



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

**Project No. 2B-11-16
DPW No. 19028**

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

Prepared by
TRC
Windsor, Connecticut

A handwritten signature in black ink, reading "Donald LePage", is written over a horizontal line.

Donald LePage
Project Manager

TRC Project No. 164560-3420-0003
July 22, 2011

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

TABLE OF CONTENTS

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

PROJECT OUTLINE

APPENDICES

A	CONTRACTOR CERTIFICATIONS/LICENSES
B	DAILY PROJECT SIGN-IN SHEETS
C	CONTRACTOR OSHA PERSONNEL AIR SAMPLING RESULTS
D	TRC CERTIFICATIONS/LICENSES
E	EQUIPMENT CALIBRATION DATA
F	LABORATORY ANALYTICAL CERTIFICATIONS
G	ASBESTOS AIR SAMPLE ANALYSIS AND CHAIN-OF-CUSTODY DATA
H	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 18-20 Trinity Street, Hartford, Connecticut. TRC conducted this work per DAS Contract 08PSX0202 which is effective from January 30, 2009 through December 31, 2011. 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 A.A.I.S. Corporation (A.A.I.S.) of West Haven, Connecticut utilizing DAS Contract #10PSX0238. 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 June 22 through June 24, 2011, involved the abatement of asbestos containing pipe insulation from beneath the sinks in the first and second floor bathrooms. Written notification to CTDPH of the abatement activity was not required as the project involved less than 10LF/ 25SF of ACM per area. All work conducted by A.A.I.S. 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. A.A.I.S. is a licensed State of Connecticut Asbestos Abatement Contractor and all A.A.I.S. employees performing work on this project were appropriately licensed, trained, and medically qualified to perform such work. Interior work on ACM pipe insulation was performed under full containment conditions with a negative pressure enclosure (NPE) and contiguous decontamination system.

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

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

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).

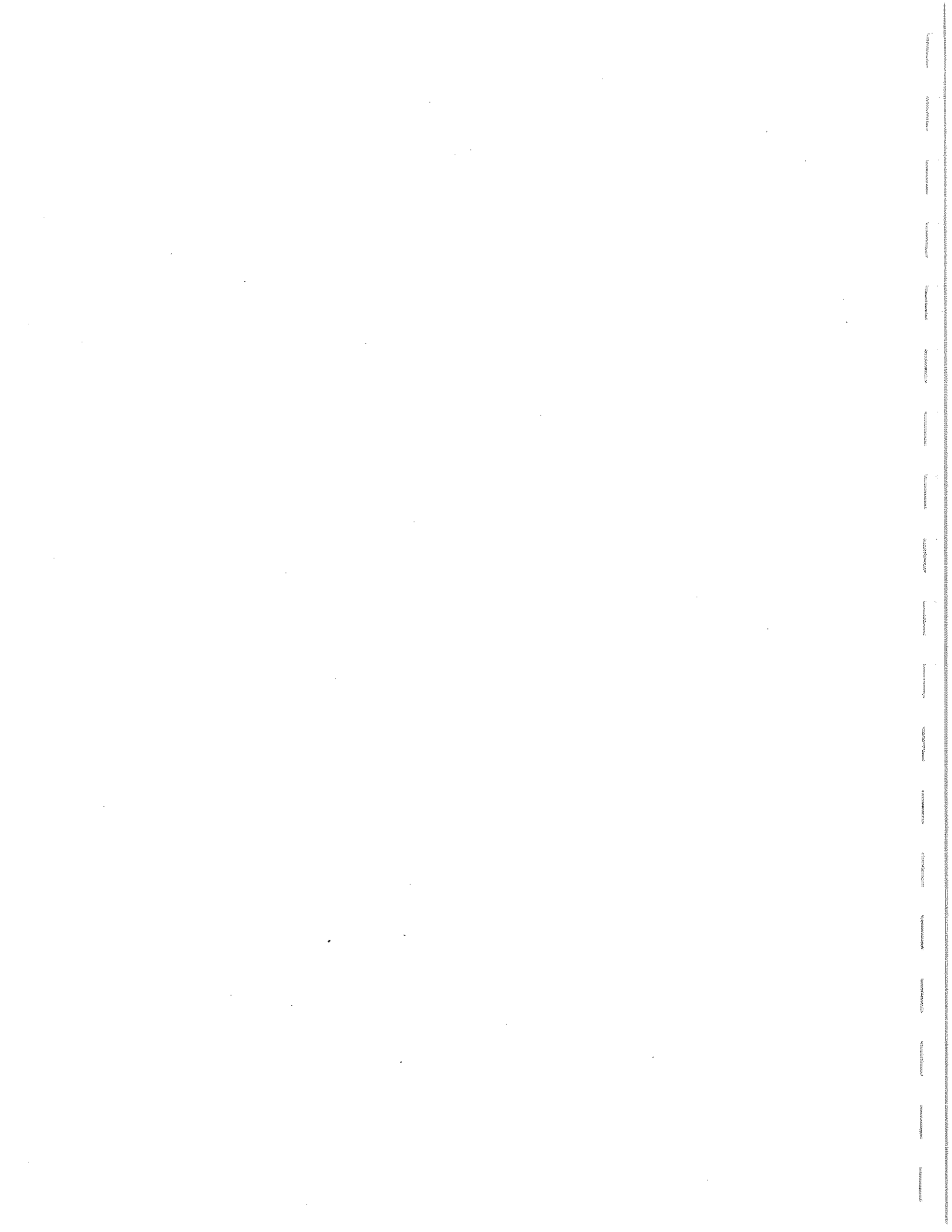
After abatement activities, the work areas were visually inspected by a TRC licensed Asbestos Project Monitor following ASTM Standard E1368-90 to ensure complete abatement. Further, reoccupancy asbestos clearance air sampling was conducted by TRC in the interior NPE work areas. The interior NPE reoccupancy clearance air samples were collected and analyzed on-site by an AIHA registered Asbestos Analyst from TRC using PCM analysis via the NIOSH 7400 method. The interior NPE work areas received satisfactory visual inspections on June 23, had reoccupancy clearance air samples collected on June 23 and June 24 and received acceptable reoccupancy clearance criteria air results on June 23 and June 24, 3011.

The asbestos-containing waste generated during this project was containerized and labeled as asbestos waste in compliance with CTDEP/CTDPH, OSHA, DOT and USEPA requirements. The waste was removed from the site in accordance with all state and federal disposal requirements, including the USEPA Asbestos NESHAP, and transported by TransWaste, Inc. of Cheshire, Connecticut to Modern Landfill of York, Pennsylvania where it was deposited. Approximately one (1.04) cubic yard 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.



