept information in the "form fields". Do not use the ENTER button or a mouse. Use TAB to advance to the next field.

Mail completed notification to the address listed below

1. TYPE OF NOTIFICATION

- A. NEW X B. BLANKET C. CANCELLATION / POSTPONED (C) (F)
D. REVISED (ITEMS REVISED) REVISION #
E. EMERGENCY DESCRIBE NATURE OF EMERGENCY

2. ABATEMENT CONTRACTOR:

NAME: Bestech, Inc. LICENSE # 000016
ADDRESS: 25 Pinney St.
CITY: Ellington STATE: CT ZIP: 06029
PHONE #: (860)896 - 1000

3. FACILITY OWNER/OPERATOR:

NAME: State of Connecticut DPW
ADDRESS: 165 Capitol Ave.
CITY: Hartford STATE: CT ZIP: 06106
PHONE #: 8607135671 CONTACT PERSON: Bob Cody

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

NAME: State Office Building
ADDRESS: 20 Trinity St.-Fifth Floor
CITY: Hartford STATE: CT ZIP:

5.(A) START DATE: 1/2/2008 5.(B) COMPLETION DATE: 2/6/2008

FOR PROJECTS INVOLVING 160 SQ. FT OR MORE OF ASBESTOS

6.(A) TOTAL COST OF ABATEMENT: \$ 36,000.00 6.(B) IF APPLICABLE REVISED COST

Phone: (860) 509-7367/ Fax (860) 509-7378
410 Capitol Avenue, MS 51 AIR
P.O. Box 340308
Hartford, CT 06134-0308
An Equal Opportunity Employer

106107.4000.0215

Asbestos Abatement Notification Form

7. USE OF FACILITY:

A. SCHOOL(K-12) B. PUBLIC BUILDING X C. MANUFACTURING D. OFFICE E. COLLEGE F. COMMERCIAL G. CHURCH/SYNAGOGUE H. RESIDENTIAL, # OF DWELLINGS I. OTHER (SPECIFY)

8. BUILDING DATA: 10,000 SQUARE FEET; 5 # OF FLOORS 40+ AGE;

9. ABATEMENT CLASSIFICATION:

A. RENOVATION X B. DEMOLITION C. ORDERED DEMO (AGENCY ISSUING ORDER):

NOTE: Attach Demolition Order

10. ABATEMENT TECHNIQUE:

A. FULL CONTAINMENT WITH NEGATIVE AIR X B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED) X Project Designer / LICENSE # 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

NONFRIABLE MATERIAL

A. SPRAYED/TROWELED ON: B. BOILER INSULATION: C. TANK INSULATION: D. BREECHING INSULATION: E. DUCT INSULATION: F. CEILING TILES: G. OTHER, SPECIFY: H.\* PIPE INSULATION (FILL OUT BELOW) I.: FLOOR COVERINGS/TILES: 6,000 SF J.: ROOFING, SPECIFY: K. GASKETS, PACKINGS: L. TRANSITE BOARD: M. OTHER, SPECIFY: Category I Category II

Table with columns for Pipe diameter, Linear Feet, Conversion Factor, and Total Sq. Ft. Includes a formula: (Pipe diameter) \* (Linear Feet) x (Conversion Factor) = Total Sq. Ft.

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

NAME: BFI Imperial Superior Greentree ADDRESS: 11 Boggs Rd. or 635 Toby Rd. CITY, STATE, ZIP: Imperial, PA 15126 Kersey, PA 15846 OWNER, OPERATOR: 9724) 695-0900 (814) 265-1744

15. HAULER/WASTE TRANSPORTER:

NAME: Tri-S ADDRESS: 25 Pinney st. CITY, STATE, ZIP: Ellington, CT 06029 Name of Individual Completing This Form: Bob Sullivan



**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(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. In addition to the glove-bag procedure, the work area is to be isolated from the non-work area by establishing an air-tight barrier of 6 mil polyethylene sheeting covering or composing the wall surfaces and covering the floor surface. In areas where this barrier does not extend to the ceiling, the layer of 6 mil polyethylene sheeting shall compose the ceiling of the air-tight enclosure.

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

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

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

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

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

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

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



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AGENCY LIST

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FAQ ANSWERS

- ▶ BUSINESS CENTER
- ▶ VERIFY LICENSE
- ▶ QUICK CONTACTS
- ▶ PHYSICIAN PROFILE

## 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:** 000651  
**Name:** BUSTAMANTE, FAUSTO R  
**Expiration Date:** 6/30/2008  
**Granted Date:** 9/13/2000  
**License Name:** Fausto R. Bustamante  
**License Status:** Current  
**Disciplinary Action:** None

### Questions ? ?

E-mail [oplc.dph@po.state.ct.us](mailto:oplc.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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# SENAGRYPH TRAINING FACILITIES

SERVING THE ASBESTOS AND LEAD ABATEMENT INDUSTRY

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

HEREBY CERTIFIES THAT  
**FAUSTO BUSTAMANTE**  
SS# 075-86-7563



HAS SUCCESSFULLY COMPLETED  
AN 8 HOUR NYS-EPA (TSCA TITLE II) APPROVED COURSE ENTITLED

**CONTRACTOR/SUPERVISOR REFRESHER**  
INCLUDING CLASSROOM LECTURES HANDS-ON WORKSHOP INSTRUCTION AND FINAL EXAM

ON THIS 14TH DAY OF APRIL 2007

COURSE DATES: 04/14/07

EXPIRATION DATE: 04/14/08

TEST SCORE: 72%

DIRECTOR: *Julia Herrera*

JULIA HERRERA

INSTRUCTOR: *Juan M. Herrera*

JUAN M. HERRERA

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



Asbestos and Lead Abatement Training  
74-09 37th Ave., Jackson Heights, New York 11372  
Tel.:(718) 779-0522 Fax.:(718) 779-8937

HEREBY CERTIFIES THAT  
**FAUSTO BUSTAMANTE**  
**ASBESTOS SUPERVISOR CONTRACTOR**  
(In English Language)

HAS SUCCESSFULLY COMPLETED A N.Y.S. D.O.H.U.S. E.P.A.-/A.H.E.R.A. 46 Hr Course Entitled

FOR THE PURPOSE OF TITLE 10 N.Y.C.R.R. PART 73 AND E.P.A.-40 CFR Part 763 ACCREDITATION

THE OFFICIAL RECORD OF SUCCESSFUL COMPLETION OF THIS COURSE IS

THE DOH 2832 CERTIFICATE OF COMPLETION OF ASBESTOS SAFETY TRAINING PROGRAM

On this 13th Day of August 2000  
Date (s) of course: 08/04/00 to 08/13/00  
Exam Date: 08/13/00  
Expiration Date: 08/13/01  
Certificate #: 081300ASCNY-1

Director: Nicolas Portela

Nicolas Portela  
Exam Grade: 74%



# CorpCare Occupational Health Center

(An Affiliate of Eastern Connecticut Health Network, Inc.)  
1075 Tolland Turnpike / Manchester, CT 06040 / 860-647-4796

## Medical Surveillance and Respirator Approval report to Employer

Employee Name: Bestamante SS# 87 075-86-7563 Date: 5/16/07  
Fausa

### Lead Exposure

In accordance with OSHA Standard 29 CFR 1926.62, I have examined the above named person. Based on the results of the examination, there is no evidence of a medical condition which would place his/her health at increased risk of impairment due to lead exposure.

### Asbestos Exposure

The above named employee has been informed of the results of the medical examination and any medical condition that may result from asbestos exposure and has been informed of the increased risk attributable to the combined effect of smoking and asbestos exposure. In accordance with OSHA Standard 29 CFR 1926.58, I have examined the above named person:

**Medically qualified with no restrictions:** The above stated employee has no detected medical conditions that would place him/her at an increased risk of material health impairment from exposure to asbestos. There are no restrictions on the use of the respirator or personal protective equipment

**Medically qualified with the following restrictions:** The above stated employee has a medical condition that results in a restriction listed below in the comment field

**Medically unqualified**

### Respirator Clearance

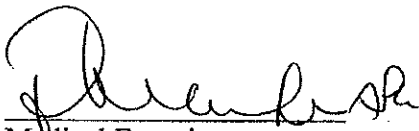
The above stated employee is

**Cleared for respirator use**

**Cleared for restricted respirator use as follows:** (Circled)  
No SCBA use, No heavy exertion, No exposure to high heat stress, Other (see Comment)

**Not Cleared for Respirator Use**

Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Medical Examiner



25 Pinney Street  
Ellington, CT 06029  
Phone (860) 896-1000  
Fax (860) 871-5982  
Toll 1-800-956-5559

Employee Name Fausto Bustamante Date 5/25/2007

Date of Birth 6/12/74 Social Security # xxx-xx-7563

Facility Name and Address: Bestech Inc. of Connecticut  
25 Pinney Street Ellington, CT 06029  
Telephone #: (860) 896-1000

**RESPIRATOR(S) TESTED:**

Type: <u>1/2 Face</u>	<u>Full Face</u>
Brand: <u>NORTH</u>	<u>NORTH</u>
Size: <u>SM / MED / LG</u>	<u>SM / MED / LG</u>
Model # <u>770030S (770030M) 770030L</u>	<u>7600PF</u>
NIOSH / MSHA Approved	NIOSH / MSHA Approved

**FIT TESTING AGENT:**

Isoamyl Acetate Protocol \_\_\_\_\_ Irritant Fume Protocol X  
Protection Factor: 100

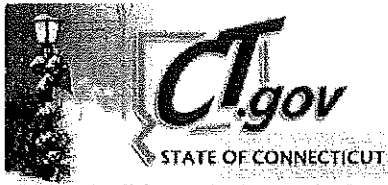
**FIT CHECKS:**

Negative Pressure:  PASS \_\_\_\_\_ FAIL \_\_\_\_\_ N/A  
Positive Pressure:  PASS \_\_\_\_\_ FAIL \_\_\_\_\_ N/A

PASS:  / \_\_\_\_\_ FAIL: \_\_\_\_\_ / \_\_\_\_\_  
1/2 Full 1/2 Full

EXPIRATION DATE: 5/25/08

SIGNATURE OF TESTER: \_\_\_\_\_



CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH



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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.

**License Type:** Asbestos Abatement Worker  
**License Number:** 009015  
**Name:** TORRES, OMAR  
**Expiration Date:** 10/31/2008  
**Granted Date:** 8/9/2006  
**License Name:** Omar Torres  
**License Status:** Current  
**Disciplinary Action:** None

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# SENAGRYPH TRAINING FACILITIES

SERVING THE ASBESTOS AND LEAD ABATEMENT INDUSTRY

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

HEREBY CERTIFIES THAT

OMAR TORRES

SS# 139-67-3276



HAS SUCCESSFULLY COMPLETED

AN 8 HOUR NYS-EPA (TSCA TITLE II) APPROVED COURSE ENTITLED

ASBESTOS ABATEMENT WORKER REFRESHER

INCLUDING CLASSROOM LECTURES HANDS-ON WORKSHOP INSTRUCTION AND FINAL EXAM

ON THIS 2ND DAY OF JUNE 2007

COURSE DATES: 06/02/07

EXPIRATION DATE: 06/02/08

LANGUAGE: SPANISH

TEST SCORE: 76%

DIRECTOR:

*Julia Herrera*  
JULIA HERRERA

INSTRUCTOR:

*Juan Herrera*  
JUAN HERRERA

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

# SENAGRYPH TRAINING FACILITIES

SERVING THE ASBESTOS AND LEAD ABATEMENT INDUSTRY

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

HEREBY CERTIFIES THAT

OMAR TORRES

SS# 139-67-3276



HAS SUCCESSFULLY COMPLETED

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

ASBESTOS ABATEMENT WORKER

INCLUDING CLASSROOM LECTURES HANDS-ON WORKSHOP INSTRUCTION AND FINAL EXAM.

ON THIS 18TH DAY OF JUNE 2006

COURSE DATES: 06/10-18/06

EXPIRATION DATE: 06/18/07

LANGUAGE: SPANISH

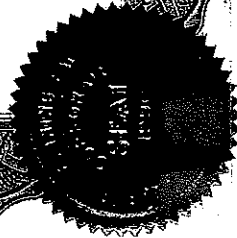
TEST SCORE: 88.1

DIRECTOR: *Julia Herrera*  
JULIA HERRERA

INSTRUCTOR: \_\_\_\_\_

MORRIS LLANOS

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



New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos Investigator

Appendix A

Medical Examination for Asbestos Investigators

Applicant Name: Omar TORRES  
Home Address: 936 Delilah Drive  
City, State and Zip Code: Windsor, CT 06095  
Telephone Number: (203) 676-8093  
Date of Birth: 10/06/88  
Social Security Number: 139-67-3276

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

is  is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Juan Francisco Chobla  
M.D. DO LIC No. 238318  
DSA No. BC 954648E

Print Name of Physician

Juan Francisco Chobla  
Signature of Physician

State License Number

June 21, 2007  
Chobla, Juan Francisco, M.D., P.C.  
639 West 185 Street New York, NY 10033  
Phone: (212) 568.8400  
Fax: (212) 927.5719

Address

Telephone Number

Please do not include any other medical information with this form.

