



Prepared For:

Weymouth Public Schools
4 Commercial St.
Weymouth, MA

Mr. Bill Duffless
Designated Person

Project:

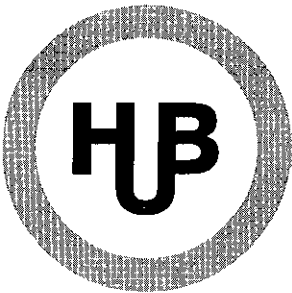
Administer removal of the
Bath G. Wilson Elementary School

HUB TESTING LABORATORY, INC.

Environmental Testing Service



98 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

Report for: Haverhill Public Schools
4 Summer St.
Haverhill, MA 01830-5877

Attention: Mr. Ed Dufresne
Designated Person

Hub I.D.: 13305

Project: John C. Tilton Elementary School
Haverhill, MA

Subject: Glovebag removal of ACM TSI on pipe and subsequent ambient air sampling.

Date: 7 March, 2001

Scope: Hub Testing Laboratory, Inc., conducted ambient air samples in the Chapter 1 room in the basement of the Tilton School. The samples were analyzed for fiber concentration using phase contrast microscopy (PCM).

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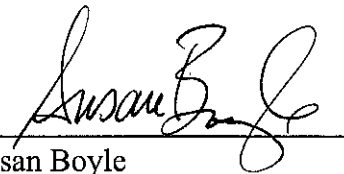
Introduction

Hub Testing Laboratory conducted ambient air sampling in the Chapter 1 room in the basement of the Tilton School in response to a glovebag removal of approximately 6 lineal feet of asbestos containing thermal system insulation on a pipe. This pipe was to have a valve replaced on it.

Hub Testing attempted to contact All State Abatement Professionals, Inc. When contacted, ASAP had completed the glovebag and was off site. Hub performed air sampling to determine ambient air fiber concentrations. These samples were not collected as asbestos clearance samples.

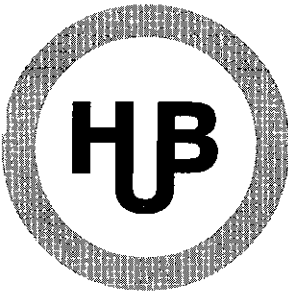
Summary Report

Hub arrived at the Tilton School on 23 February to set up sampling pumps in the Chapter 1 room, basement, in proximity to the removal site. These samples were collected to determine ambient air fiber concentrations in the area after the removal had taken place. The samples were then returned to the laboratory for analysis.



Susan Boyle
Vice President

Attachment A
Sampling Report



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

February 27, 2001

Report For: Haverhill Public Schools
4 Summer Street
Haverhill, MA 01830-5877

Attention: Mr. Ed Dufresne
Designated Person

Hub I.D.: 13305

Project: Tilton School
Removal of TSI near pipe valve

Scope: Hub Testing Laboratory conducted ambient air sampling in the Chapter 1 room in the Tilton School basement. The four samples were analyzed for fibers using phase contrast microscopy (PCM).

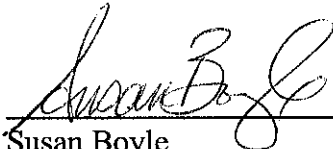
Analysis: The samples were analyzed by phase contrast microscopy, NIOSH 7400 Method.

Results:	<u>Sample I.D.</u>	<u>Location</u>	<u>Fibers/cc</u>
	13305-1	Chapter 1 basement room, beneath pipe valve	0.003
	13305-2	Chapter 1 basement room, beneath pipe valve	0.005
	13305-3	Chapter 1 basement room, beneath pipe valve	0.005
	13305-4	Chapter 1 basement room, beneath pipe valve	0.005

Comments: In anticipation of replacing a pipe valve in the Chapter 1 room in the Tilton school basement, ASAP, an asbestos abatement company, was asked to remove a 6' section of asbestos-containing TSI on the pipe. Hub Testing Laboratory attempted to contact ASAP about monitoring the removal of this

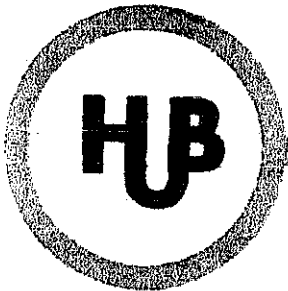
section of TSI. When Hub got in touch with ASAP, the removal had already occurred. As a result, Hub performed air sampling after the removal to check for contamination.