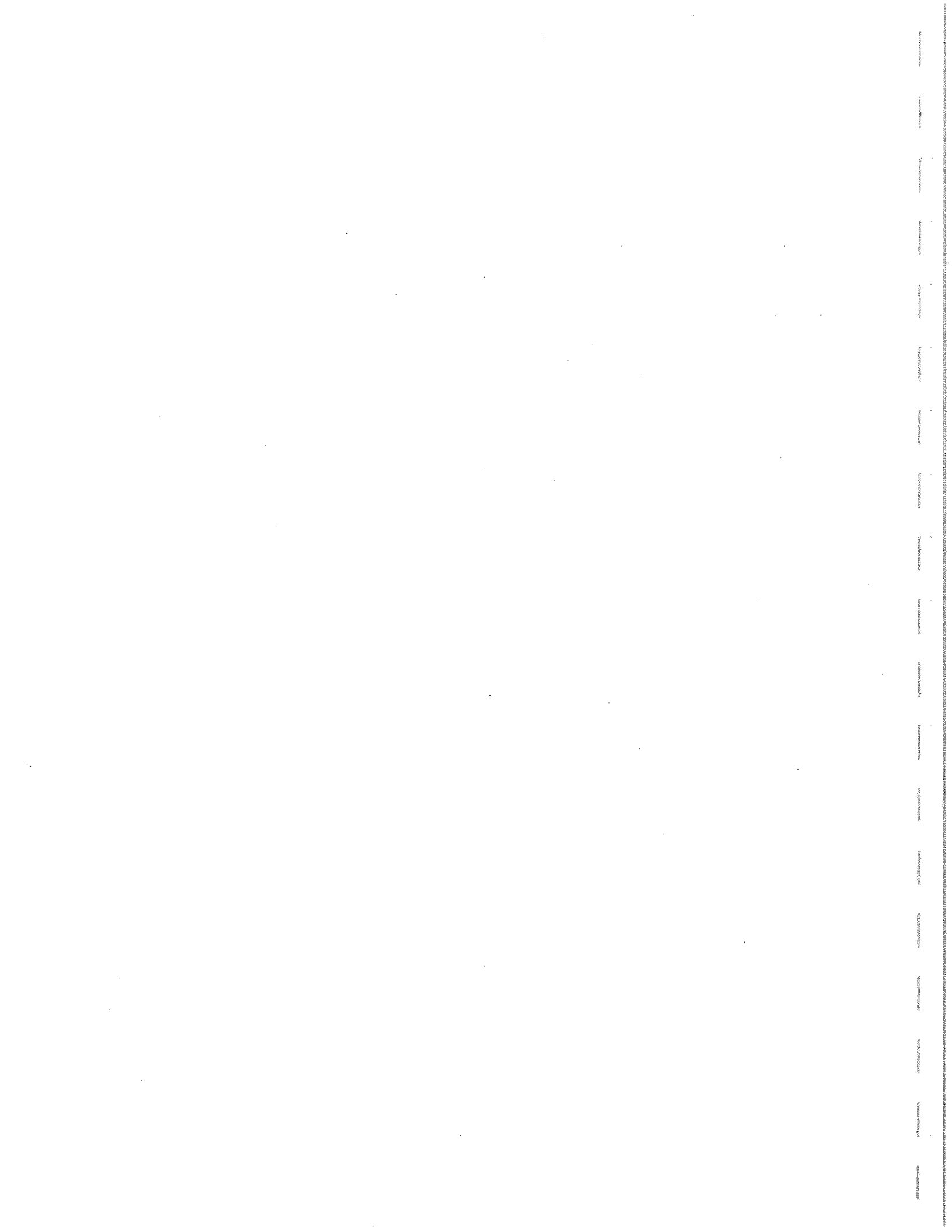
2.0 SITE LOGS



Site / Station 18-20 Trinity St
Hartford, CT

Month / Year 6/11
Project No 164560-3420.0003

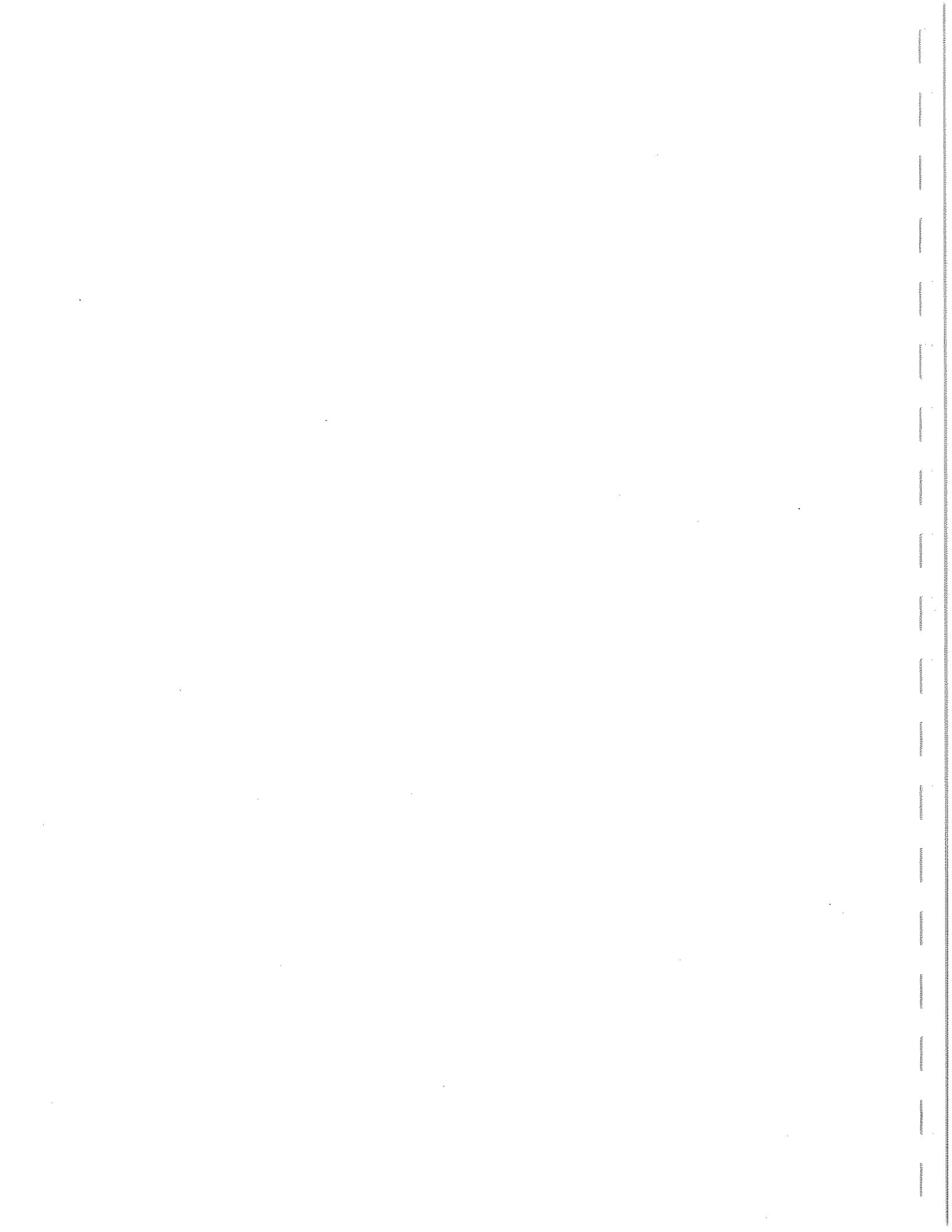
Date	Time	Instrument and TRC ID	Comments	Initials
6/22/11	0730		TRC onsite. AAIS has already dropped off equipment & is loading it into the building.	RB
	0745		AAIS plans to remove pipe insulation from under the sinks of the 1 st & 2 nd Floor bathrooms. RB of TRC meets with Bob of O, R & L (Bldg Maint.)	
	0900		AAIS begins prep on 2 nd Floor ladies room.	
	0945		RB sets up area samples.	
	1100		AAIS continues with prep on the 1 st & 2 nd Floors.	
	1155		AAIS finishes prep on both the 1 st & 2 nd Floor Ladies bathrooms.	
	1205		Lunch	
	1250		AAIS begins removal of plaster walls under the sinks in the 2 nd Floor women's bathroom.	
	1325		<u>No</u> pipe insulation removal to this point. AAIS opens up a section of wall to find the leaking pipe in question. O, R & L employees Bob, Rick & Ken investigate (No ACM was disturbed.)	
	1340		AAIS will open up a wall section from floor level to the bottom of each sink, from left to right under every sink. This will be done on the 1 st Floor as well.	
	1430		AAIS stops work for the day & will continue in the AM.	
	1435		TRC & AAIS offsite.	
6/23/11	0700		TRC & AAIS onsite.	RB
	0720		AAIS continues with 2 nd Floor women's bathroom plaster & pipe insulation removal.	
			RB starts area samples.	



Site / Station 18-20 Trinity St
Hartford, CT

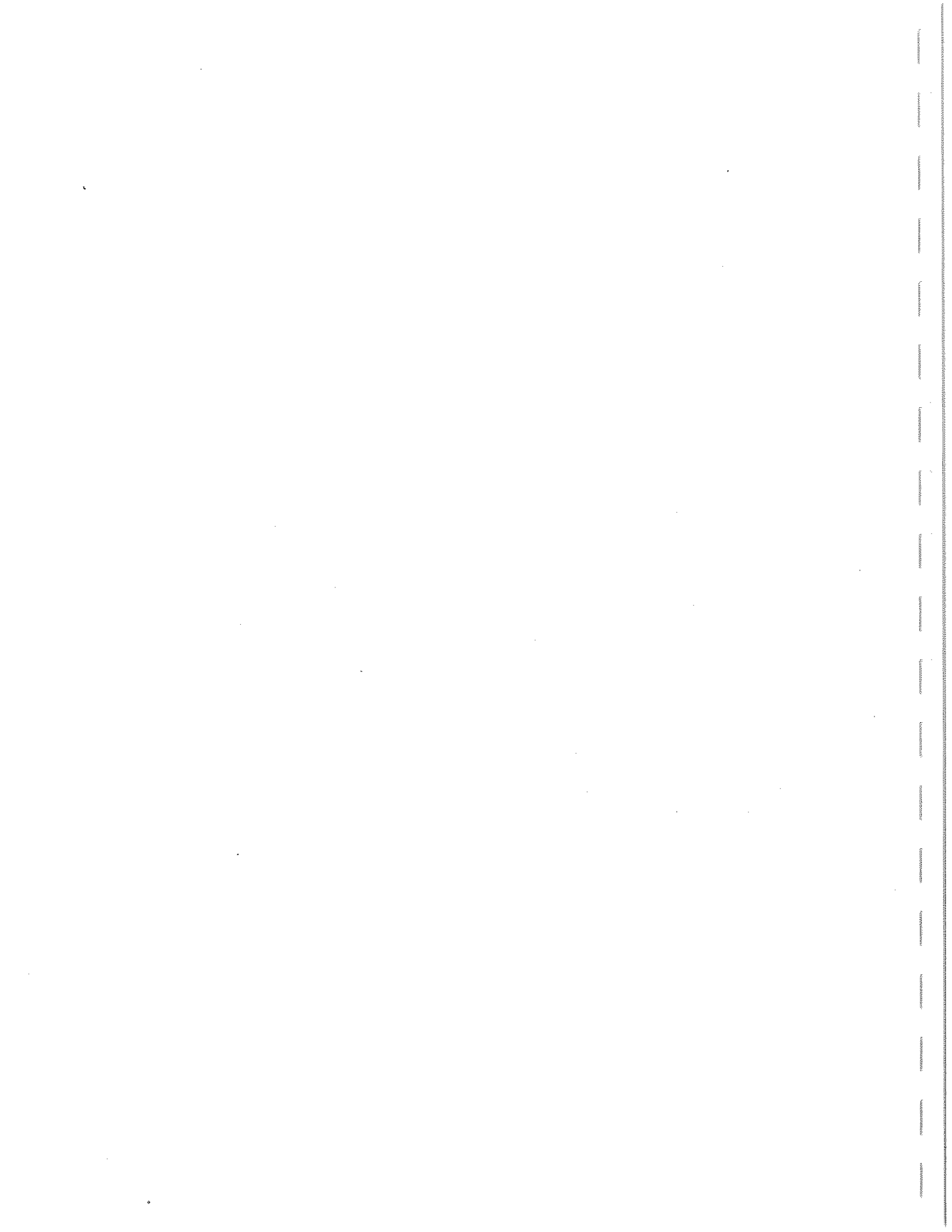
Month / Year 6/11
Project No 164560.3420.0003