New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos Investigator.

Appendix B

Respiratory Fit Test

Applicant Name: Omar TORRES Date of Birth: 10/06/88  
Home Address: 936 Delilah Drive Telephone Number: (203) 676-8093  
City, State and Zip Code: Windsor, CT 06095 Social Security Number: 139-67-3276

Training Entity Name: SENAGRYPH Telephone Number: (718) 429-0647  
Training Entity Address: TRAINING FACILITIES City, State, Zip: \_\_\_\_\_  
37-42 72 STREET  
JACKSON HEIGHTS NY 11372

Specify Type of Test and Test Agent. (Mark the appropriate boxes)

Qualitative

Quantitative

- Irritant Smoke Test  
 Odor Vapor Test  
 Taste Test

- Aerosol  
 Gas  
 Vapor  
 Other \_\_\_\_\_

Respirators Tested

Type: 1/2 face APR \_\_\_\_\_  
Brand: North \_\_\_\_\_  
Size: M \_\_\_\_\_

Proper Fit:  Yes  No  Yes  No  Yes  No

Test Administered By:

Ivan Molina  
Print Name of IH, CSP, or CIH\*\*

June 2, 2007  
Date

Ivan Molina  
Signature of IH, CSP, or CIH\*\*

Address SENAGRYPH  
TRAINING FACILITIES  
37-42 72 STREET  
City, State and Zip JACKSON HEIGHTS NY 11372

718-429-0647  
Telephone Number

\* If Applicable

\*\* Industrial Hygienist (IH), Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH)

WALLET CARD

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
**MILTON D. LEMUS-ESCOBAR**

EXPIRES	CERTIFICATION NO.	ISSUE DATE
03-496780	009588	03/31/08

PROFESSION  
**ASBESTOS ABATEMENT WORKER**

*MDE* *J. Robert Cohen, M.D., M.P.H.*  
REGISTRAR

ECT

Environmental Compliance Training School

ECT00 6511 00

Certificate Number

2 Charles Street, Methuen, MA 01844  
Telephone (978) 975-4474 Fax (978) 975-7867

This is to certify that: Name: MILTON D. LEMUS ESCOBAR  
SS #: 731-05-0573  
DOB: 03/26/1984

has successfully completed the course  
32 hours for asbestos Workers-Spanish

in accordance with the requirements for  
Asbestos Accreditation of TSCA Title II

MAY 11, 2008

EXPIRATION DATE

MAY 08 11, 2007

DATE OF TRAINING

MAY 11, 2007 / 82%

EXAM DATE/GRADE

B.H.

DIRECTOR OF SCHOOL / ADMINISTRATOR

**Concentra Medical Centers (CT)**

701 Main Street EAST HARTFORD, CT 06108  
Phone: (860) 289-5581 Fax: (860) 291-1885

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

Service Date: 05/15/2007

Employee SSN: 731-05-0575

Employee Name: Mus, Milton

Address: Woodland Dr

HARTFORD CT 06105

Employer: Oscars Abatement

You were evaluated in this office of your medical status related to your physical capability 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 contaminant 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]

Employee's Signature: [Signature]

PLHCP Name (printed): David Robinson MD

Expiration Date: 5/15/08

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

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



25 Pinney Street  
Ellington, CT 06029  
Phone (860) 896-1000  
Fax (860) 871-5982  
Toll 1-800-956-5559

Employee Name Milton Lemus Date 11/28/07  
Date of Birth 3/26/84 Social Security # XXX-XX-0573  
Facility Name and Address: Bestech Inc. of Connecticut  
25 Pinney Street Ellington, CT 06029  
Telephone #: (860) 896-1000

**RESPIRATOR(S) TESTED:**

Type: <u>1/2 Face</u>	Full Face
Brand: <u>NORTH</u>	NORTH
Size: <u>SM / MED / LG</u>	SM / MED / LG
Model # <u>7700308 / 770030M / 770030L</u>	7600PF
NIOSH / MSHA Approved	NIOSH / MSHA Approved

**FIT TESTING AGENT:**

Isoamyl Acetate Protocol \_\_\_\_\_ Irritant Fume Protocol X  
Protection Factor: 100

**FIT CHECKS:**

Negative Pressure:  PASS \_\_\_\_\_ FAIL \_\_\_\_\_ N/A  
Positive Pressure:  PASS \_\_\_\_\_ FAIL \_\_\_\_\_ N/A

PASS:  1/2 \_\_\_\_\_ Full \_\_\_\_\_ FAIL:  1/2 \_\_\_\_\_ Full \_\_\_\_\_ EXPIRATION DATE: 11/28/08

SIGNATURE OF TESTER: [Signature]



WALLET CARD  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
SUYAPA Y. LEMUS

VALIDATION NO. 03-459306  
CERTIFICATION NO. 008909  
CURRENT THROUGH 03/31/08

PROFESSION  
ASBESTOS ABATEMENT WORKER

SIGNATURE *Suyapa Y. Lemus*  
REGISTRATION NO.



**NEW ENGLAND LABORERS'  
TRAINING TRUST FUND**

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

**SUYAPA Y LEMUS**

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

*Joseph M. Sabitoni Training Director*

**ASBESTOS ABATEMENT  
WORKER REFRESHER**



<b>SUYAPA Y LEMUS</b>	
Certificate Number 770409147ASBR0307	
Course Date 3/28/2007	Exam Date 3/28/2007
Expires: 3/28/2008	

# Superior Industries LLC

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



*Committed to a Clean Environment*

## Certificate of Completion Awarded to

**Suyapa Yamilett Lemus**  
(SSN 770-40-9147) (DOB 3-06-1986)

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

**May 16, 2006 through May 19, 2006**

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

**SUPERIOR INDUSTRIES LLC**

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

Examination Date: May 16, 2006  
Expiration Date: March 24, 2007  
Certificate Number: ASWI-770-40-9147-06

Earl R. Clark, Training Director

EMPLOYER'S COPY  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
RUTH D. HERNANDEZ

VALIDATION NO. 03-454596      CERTIFICATION NO. 000110      CURRENT THROUGH 03/31/08

PROFESSION  
ASBESTOS ABATEMENT WORKER

SIGNATURE

# Superior Industries LLC

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



Committed to a Clean Environment

**Certificate of Completion**  
Awarded to

**Ruth Hernandez**

(SSN 043-94-7722) (DOB 3-06-65)

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

**Worker Refresher - Spanish**

**January 4, 2007**

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

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

Examination Date: January 4, 2007  
Expiration Date: January 4, 2008  
Certificate Number: SWR-043-94-7722-07



Earl R. Clark, Training Director

# EnviroMed Services, Inc.

25 Aurora Park • New Haven, Connecticut 06511 • (203) 746-5500

## Certificate of Completion

Muth Hernandez

SS: 043-94-7222

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.

6/10/97-6/13/97  
Course Dates

6/13/97  
Exam Date

6/13/98  
Expiration Date

SPANISH TAUGHT

19300 Asb-01  
Certificate Number

*[Signature]*  
Training Manager  
EnviroMed Services, Inc.

# Conentra Medical Centers (CT)

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

## EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

### EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Hernandez, Ruth

Address:

20 Comstock Pt.

Employer: White Insulation

HARTFORD CT 06106

Employee SSN: 043-94-7722

### 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: \_\_\_\_\_

### 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

### 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)

- Arsenic  Benzene  
 Coke Oven  Cotton Seed / Dust  
 Cadmium  Formaldehyde  
 Methylene Chloride  Lead  
 Textiles  Chromium

Other(s): \_\_\_\_\_

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

## PLHCP<sup>1</sup> 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 Conentra Medical Centers (CT) 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: <sup>2</sup>

Fit Test Required

Fit Test Performed Satisfactorily

Fit Test Performed Unsatisfactorily

Fit Test NOT Performed at: Conentra Medical Centers (CT)

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.

Physician or other Licensed Healthcare Professional

Employee must seek further medical evaluation by a private physician who must submit a report to Conentra 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 smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

[Signature]

Physician's License Number (Optional in Most States)

Physician's Name (Printed)

S. J. [Signature]

Date of Exam

5/30/07 Expires On 5/30/08



25 Pinney Street  
Ellington, CT 06029  
Phone (860) 896-1000  
Fax (860) 871-5982  
Toll 1-800-956-5559

Employee Name Ruth Hernandez Date 11/21/07

Date of Birth 3/6/65 Social Security # XXX-XX-7722

Facility Name and Address: Bestech Inc. of Connecticut  
25 Pinney Street Ellington, CT 06029

Telephone #: (860) 896-1000

**RESPIRATOR(S) TESTED:**

Type: <u>1/2 Face</u>	Full Face
Brand: <u>NORTH</u>	NORTH
Size: <u>SM / MED / LG</u>	SM / MED / LG
Model # <u>770030S / 770030M / 770030L</u>	<u>7600PF</u>
NIOSH / MSHA Approved	NIOSH / MSHA Approved

**FIT TESTING AGENT:**

Isoamyl Acetate Protocol \_\_\_\_\_ Irritant Fume Protocol X

Protection Factor: 100

**FIT CHECKS:**

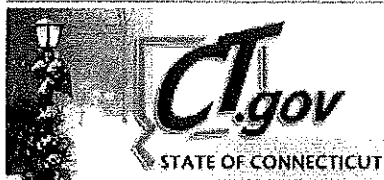
Negative Pressure:  PASS \_\_\_\_\_ FAIL \_\_\_\_\_ N/A  
Positive Pressure:  PASS \_\_\_\_\_ FAIL \_\_\_\_\_ N/A

PASS:  / \_\_\_\_\_ FAIL: \_\_\_\_\_ / \_\_\_\_\_  
          1/2   Full                   1/2   Full

EXPIRATION DATE: 11/21/08

SIGNATURE OF TESTER: [Signature]





CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH



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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.

**License Type:** Asbestos Abatement Worker  
**License Number:** 006548  
**Name:** LEON, EULALIO  
**Expiration Date:** 12/31/2008  
**Granted Date:** 5/28/2003  
**License Name:** Eulalio Leon  
**License Status:** Current  
**Disciplinary Action:** None

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# SENAGRYPH TRAINING FACILITIES

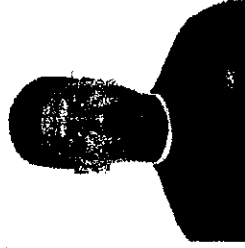
SERVING THE ASBESTOS AND LEAD ABATEMENT INDUSTRY

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

HEREBY CERTIFIES THAT

EULALIO LEON

SS# 645-56-4374



HAS SUCCESSFULLY COMPLETED

AN 8 HOUR NYS-EPA (TSCA TITLE II) APPROVED COURSE ENTITLED

ASBESTOS ABATEMENT WORKER REFRESHER

INCLUDING CLASSROOM LECTURES HANDS-ON WORKSHOP INSTRUCTION AND FINAL EXAM

ON THIS 24TH DAY OF MARCH 2007

COURSE DATES: 03/24/07

EXPIRATION DATE: 03/24/08

LANGUAGE: SPANISH

TEST SCORE: 72%

DIRECTOR:

*Julia Herrera*

JULIA HERRERA

INSTRUCTOR:

*Juan Herrera*

JUAN HERRERA

FOR COURSE PARTICIPANTS SEEKING NEW YORK STATE CERTIFICATION OR TRAINING  
RECIPROCIITY FROM ANOTHER STATE, THE OFFICIAL RECORD OF SUCCESSFUL COMPLETION

IS THE NYS-DOH 2832 CERTIFICATE OF COMPLETION OF ASBESTOS SAFETY TRAINING



Asbestos and Lead Abatement Training  
74-09 37th Ave., Jackson Heights, N.Y. 11372  
Tel.:(718)779-0522 Fax.:(718) 779-8937

HEREBY CERTIFIES THAT  
**EULALIO LEON**

HAS SUCCESSFULLY COMPLETED A N.Y.S.D.O.H. / US E.P.A./ A.H.E.R.A. 32 Hours Course Entitled

**ASBESTOS WORKER**  
(In spanish language)

FOR THE PURPOSE OF TITLE 10 N.Y.C.R.R. PART 73/ AND E.P.A.-40 C.F.R PART 763 ACCREDITATION

THE OFFICIAL RECORD OF SUCCESSFUL COMPLETION FOR THIS COURSE IS THE DOH 2832 FORM-CERTIFICATION OF  
COMPLETION OF ASBESTOS SAFETY TRAINING PROGRAM.

On this 11th Day of May, 2003

Date (s) of course: 05/03/03 to 05/11/03

Expiration Date: 05/11/04

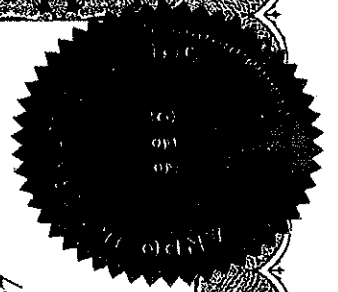
certificate#: 051103AHNY-07

Exam date: 05/11/03

Exam Grade: 70%

Director: Nicolas Portela

*Nicolas Portela*



New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos Investigator

Appendix A

Medical Examination for Asbestos Investigators

Applicant Name: Eulalia Leon  
Home Address: 83 Concord Street  
City, State and Zip Code: Hamden, CT 06514  
Telephone Number: (203) 747-2771  
Date of Birth: 12/07/64  
Social Security Number: 645-56-4374

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

is

is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. SOLANKI, M.D.

