



All State Abatement Professionals, inc.

60 Railroad Street
Haverhill, MA 01835

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

March 16, 2001

City of Haverhill
Attn.: Mr. Frank Distephano
Four Summer Street
Haverhill, MA 01830

Re: Asbestos Abatement @ Tilton School
ASAP Work Order #: 01-020

Dear Mr. Distephano:

As requested, enclosed you will find a copy of the completed closeout documentation for the above referenced project. The closeout documents are listed below:

- Notifications
- Daily sign-in logs
- Daily job reports
- Employee's paperwork
- OSHA air monitoring results
- Asbestos disposal manifest

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

J. Scott Curley
President/CEO

JSC:sjc

Enclosures



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Close-Out Documentation Submittals

for

Asbestos Abatement

at

**Tilton School
70 Grove Street
Haverhill, Massachusetts**

Prepared by:

All State Abatement Professionals, Inc.

Contact: Joseph Scott Curley

60 Railroad Street

Haverhill, Massachusetts 01835



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Submittal # 1

Notifications



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 Industries notification requirements of 453 CMR 6.12 (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. 120087
Boston, MA 02112-0087

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 Official Use Only
Notification #
Received Date
Receiver
Form Approved/Revised
Revision Date

- Facility location:
Tilton School 70 Grove Street
Name Address
Haverhill, MA
City/Town Zip code Telephone
basement class room
What is the worksite location? building name, #, wing, floor, room
- Is the facility occupied? Yes No
- Asbestos Contractor:
All State Abatement Professionals 60 Railroad Street
Name Address
Haverhill, MA 01835 (978) 374-5420
City/Town Zip code Telephone
ACC000331 written
DLI License # Contract Type (written/verbal)
- On-Site Project Supervisor/Foreman:
Nery Bosque AS-53758
Name DLI Certification #
- Project Monitor:
Air Testing Services AA000124
Name DLI Certification #
- Asbestos Analytical Lab:
Air Testing Services AA000124
Name DLI Certification #
- 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): (plastic bag) enclosure full containment cleanup
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, breaching, duct, tank surface coatings	_____ / _____	thermal, solid core pipe insulation	_____ <u>3</u> / _____
corrugated or layered paper pipe insulation	_____ / _____	insulating cement	_____ / _____
spray-on fireproofing	_____ / _____	trowel/spray coatings	_____ / _____
cloths, woven fabrics	_____ / _____	transite 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:

<u>Asbestos Inspector</u>	
<small>Name of DEP Official</small>	<small>Title</small>
<u>2/14/01</u>	<u>01-02966</u>
<small>Date of Authorization</small>	<small>Waiver #</small>
<u>Rick Rabin</u>	<u>Asbestos Inspector</u>
<small>Name of DLI Official</small>	<small>Title</small>
<u>2/16/01</u>	<u>N/A-001743</u>
<small>Date of Authorization</small>	<small>Waiver #</small>

15. Do prevailing wage rates apply as per M.G.L. c. 149, § 26, 27, or 27A - F to this project? Yes No

2. Is the facility owner-occupied residential with 4 units or less? Yes No

3. Facility Owner:

City of Haverhill 4 Summer 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 Rolloff, Inc. P.O. Box 6037
 Name Address
Chelsea, MA 02150 (800) 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 Owners 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 Regulation 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): 546088



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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



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Submittal # 2

Daily Sign-In Logs



All State Abatement Professionals, inc.

60 Railroad Street
Haverhill, MA 01835

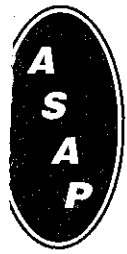
508-975-ASAP
Fax: 508-374-5336

DAILY SIGN-IN CONTAINMENT LOG

PROJECT NAME Tilton School PROJECT #: 01-020

DATE 2/20/01 Day of Week (Please Circle One) S M T W TH F S

<u>Name</u>	<u>License & State</u>	<u>Social Security #</u>	<u>In</u>	<u>Out</u>
<u>Raymond Comei</u>	<u>A5-32992</u>	<u>031-58-8006</u>	<u>700</u>	<u>1000</u>



All State Abatement Professionals, inc.

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Submittal # 3

Daily Job Reports

All State Abatement Professionals, inc.