Date	Time	Instrument and TRC ID	Comments	Initials
6/23/11	0930	(cont)	AAIS finishes removal. RB gives post-visual	RB
	0940		RB passes post visual. AAIS encapsulates.	
	0950		AAIS takes break	
	1030		AAIS begins work in 1st floor women's bathroom	
	1140		RB starts PCM clearance in 2nd floor women's bathroom containment.	
	1200		AAIS breaks for lunch.	
	1245		AAIS continues removal in 1st bathroom	
	1300		RB stops PCM clearance on 2nd floor.	
	1345		RB passes PCM clearance for 2nd floor women's bathroom.	
	1400		Work/Removal continues on 1st floor.	
	1430		AAIS finishes removal. RB gives post visual.	
	1445		RB passes post visual & AAIS Encapsulates.	
	1515		AAIS packs up for the day.	
	1535		TRC & AAIS offsite.	
	6/24/11		0700	
0720		AAIS begins tear down of 2nd floor women's bathroom containment.		
0730		RB starts PCM clearance in the 1st floor women's bathroom.		
0850		RB stops PCM clearance in 1st floor women's bathroom.		
0940		RB passes PCM clearance in 1st floor women's bathroom. AAIS tears down both containments		
1100		Tear down continues.		
1130		Tear down finishes. TRC & AAIS look over bathrooms.		
1200		Both bathrooms are clear. AAIS & TRC offsite.		



PROJECT OUTLINE

Project Address:	18-20 Trinity Street Hartford, CT
DAS Contract Number:	08PSX0202
DPW Project Manager:	Michael Sanders
DPW Project No.:	2B-11-16
DPW Building No.:	19028
TRC Project No.:	164560-3420-0003
Date(s) of Project:	6/22/11-6/24/11
TRC Project Manager:	Donald LePage
TRC Project Monitor(s)/Inspector(s):	Robert Belding (#000607) – PM
Abatement Contractor:	A.A.I.S. Corporation (#000017)
Materials Abated:	<25 SF ACM pipe insulation – 1 st & 2 nd floor bathrooms
Waste Hauler(s):	TransWaste, Inc., Cheshire, CT
Asbestos Landfill:	Modern Landfill, York, PA
Asbestos Waste Generated:	~ One cubic yard (CY)



APPENDIX A
CONTRACTOR CERTIFICATIONS/LICENSES



State of Connecticut

Lookup Detail View

Name

Name
ANTONIO ROLDAN

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Worker	8883	07/31/2012	06/13/2006	Antonio Roldan	ACTIVE	None

Generated on: 7/19/2011 12:47:42 PM



Environmental Compliance and Occupational Safety Training
44-01 21st St, 3rd Fl, Long Island City, Ny 11101
Tel: (718) 349-3235 Fax: (718) 349-3238

HEREBY CERTIFIES THAT

Antonio Roldan
HAS SUCCESSFULLY COMPLETED A NYS DOH US EPA AHERA 8 HOURS COURSE ENTITLED
ASBESTOS WORKER-REFRESHER

(In Spanish)

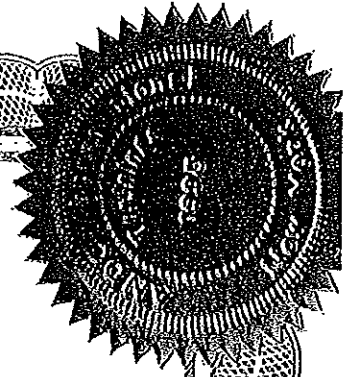
This course is accredited by the State of New York and is in accordance with the EPA Revised MAP
for accreditation under the TSCA Title II.

On this 4th Day of June, 2011
Date(s) of course: 6/4/2011

Expiration Date: 6/4/2012
Certificate #: 060411AHRNY-19
Exam Date: 6/4/2011

Director: Mariusz Oldakowski

Exam Grade: 96



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

ANTONIO ROLDAN

SS# 098-78-4532



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 20TH DAY OF APRIL 2006

COURSE DATES: 04/09-20/06

EXPIRATION DATE: 04/20/07

LANGUAGE: SPANISH

TEST SCORE: 70%

DIRECTOR:

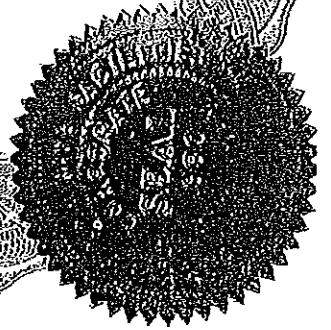
Julia Herrera
JULIA HERRERA

INSTRUCTOR:

Morris Llanos

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



Medical evaluation for respiratory protection

In compliance with 29.CFR 1910.134 Respiratory Protection Standard and CFR 1926.1101

Asbestos Exposure in Construction

ANDO-MED, INC
44-01 21st St. 3rd Fl.
Long Island City, NY 11101
tel.:(718) 349-3235

All the information that you provide in this questionnaire is strictly confidential and will become part of your medical record.

Date: **6/4/2011**

Patient Information

Patient SSN: 098-78-4532 Patient Name: (First/MI/Last) Antonio Roldan	Sex: Male	Date of Birth: (mm/dd/yyyy) 7/12/1979
Patient address: 245 Sheffield Ave Apt B-1 New Haven, CT 06511		
Telephone number: (203) 507-7926		

Examination

HEIGHT: 5' 05"	WEIGHT: 170	BP:	PULSE:	RESP:
--------------------------	-----------------------	-----	--------	-------

Have you ever had any respiratory problems:

shortness of breath: **NO**

chest pain: **NO**

wheezing: **NO**

Tobacco: NO	Do you use tobacco?..... <input type="radio"/> Currently <input type="radio"/> Previously <input checked="" type="radio"/> Never
	If previously, when did you quit?..... How many per day?.....

The above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Based upon medical examination which included pulmonary function test it is my opinion that the above named patient

IS

IS NOT

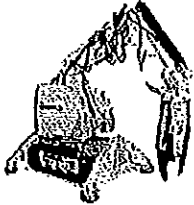
physically qualified to wear a respirator in the performance of his/her job.