MAR 24 2007

Print Name of Physician

B. SOLANKI, M.D.

Date of Examination

Signature of Physician

*B. Solanki*

37-44 72 STREET  
JACKSON HEIGHTS, NY 11372  
NYS Lic. # 152355  
Phone (718) 478-0440

Address

State License Number

Telephone Number

Please do not include any other medical information with this form.

Updated 12/2003

New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos Investigator.

Appendix B

Respiratory Fit Test

Applicant Name: Eulalia Leon

Date of Birth: 12/07/64

Home Address: 83 Concord Street

Telephone Number: 203 747-2771

City, State and Zip Code: Hamden Ct. 06514

Social Security Number: 645-56-4374

Training Entity Name: SENAGRYPH

Telephone Number: (718) 429-0647

Training Entity Address: TRAINING FACILITIES  
37-42 72 STREET  
JACKSON HEIGHTS NY 11372

City, State, Zip: \_\_\_\_\_

Specify Type of Test and Test Agent (Mark the appropriate boxes)

Qualitative

Quantitative

- Irritant Smoke Test  
 Odor Vapor Test  
 Taste Test

- Aerosol  
 Gas  
 Vapor  
 Other \_\_\_\_\_

Respirators Tested

Type: 1/2 face AAR

Brand: NORTH

Size: M

Proper Fit:  Yes  No

Yes  No

Test Administered By:

Ivan Molma  
Print Name of IH, CSP, or CIH\*\*

March-24-2007  
Date

Ivan Molma  
Signature of IH, CSP, or CIH

718-429-0647  
Telephone Number

Address: SENAGRYPH  
TRAINING FACILITIES  
37-42 72 STREET  
City, State and Zip: JACKSON HEIGHTS NY 11372

\* If Applicable

\*\* Industrial Hygienist (IH), Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH)

0006778 FP \*\*PRSR T8 0 1164 06514  
DIANA NARANJO  
29 CONCORD ST  
APT 3  
HAMDEN CT 06514

Dear Licensed/Certified Professional:  
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certification renewal, please do not hesitate to write or call:  
Department of Public Health (860) 509-7603  
P.O. Box 340308  
M.S. #12MGA <http://www.dph.state.ct.us>  
Hartford, CT 06134-0308  
Sincerely,  
*J. Robert Galvin, M.D., MPH*  
J. ROBERT GALVIN, MD, MPH, COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH

**INSTRUCTIONS:**

Detach and sign each of the cards on this form.  
Display the large card in a prominent place in your office or place of business.  
The wallet card is for you to carry on your person. If you do not wish to carry 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 CERTIFIED  
BY THIS DEPARTMENT AS A  
ASBESTOS ABATEMENT WORKER  
DIANA NARANJO  
CERTIFICATION NO.  
009517  
CURRENT THROUGH  
07/31/08  
VALIDATION NO.  
03-514771  
*J. Robert Galvin, M.D., MPH*  
COMMISSIONER

EMPLOYER'S COPY  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
NAME  
DIANA NARANJO  
VALIDATION NO. 03-514771  
CERTIFICATION NO. 009517  
CURRENT THROUGH 07/31/08  
PROFESSION  
ASBESTOS ABATEMENT WORKER  
*J. Robert Galvin, M.D., MPH*  
COMMISSIONER

# SENAGRYPH TRAINING FACILITIES

SERVING THE ASBESTOS AND LEAD ABATEMENT INDUSTRY

37-42 72nd St. Jackson Hts. N.Y. 11372 (718) 428-0647 E-MAIL: info@senagryph.com

HEREBY CERTIFIES THAT

DIANA NARANJO

SS# 092-32-7824



HAS SUCCESSFULLY COMPLETED

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

ASBESTOS ABATEMENT WORKER

INCLUDING CLASSROOM LECTURES HANDS-ON WORKSHOP INSTRUCTION AND FINAL EXAM

ON THIS 05TH DAY OF APRIL, 2007

COURSE DATES: 04/02-05/07

EXPIRATION DATE: 04/05/08

LANGUAGE: SPANISH

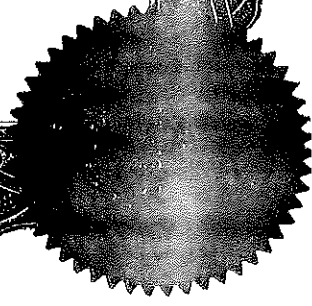
TEST SCORE: 72/

DIRECTOR: *Julia Herrera*  
JULIA HERRERA

INSTRUCTOR:

MORRIS LLANOS

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



New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos Investigator

Appendix A

Medical Examination for Asbestos Investigators

Applicant Name: Diana Naranjo  
Home Address: 83 Concord Street  
City, State and Zip Code: Hamden Ct. 06514  
Telephone Number: 347,350-4529  
Date of Birth: 07-23-81  
Social Security Number: 092-32-7824

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

is  is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. SOLANKI, M.D.

APR 05 2007

Print Name of Physician

Date of Examination

Signature of Physician

*B. Solanki*

**B. SOLANKI, M.D.**  
37-44 1/2 STREET  
JACKSON HEIGHTS, NY 11372  
NYS Lic. # 152355 Address  
Phone (718) 478-0440

State License Number

Telephone Number

Please do not include any other medical information with this form.



New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos Investigator.

Appendix B

Respiratory Fit Test

Applicant Name: Diana Naranjo Date of Birth: 07-23-81  
Home Address: 83 Concord Street Telephone Number: 347-350-4509  
City, State and Zip Code: Hamden Ct. 06514 Social Security Number: 090-32-7824  
Training Entity Name: \* SENAGRYPH Telephone Number: (718) 429-0647  
Training Entity Address: TRAINING FACILITIES City, State, Zip: \_\_\_\_\_  
37-42 72 STREET  
JACKSON HEIGHTS NY 11372

Specify Type of Test and Test Agent (Mark the appropriate boxes)

Qualitative

- Irritant Smoke Test  
 Odor Vapor Test  
 Taste Test

Quantitative

- Aerosol  
 Gas  
 Vapor  
 Other \_\_\_\_\_

Respirators Tested

Type: 1/2 FACE APR \_\_\_\_\_  
Brand: NORTH \_\_\_\_\_  
Size: M \_\_\_\_\_

Proper Fit:  Yes  No  Yes  No  Yes  No

Test Administered By:

Iran Molma  
Print Name of IH, CSP, or CIH\*\*

April - 5 - 2007  
Date

[Signature]  
Signature of IH, CSP, or CIH

Address SENAGRYPH  
TRAINING FACILITIES  
37-42 72 STREET  
City, State and Zip JACKSON HEIGHTS NY 11372

718-429-0647  
Telephone Number

\* If Applicable

\*\* Industrial Hygienist (IH), Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH)



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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:** 009493  
**Name:** ALMODOVAR, JOSUE O  
**Expiration Date:** 2/29/2008  
**Granted Date:** 4/17/2007  
**License Name:** Josue O. Almodovar  
**License Status:** Current  
**Disciplinary Action:** None

### Questions ??

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

For Business Registry Questions? Contact **Smart State** 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](#)

# Superior Industries LLC

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



Committed to a Clean Environment

## Certificate of Completion Awarded to

**Josue O. Almodovar**

**(SSN 582-93-7009) (DOB 2-09-1983)**

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

**Worker Initial - Spanish**

**January 30, 2007 through February 2, 2007**

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  
620-1133 (voice)  
860-620-1134 (fax)

Examination Date: February 2, 2007  
Expiration Date: February 2, 2008  
Certificate Number: ASWI-582-93-7009-07

Earl R. Clark, Training Director

# Concentra Medical Centers (CT)

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

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

Date: 02/09/2007

Employee Name:

Employee SSN: 582-93-7009

Edouard, Josue

Address:

West Hill Rd

HARTFORD CT 06108

Employer: Oscars Abatement

Were you 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)

You are qualified to wear a respirator.

You have the following restrictions concerning respirator usage: \_\_\_\_\_

You are NOT qualified to wear a respirator.

You 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.

You must wear Special prescription eye-wear needed to accommodate respirator.

You must use an Eye glass conversion kit.

You may need to shave Facial hair to assure tight seal on certain face masks.

You 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 the evaluation that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer associated with 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 instructions 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

David Feinstein, MD.

Name (printed)

Physician or other Licensed Healthcare Professional

Employee's Signature

2/9/08  
Expiration Date

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

# Concentra Medical Centers (CT)

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

## EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

### EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Almondour, Josue

Employer: Oscars Abatement

### 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: \_\_\_\_\_

### 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

Address: 95 Great Hill Rd

E HARTFORD CT 06108

Employee SSN: 582-93-7009

### 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)

- Arsenic  Benzene
- Coke Oven  Cotton Seed / Dust
- Cadmium  Formaldehyde
- Methylene Chloride  Lead
- Textiles  Chromium

Other(s): \_\_\_\_\_

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

## PLHCP<sup>1</sup> 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 Concentra Medical Centers (CT) 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. <sup>2</sup>

Fit Test Required  Fit Test Performed Satisfactorily

Fit Test Performed Unsatisfactorily  Fit Test NOT Performed at: Concentra Medical Centers (CT)

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.

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 smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

16693-ET

Physician's License Number (Optional in Most States)

David Feinstein, MD.

Physician's Name (Printed)

2/9/07

Date of Exam

2/9/08

Expires On

Respirator Fit Test

Employee Name: Josue Almodovar

Social Security #: 582-93-7009

Location: PAIS

Location if different than above: \_\_\_\_\_

Date Tested: 06/20/07

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 Face (7700-30 small, medium or large)

Test Results: Pass / Fail JA

Type of Respirator: Racal PAPR

Test Results: Pass / Fail

Other type of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature: Josue Almodovar Date: 6-20-07

Administrator: [Signature] Date: \_\_\_\_\_

# RESPIRATOR FIT TEST

DATE: 2/9/07

EMPLOYEE NAME: Josue Almodovar

SOCIAL SECURITY # 582-93-7009

FIT TEST PASS

FAIL

REASON: 1/2 Face Worth, Pucall P.A.P.R. Medium  
Irritant smoke test.

NAME OF PERSON CONDUCTING FIT TEST: Oscar Ardon

I HAVE READ AND FULLY UNDERSTAND THE RESPIRATORY PROTECTION PROGRAM MANUAL. I HAVE ALSO RECEIVED A FIT TEST USING THE PROCEDURES IN APPENDIX A OF THE MANUAL.

EMPLOYEE SIGNATURE: 

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



# SIGN-IN SHEET FOR CT OPW - 20 Trinity Street 5<sup>th</sup> Floor

(Job Name and Project Number)  
706107-9000-0215

**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: S. Arrient DATE: 1/2/08

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN -
Fausto Bustamante	Bestech	Equip Room	OSHA Required	Supervision	0700 - 1530
Omar Torres		Prep 5 <sup>th</sup> floor South side		Work	
Milton Lemus-Esobar					
Suzaph Lemus					
Ruth Hernandez					
Evelio Leon					
Diana Narsijo					

# SIGN-IN SHEET FOR CT DPW - 20 Trinity Street 5th Floor

(Job Name and Project Number)  
106107.7000.0215

**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: S. Arias

DATE: 1/3/09

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN -
Frusto Bustamante	Bes Tech	5th Floor - South Side Prep/Renovation	OSHA Reg'd	Supervision	0700 - 1530
Osmin Torres				Worker	
Milton Lomas Escribana					
Suzapa Lomas					
Ruth Hernandez					
Eulalia Leni					
Diana Narangju					



**SIGN-IN SHEET FOR CT OPW-20 Trinity Street 5th Floor South Side**

(Job Name and Project Number)

**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: S. Ariach

DATE: 1/7/08

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN -
Fawsta Butcher	BesTech	5th Floor South Side	OSHA Reg'd	Supervision	0700-
José Amador		FT2 Mask Room + Bagout		Worker	
<del>Alto</del> Ruth Hernandez					
Oliver Torres					
M. Lisa Lewis					
Eulalia Leon					
Diana Navarro					



**SIGN-IN SHEET FOR CT OPW - 20 Trinity Street S&B**  
 (Job Name and Project Number)  
 10667

**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: S. Arievidi

DATE: 11/19/08 - 11/20/08

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIM IN -
Fawst Bostamile	Des Tech	5th floor - South Side Encapsulation 7th floor - North Side	OSHA Reg'd	Supervision	6:00 - 1:30
Jose Almodovar		Prep		Work	
Ruth Henricks					
Orion Torres					
M. Ito Lopez					
Evelyn Levi					
Diana Naranjo					

**SIGN-IN SHEET FOR** To Traffic Staff in Hartford, CT  
 (Job Name and Project Number)

**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: Marcelo Garsosa DATE: 11/14/08

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN -
Frausth	Bestech	Throughout work area	OSHA Reg'd	Supervisory work	6:20 - 6:50
Ruth Hernandez				work	
Daniel Torres					
Milton Le mus Escobar					
Eulalio Jimenez					
Diane Norand					

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



Field Scope 82664  
Phase rings HSE Initial

QC Side	Results

Norwich Laboratories, Inc.  
52 Main Street  
P.O. Box 72  
Hatfield, MA 01038

Site STATE OF CT DEP W 5TH FL  
Date 1-14-08  
Client # A5207

Sampler Analyst: Steph Aniel  
Contractor: RC  
Page 1 of 1

PERSONAL AIR SAMPLE COLLECTION DATA SHEET / REPORT  
ASBESTOS ANALYTICAL METHOD: NIOSH 7400 PHASE CONTRAST MICROSCOPY

Field Sample # Lab #	Name/S.S.#	Date	Start Time	Finish Time	Elapsed Time (min)	Flow Rate (L/min)	Total Volume (L)	Fibers Counted (FB)	Fields Counted (FL)	Fiber Density (FD)	Airborne Concentration (f/cc)	TWA activity
A#I-	ROTH Hernandez		7:30AM	7:30AM	20 min	20	60	2	100	20	0.045	Floor Tidy
A#II-	SS# 772		7:30AM	15:30AM	480 min	20	960	4	100	40	0.003	Mastic Remove
A#III-	FIELD							0	100	X		
A#IV-	BLANK							0	100	X		
---												
---												
---												
---	cc Analyt. Ull						1/16/08					

OSHA Permissible Exposure Limit (PEL) of 0.1 fibers per cubic centimeter of air (f/cc) for occupational exposure. EPA recommended release criterion of 0.01 for abatement projects.