The samples were not collected as abatement clearance samples. For reference, however, analytical results from these samples can be compared to the current Massachusetts clearance standard. The standard for airborne asbestos fibers is 0.010 fibers/cc, as designated by the Massachusetts Department of Labor and Workforce Development. All samples showed a fiber concentration below that level.



Susan Boyle
Vice President

Attachment B
Analytical Data



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report For: Haverhill Sch. Dept
 Project: TILTON SCHOOL
 Contractor: ASAP
 Date: 2-23-01
 Work Area: CHAPTER 1
 Hub I.D. (if known): 13305
 Type of Sampling: PCM
 Rotameter Identification: R-4 Date Calibrated: 2-9-01

MULTI Pump

PUMP NUMBER	C-25	E-25	D-15	B-15						
CALIB. METHOD	Rotam									
PRE-CALIB.	9.0	10.2	10.4	10.0						
POST-CALIB.	9.0	9.8	10.2	9.8						
AVG. FLOW	9.0	10.0	10.3	9.9						

BLDG. MAIN FLOOR Bsmt WING WESTERN

SAMPLE I.D.	SAMPLE LOCATION	PUMP #	START	STOP	TOTAL MIN.	VOL. (L)	FIBERS	F/cc	F/mm2
CHAPTER 1-1	CHAPTER 1-Bsmt	* Multi Pump	8:25	11:00	155	1395.0	7.0	0.003	8.91
CHAPTER 1-2	" "	* " "	8:25	11:00	155	1550.0	17.0	0.005	21.65
CHAPTER 1-3	" "	* " "	8:25	11:00	155	1596.5	16.0	0.005	20.37
CHAPTER 1-4	" "	* " "	8:25	11:00	155	1534.5	15.5	0.005	19.74
CHAPTER 1	FIELD BLANK								
	FIELD BLANK								
226	LAB BLANK								

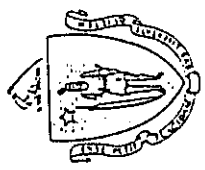
Project Monitors Signature _____ Date _____

Technicians Signature _____ Date _____

Analysts Signature [Signature] Date 2-26-01

Attachment C
Laboratory Documentation

Control No: 10515



THE COMMONWEALTH OF MASSACHUSETTS
Department of Labor and Workforce Development
Division of Occupational Safety
399 Washington Street, 5th Floor, Boston, Massachusetts 02108

CERTIFICATION FOR ASBESTOS ANALYTICAL SERVICES

HUB TESTING LABORATORY, INC.
95 BEAVER STREET
WALTHAM MA 02154-

LICENSE AA000013 EXPIRES May 29 2001

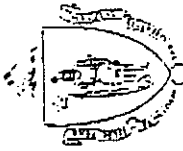
IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.08 THIS CERTIFICATE IS ISSUED
BY THE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT, DIVISION OF
OCCUPATIONAL SAFETY TO PROVIDE THE ASBESTOS ANALYTICAL SERVICES
SPECIFICALLY LISTED BELOW:

CLASS A CERTIFICATE
CLASS C CERTIFICATE


Robert J. Prezioso, Deputy Director

Attachment D
Contractor Documentation

Control No:



THE COMMONWEALTH OF MASSACHUSETTS
Department of Labor and Workforce Development
Division of Occupational Safety
399 Washington Street, 5th Floor, Boston, Massachusetts 02108

ASBESTOS CONTRACTOR LICENSE

ALL STATE ABATEMENT PROFESSIONALS, INC.
60 RAILROAD STREET
HAVERHILL MA 01835

LICENSE AC000331 EXPIRES April 10 2001

IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.04
THIS CERTIFICATE IS ISSUED BY THE DEPARTMENT OF LABOR AND WORKFORCE
DEVELOPMENT, DIVISION OF OCCUPATIONAL SAFETY FOR THE PURPOSE OF ENTERING
INTO OR ENGAGING IN ASBESTOS WORK.

THIS LICENSE IS VALID FOR A PERIOD OF ONE (1) YEAR.