Dr. Renata Ukowski
Lic# 251258
NYS 1007000000

print name of physician

signature of physician

AAIS



RESPIRATOR FIT TEST

Employee Name: Antonio Roldan

Social Security #: 4532

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 06/22/11

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North 1/2 Face (7700-30)

- Small / Pass
- Medium / Pass
- Large / Pass

Type of Respirator: Rascal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: Antonio Roldan Date: 06/22/11

Administrator: [Signature] Date: 06/22/11



State of Connecticut

Lookup Detail View

Name

Name
LEONIDAS A YAMASCA

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	3553	01/31/2012	06/19/2008	Leonidas A. Yamasca	ACTIVE	None

Generated on: 2/9/2011 12:53:59 PM

**ENVIRONMENTAL TRAINING AND
ASSESSMENT**

*Certificate of Completion
Asbestos Abatement Site Supervisor
Refresher Training Course*

Awarded To

**Leonidas Yamasca
50 Knox Steret
West Haven, CT 06516**

Has successfully completed, and passed an examination covering the contents of the one day 8 (eight) Hour Refresher Training Course for Asbestos Abatement Site Supervisor. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

Course Date: 5/20/2011 Examination Grade: 86%
Examination Date: 5/20/2011 Certificate Number: ASR-01308
Expiration Date: 5/20/2012

Stephen Craig

Stephen J. Craig, Training Manager

Boston Lead Company, LLC
dba:
Environmental Training and Assessment
62 Washington Street
Middletown, CT 06457
860-347-7277



Asbestos and Lead Abatement Training

44-01 21st Street, L.I.C., NY 11101
Tel: (718) 349-3235 Fax: (718) 349-3238

**HEREBY CERTIFIES THAT
Leonidas Yamasca**

HAS SUCCESSFULLY COMPLETED A N.Y.S.-D.O.H./U.S. E.P.A./A.H.E.R.A. 40 HOUR COURSE ENTITLED
ASBESTOS SUPERVISOR CONTRACTOR

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* 25th Day of May, 2008.
Date(s) of course: 5/17, 18, 23, 24, 25/2008

Expiration Date: 5/25/2009
Certificate #: 52508ASCNY-09
Exam Date: 05/25/2008

Director: Tomasz Chabowski

Exam Grade: 83%



Concentra Medical Centers (CT)
370 James St Suite 304 NEW HAVEN, CT 06513
Ph. no: (203) 503-0492 Fax: (203) 503-0492
Medical Surveillance - Asbestos

Service Date: 05/16/2011

Patient: Yamasca, Leonidas
SSN: XXX-XX-7927
DOB: 11/21/1977
Gender: M
Marital Status: S
Address: 50 Nutcake st
WEST HAVEN, CT 06516
Home Phone: (203) 628-8113
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: AAIS
Address: PO Box 26066
West Haven, CT 065168066
Job Contact: Tammy Hubbard
Role: Primary Contact
Phone: (203) 932-2992 Ext.: 230
Fax: (203) 932-9892

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 05/16/2011 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

B. Schwaninger, MD
Provider Signature

5-16-11
Date

Concentra Medical Centers (CT)

370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0402

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Yamasca, Leonidas

Address: 50 Nutcake st

Employer: AAIS

WEST HAVEN CT 06516

Employee SSN: XXX-XX-7927

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

Extent of Usage (Check ALL that apply)

- Al-purifying (non-powered)
Al-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:

- 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):

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

- High Places
Enclosed Places
Protective Clothing
Temperature Extremes
Mostly Cold
Mostly Hot
Other:

Questionnaire will be: HAND CARRIED MAILED OTHER

EVALUATION AUTHORIZATION BY:

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:
Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

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

- Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
Class I - No Restrictions on Respirator Use
Class II - Some Specific Use Restrictions
Class III - Respirator Use is NOT PERMITTED
Further Testing / Evaluation is Required. 2
Fit Test Required
Fit Test Performed Satisfactorily
Fit Test 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

Physician's Name (Printed)

Physician's License Number (Optional in Most States)

Date of Exam

Expires On

Concentra Medical Centers (CT)

370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0402

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 05/16/2011

Employee Name:

Employee SSN: XXX-XX-7927

Yamasca Leonidas

Address:

50 Nutcake st

WEST HAVEN CT 06516

Employer: AAIS

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

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

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

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

(Check ALL that apply)

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

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

H. Se Arroyo
PLHCP Signature

Employee's Signature

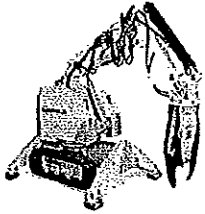
Schwartz
PLHCP Name (printed)

Expiration Date

¹Physician or other Licensed Healthcare Professional

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

AAIS



RESPIRATOR FIT TEST

Employee Name: Leonidas Yamasca

Social Security #: 7927

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 05/16/11

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North 1/2 Face (7700-30)

Small / Pass

Medium / Pass

Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator: 3M P.A.P.R. / Pass

Employee Signature: [Signature] Date: 05/16/11

Administrator: [Signature] Date: 05/16/11



State of Connecticut

Lookup Detail View

Name

Name
ANGEL VERA

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Worker	5460	12/31/2011	07/24/2002	Angel Vera	ACTIVE	None

Generated on: 12/3/2010 1:14:01 PM



Environmental Compliance and Occupational Safety Training
44-01 21st St, 3rd Fl, Long Island City, NY 11101
Tel: (718) 349-3235 Fax: (718) 349-3238

HEREBY CERTIFIES THAT

Angel Vera

HAS COMPLETED A NYS DOH US EPA AHERA 8 HOURS COURSE ENTITLED

ASBESTOS WORKER-REFRESHER

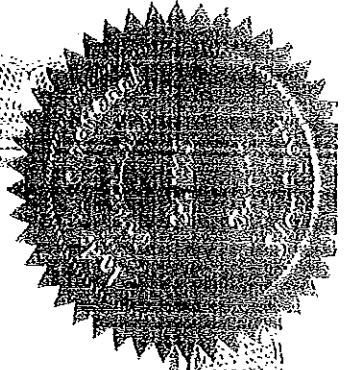
(Spanish)

FOR THE PURPOSE OF TITLE 10 NYCRR PART 73 AND EP 40 FR PART 763 ACCREDITATION
THE OFFICIAL RECORD OF COMPLETION FOR THE COURSE IS THE NYS DOH FORM 2832

On this 21st Day of May, 2011
Date(s) of course: 5/21/2011

Director: Mariusz Oldakowski

Expiration Date: 5/21/2012
Certificate #: 052111AHRNY-05
Exam Date: 05/21/2011
Exam Grade: 92%





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

HEREBY CERTIFIES
ANGEL VERA

HAS SUCCESSFULLY COMPLETED A.N.Y.S. D.O.H. / U.S. E.P.A. / A.H.E.R.A. 32 Hr 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 CFR Part 763 ACCREDITATION
THE OFFICIAL RECORD OF SUCCESSFUL COMPLETION FOR THIS COURSE IS THE DOH 2332 FORM-CERTIFICATE OF
COMPLETION OF ASBESTOS SAFETY TRAINING PROGRAM

On this 14th day, of July 2002
Date (s) of course: 07/06/02 to 07/14/02

Director: Nicolas Portela *Nicolas Portela*

Expiration Date: 07/14/03
Certificate#: 071402AHNY-08
Exam date: 07/14/02
Exam Grade: 80%

Medical evaluation for respiratory protection

In compliance with 29.CFR 1910.134 Respiratory Protection Standard and CFR 1926.1101

Asbestos Exposure in Construction

ANDO-MED, INC
44-01 21st St. 3rd Fl.
Long Island City, NY 11101
tel.:(718) 349-3235

All the information that you provide in this questionnaire is strictly confidential and will become part of your medical record.

Date: 5/21/2011

Patient Information

Patient SSN: 011-39-1938	Sex: Male	Date of Birth: (mm/dd/yyyy) 12/9/1975
Patient Name: (First/MI/Last) Angel Vera		
Patient address: P.O. Box 170 New Haven, CT 06513		
Telephone number: 203-887-0074		

Examination

HEIGHT: 5' 04"	WEIGHT: 150	BP:	PULSE:	RESP:
--------------------------	-----------------------	-----	--------	-------

Have you ever had any respiratory problems:

shortness of breath: **NO**

chest pain: **NO**

wheezing: **NO**

Tobacco: NO	Do you use tobacco?..... <input type="radio"/> Currently <input type="radio"/> Previously <input checked="" type="radio"/> Never
	If previously, when did you quit?..... How many per day?.....

The above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Based upon medical examination which included pulmonary function test it is my opinion that the above named patient

IS

IS NOT

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

Dr. Renata Ukowaka
Lic# 261238
NPI# 1407698563

print name of physician

signature of physician

ANDO International, Inc.

44-01 21st Street, 3rd Floor, Long Island City, NY 11101

Tel. 718-349-3235, Fax 718-349-3238

QUALITATIVE RESPIRATORY FIT TEST

This Respirator Fit Test is valid for the period of twelve (12) months from the date of test.

Name: Angel Vera

Address P.O. Box 170 New Haven CT 06513

SSN:011-39-1938

DOB:12/9/1975

TEL:203-887-0074

RESPIRATORS TESTED - SUCCESSFUL TEST

Test Agent : 1. Irritant Smoke 2. Odorous Vapor 3. Taste Test

HALF FACE MASK ONLY

BRAND NAME (1) NORTH 2) _____ SIZE (1) M (2) _____

TEST DATE: 5/21/2011

FIT TEST NUMBER: 052111HF-OM 5

Oscar Morales

Name of person performing respiratory fit test _____

Signature _____



APPENDIX B
DAILY PROJECT SIGN-IN SHEETS

SIGN-IN SHEET FOR 18-20 Trinity St 164560-34p.ee03
 (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: Rob Belding DATE: 6/22/11

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN - OUT
Leonidas Yanesla	AAIS	15/2d Floor Women's bathroom	N/A	Prep	0700 1530
Angel Vera	↓	↓	↓	↓	↓
Antonio Baldan	↓	↓	↓	↓	↓
					11/86

APPENDIX C
CONTRACTOR OSHA PERSONNEL AIR
SAMPLING RESULTS

PO# 85156

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Lab No: Wes 6/30/11

Mill. Y. M.
 Faxed
 Called
 Logged

Sample Source 2nd Floor LADIES ROOM Job # 115094

Sampled by L. YAMASCA Date Sampled 6-23-11 Customer Name A.A.I.S. Corp.