Chain of Custody	Relinquished by:	Received by: <u>Steph Aniel</u>
	Date/Time:	Date/Time: <u>1/16/08 6:00</u>
	Relinquished by:	Received by:
	Date/Time:	Date/Time: <u>1/16/08 15:30</u>

White - Lab Copy      Yellow - Contractor

32664  
 Field Scope  
 Phase rings HSE Initial

QC Slide	Results

Norwich Laboratories, Inc.  
 62 Main Street  
 P.O. Box 72  
 Hatfield, MA 01038

Sampler Site STATE OF CT DPW  
 Analyst Date 1-7-08  
 Contractor Client # 715207  
 Not Paid Page 1 of 1

PERSONAL AIR SAMPLE COLLECTION DATA SHEET / REPORT  
 ASBESTOS ANALYTICAL METHOD: NIOSH 7400 PHASE CONTRAST MICROSCOPY

Field Sample # Lab #	Name/SS#	Date	Start Time	Finish Time	Elapsed Time (min)	Flow Rate (L/min)	Total Volume (L)	Fibers Counted (FB)	Fields Counted (FL)	Fiber Density (FD)	Airborne Concentration (F/CC)	TWA activity
B# I	MILTON LEHUS		7:00 AM	7:30 AM	30 min	20	60	4	100		ndc 0.045 ✓	B cat booster
B# II	SS# 0573		7:30 AM	15:30 PM	180 min	20	960	10	100	85-8/100	0.005 ✓	Grinding removed 5TH FL
B# III	FIELD							0	100		-	
B# IV	BLANK							0	100		-	
---												
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OSHA Permissible Exposure Limit (PEL) of 0.1 fibers per cubic centimeter of air (f/cc) for occupational exposure. EPA recommended release criterion of .01 for abatement projects.

Received by: [Signature] Date/Time: 1/10/08 0700  
 Relinquished by: [Signature] Date/Time: 1/10/08 1530

White - Lab Copy      Yellow - Contractor

82664

Field Scope

Phase rings HSE Initial

QC Slide	Results

Norwich Laboratories, Inc.  
 52 Main Street  
 P.O. Box 72  
 Hatfield, MA 01038

Sampler Meureen Gibson  
 Analyst TRC  
 Contractor TRC

Site STATE OF CT DPW 5TH FL  
 Date 1-8-08  
 Client # F15207

**PERSONAL AIR SAMPLE COLLECTION DATA SHEET / REPORT**  
**ASBESTOS ANALYTICAL METHOD: NIOSH 7400 PHASE CONTRAST MICROSCOPY**

Field Sample # Lab #	Name/S.S.#	Date	Start Time	Finish Time	Elapsed Time (min)	Flow Rate (L/min)	Total Volume (L)	Fibers Counted (FB)	Fields Counted (FL)	Fiber Density (FD)	Airborne Concentration (f/cc)	TWA activity
CH I	Diano Naranjo	1-8-08	6:00 AM	6:30 AM	30 min	2.0	60	3.5	100		NDC 0.015 0.015	Grenier the edges f
CH II	S.S.# 7824	1-8-08	6:30 AM	14:30 PM	480 min	2.0	960	8/100	100		0.004 0.004	mostic remove the corners
CH III	FIELD											
CH IV	BLANK											
---												
---												
---												
---												
---	QC Analyt. #						11/6/08	10	Sup: 11/6/08			

OSHA Permissible Exposure Limit (PEL) of 0.1 fibers per cubic centimeter of air (f/cc) for occupational exposure. EPA recommended release criterion of .01 for abatement projects.

Chain of Custody	Relinquished by: <u>Meureen Gibson</u>	Received by: <u>[Signature]</u>
Date/Time: <u>1/16/08</u>	Date/Time: <u>1/16/08</u>	Date/Time: <u>1/16/08 1530</u>

White - Lab Copy      Yellow - Contractor

QC Slide	Results

Norwich Laboratories, Inc.  
 62 Main Street  
 P.O. Box 72  
 Hatfield, MA 01038

Sampler Site State of CT DAN  
 Analyst Maureen Ginz DM Date 1-11-08  
 Contractor TRC Client # 715207  
 Page 1 of 1

PERSONAL AIR SAMPLE COLLECTION DATA SHEET / REPORT  
 ASBESTOS ANALYTICAL METHOD: NIOSH 7400 PHASE CONTRAST MICROSCOPY

Field Sample # Lab #	Name/S.S.#	Date	Start Time	Finish Time	Elapsed Time (min)	Flow Rate (L/min)	Total Volume (L)	Fibers Counted (FB)	Fields Counted (FL)	Fiber Density (FD)	Airborne Concentration (FCC)	TWA activity
D# I	Jesse Almeida	80-11-1	7:00 AM	7:30 AM	30 min	20	90	3/100	100	—	nd 0.45	floor tile
D# II	SS: # 7009	80-11-1	7:30 AM	15:35 AM	105 min	20	960	0	100	—	—	beatblaster remove
D# III	FIELD							0	100	—	—	5th FL area # II
D# IV	BLANKS							0	100			
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OSHA Permissible Exposure Limit (PEL) of 0.1 fibers per cubic centimeter of air (f/cc) for occupational exposure. EPA recommended release criterion of 0.01 for abatement projects.

Chain of Custody	Relinquished by:	Received by:	Relinquished by:
	Date/Time:	Date/Time:	Date/Time:
			1/16/08 15:30

826664

Field Scope Phase rings HSE Initial

QC Slide	Results

Norwich Laboratories, Inc.  
62 Main Street  
P.O. Box 72  
Hatfield, MA 01038

Sampler Analyst  
Contractor Alexander G...son  
Site State of CT DPW  
Date 1-14-08  
Client # 715207

Paid Ck# \_\_\_\_\_  
Not Paid \_\_\_\_\_  
Page 1 of 1

**PERSONAL AIR SAMPLE COLLECTION DATA SHEET / REPORT**  
**ASBESTOS ANALYTICAL METHOD: NIOSH 7400 PHASE CONTRAST MICROSCOPY**

Field Sample # Lab #	Name/SS#	Date	Start Time	Finish Time	Elapsed Time (min)	Flow Rate (L/min)	Total Volume (L)	Fibers Counted (FB)	Fields Counted (FL)	Fiber Density (FD)	Airborne Concentration (TPCC)	TWA activity
E# I	Eulidio Ieon	80-11-1	7:00 AM	7:38 AM	38 min	2.0	60	1	100	0.1/100	0.045	Scat blaster
E# II	SS# 4874	80-11-1	7:30 AM	15:38 PM	1188 min	2.6	960	4/5	100	< 0.005	0.005	Grinder the edges
E# III	FIELD											STH FL Area # II
E# IV	BLANK											

OSHA Permissible Exposure Limit (PEL) of 0.1 fibers per cubic centimeter of air (f/cc) for occupational exposure. EPA recommended release criterion of 0.01 for abatement projects.

Chain of Custody

Received by:	Relinquished by:
Date/Time: / /	Date/Time: / /
Received by:	Relinquished by:
Date/Time: / /	Date/Time: / /

White - Lab Copy                      Yellow - Contractor

822664

Field Scope  
Phase rings HSE Initial

QC Slide	Results

Norwich Laboratories, Inc.  
62 Main Street  
P.O. Box 72  
Hatfield, MA 01038

Sampler  
Analyst  
Contractor  
Page 1 of

Site State of CT DPW  
Date 1-15-08  
Client # 315207

PERSONAL AIR SAMPLE COLLECTION DATA SHEET / REPORT  
ASBESTOS ANALYTICAL METHOD: NIOSH 7400 PHASE CONTRAST MICROSCOPY

Field Sample # Lab #	Name/S.S.#	Date	Start Time	Finish Time	Elapsed Time (min)	Flow Rate (L/min)	Total Volume (L)	Fibers Counted (FB)	Fields Counted (FL)	Fiber Density (FD)	Airborne Concentration (FACC)	TW& activity
F# I	Diana Norante	1-15-08	6:25am	6:30am	35min	2.0	60	1	100		nd 4.5 0.045 ✓	Final PC cleaning
F# II	S.S.# 7828	1-15-08	6:35am	9:30am	185min	3.0	360	5	100		nd 4.8 0.048 ✓	STH FL Area # II
F# III	FIELD							0	100		-	
F# IV	BLANK							0	100		-	
	Oct Analyst: KLC											

OSHA Permissible Exposure Limit (PEL) of 0.1 fibers per cubic centimeter of air (f/cc) for occupational exposure. EPA recommended release criterion of .01 for abatement projects.

Chain of Custody	Relinquished by:	Received by:
	Date/Time:	Date/Time:

White - Lab Copy      Yellow - Contractor

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

0003433 FP \*\*PRSRT TO O 0964 06450

STEPHEN R. ARIENTI  
63 PINEHURST DRIVE  
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 M.D., M.P.H.*

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

**INSTRUCTIONS:**

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

STEPHEN R. ARIENTI

LICENSE NO.  
000487  
CURRENT THROUGH  
04/30/08  
VALIDATION NO.  
03-487283

SIGNATURE

COMMISSIONER

EMPLOYER'S COPY

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

NAME

STEPHEN R. ARIENTI

VALIDATION NO.

03-487283

LICENSE NO.

000487

CURRENT THROUGH

04/30/08

PROFESSION

ASBESTOS CONSULTANT-PROJECT MONITOR

SIGNATURE

COMMISSIONER



# CERTIFICATE OF ACHIEVEMENT

*This certifies that*

**Stephen Arienti**

*has successfully completed the*

**8 Hour Asbestos Project Monitor Refresher Training**

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

*Steven H. Sullivan*  
Principal Instructor

December 17, 2007

Date of Course

December 17, 2008

Expiration Date

*Gregory J. Morach*  
Regional Manager

PMR-947

Certificate Number

December 17, 2007

Examination Date



Your Essential  
Connection

**RETAIN FOR YOUR RECORDS**

June 1, 2002

Counter ID: 8377  
Organization ID: 100122

Stephen Arienti  
TRC Environmental Corporation  
5 Waterside Crossing  
Windsor, CT 06095-1561

Dear :Analyst

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

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

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

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

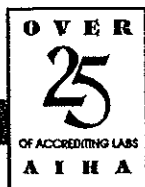
For your information:

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

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

Sincerely,

Gary E. Coates  
Laboratory Accreditation Specialist



**SOUND DATA**  
**LABORATORY QUALITY ASSURANCE PROGRAMS**  
**SMART DECISIONS**

**AIHA**

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

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

**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**

**MAUREEN GRISSOM**

LICENSE NO.  
**000565**  
CURRENT THROUGH  
**01/31/08**  
VALIDATION NO.  
**03-444181**

*Maureen Grissom*  
SIGNATURE

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

EMPLOYER'S COPY

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

NAME  
**MAUREEN GRISSOM**

VALIDATION NO.      LICENSE NO.      CURRENT THROUGH  
**03-444181**      **000565**      **01/31/08**

PROFESSION  
**ASBESTOS CONSULTANT-PROJECT MONITOR**

*Maureen Grissom*      *J. Robert Grilone M.D., M.P.H.*  
SIGNATURE      COMMISSIONER