Robert J. Prezioso, Deputy Director

NCL:AW

Commonwealth of Massachusetts
Division of Occupational Safety
 Robert J. Prezioso, Deputy Director



Asbestos Supervisor

RAYMOND COMEI

Eff. Date 11/15/2000
 Exp. Date 11/14/2001
 AS 32992
 0002991



HVRN



STATE OF NEW HAMPSHIRE
 DEPT. OF HEALTH & HUMAN SERVICES
 ASBESTOS MANAGEMENT & CONTROL PROGRAM
 ASBESTOS SUPERVISOR

RAYMOND COMEI

CERTIFICATE #:	D.O.B.:
S-1126	10-23-63
ISSUED:	EXPIRES:
10-10-00	10-09-01



Kathleen A. Quinn
 DIRECTOR, OFFICE OF COMMUNITY & PUBLIC HEALTH

INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

16 Upton Drive, Wilmington, MA 01887
 (978) 658-5272

IEE

IEE

This is to certify that

Raymond Comei
 034 34-0008

has completed the requisite training, and has passed an examination for recertification as:

Asbestos Supervisor Refresher

pursuant to Title II of the Toxic Substances Control Act, 15 U.S.C. 2614

October 14, 2000
 Course Date

October 14, 2001
 Expiration Date

October 14, 2000
 Examination Date

Institute for Environmental Education
 16 Upton Drive
 Wilmington, MA 01887

0030101048428
 Certificate Number

Raymond Comei
 Registered Member of I.E.E.

All State Abatement Professionals, Inc.

60 Railroad Street
 Haverhill, MA 01830

978-975-4549
 Fax 978-374-5338

RESPIRATOR TRAINING RECORD

Project Name: Various Projects Job #: N/A
 Employee's Name: Ray Comei SS: 014-58-9004

Your signature on this Respirator Training Record will attest to your having received and understood the basic respirator training program which both ASAP and the Occupational Safety and Health Administration (OSHA) require as a part of their Respiratory Protection Standard.

The basic respirator training program consists of the following items:

- An explanation of the problems involved in wearing the respirator
- A discussion of why engineering controls could not be used effectively and as a result respiratory protection equipment is required
- How and why this particular respirator was chosen for this specific job
- The limitations of the respirator that has been selected
- How to put on the respirator and properly adjust the facepiece and tension straps
- How to wear the respirator
- What the essential points of the care and maintenance program are
- How to recognize and handle emergencies
- How to inspect the respirator
- When to use an Air Purifying Respirator
- When a Type C Supplied-Air Respirator is required
- The purpose of the medical evaluation
- How ASAP conducts a pre-employment
- A Personal Air Purifying Respirator (PAPR) is available to you upon request, as long as it meets the protection factor for the hazard involved

Employee's Signature: Ray Comei SS: 014-58-9004

RESPIRATOR TEST SUMMARY

Name of Employee: Ray Comei SS: 014-58-9004
 Date of Testing: Sept 13, 00 Test Conducted By: ASAP
 Respirator Selected: 3M 6000 Model: 6000 Serial: 1000
 Manufacturer: 3M
 Respirator Size (Circle One): S NIOSH/NIOSH Approval No: TC-20-100
 Type(s) of Test Conducted: Leak Test
 Testing Agent (at Least): 3M
 Activities: Masonry Cleaning - Demolition - Shot Blast Blasting

Valley Regional Occupational Health Services

651 Main Street
 Haverhill, MA 01830
 (978) 658-5200
 Fax (978) 658-5683

627 Charles Street
 North Andover, MA 01851
 (978) 685-2800
 Fax (978) 681-7547

ASBESTOS PHYSICAL EXAMINATION LETTER OF INTERPRETATION

RE: RAYMOND COMEI Company: ASAP

The following examination, tests, and procedures were performed on the above-named individual on 9/13/00:

- Physical exam with emphasis on cardio-respiratory system
- Pulmonary Function Test performed by a certified technician
- Part I Respiratory Questionnaire
- Part II Respiratory Questionnaire
- Chest X-Ray PA view with B-ladding

Based on the above examination, I find that this individual:

- MAY USE Respiratory and Personal protective equipment without limitation.
- MAY USE Respiratory and Personal protective equipment for six months, when a repeat of the PFT and Physical is recommended.
- MAY NOT USE Respiratory and Personal protective equipment due to abnormal findings (see "Comments" below).
- Other _____

Comments: _____

RISK FACTOR NOTED

- Had no risk factors placing the individual at greater risk for asbestos exposure.
- Had the following risk factors placing the individual at greater risk from asbestos exposure:
 - Smoking or recent history of smoking.
 - Restrictive lung disease or symptoms (asthma, emphysema, active allergies, etc.).
 - Other _____

These examinations have been performed in full compliance with OSHA standards set forth under 29 CFR 1910.1001 and 1926.50. The above named individual has been informed of the medical findings and recommendations. Only walk-related medical findings were conveyed to the employer. If you have any questions, please do not hesitate to call.