QC + Analyst Wes Date Received 6/30/11 Date Tested 6/30/11

Sample # / Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>6-23-11</u> Mask: <u>HF</u> Name: <u>A. ROWAN</u> SS# <u>4532</u> Code: <u>5</u> Task: <u>REMOVAL</u>	<u>7:20</u> <u>7:50</u>	<u>2.8</u> <u>2.8</u>	<u>84</u>	<u>3/100</u>	<u>3.8</u>	<u>nd<</u> <u>0.032</u>	<u>✓</u>
Date: <u>6-23-11</u> Mask: <u>HF</u> Name: <u>A. ROWAN</u> SS# <u>4532</u> Code: <u>1</u> Task: <u>REMOVAL / FINAL CLEANING</u>	<u>7:50</u> <u>9:30</u>	<u>2.8</u> <u>2.8</u>	<u>280</u>	<u>3/100</u>	<u>3.8</u>	<u>nd<</u> <u>0.010</u>	<u>✓</u>
Date: <u> </u> Mask: <u> </u> Name: <u> </u> SS# <u> </u> Code: <u> </u> Task: <u> </u>							
Date: <u> </u> Mask: <u> </u> Name: <u> </u> SS# <u> </u> Code: <u> </u> Task: <u> </u>							
Date: <u> </u> Mask: <u> </u> Name: <u> </u> SS# <u> </u> Code: <u> </u> Task: <u> </u>							

Report Reviewed by Date Blank(s) Received? Y N

Field Blanks 1 Laboratory Blank 6 Reference Slide #: 190
6/100

Project 8-20 TRINITY ST / 1+2 FLOOR LADIES ROOM
 Location 18-20 TRINITY ST / HARTFORD CT
 Foreman L. YAMASCA
 Superintendent C. Penivetti
 Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, Wes, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above. Rec'd by: Wes 6/30/11 1000

PO# 85156

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

L. Yamasca 6/30/11

Mill. Y. M.
 Faxed
 Called
 Logged

Sample Source 1st FLOOR WOMEN'S ROOM Job # 115094

Sampled by L. YAMASCA Date Sampled 6-23-11 Customer Name A.A.I.S. Corp.

QC + Analyst *[Signature]* Date Received 6/30/11 Date Tested 6/30/11

Sample # / Description	Time Start End	Flow l/m Start End	Liters	f / flds	f / mm2	f / cc	LOD f / cc
Date: <u>6-23-11</u> Mask: <u>HF</u> Name: <u>A. UERA</u> SS# <u>1938</u> Code: <u>5</u> Task: <u>REMOVAL / PIPE INSUL.</u>	<u>10:20</u> <u>10:50</u>	<u>2.8</u> <u>2.8</u>	<u>84</u>	<u>6/100</u>	<u>7.6</u>	<u>0.035</u>	<u>QC 7/100</u> <input checked="" type="checkbox"/>
Date: <u>6-23-11</u> Mask: <u>HF</u> Name: <u>A. UERA</u> SS# <u>1938</u> Code: <u> </u> Task: <u>REMOVAL / FINAL CLEAN</u>	<u>10:50</u> <u>12:00</u> <u>12:45</u> <u>2:30</u>	<u>2.8</u> <u>2.6</u>	<u>473</u>	<u>0/100</u>	<u>0</u>	<u>ndc</u> <u>0.006</u> <input checked="" type="checkbox"/>	
Date: <u> </u> Mask: <u> </u> Name: <u> </u> SS# <u> </u> Code: <u> </u> Task: <u> </u>							
Date: <u> </u> Mask: <u> </u> Name: <u> </u> SS# <u> </u> Code: <u> </u> Task: <u> </u>							
Date: <u> </u> Mask: <u> </u> Name: <u> </u> SS# <u> </u> Code: <u> </u> Task: <u> </u>							

Report Reviewed by Date Blank(s) Received? Y N

Field Blanks { 0/100
 Laboratory Blank 6/100 Reference Slide #:

Project 18-20 TRINITY ST / 1+2 FLOOR LADIES ROOM
 Location 18-20 TRINITY ST / HARTFORD CT
 Foreman L. YAMASCA
 Superintendent C. PERIVETTI
 Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, *[Signature]*, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

Rec'd by: *[Signature]* 6/30/11 1000

APPENDIX D
TRC CERTIFICATIONS/LICENSES

0001983 FP **PSRST T7 0 1364 06066
ROBERT W. BELDING
 210 REGAN ROAD, APT. 38B
 VERNON CT 06066

Dear Licensed/Certified Professional,
 Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:
Department of Public Health (860) 509-7603
P.O. Box 340308
M.S. #12MQA http://www.dph.state.ct.us
Hartford, CT 06134-0308

Sincerely,
J. Robert Galvin, MD, MPH, MEd
J. ROBERT GALVIN, MD, MPH, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

INSTRUCTIONS:

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

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

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

ROBERT W. BELDING

LICENSE NO.
000607
 CURRENT THROUGH
08/31/11
 VALIDATION NO.
03-105277

J. Robert Galvin, MD, MPH, MEd
 SIGNATURE COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME
ROBERT W. BELDING

VALIDATION NO. LICENSE NO. CURRENT THROUGH
03-105277 000607 08/31/11

PROFESSION
ASBESTOS CONSULTANT-PROJECT MONITOR

J. Robert Galvin, MD, MPH, MEd
 SIGNATURE COMMISSIONER

WALLET CARD

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME
ROBERT W. BELDING

VALIDATION NO. LICENSE NO. CURRENT THROUGH
03-105277 000607 08/31/11

PROFESSION
ASBESTOS CONSULTANT-PROJECT MONITOR

J. Robert Galvin, MD, MPH, MEd
 SIGNATURE COMMISSIONER

CERTIFICATE OF ACHIEVEMENT

This certifies that

Robert Belding

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

Gregory J. March
Principal Instructor

July 21, 2010

Date of Course

July 21, 2011

Expiration Date

Gregory J. March
Regional Manager

PMR-1303

Certificate Number

July 21, 2010

Examination Date



Asbestos Analysts Registry

Laboratory Quality Assurance Programs

Retain For Your Records

February 6, 2008

Organization ID: 100122

Analyst ID: 8991

TRC Environmental Corporation
Robert Belding
21 Griffin Road North
Windsor, CT 06095

Dear Mr. Belding,

Congratulations! The American Industrial Hygiene Association (AIHA) Analytical Accreditation Board (AAB) has approved your listing on the Asbestos Analyst Registry (AAR) per AAR Policy, Article IV, Sections 4.2.13 and 4.4.13-4.1.16. This Board Approval takes effect **February 4, 2008**. You will be listed on the AIHA website as an Asbestos Analysts Registry (AAR) Board Approved Analyst within the next 10 business days.

<http://www.aiha.org/1documents/lab/AARAnalysts.pdf>.

Your Board Approval status will remain current as long as you maintain two or fewer outliers in the two most current, consecutive Asbestos Analytical Testing (AAT) rounds. You will automatically lose your Board Approval status if you cease analyzing AAT samples with an approved organization, or you transfer to an unapproved organization.

If you should receive more than two outliers in two consecutive rounds, your AAT Performance Results report will show that you are "not acceptable" or if you lose your Board Approval status, then to regain your Board Approval status, your options are to:

- 1) Purchase the current round's retest and successfully override the results; or
- 2) Analyze the next regularly scheduled AAT round or next two consecutive AAT rounds (whichever is appropriate) with no more than 2 outliers.

If you foresee non-participation in a future AAT round, in order to retain Board Approval status, AIHA requires a written request for an excused absence from that round, before the date that the results are due for that particular round. Please note that excused absences will not be granted for two consecutive AAT rounds per AAR Policy, Article III, Section 3.9.2.

Congratulations again and thank you for your continued participation in the Asbestos Analyst Registry program. If you have any questions please do not hesitate to contact Mrs. Carter Dezio, AAR Program Specialist at 703-846-0798 or cdezio@aiha.org.