# CERTIFICATE OF ACHIEVEMENT

*This certifies that*

**Maureen Grissom**

*has successfully completed the*

**8 Hour Asbestos Project Monitor Refresher Training**

*conducted by*

**ATC Associates Inc.**

**73 William Franks Drive**

**West Springfield, MA 01089**

**(415) 781-0070**

*Gregory J. March*

*Regional Manager*

**PMR-949**

*Certificate Number*

**December 17, 2007**

*Examination Date*

*Steve H. Williams*

*Principal Instructor*

**December 17, 2007**

*Date of Course*

**December 17, 2008**

*Expiration Date*



# Asbestos Analysts Registry

American Industrial Hygiene Association  
2700 Prosperity Avenue, Suite 250  
Fairfax, VA 22031  
Phone: (703) 846-0798 Fax: (703) 207-8558  
cdezio@aiha.org

December 21, 2005

TRC Environmental Corporation  
Maureen Grissom  
21 Griffin Road North  
Windsor, CT 06095

Organization ID: 100122  
Analyst ID: 8835

Dear Ms. Grissom:

**Welcome!** You have been successfully enrolled by your organization as an asbestos analyst in the Asbestos Analytical Testing (AAT) portion of the Asbestos Analyst Registry (AAR) program. Your organization should have received **AAT Round # 76** samples the first week in **December, 2005**. You should begin your AAT participation with this round. This letter introduces you to some requirements and procedures relative to your participation. The AAT Round # 76 Performance Report will indicate your performance in the analysis of AAT samples. **Note: It takes approximately 6-8 months to become an Analytical Accreditation Board (AAB) approved analyst and subsequently be listed in the Asbestos Analyst Registry, providing your organization's application has been reviewed and approved by AIHA. Analysts who leave an approved organization must transfer to another approved organization to keep their current board-approved status and must provide updated information as required by AIHA (AAR policy 4.3 – Maintenance of Listing). If you have transferred to an unapproved organization, you immediately lose the AAB approved status.**

Each participating analyst has a unique Analyst Identification (ID) number and a corresponding Organization ID number. These numbers appear on the upper right corner of this letter. **It is imperative that you keep these numbers on file and refer to both numbers when communicating with AIHA.** You must enter your Analyst ID and Organization ID numbers when entering results on the AAT Data Entry Website (<http://www.aiha.org/pat>).

On a quarterly basis, one (1) set of four (4) AAT samples is mailed, with the AAT Results Website Data Entry Worksheet, to your organization's AAR contact person. It is your responsibility to obtain a copy of the worksheet and prepare a wedge from each sample in the set. AIHA also recommends that each analyst: keep a photocopy of the completed worksheet; print a copy of the results confirmation page from the AAT Data Entry website; and obtain the AAT Performance Result Report after each round. Analysts who have more than two (2) outliers reported in two (2) consecutive rounds may request additional samples for retesting. A fee will be charged for participation in the retest round, as stated on the Fee Schedule located at <http://www.aiha.org/1documents/lab/2005lqapfees.pdf>. Analysts participating in the retest round will be evaluated on the retest sample set and retest results will override the regular round attempted. (AAR policy 3.4 – Retesting)

If you have any questions, please contact me at AIHA at 703-846-0798.

Sincerely,

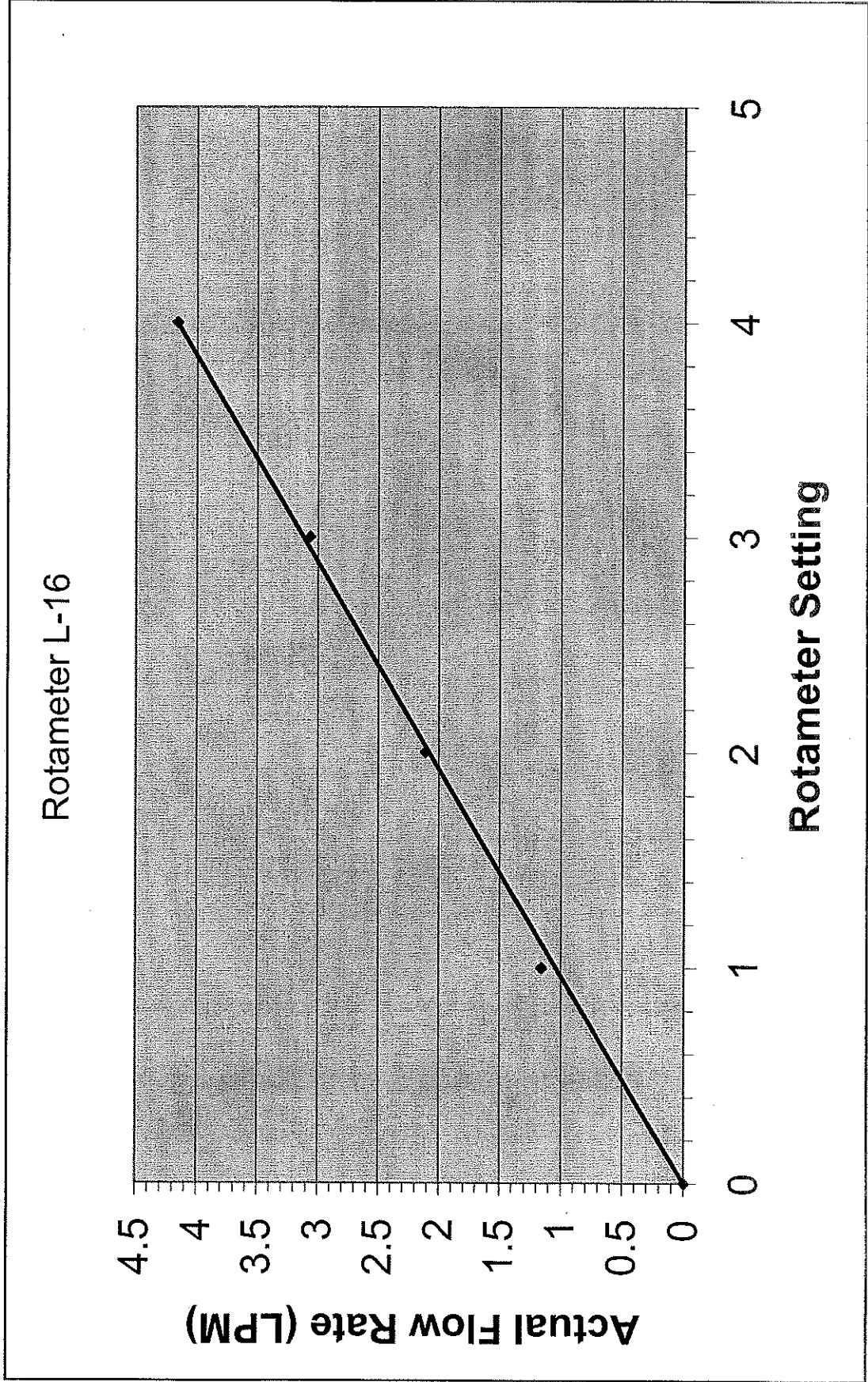
Carter Dezio  
AAR Program Specialist

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

# Rotameter L-16

Calibrated on: 06 November 2007  
By: K. Williamson  
Due: 06 May 2008

Rotameter Setting	Avg. Flow
0	0
1	1.16
2	2.12
3	3.07
4	4.16

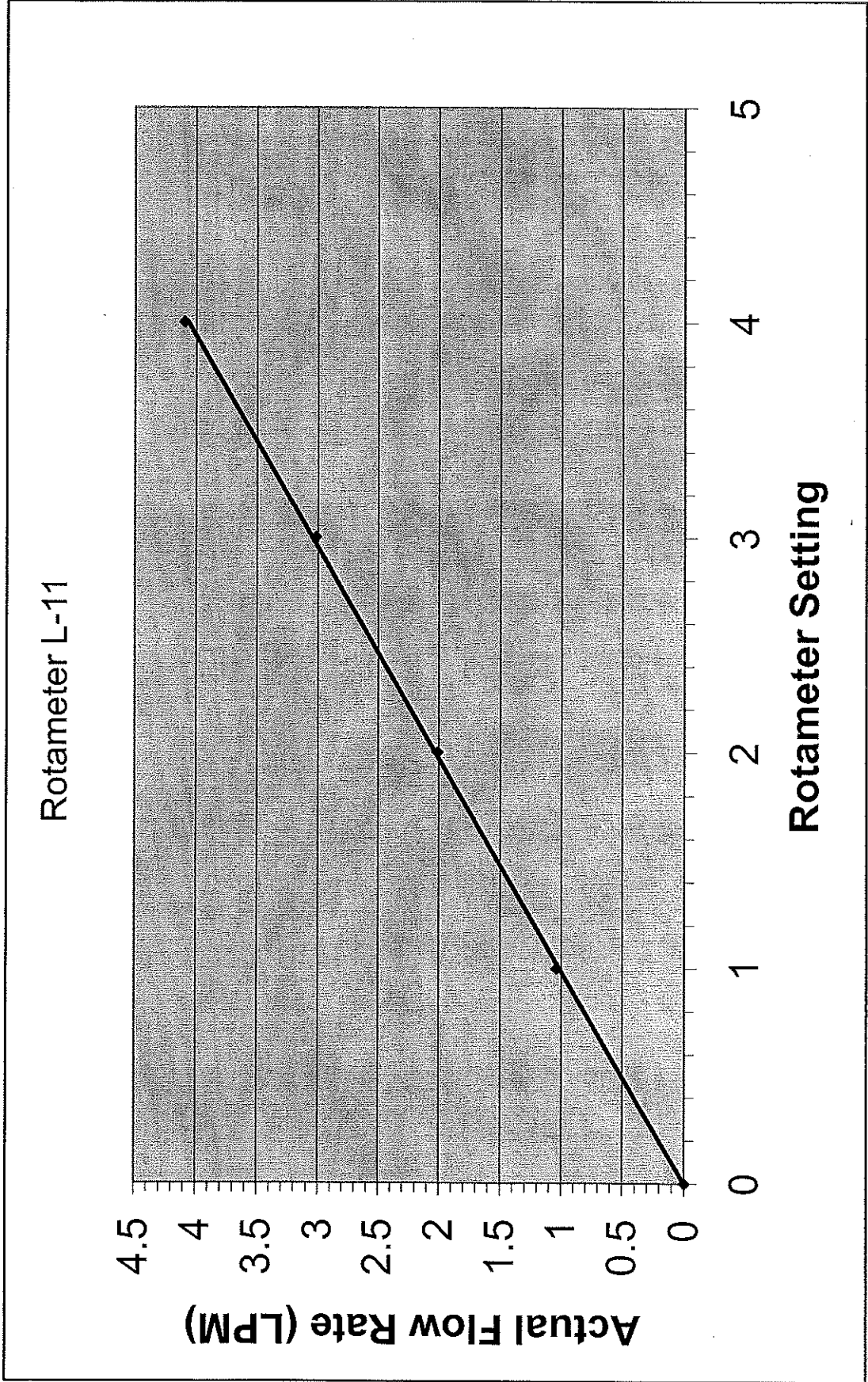


Rotameter calibrated using center of ball

# Rotameter L-11

Calibrated on: 06 November 2007  
By: K. Williamson  
Due: 06 May 2008

Rotameter Setting	Avg. Flow
0	0
1	1.04
2	2.01
3	3.02
4	4.09



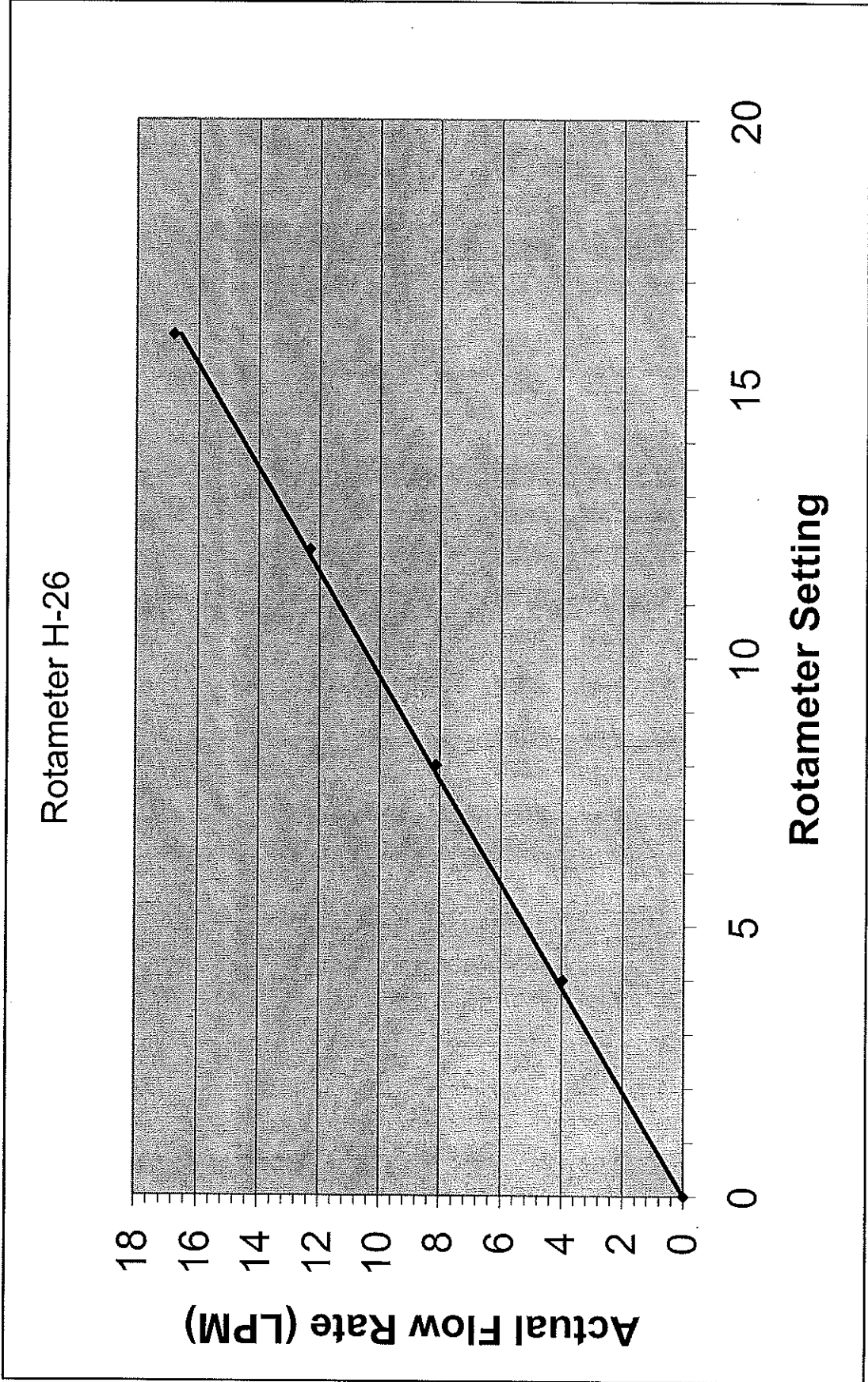
Rotameter calibrated using center of ball