Sincerely, P. Quinn Date: 9/15/00
 Physician

ASAP is not responsible for the results of a personal examination, the results of a pre-employment examination or the results of a medical examination. The above named individual has been informed of the medical findings and recommendations. Only walk-related medical findings were conveyed to the employer. If you have any questions, please do not hesitate to call.



Commonwealth of Massachusetts
Asbestos Notification Form — ANF-001
W01# 01-020

50 FIFTY
No 546088

A Asbestos Abatement Description

INSTRUCTIONS

1. All sections of this form must be completed in order to comply with the Department of Environmental Protection notification requirements of 310 CMR 7.15 (ten working days prior notification is required of any abatement project); and the Department of Labor and Industrial notification requirements of 453 CMR 8.12 (ten days prior notification is required of ANY abatement project greater than three linear or square feet).

2. Submit Original Form To:
Commonwealth of Massachusetts
Asbestos Program
P.O. B. 120887
Boston, MA 02117-0887

3. This form may be used for notifying the U.S. Environmental Protection Agency Region I of asbestos demolition/renovation operations subject to NESHAPS (40 CFR Subpart M).

For DEP Use Only
Notification #
Received Date
Remarks
For the Asbestos Worker
Work Order #

- Facility location:
 Name: Tilton School Address: 70 Grove Street
 City/Town: Haverhill, MA Zip code: _____ Telephone: _____
 What is the specific location? (building name, if wing, floor, room): basement class room
- Is the facility occupied? Yes No
- Asbestos Contractor:
 Name: All State Abatement Professionals Address: 60 Railroad Street
 City/Town: Haverhill, MA Zip code: 01035 Telephone: (978) 374-5420
 DLI License #: AC000331 Contract Type (written/verbal): written
- On-Site Project Supervisor/Foreman:
 Name: Nery Bosque DLI Certification #: AS-53758
- Project Monitor:
 Name: Air Testing Services DLI Certification #: MA000124
- Asbestos Analytical Lab:
 Name: Air Testing Services DLI Certification #: MA000124
- Project start date 2/20/01 end date 2/20/01 specific work hours (Mon.-Fri.) 7am-3:30pm (Sat.-Sun.) _____
- What type of project is this? (circle one): demolition (repair) renovation other (explain)
- Describe the asbestos abatement procedures to be used (circle): (plow bag) enclosure full containment shroud
 encapsulation disposal only other (explain)
- Is the job being conducted indoors outdoors?
- Total amount of each type of Asbestos Containing Materials (ACM) to be handled on pipes or ducts (linear ft.) 3 or other surfaces (square ft.) _____ to be removed, enclosed or encapsulated:
 linear/square feet
 boiler, breeching, duct, tank surface coatings _____ thermal, solid core pipe insulation 3
 corrugated or layered paper pipe insulation _____ insulating cement _____
 spray-on fireproofing _____ brown/sprayer coatings _____
 cloths, woven fabrics _____ particle board, wall board _____
 other (please describe) _____
- Describe the decontamination system(s) to be used:
Provide an adequate decontamination unit.
- Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2)(g):
Double six mil poly.
- For Emergency Asbestos Abatement Operations, the DEP and DLI officials who evaluated the emergency:
 Name of DEP Official: _____ Title: Asbestos Inspector
 Date of Authorization: 2/14/01 File #: 01-02966
 Name of Official: Rick Rabin Title: Asbestos Inspector
 Name of DLI Official: _____ Title: _____
 Date of Authorization: 2/16/01 File #: NJA-001743
- Do prevailing wage rates apply as per M.G.L. c. 149, § 26, 27, or 27A - F to this project? Yes No

1. Current or prior use of facility: school
2. Is the facility owner-occupied residential with 4 units or less? Yes No
3. Facility Owner:
City of Haverhill 4 Sumner Street
Name Address
Haverhill, MA 01830 (978) 374-2355
City/Town Zip code Telephone
4. Facility's Owner's On-Site Manager:
Frank DiStefano same as above
Name Address
City/Town Zip code Telephone
5. General Contractor:
N/A
Name Address
City/Town Zip code Telephone
Contractor's Workers Comp. Insurer Policy # Exp. Date
6. What is the size of the facility? 15,000 (sq ft) 3 (# of floors)