Sincerely,

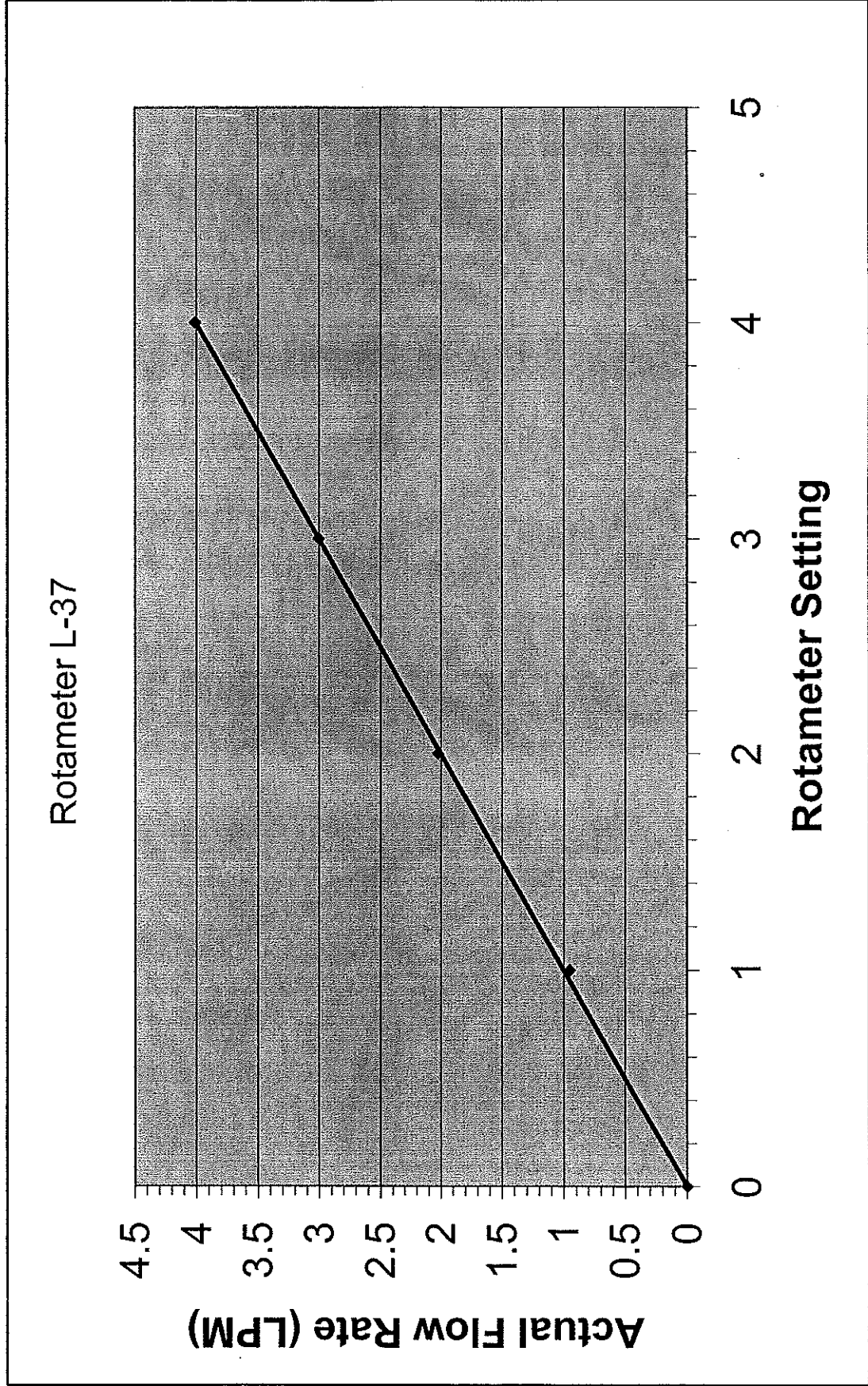
Cheryl Morton
Director, LQAP

APPENDIX E
EQUIPMENT CALIBRATION DATA

Rotameter L-37

Calibrated on: 02 May 2011
Due: 05 November 2011
By: K. Williamson
TSI # 4146 0650 010