# Rotameter ri-26

Calibrated on: 06 November 2007  
By: K. Williamson  
Due: 06 May 2008

Rotameter Setting	Avg. Flow
0	0
4	4.0
8	8.1
12	12.3
16	16.8

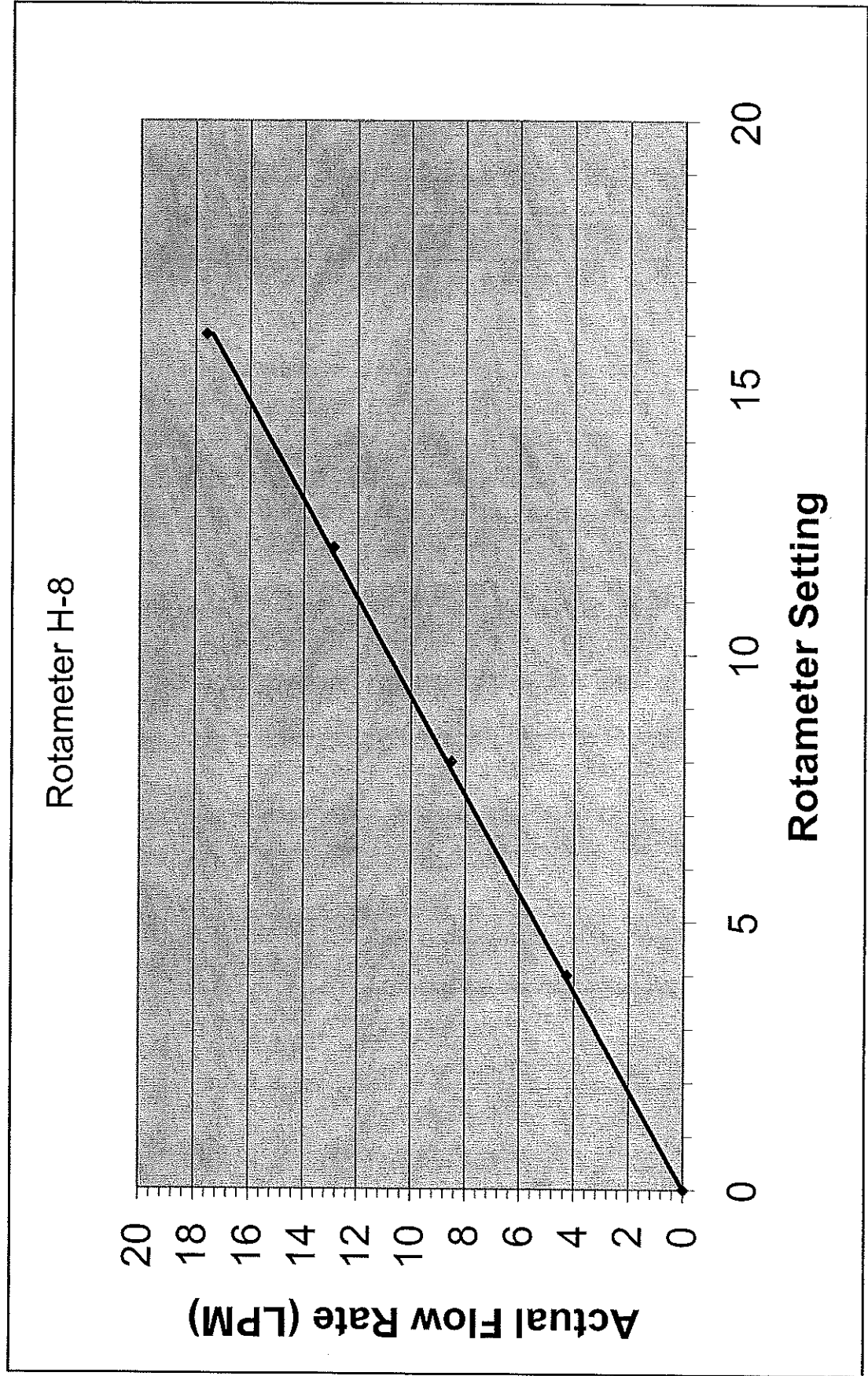


Rotameter calibrated using center of ball

# Rotameter #1-8

Calibrated on: 06 November 2007  
By: K. Williamson  
Due: 06 May 2008

Rotameter Setting	Avg. Flow
0	0
4	4.3
8	8.5
12	12.9
16	17.6



Rotameter calibrated using center of ball

# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DPW  
 SITE: 20 Trail St. 5th floor (Phase 1)  
 ADDRESS: Hartford, CT

PROJECT NO.: 06107.000.0215 DATE: 1/2/08 PG 1 OF 1  
 SAMPLER PRINT: S. Ariani SIGNATURE: [Signature] DATE: 1/2/08  
 ANALYST PRINT: S. Ariani SIGNATURE: [Signature] DATE ANALYZED: 1/2/08  
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: 1/14/08  
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED: [Signature]

QC MANAGER PRINT: [Signature] SIGNATURE: [Signature]  
 ROTOMETER NO.: L-16 DATE OF CALIBRATION: 11/6/07 LAB NO.: 34957  
 SAMPLE TYPE: X PCM TEM OTHER (SPECIFY) OTHER (SPECIFY)  
 ANALYSIS METHOD: X NIOSH 7400 AHERA  
QC-4/100 Issue 2 8/15/94

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

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

SAMPLE NO.	01	02	03	04	05
SAMPLING LOCATION/ COMMENTS	5th floor Wnt Area (South Side)	5th floor N-side Office Area	4th floor below work area (South Side)	Blank	Blank
TYPE OF SAMPLE	2	2	2		
PUMP NUMBER					
START TIME/STOP TIME	0940 / 1410	0945 / 1411	0935 / 1413		
TOTAL TIME (min)	270	266	278		
FLOW RATE	2.4 / 2.4	2.3 / 2.3	2.3 / 2.3		
TOTAL VOLUME (l)	648	612	639		
FB - BFB / FL - BFL	20 / 100	8 / 100	7 / 100	6 / 100	9 / 100
AIRBORNE FIBER CONC. (fibers/cc)	0.015	0.006	0.004		

**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: 1/16/08 TIME: 1000  
 RECEIVED BY: [Signature] DATE: 1/16/08 TIME: 600  
 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: 03  
 Acceptable: Y 03 N \_\_\_\_\_  
 Comments: \_\_\_\_\_



# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT OPW  
 SITE: 20 Trinity Street - 5th floor  
 ADDRESS: Hartford CT

PROJECT NO.: 06070000215 DATE: 1/13/08 PG. 1 OF 1  
 SAMPLER PRINT: S. Arred SIGNATURE: [Signature] DATE ANALYZED: 1/13/08  
 ANALYST PRINT: S. Arred SIGNATURE: [Signature] DATE ANALYZED: 1/13/08  
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: 1/13/08  
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED: 1/14/08

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

ROTOMETER NO.: L-14 DATE OF CALIBRATION: 11/6/06 LAB NO.: 34951  
 SAMPLE TYPE: X PCM TEM OTHER (SPECIFY) \_\_\_\_\_  
 ANALYSIS METHOD: X NIOSH 7400 AHERA OTHER (SPECIFY) \_\_\_\_\_  
 QC-8/100 Issue 2 8/15/94

Intra- and interlaboratory relative standard deviation quality control information is available in the laboratory. QC 1/1/00

SAMPLE NO.	OC	61	09	10
SAMPLING LOCATION/ COMMENTS	1/6 work Area 5th floor South side	Office area North Side 5th floor	0/scrub westside 5th floor	Blue
TYPE OF SAMPLE	2	2/4	2/4	
PUMP NUMBER				
START TIME/STOP TIME	0726/1430	0728/1450	0728/1450	
TOTAL TIME (min)	424	442	442	
FLOW RATE	2.3 / 2.3	2.3 / 2.3	2.3 / 2.3	
TOTAL VOLUME (l)	975	1019	1017	
FB - BFB / FL - BFL	30/100	11/100	7/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.015 ✓	0.005 ✓	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: 1/16/08 TIME: 1200  
 RECEIVED BY: [Signature] DATE: 1/16/08 TIME: 1500  
 RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



# AIR SAMPLE ANALYSIS REPORT

CLIENT: GT OPW  
 SITE: 20 Trinity Street 5th floor  
 ADDRESS: 4th floor, GT

PROJECT NO.: 106107.9000.0215 DATE: 1/7/08 PG. 1 OF 1  
 SAMPLER PRINT: S. Ariani SIGNATURE: \_\_\_\_\_ DATE: 1/7/08  
 ANALYST PRINT: S. Ariani SIGNATURE: \_\_\_\_\_ DATE ANALYZED: 1/7/08  
 QC ANALYST PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE ANALYZED: 1/7/08  
 LAB SUPERVISOR PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

QC MANAGER PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 ROTOMETER NO.: 6-16 DATE OF CALIBRATION: 11/6/07 LAB NO.: 34951  
 SAMPLE TYPE: X PCM TEM OTHER (SPECIFY) \_\_\_\_\_  
 ANALYSIS METHOD: X NIOSH 7400 AHERA OTHER (SPECIFY) \_\_\_\_\_  
Issue 2 8/15/94

Intra- and interlaboratory relative standard deviation quality control information is available in the laboratory. GC 38/100 (2)

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

SAMPLE NO.	11	12	13	14	15
SAMPLING LOCATION/ COMMENTS	o/s deam entrance 5th floor South Side	Office Area 5th floor North Side	o/s critical 5th floor West Side	4th floor below work Area	Blank
TYPE OF SAMPLE	4	4	4	4	Blank
PUMP NUMBER					
START TIME/STOP TIME	0728 / 1928	0729 / 1929	0729 / 1929	0725 / 1925	/
TOTAL TIME (min)	420	420	420	420	/
FLOW RATE	2.3 / 2.3	2.3 / 2.3	2.3 / 2.3	2.3 / 2.3	/
TOTAL VOLUME (l)	966	966	966	966	/
FB - BFB FL - BFL	10/100	35/100	20/100	4/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.005 ✓	0.018 ✓	0.010 ✓	0.004 ✓	—

**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: \_\_\_\_\_ DATE: 1/16/08 TIME: 1000  
 RECEIVED BY: K. Williams DATE: 1/16/08 TIME: 1500  
 RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT OHV  
 SITE: 20 Trinity Street - 5th floor  
 ADDRESS: Hartford CT

PROJECT NO.: 160107, YUW, 0215 DATE: 1/17/08 PG 1 OF 1  
 SAMPLER PRINT: S. Arach SIGNATURE: [Signature] DATE ANALYZED: 1/17/08  
 ANALYST PRINT: S. Arach SIGNATURE: [Signature] DATE ANALYZED: 1/17/08  
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: 1/16/08  
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED: [Signature]

QC MANAGER PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 ROTOMETER NO.: 6-16 DATE OF CALIBRATION: 11/6/00 LAB NO.: 34957  
 SAMPLE TYPE: X PCM \_\_\_\_\_ TEM \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
 ANALYSIS METHOD: > NIOSH 7400 AHRA \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
 Issue 2 8/15/94

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

QC 26/100  
 TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	17	18	19	20	21	22
SAMPLING LOCATION/ COMMENTS	o/s Dean entrance 5th floor	Office Area 5th floor North Side	o/s critical beamline 5th floor West Side	4th floor below work Area South East Side	Blank	Blank
TYPE OF SAMPLE	4	4	4	4		
PUMP NUMBER						
START TIME/STOP TIME	0731 / 1426	0731 / 1432	0732 / 1429	0729 / 1422		
TOTAL TIME (min)	415	421	417	413		
FLOW RATE	2.3 / 2.3	2.3 / 2.3	2.3 / 2.3	2.7 / 2.3		
TOTAL VOLUME (l)	955	966	959	971		
FB - BFB / FL BFL	20 / 100	16 / 100	22 / 100	9 / 100	0 / 100	0 / 100
AIRBORNE FIBER CONC. (fibers/cc)	0.010 ✓	0.008 ✓	0.011 ✓	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: 1/16/08 TIME: 1000  
 RECEIVED BY: [Signature] DATE: 1/16/08 TIME: 1500  
 RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



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

# State of Connecticut, Department of Public Health

## Approved Environmental Laboratory

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

### TRC ENVIRONMENTAL CORPORATION

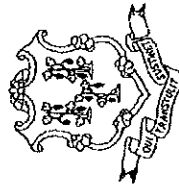
LOCATED AT 21 Griffin Road North IN Windsor, CT 06095  
AND REGISTERED IN THE NAME OF Eric Plimpton

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

ASBESTOS  
AIR-FIBER COUNTING - PCM  
BULK IDENTIFICATION - PLM

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

THIS CERTIFICATE EXPIRES December 31, 2009 AND IS REVOCABLE FOR CAUSE BY THE STATE DEPARTMENT OF PUBLIC HEALTH  
DATED AT HARTFORD, CONNECTICUT, THIS 4<sup>th</sup> DAY OF January, 2008



Registration  
No.