C Asbestos Transportation and Disposal

1. Transporter of asbestos-containing waste material from site to temporary storage site (if necessary) to final disposal site:
All State Abatement Professionals, Inc. 60 Railroad Street
Name Address
Haverhill, MA 01835 (978) 374-5420
City/Town Zip code Telephone
2. Transporter of asbestos-containing waste material from removal/temporary storage site to final disposal site:
JOB Polloff, Inc. P.O. Box 6037
Name Address
Chicopee, MA 02150 (400) 866-0767
City/Town Zip code Telephone
3. Refuse transfer station and owner (if applicable):
Not Applicable
Name Address
City/Town Zip code Telephone
4. Final Disposal Site:
Valley Landfill A USA Waste Services Company
Location Name Owner Name
R.D. #2, Box 282A, Pleasant Valley Road
Address
Irwin, PA 15642 (412) 744-4000
City/Town Zip code Telephone

Note: Transfer Stations must comply with the Solid Waste Division regulations 310 CMR 18.00

D Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts Regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

J. Scott Curley 2/15/01
Print Name Authorized Signature Date
President/CEO All State Abatement Professionals, Inc. (978) 374-5420
Position/Title Representing Telephone
60 Railroad Street Haverhill, MA 01835
Address City/Town Zip code

Note: Contractor must sign this form for DLI notification purposes

Fee exempt (City, Town, district, municipal housing authority, owner-occupied residential of four units or less) ? yes no

Sticker # (from front of form): S46086



All State Abatement Professionals, inc.

60 Railroad Street
Haverhill, MA 01835

978-975-ASAP
Fax: 978-374-5336

February 16, 2001

Haverhill Fire Department
Attn.: Fire Prevention
17 Hamilton Avenue
Haverhill, MA 01830

Re: Asbestos Abatement @ Tilton School, 70 Grove Street, Haverhill, MA

To whom it may concern:

All State Abatement Professionals, Inc. (**ASAP**) is scheduled to perform an emergency asbestos abatement project at the above referenced location on the following dates:

Start Date: 2/20/01

End Date: 2/20/01

All appropriate agencies have been notified for the above referenced project. If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

J. Scott Curley
President/CEO

JSC:sjc

Enclosures



All State Abatement Professionals, inc.

60 Railroad Street
Haverhill, MA 01835

978-975-ASAP
Fax: 978-374-5336

DAILY JOB REPORT

JOB NAME: Tilton School
ADDRESS: 70 Grove St
Haverhill MA

WORK ORDER NUMBER: 01-020
DATE: 2/20/01
DAY OF WEEK (circle one) S M (T) W TH F S
JOB FOREMAN: _____

1. SAFETY MEETING:

Safety meeting will be conducted before each project and should include the topics below. Supervisor to make sure all employees have and wear hard hats and safety glasses. If employee does not have equipment, he will not be allowed to work that day.

Check Boxes After Discussion:

SAFE WORK PRACTICES HARD HATS SAFETY GLASSES WORK BOOTS THINK SAFETY

2. DESCRIPTION OF WORK

(Check Daily Work Performed)

- MOBILIZATION ON SITE UNLOADED EQUIPMENT
- PREPARED WORK AREA/CRITICALS
- SET-UP SHOWER/DECONTAMINATION UNIT
- ABATEMENT OF FLOORING AND MASTIC
- ABATEMENT OF PIPE AND FITTING INSULATION
- ABATEMENT OF BOILER, TANK AND BREECHING
- ABATEMENT OF TRANSITE BOARD
- ABATEMENT OF ROOFING MATERIALS
- DEMOLITION OF INTERIOR PARTITIONS
- OTHER (Describe): Glove Bag Pipe Fitting

3. 2 NUMBER OF ACM BAGS FOR THE DAY

4. ASSIGNED PERSONNEL:

	NAME	HOURS		NAME	HOURS
1.	<u>Raymond Comei</u>	<u>4</u>	9.	_____	_____
2.	_____	_____	10.	_____	_____
3.	_____	_____	11.	_____	_____
4.	_____	_____	12.	_____	_____
5.	_____	_____	13.	_____	_____
6.	_____	_____	14.	_____	_____
7.	_____	_____	15.	_____	_____
8.	_____	_____	TOTAL HOURS		<u>4</u>

Attachment E
Waste Shipment Record

Attachment E

All State Asbestos Professionals, Inc. should provide waste shipment record