Rotameter Setting	Avg. Flow
0	0
1	0.96
2	2.03
3	3.01
4	4.01



Rotameter calibrated using center of ball

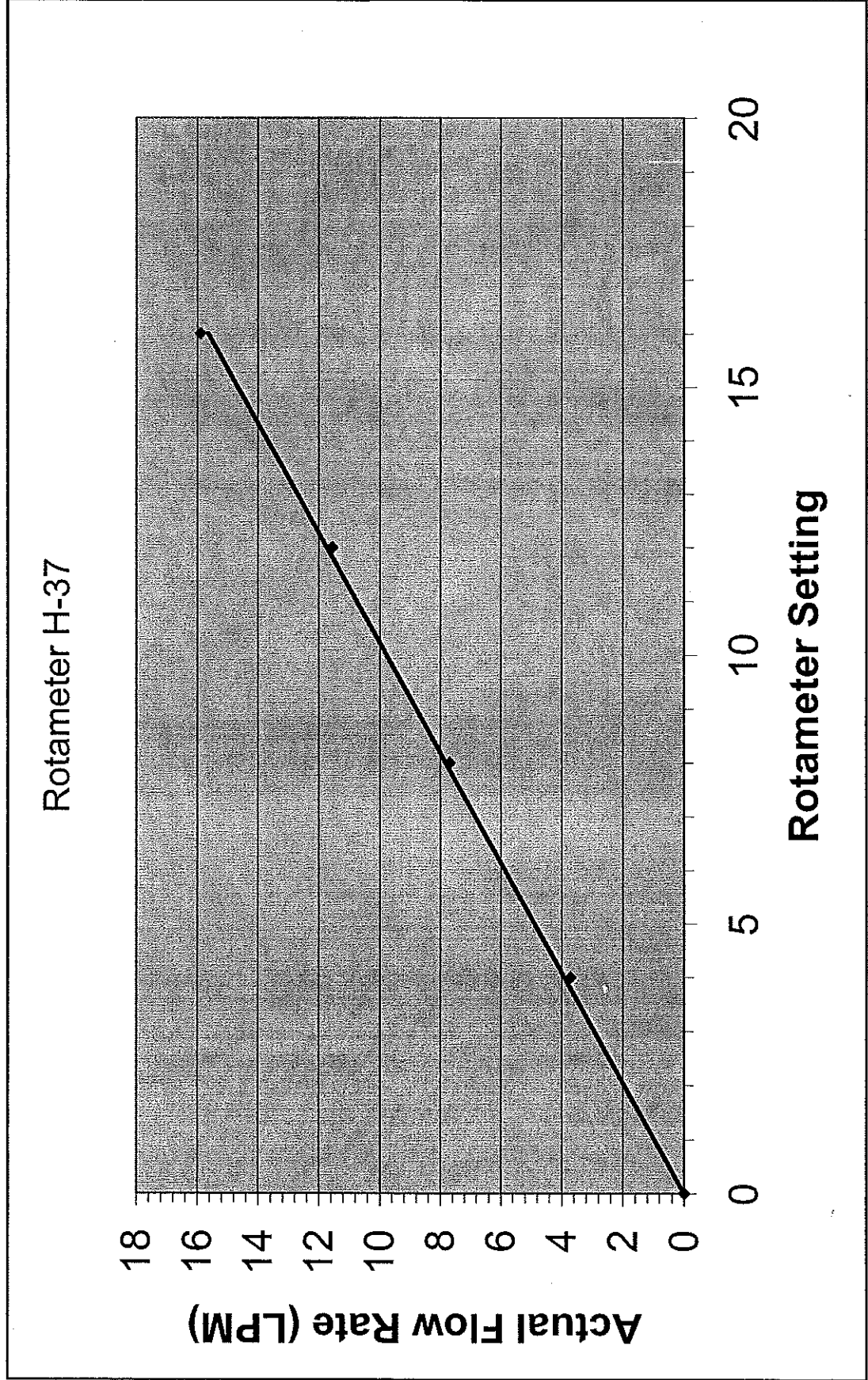
Rotameter H-37

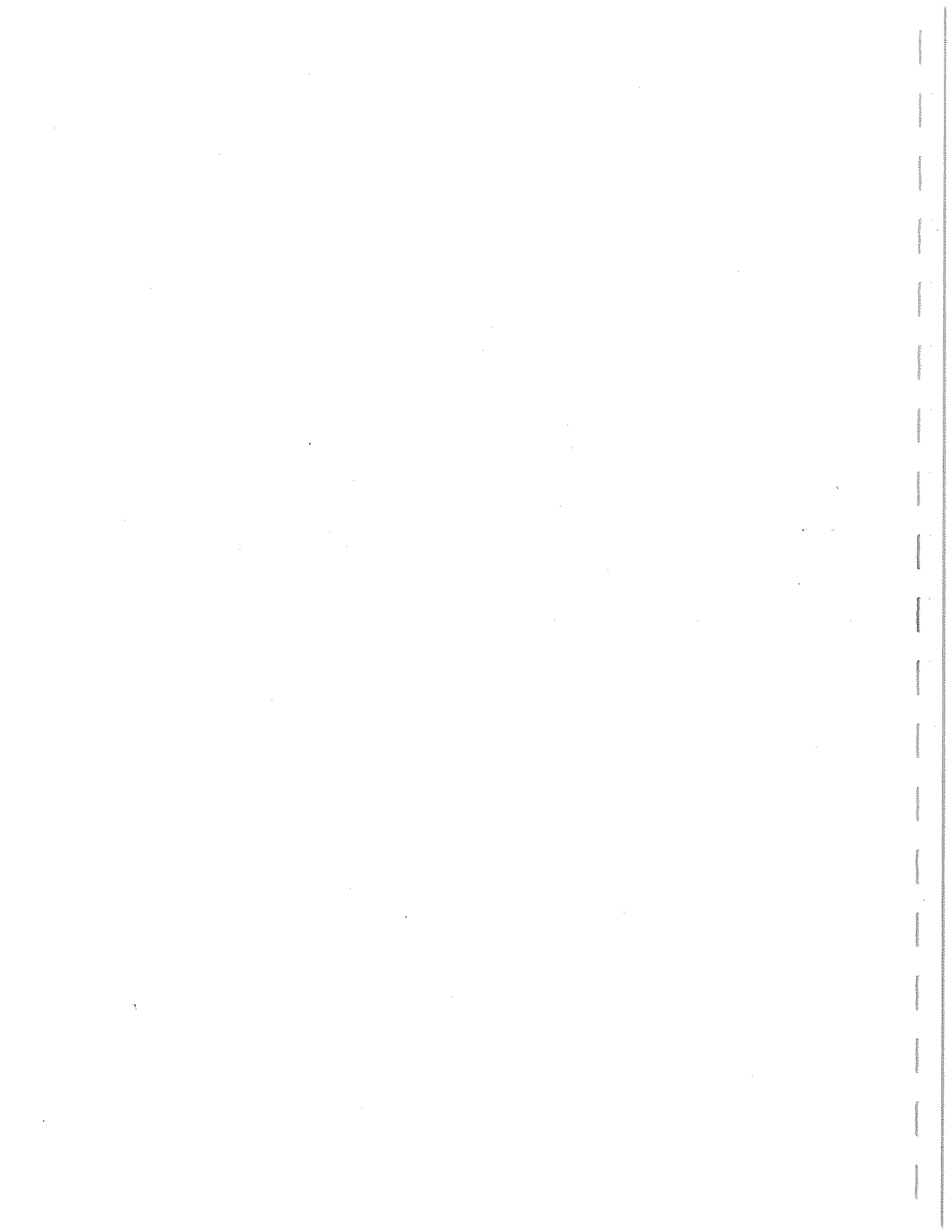
Calibrated on: 02 May 2011
Due: 05 November 2011
By: K. Williamson

TSI # 4146 0650 010



Rotameter Setting	Avg. Flow
0	0
4	3.7
8	7.7
12	11.6
16	15.9





APPENDIX F
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 Erik 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:

ASEESTOS
AIR-FIBER COUNTING - PCM
BULK IDENTIFICATION - PLM

SEE COMPUTER PRINT-OUT FOR SPECIFIC TESTS APPROVED

THIS CERTIFICATE EXPIRES December 31, 2011 AND IS REVOCABLE FOR CAUSE BY THE STATE DEPARTMENT OF PUBLIC HEALTH DATED AT HARTFORD, CONNECTICUT, THIS 2nd DAY OF December 2009



Registration
No.

PH- 0426

SUZANNE BLANCAFLOR, MS
CHIEF, ENVIRONMENTAL HEALTH SECTION

AIHA



Laboratory Accreditation
Programs, LLC

AIHA Laboratory Accreditation Programs, LLC

acknowledges that

TRC Environmental Corporation

21 Griffin Road North, Windsor, CT 06095

Laboratory ID: 100122

has fulfilled the requirements of the AIHA Laboratory Accreditation Programs (AIHA-LAP), LLC thereby conforming to the ISO/IEC 17025:2005 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-LAP, LLC in the following:

LABORATORY ACCREDITATION PROGRAMS

- INDUSTRIAL HYGIENE
- ENVIRONMENTAL LEAD
- ENVIRONMENTAL MICROBIOLOGY
- FOOD

Accreditation Expires: 10/01/2012

Accreditation Expires:

Accreditation Expires:

Accreditation Expires:

Specific Field(s) of Testing (FoT)/Method(s) within each Accreditation Program for which the above named laboratory maintains accreditation is outlined on the attached Scope of Accreditation. Continued accreditation is contingent upon successful on-going compliance with AIHA-LAP, LLC requirements. This certificate is not valid without the attached **Scope of Accreditation**. Please review the AIHA-LAP, LLC website (www.aihaaccreditedlabs.org) for the most current scope of accreditation.

Dave Sandusky, CIH
Chairperson, Analytical Accreditation Board

Date Issued: 10/01/2010



AIHA Laboratory Accreditation Programs, LLC

SCOPE OF ACCREDITATION

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

Laboratory ID: 100122
Issue Date: 10/01/2010

The laboratory is approved for those specific field(s) of testing/methods listed in the table below. Clients are urged to verify the laboratory's current accreditation status for the particular field(s) of testing/Methods, since these can change due to proficiency status, suspension and/or revocation. A complete listing of currently accredited Industrial Hygiene laboratories is available on the AIHA-LAP, LLC website at: <http://www.aihaaccreditedlabs.org>

Industrial Hygiene Laboratory Accreditation Program (IHLAP)

Initial Accreditation Date: 09/01/1984

IHLAP Scope Category	Field of Testing (FoT)	Technology sub-type/ Detector	Published Reference Method/Title of In-house Method	Method Description or Analyte <i>(for internal methods only)</i>
Asbestos/Fiber Microscopy Core	Polarized Light Microscopy (PLM)		EPA/600/R-93/116	
	Phase Contrast Microscopy (PCM)		NIOSH 7400	

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

AIR SAMPLE ANALYSIS REPORT

Client: DPS Project No.: 164560-3420-0003 Date: 6/22/11 Page 1 of 1
 Site: 18-20 Trinity St Sampler Print: Rob Belding Signature: [Signature] Date: 6/22/11
 Address: Windsor, CT Analyst Print: Robert Belding Signature: [Signature] Date Analyzed: 6/23/11
 QC Analyst Print: [Signature] Signature: [Signature] Date Analyzed: 6/30/11
 Lab Supervisor Print: [Signature] Signature: [Signature] Date Issued: [Blank]

Contact/Name: _____ Phone: _____ Rotometer No.: 1-37 Date of Calibration: 11/5/10 Lab No. 39477
 Microscope No. 204142 Received in Lab for Analysis: QC Only:
 Sample Type: PCM TEM Other: _____ Analysis Method: NIOSH 7400 AHERA Other: _____
 Type of Sample: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

Relative Standard Deviation (Sr)		
Range Fibers/fields	Intra-lab Sr	Inter-lab Sr
<20/100	0.169	0.608
20.5 to 50/100	0.296	0.502
>50/100	0.205	0.454

Sample No.	1	2	3	4
Sampling Location/Comments	1 st Floor Decon at Ladies Room	2 nd Floor Ladies Room Decon		Blanks
Type of Sample	2	2		
Pump Number				
Start Time/Stop Time	1030 / 1415	0950 / 1410		
Total Time (min)	225	260		
Flow Rate	3.0 / 3.0	3.0 / 3.0		
Total Volume (l)	675	780		
FB - BFB	8 / 100	6 / 100	0 / 100	0 / 100
FL - BFL				
Filter Fiber Conc. (fibers/mm ²)	0.006	0.004		
Airborne Fiber Conc. (fibers/cc)	10.2	7.9		

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 - 5.5 fibers/100 fields

Relinquished by: [Signature] Date: 6/28/11 Time: _____
 Received By: [Signature] Date: 6/30/11 Time: 1000
 Relinquished by: _____ Date: _____ Time: _____
 Received by Laboratory: _____ Date: _____ Time: _____

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
 Condition of Sample: 27
 Acceptable: Y N
 Comments: _____
 Results relate only to the samples tested, as received by the laboratory. Verifiability of the laboratory's results is limited to the FB/mm².