PH-0426

SUZANNE BLANCAFLOR, MS  
CHIEF, ENVIRONMENTAL HEALTH SECTION





# The American Industrial Hygiene Association

**CELEBRATING**  
**30** Thirty Years  
of AIHA  
Accrediting Labs  
**Sound Data  
Smarter Decisions**  
1974 - 2004

*acknowledges that*

## TRC Environmental Corporation

21 Griffin Road North, Windsor, CT 06095  
Laboratory ID: 100122

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

### ACCREDITATION PROGRAMS

- INDUSTRIAL HYGIENE      Accreditation Expires: 02/01/2008
- ENVIRONMENTAL LEAD      Accreditation Expires:
- ENVIRONMENTAL MICROBIOLOGY      Accreditation Expires:
- FOOD      Accreditation Expires:

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

Roy M. Buchan, DrPH, CIH  
President, AIHA

David Kahane, CIH  
Chairperson, Analytical Accreditation Board

Date Issued: 2/24/2006

# 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 North Mountain Road IN Newington, CT 06111

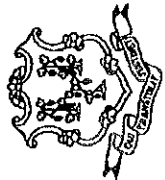
AND REGISTERED IN THE NAME OF Jack Yee  
THIS CERTIFICATE IS ISSUED IN THE NAME Jack Yee WHO HAS BEEN DESIGNATED  
OF

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:  
Asbestos Fibers in Air by TEM

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

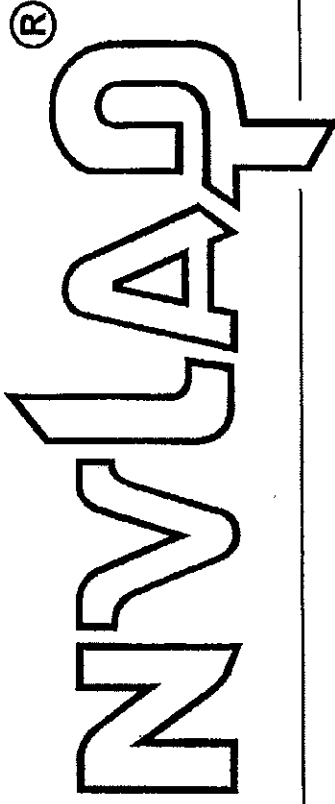
THIS CERTIFICATE EXPIRES December 31, 2008 AND IS REVOCABLE FOR CAUSE BY THE STATE DEPARTMENT OF PUBLIC HEALTH  
DATED AT HARTFORD, CONNECTICUT, THIS 28<sup>th</sup> DAY OF December 2006



Registration No.  
PH-0303

SUZANNE BLANCAFLOR, MS  
CHIEF, ENVIRONMENTAL HEALTH SECTION

United States Department of Commerce  
National Institute of Standards and Technology



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

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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**

2007-04-01 through 2008-03-31

Effective dates



*Sally S. Bruce*  
For the National Institute of Standards and Technology

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

# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT PPW  
 SITE: 20 Trinity Street - 5th floor  
 ADDRESS: Hartford CT

PROJECT NO.: 0607-700-0215 DATE: 1/8/08 PG OF 1/8/08  
 SAMPLER PRINT: S. Arach SIGNATURE: [Signature] DATE: 1/8/08  
 ANALYST PRINT: S. Arach SIGNATURE: [Signature] DATE ANALYZED: 1/8/08  
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: [Signature]  
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED: [Signature]

QC MANAGER PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 ROTOMETER NO.: 6-15 DATE OF CALIBRATION: 1/6/07 LAB NO.: 34957  
 SAMPLE TYPE: X 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.	23	21	25	28	27	28
SAMPLING LOCATION/ COMMENTS	o/s. down entrance 5th floor South Side	Office Area 5th floor North Side	o/s. central 5th floor West Side	4th floor South Side Central	Blank	Blank
TYPE OF SAMPLE	4	4	4	4		
PUMP NUMBER						
START TIME/STOP TIME	0621 / 1320	0621 / 1315	0622 / 1317	0620 / 1317		
TOTAL TIME (min)	719	718	717	717		
FLOW RATE	2.3 / 2.3	2.3 / 2.3	2.3 / 2.3	2.3 / 2.3		
TOTAL VOLUME (l)	767	961	759	759		
FB - BFB / FL - BFL	15/100	8/100	4/100	3/100		0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.008 ✓	0.004 ✓	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: 1/6/08 TIME: 1000  
 RECEIVED BY: [Signature] DATE: 1/6/08 TIME: 1500  
 RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DPW  
 SITE: 20 Trinch Street - 5th floor  
 ADDRESS: Hartford, CT

PROJECT NO.: 106107.100.02-15  
 DATE: 1/9/08  
 PG. OF 1

SAMPLER PRINT: S. Arnold  
 ANALYST PRINT: Maureen Harrison  
 QC ANALYST PRINT: Harrison / New  
 LAB SUPERVISOR PRINT: M. Williams

QC MANAGER PRINT: \_\_\_\_\_  
 ROTOMETER NO.: L-14  
 DATE OF CALIBRATION: \_\_\_\_\_  
 LAB NO.: 34951

SAMPLE TYPE: X PCM  
 TEM \_\_\_\_\_  
 ANALYSIS METHOD: X NIOSH 7400  
 AHERA \_\_\_\_\_  
 OTHER (SPECIFY) \_\_\_\_\_

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

SAMPLE NO.	29	30	31	32
SAMPLING LOCATION/ COMMENTS	1) work Area 5th floor North Side	5th floor West Side by Elevator	BkLk	BkLk
TYPE OF SAMPLE	2	2		
PUMP NUMBER				
START TIME/STOP TIME	0657/1327	0658/1327		
TOTAL TIME (min)	390	389		
FLOW RATE	2.3 / 2.3	2.3 / 2.3		
TOTAL VOLUME (l)	897	895		
FB - BFB FL BFL	4/100	3.5/100	0/100	
AIRBORNE FIBER CONC. (fibers/cc)	nd < 0.003	nd < 0.003		

Intra- and interlaboratory relative standard deviation quality control information is available in the laboratory. 1/10/08 3/10

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: \_\_\_\_\_ DATE: 1/16/08 TIME: 1049

RECEIVED BY: K. Williams DATE: 1/16/08 TIME: 1500

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

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

# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DPW  
 SITE: 20 Trinity Street - 5th Floor  
 ADDRESS: Hartford CT

PROJECT NO.: 106107-400005 DATE: 1/16/08 PG.      OF       
 SAMPLER PRINT: Maurice Carls SIGNATURE: [Signature] DATE ANALYZED:       
 ANALYST PRINT: M. Carlson SIGNATURE: [Signature] DATE ANALYZED: 1/16/08  
 QC ANALYST PRINT: M. Carlson SIGNATURE: [Signature] DATE ANALYZED:       
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED:     

QC MANAGER PRINT:      SIGNATURE:       
 ROTOMETER NO.: L-11 DATE OF CALIBRATION: 11/06/07 LAB NO.: 34957  
 SAMPLE TYPE: X PCM      TEM      OTHER (SPECIFY)       
 ANALYSIS METHOD: X NIOSH 7400 AHERA      OTHER (SPECIFY)       
Issue 2 8/15/94

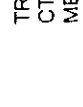
CONTACT/NAME: Don LePage  
 PHONE NO.: (860) 298 6222

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory. MS 01/2/00

SAMPLE NO.	40	41	42	43	44	45	46
SAMPLING LOCATION/ COMMENTS	O/S at elevator Reav	FIS Prep	BLANK	NEG FAT	DECOM	DECOM	O/S DECOM @ ELEVATOR
TYPE OF SAMPLE	2	2		4	3	4	
PUMP NUMBER							
START TIME/STOP TIME	0800/1400	0800/1400			0800/1504	0800/1504	
TOTAL TIME (min)	360	360			420	426	
FLOW RATE	2.5/2.5	2.5/2.5			2.5/2.5	2.45/2.45	
TOTAL VOLUME (l)	900	900			1050	1029	
FB - BFB FL	2/100	4/100	1/100	1/100	12/100	10.5/100	
AIRBORNE FIBER CONC. (fibers/cc)	ND < 0.003	ND < 0.003	ND < 0.003	ND < 0.003	0.006	0.005	

**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: 1/16/08 TIME: 1000  
 RECEIVED BY: K. Williams DATE: 1/16/08 TIME: 1500  
 RELINQUISHED BY:      DATE:      TIME:       
 RECEIVED BY:      DATE:      TIME:     



# AIR SAMPLE ANALYSIS REPORT

PROJECT NO: 106107-400-0215 DATE: 1/16/08 PG    OF     
 SAMPLER PRINT: Maureen Grosz SIGNATURE: Maureen Grosz DATE ANALYZED:     
 ANALYST PRINT: Maureen Grosz SIGNATURE: Maureen Grosz DATE ANALYZED:     
 QC ANALYST PRINT: William Hennessey SIGNATURE: William Hennessey DATE ANALYZED: 1/16/08  
 LAB SUPERVISOR PRINT: William Hennessey SIGNATURE: William Hennessey DATE ISSUED:     
 QC MANAGER PRINT:    SIGNATURE:   

CLIENT: CT DPW  
 SITE: 20 Trinity Street 5th Flr II  
 ADDRESS: Hartford CT

ROTOMETER NO.: L-11 DATE OF CALIBRATION: 11/02/07 LAB NO.: 34957  
 SAMPLE TYPE: X PCM    TEM    OTHER (SPECIFY)     
 ANALYSIS METHOD: X NIOSH 7400 AHERA    OTHER (SPECIFY)     
Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance  
116633/116634 Dec-1600m

SAMPLE NO.	SAMPLING LOCATION/ COMMENTS	NEG	NEG AIR 1	NEG AIR 2	NEG AIR 3	DECON	DECON
47	<del>BLANK</del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>
48	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>
49	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>
50	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>
51	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>
52	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>
53	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>	<del>  </del>

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

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: William Hennessey DATE: 1/16/08 TIME: 1000  
 RECEIVED BY: William Hennessey DATE: 1/16/08 TIME: 1500  
 RELINQUISHED BY:    DATE:    TIME:     
 RECEIVED BY:    DATE:    TIME:   





# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DPW  
 SITE: 5th Floor Courthouse II  
 ADDRESS: 20 Trinity Street  
Hartford, CT

CONTACT NAME: Don Page  
 PHONE NO.: (860) 298-6000

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

PROJECT NO.: 0607-4000815 DATE: 1/14/08 PG      OF       
 SAMPLER PRINT: Maurice N. Goussard SIGNATURE: [Signature] DATE ANALYZED: 1/16/08  
 ANALYST PRINT: Maurice N. Goussard SIGNATURE: [Signature] DATE ANALYZED: 1/16/08  
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED: 1/16/08  
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature]  
 QC MANAGER PRINT:      SIGNATURE:     

ROTMETER NO.: 4-11 DATE OF CALIBRATION: 11/07/07 LAB NO.: 34951  
 SAMPLE TYPE: X PCM      TEM      OTHER (SPECIFY)       
 ANALYSIS METHOD: X NIOSH 7400      AHERA      OTHER (SPECIFY)       
Issue 2 8/15/94

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

SAMPLE NO.	54	55			
SAMPLING LOCATION/ COMMENTS	FIELD BANK				
TYPE OF SAMPLE					
PUMP NUMBER					
START TIME/STOP TIME					
TOTAL TIME (min)					
FLOW RATE					
TOTAL VOLUME (l)					
FB - BFB FL - BFL	0/100 0/1000				
AIRBORNE FIBER CONC. (fibers/cc)					