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

DAILY JOB REPORT

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: _____

SAFETY MEETING:

Safety meeting will be conducted before each project and should include the topics below. Supervisor to make sure all employees are aware 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

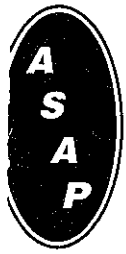
DESCRIPTION OF WORK (Check Daily Work Performed)

- 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

2 NUMBER OF ACM BAGS FOR THE DAY

ASSIGNED PERSONNEL:

<u>NAME</u>	<u>HOURS</u>		<u>NAME</u>	<u>HOURS</u>
<u>Raymond Comei</u>	<u>4</u>	9.	_____	_____
_____	_____	10.	_____	_____
_____	_____	11.	_____	_____
_____	_____	12.	_____	_____
_____	_____	13.	_____	_____
_____	_____	14.	_____	_____
_____	_____	15.	_____	_____
				TOTAL HOURS <u>4</u>



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Submittal # 4

Employee Licenses and Medicals



Asbestos Supervisor

MOND COMEI

11/15/2000

11/14/2001

092

CONES



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
034-58-8006

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

Asbestos Supervisor Refresher

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

October 14, 2000
Course Dates

Course Location

Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

October 14, 2001
Expiration Date

October 14, 2000
Examination Date

0030101048428
Certificate Number

Robert J. Prezioso
President/Director of Training

All State Abatement Professionals, inc.

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RESPIRATOR TRAINING RECORD

Project Name: Various Projects Job #: N/A

Employee's Name: Ray Comei S.S.#: 034-58-8006

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 misusing 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 proper-fit.
- A powered 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: Raymond Comei S.S.#: 034588006

RESPIRATOR TEST SUMMARY

Name of Employee: Ray Comei S.S.#: 034-58-8006

Date of Testing: Sept 18/00 Test Conducted By: Ben Nastasia

Respirator Selected
Manufacturer: Mohr Model: 7700 Series

Respirator Size (Circle One) S M L MSHA/NIOSH Approval No: TC-23C-210

Type (s) of Test Conducted: Irritant Smoke

Testing Agent (s) Used: Stannic Oxynchloride

Asbestos • Masonry Cleaning • Deleading • Shot Sand Blasting

Valley Regional Occupational Health Services

61 Main Street Stoneham, MA 02180 (781) 438-9600 Fax (781) 438-9603
27 Charles Street North Andover, MA 01845 (978) 685-2900 Fax (978) 685-9567

ASBESTOS PHYSICAL EXAMINATION LETTER OF INTERPRETATION

RE: RAYMOND COMEI Company: PRIVATE

The following examination, tests, and procedures were performed on the above-named individual on: 9/15/00

- 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-reading

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

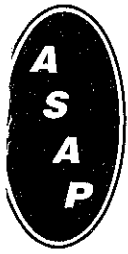
- Has no risk factors placing the individual at greater risk for asbestos exposure.
- Has the following risk factors placing the individual at greater risk from asbestos exposure:
 - Smoking or recent history of smoking.
 - Restrictive lung disease or symptoms (asthma, emphysema, active allergies, etc.).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

These examinations have been performed in full compliance with OSHA standards set forth under 29 CFR 1910. 1001 and 1926.58. The above named individual has been informed of the medical findings and recommendations. Only work-related medical findings were conveyed to the employer. If you have any questions, please do not hesitate to call.

Sincerely, P. Jones Date: 9/15/00

Physician: _____

After successful completion of a physical examination, this candidate for employment is considered fit for wearing respirator equipment per OSHA guidelines and has been advised that lung cancer risk increases when cigarette smoking is combined with asbestos exposure.



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Submittal # 5

OSHA Air Monitoring Results

A.T.S.

AIR TESTING SERVICES, INC.

ASBESTOS CONSULTANTS & PROJECT MANAGERS

37 INDIAN HILL STREET, WEST NEWBURY, MA 01985

OFFICE: (978) 499-0115 PAGER: (508) 492-5246 CELLULAR: (508) 662-7496

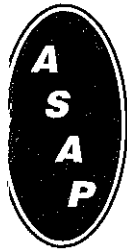
AIR ANALYSIS REPORT

DATE: 05/11/01
A.T.S.: 01-210 B

Page 1 of 1

CLIENT: All State Abatement Professionals, Inc.
Scott Curley
60 Railroad Street
Haverhill, MA 01830SAMPLE TYPE: Air Sample OSHA Personal
COLLECTED BY: ASAP, Inc
COLLECTION FLOW RATE: 2.5 (+-) Liters per Minute
ANALYZED BY: Caesar Orlandella, ATS Inc
ANALYZED FOR: Airborne Fibers Phase Contrast Microscopy (PCM) NIOSH 7400
MICROSCOPE: Olympus CHT 2D0022, .00785CLIENT JOB SITE: 00-020 Tilton School, 70 Grove Street, Haverhill, MA
RESPIRATOR TYPE: 1/2 Face Respirator

DATE /#	NAME	SOC. SEC. #	ACTIVITY	MINUTES	FIB/CC
022001-01	Field Blank				< LOD
022001-02	Control Blank				< LOD
022001-03	Ray Comie	034-58-8006	Removal of Thermal Pipe Insulation 3 LF	30	0.065
022001-04	Ray Comie	034-58-8006	Removal of Thermal Pipe Insulation 3 LF	185	0.055



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Submittal # 6

Asbestos Disposal Manifest