QC Recount		
Sample No.	FB/FL	Analysis/Date

AIR SAMPLE ANALYSIS REPORT

Client: DRW Project No.: 164560.3400.0003 Date: 6/23/11 Page 11 of 11
 Site: 18-20 Trinity St Sampler Print: Robert Belding Signature: [Signature] Date: 6/23/11
 Address: Hard Rock, CT Analyst Print: Robert Belding Signature: [Signature] Date: 6/23/11
 QC Analyst Print: [Signature] Signature: [Signature] Date: 6/23/11
 Lab Supervisor Print: [Signature] Signature: [Signature] Date: 6/23/11

Contact/Name: _____ Phone: _____ Rotometer No.: 6-37 Date of Calibration: 11/5/10 Lab No. 39477
 Microscope No. 204142 Received in Lab for Analysis: QC Only Other:
 Sample Type: TEM Other: Analysis Method: NIOSH 7400 AHERA Other:
 Type of Sample: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

Relative Standard Deviation (Sr)		
Range Fibers/fields	Intra-lab Sr	Inter-lab Sr
<20/100	0.369	0.608
20.5 to 50/100	0.296	0.502
>50/100	0.205	0.454

Sample No.	5	6	7	8
Sampling Location/Comments	2 nd Floor Women's Bath	1 st Floor Women's Bath	Blanks	
Type of Sample	Blank	Blank	Blank	Blank
Pump Number	4	4		
Start Time/Stop Time	0720 / 1120	1025 / 1525		
Total Time (min)	240	300		
Flow Rate	3.0	3.0	3.0	3.0
Total Volume (l)	720	900		
FB - BFB	5/100	4/100	0/100	0/100
FL - BFL				
Filter Fiber Conc. (fibers/mm ²)	6.4	5.1		
Airborne Fiber Conc. (fibers/cc)	ND < 0.004	ND < 0.003		

STANDARDS
 <0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min Excursion Level
 ND< - Non Detected, less than the limit of detection
 Limit of Detection - 5.5 fibers/100 fields

Relinquished by: [Signature] Date: 6/23/11 Time: _____
 Received By: [Signature] Date: 6/23/11 Time: 1000
 Relinquished by: _____ Date: _____ Time: _____
 Received by Laboratory: _____ Date: _____ Time: _____

Condition of Sample: OK
 Acceptable: Y N
 Comments: _____
 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
 Results relate only to the samples tested, as received by the laboratory. Verifiability of the laboratory's results is limited to the FB/mm².

Sample No.	FB/FL	Analysis Date	Field/Lab
6	5/100	6/23/11	Lab

AIR SAMPLE ANALYSIS REPORT

Project No.: 164560.3420.0003 Date: 6/23/11 Page 1 of 1
 Sampler Print: Robert Bell Signature: [Signature] Date: 6/23/11
 Analyst Print: Robert Bell Signature: [Signature] Date Analyzed: 6/23/11
 QC Analyst Print: [Signature] Signature: [Signature] Date Analyzed: 6/30/11
 Lab Supervisor Print: [Signature] Signature: [Signature] Date Issued: [Signature]

Contact/Name: _____ Phone: _____ Rotometer No.: H-37 Date of Calibration: 10/5/10 Lab No. 39477
 Microscope No. 204142 Received in Lab for Analysis: QC Only:
 Sample Type: PCMC TEM Other: _____ Analysis Method: NIOSH 7400 AHERA Other: _____
Issue 2 8/15/94 A rules
 Type of Sample: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

Relative Standard Deviation (S _r)		
Range Fibers/fields	Intra-lab S _r	Inter-lab S _r
<20/100	0.109	0.608
20.5 to 50/100	0.296	0.502
>50/100	0.205	0.454

Sample No.	9	10	11	12	13	14	15
Sampling Location/Comments	I/S 2 nd Floor Ladies Entrance Containment						
Type of Sample	6						
Pump Number	6						
Start Time/Stop Time	1140	1300	1140	1300	1140	1300	1140
Total Time (min)	80	80	80	80	80	80	80
Flow Rate	15	15	15	15	15	15	15
Total Volume (l)	1200	1200	1200	1200	1200	1200	1200
FB - BFB FL - BFL	3/100	5/100	2/100	6/100	3/100	0/100	0/100
Filter Fiber Conc. (fibers/mm ²)	3.8	6.4	2.5	7.6	3.8	—	—
Airborne Fiber Conc. (fibers/cc)	ND<0.003	ND<0.003	ND<0.003	0.007	ND<0.003	—	—

STANDARDS
 <0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min Excursion Level
 ND< - Non Detected, less than the limit of detection
 Limit of Detection - 5.5 fibers/100 fields

Relinquished by: [Signature] Date: 6/23/11 Time: _____
 Received by: [Signature] Date: 6/30/11 Time: 1000
 Relinquished by: _____ Date: _____ Time: _____
 Received by Laboratory: _____ Date: _____ Time: _____

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
 Results relate only to the samples tested, as received by the laboratory. Verifiability of the laboratory's results is limited to the FB/mm².

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

Sample No.	FB/FL	Analyst/Date	Field/Lab

QC Recount

AIR SAMPLE ANALYSIS REPORT

Client: DFW Project No.: 164560-3470-0033 Date: 6/24/11 Page 1 of 1
 Site: 1820 Trinity St Sampler Print: Robert Belding Signature: [Signature] Date: 6/24/11
 Address: Hartford, CT Analyst Print: Robert Belding Signature: [Signature] Date Analyzed: 6/24/11
 QC Analyst Print: [Signature] Signature: [Signature] Date Analyzed: 6/30/11
 Lab Supervisor Print: [Signature] Signature: [Signature] Date Tested: [Signature]

Contact/Name: _____ Phone: _____ Rotometer No.: H-37 Date of Calibration: 11/5/10 Lab No. 39477
 Microscope No. 204142 Received in Lab for Analysis: QC Only:
 Sample Type: PCM TEM Other: _____ Analysis Method: NIOSH 7400 AHERA Other: _____
Issue 2 8/15/94 A rules

Type of Sample: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

Relative Standard Deviation (Sr)		
Range	Intra-lab Sr	Inter-lab Sr
<20/100	0.169	0.608
20.5 to 50/100	0.296	0.502
>50/100	0.205	0.454

Sample No.	16	17	18	19	20	21	22
Sampling Location/Comments	I/S 1st Floor						
Type of Sample	6	6	6	6	6	6	Blks
Pump Number							
Start Time/Stop Time	0730 0850	0730 0850	0730 0850	0730 0850	0730 0850		
Total Time (min)	80	80	80	80	80		
Flow Rate	15 15	15 15	15 15	15 15	15 15		
Total Volume (l)	1200	1200	1200	1200	1200		
FB - BFB	3/100	3/100	6/100	4/100	8/100	0/100	0/100
FL - BFL							
Filter Fiber Conc. (fibers/mm ²)	3.8	3.8	7.6	5.1	10.2		
Airborne Fiber Conc. (fibers/cc)	ND<0.002	ND<0.002	0.002	ND<0.002	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 - 5.5 fibers/100 fields

Relinquished by: [Signature] Date: 6/24/11 Time: _____
 Received By: [Signature] Date: 6/30/11 Time: 1000
 Relinquished by: _____ Date: _____ Time: _____
 Received by Laboratory: _____ Date: _____ Time: _____

TRC Laboratory Asbestos Analytical Certifications:
 CT#PH-0426 MA#AA000052 NY#10980 RI#AAL-007C3
 ME#LB-0071 VA#3333000283 TX#300354 VT#AL014538
 AIH/PAT#100122
 Results relate only to the samples tested, as received by the laboratory. Verifiability of the laboratory's results is limited to the FB/mm².

Condition of Samples: 2
 Acceptable: Y N
 Comments: _____

Sample No.	FB/FL	Analyst/Date	Field/Lab
18	5/100	[Signature]	Lab

QC Record

Sample No.	FB/FL	Analyst/Date	Field/Lab
18	5/100	[Signature]	Lab

APPENDIX H
ASBESTOS WASTE SHIPMENT RECORDS



3819-49-7434

40001625
163564

E.P.A. AGENCY

CT, MA, RI, VT, NH, ME
GENERATORS
EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS
EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 637-3000

EMERGENCY RESPONSE
TELEPHONE
#1-800-750-3460

Barker Drive • Wallingford, CT 06492
(203) 269-8300 • Fax: (203) 269-8600

*K#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 115094 P.O. # _____

Contractor AATS Corp

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203 932 2992

Date Container Del. 6-24-2011 Date of Pickup 7-6-2011

Type of Container 40 Yard

VOLUME 1.04 CY Friable Non-Friable

MUST BE IN CUBIC YARDS

Tag Drum Wrapped Other

RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER

State of CT Dept of Public Works

Address 165 Capitol Avenue

City Hartford CT State 06106 Zip _____

Phone Number 860 713 5702

GENERATING LOCATION

18-20 Trinity

Address " "

City Hartford State CT Zip 06108

Phone Number _____

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's 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]

Transporter 1:

Name _____ Address _____ Telephone # _____

Signature _____ Registration #: _____ Date: _____

Acknowledgement of receipt of materials. State / # _____

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Signature Charlie Knowles Registration #: 49663A CT Date: 7-8-11

Acknowledgement of receipt of materials. State / # _____

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Name _____ Address _____ Telephone # _____

Signature _____ Registration #: _____ Date: _____

Acknowledgement of receipt of materials. State / # _____

Site Modern Landfill Site BFI Imperial Landfill Site Hakes Landfill Site _____

Address: 4400 Mount Pisgah Rd. Address: 11 Boggs Road Address: 4376 Manning Ridge Rd. Address: _____

York, PA 17402 Imperial, PA 15126 Painted Post, NY 14870

Phone: 717-246-4615 Phone: 724-695-0900/50831010458 Phone: 607-937-6044 Phone: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent Jodi Williams Signature Jodi Williams Receipt Date 7/9/11