**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: 1/16/08 TIME: 1000  
 RECEIVED BY: [Signature] DATE: 1/16/08 TIME: 1500  
 RELINQUISHED BY:      DATE:      TIME:       
 RECEIVED BY:      DATE:      TIME:     



# AIR SAMPLE ANALYSIS REPORT

CLIENT: CTDPW  
 SITE: 5th Floor Containment II  
 ADDRESS: 20 Trinity Street  
Hartford, CT

CONTACT NAME: Don Le Page  
 PHONE NO.: (860) 298-6222

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

PROJECT NO.: 106107-000 - 0215 DATE: 01/15/08 PG. 1 OF 1  
 SAMPLER PRINT: Maureen Gasson SIGNATURE: Maureen Gasson DATE ANALYZED: 01/15/08  
 ANALYST PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE ANALYZED: \_\_\_\_\_  
 QC ANALYST PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE ANALYZED: \_\_\_\_\_  
 LAB SUPERVISOR PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
 QC MANAGER PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ROTOMETER NO.: H26 DATE OF CALIBRATION: 11/16/07 LAB NO.: \_\_\_\_\_  
 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.	57	59	60	61	62
SAMPLING LOCATION/ COMMENTS	1-C L E A	R A N C	E - 1	Field	Blank
TYPE OF SAMPLE	6	6	6		
PUMP NUMBER					
START TIME/STOP TIME	1000/1200	1000/1200	1000/1200		
TOTAL TIME (min)	120	120	120		
FLOW RATE	10 l/min	10 l/min	10 l/min		
TOTAL VOLUME (l)	1200	1200	1200		
FB - BFB FL - BFL					
AIRBORNE FIBER CONC. (fibers/cc)					

**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: Maureen Gasson DATE: 01/15/08 TIME: \_\_\_\_\_  
 RECEIVED BY: MD DATE: 1-15-08 TIME: 12:30pm  
 RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



**APPENDIX I**  
**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: 1063-40000-0215  
 Client Reference: 20 Trinity Street - Hartford, CT  
 Client Name: TRC Environmental Corp. (CT)

Method: AHERA  
 Batch: CTAT 708  
 Date Analyzed: 1/10/2008  
 Date Received: 1/9/2008  
 Date of Report: 1/10/2008

Lab ID	Client ID	Description	Type	Grid Area	# G.O.	VOL(L)	Analytical Sensitivity	Total # STR.	#STR. >=5	Total s/cc >=5	Total Asbestos Total s/mm 2 >=5
A4483	33	Clearance - 5th Floor - Southside	In	.009027	8	1200	.0044	NSD	NSD	NSD	NSD
A4484	34	Clearance - 5th Floor - Southside	In	.009027	8	1200	.0044	NSD	NSD	NSD	NSD
A4485	35	Clearance - 5th Floor - Southside	In	.009027	8	1200	.0044	NSD	NSD	NSD	NSD
A4486	36	Clearance - 5th Floor - Southside	In	.009027	8	1200	.0044	NSD	NSD	NSD	NSD
A4487	37	Clearance - 5th Floor - Southside	In	.009027	8	1200	.0044	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



Edition: July 2006  
Supersede Previous Edition

CFAS 7000 CTAT 700

# AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DPW PROJECT NO.: 107 DATE: 1/9/08 PG. OF 1

SITE: 20 Trinity Street SAMPLER PRINT: S. Armani DATE ANALYZED: 1/9/08

ADDRESS: Hartford CT ANALYST PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE ANALYZED: \_\_\_\_\_

QC ANALYST PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE ANALYZED: \_\_\_\_\_

LAB SUPERVISOR PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

QC MANAGER PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CONTACT/NAME: Don LaPage ROTOMETER NO.: H-8 DATE OF CALIBRATION: 11/6/07 LAB NO.: \_\_\_\_\_

PHONE NO.: (860) 298-6222 SAMPLE TYPE: PCM OTHER (SPECIFY): \_\_\_\_\_

ANALYSIS METHOD: NIOSH 7408 OTHER (SPECIFY): \_\_\_\_\_  
Issue 2 8/15/04 AHERA

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

SAMPLE NO.	33	34	35	36	37	38	39
SAMPLING LOCATION/ COMMENTS			TEM Cleaner 500 flow - South side FT WAS ~ 2500 SB				Blank
TYPE OF SAMPLE	6	6	6	6	6	6	Blank
PUMP NUMBER							
START TIME/STOP TIME	1115 / 1315	1115 / 1315	1115 / 1315	1115 / 1315	1115 / 1315	1115 / 1315	
TOTAL TIME (min)	120	120	120	120	120	120	
FLOW RATE	10 / 10	10 / 10	10 / 10	10 / 10	10 / 10	10 / 10	
TOTAL VOLUME (l)	1200	1200	1200	1200	1200	1200	
FB - BFB FL - BFL							
AIRBORNE FIBER CONC. (fibers/cc)							

**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: \_\_\_\_\_ DATE: 1/9/08 TIME: 1755

RECEIVED BY: MD DATE: 1-9-08 TIME: 15:00

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

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

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS  
 CT # FH-0426 MA # AA00052 NY # 10980 RI # AAL-007C3  
 ME # LB-0071 VA # 3333000283 TX # 300354

Condition of Sample: \_\_\_\_\_  
 Acceptable: Y \_\_\_\_\_ N \_\_\_\_\_  
 Comments: \_\_\_\_\_



# ProScience Analytical Services, Inc

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

**Method:** AHERA  
**Batch:** CTAT 711  
**Date Analyzed:** 1/15/2008  
**Date Received:** 1/15/2008  
**Date of Report:** 1/16/2008

**Client #:** 297  
**Client Project:** 106107-4000-0215  
**Client Reference:** 20 Trinity Street - Hartford, CT  
**Client Name:** TRC Environmental Corp. (CT)

Lab ID	Client ID	Description	Type	Grid Area	# G.O.	VOL(L)	Analytical Sensitivity	Total # STR.	#STR. >=5	Total sicc	Total Asbestos >=5	Total s/mm 2	>=5
A4504	56	Clearance - 5th Floor Containment 2	In	.009027	8	1200	.0044	NSD	NSD	NSD	NSD	NSD	NSD
A4505	57	Clearance - 5th Floor Containment 2	In	.009027	8	1200	.0044	NSD	NSD	NSD	NSD	NSD	NSD
A4506	58	Clearance - 5th Floor Containment 2	In	.009027	8	1200	.0044	NSD	NSD	NSD	NSD	NSD	NSD
A4507	59	Clearance - 5th Floor Containment 2	In	.009027	8	1200	.0044	NSD	NSD	NSD	NSD	NSD	NSD
A4508	60	Clearance - 5th Floor Containment 2	In	.009027	8	1200	.0044	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 Derostier, Analyst

Revision July 2006  
Supersede Previous Edition

# AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: CTAT 711 PG. 1 OF 1  
 DATE: 01/15/08  
 ANALYZED DATE: 01/15/08  
 SAMPLER PRINT: A. HERRICK SIGNATURE: [Signature]  
 ANALYST PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 QC ANALYST PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 LAB SUPERVISOR PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 QC MANAGER PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CLIENT: CTAT 711  
 SITE: 5th Floor Containment II  
 ADDRESS: 20 Liberty Street  
Hartford, CT  
 CONTACT/NAME: Don LePage  
 PHONE NO.: (860) 298-6222

ROTMETER NO.: 112 DATE OF CALIBRATION: 11/20/07 LAB NO.: \_\_\_\_\_  
 SAMPLE TYPE: PCM  TEM \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
 ANALYSIS METHOD: NIOSH 7400  AHERA \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
Issue 2 8/15/94

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

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

SAMPLE NO.	57	58	59	60	61	62
SAMPLING LOCATION/ COMMENTS	HCLEA	CAUC	E-1	Field	Blank	
TYPE OF SAMPLE	6	6	6	6		
PUMP NUMBER						
START TIME/STOP TIME	1000/1200	1000/1200	1000/1200	1000/1200		
TOTAL TIME (min)	120	120	120	120		
FLOW RATE	10 l/min	10 l/min	10 l/min	10 l/min		
TOTAL VOLUME (l)	1200	1200	1200	1200		
FB - BFB FL - BFL						
AIRBORNE FIBER CONC. (fibers/cc)						

### CHAIN OF CUSTODY RECORD

RELINQUISHED BY: [Signature] DATE: 01/15/08 TIME: \_\_\_\_\_  
 RECEIVED BY: MD DATE: 1-15-08 TIME: 12:30pm  
 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  
 ME # LB-0071 VA # 3333000283 TX # 300354  
 VT # AL014538 AIHA/PAT # 100122 NVLAP # 101424-0



**APPENDIX J**  
**ASBESTOS BULK SAMPLE ANALYSIS AND CHAIN OF**  
**CUSTODY DATA**





Industrial Hygiene Laboratory  
21 Griffin Road North  
Windsor, CT 06095  
(860) 298-6308

**BULK ASBESTOS ANALYSIS REPORT**

CLIENT: Connecticut Department of Public Works

Site: 30 Trinity Street, Hartford, CT  
Lab Log #: 34873  
Project #: 106107.4000.0215  
Date Received: 01/02/08  
Date Analyzed: 01/02/08

**RESULTS**

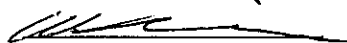
Sample No.	Color	Homogeneous	Multi-Layered	Layer No.	Other Matrix Mat'ls	Asbestos %	Asbestos Type
01	White (skim coat)	No	Yes	1	--	ND<1%	None
01	Grey (plaster)	No	Yes	2	--	ND<1%	None
02	White (skim coat)	No	Yes	1	--	ND<1%	None
02	Grey (plaster)	No	Yes	2	--	ND<1%	None
03	White (skim coat)	No	Yes	1	--	ND<1%	None
03	Grey (plaster)	No	Yes	2	--	ND<1%	None

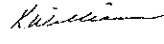
Reporting limit- asbestos present at 1%  
ND<1% - asbestos was not detected  
Trace- asbestos was observed at level of less than 1%

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

The Laboratory at TRC follows the EPA's Interim Method for the Determination of Asbestos in Bulk Insulation (1982), and the EPA recommended Method for the Determination of Asbestos in Bulk Building Materials (EPA/600/R-93/116), July 1993, R.L. Perkins and B.W. Harvey which utilizes polarized light microscopy (PLM). Our analysts have completed an accredited course in asbestos identification. TRC's Laboratory is accredited under the National Voluntary Laboratory Accreditation Program (NVLAP), for Bulk Asbestos Fiber Analysis, NVLAP Code 18/A01, effective through June 30, 2008. 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: Helen Rimsa  
QC Analyst: Kathleen Williamson  
Reviewed by:   
Laboratory Analyst

Approved:   
Kathleen Williamson  
Signatory: Laboratory Manager

Date Issued: 1/3/08



**APPENDIX K**  
**ASBESTOS WASTE SHIPMENT RECORDS**

106107-4000-0215

181437



25 Pinney Street, Ellington, CT 06029-3812

860 875-2110 • Toll Free 800 445-8747 • Fax 860 875-8587

No 2080

NON-HAZARDOUS SPECIAL WASTE MANIFEST

<b>GENERATOR</b>	<b>SITE LOCATION</b>
NAME <u>State Of CT DPW</u>	NAME <u>State Office Building</u>
ADDRESS <u>165 Capitol Ave</u>	ADDRESS <u>20 Trinity St -Fifth Floor</u>
<u>Hartford, CT 06106</u>	<u>Hartford, CT</u>
PHONE <u>860-713-5671</u>	PHONE _____

<b>CONTRACTOR</b>	<b>EPA AGENCY</b>
<b>Bestech Inc. of CT</b>	EPA REGION I
25 Pinney Street	1 CONGRESS STREET
Ellington, CT 06029	BOSTON, MA 02114-2023
(860) 896-1000	(617) 918-1111

RQ ASBESTOS, 9, NA2212, PGIII VOLUME 54 CY FRIABLE  NON-FRIABLE

CONTAINER TYPE RO  VAN  DRUM  BAG  WRAP  OTHER

DATE DELIVERED \_\_\_\_\_ DATE OF PICKUP 1/16/2008

Shippers certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations

AUTHORIZED SIGNATURE [Signature] DATE 1/16/2008

TRANSPORTER 1: TRI-S Environmental Services Inc.  
25 Pinney Street • Ellington, CT 06029  
DRIVER SIGNATURE [Signature] DATE 1-21-08

TRANSPORTER 2: NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ DRIVER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**WASTE DISPOSAL SITE**

LANDFILL NAME Minerva Enterprises LLC PHONE 930-866-3435

ADDRESS 9000 Minerva Rd SE Waynesburg, Ohio 44688

PROFILE NUMBER \_\_\_\_\_ VOLUME OF WASTE \_\_\_\_\_

DISCREPANCY IF ANY \_\_\_\_\_

RECEIVED BY [Signature] DATE 1-22-08