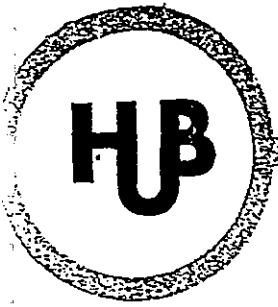


HUB TESTING LABORATORY, INC.

Environmental Testing Service



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


DOCUMENTATION CHECKLIST FOR AHERA/SCHOOL FINAL REPORTS (Response Action Information Only)

This information must be included in all final reports, either in the body of the text, or in an appendix attached hereto.

1. Name and location of school..... P 1
2. Location and type of ACBM..... P 1
3. Amount of ACBM present (linear and/or square footage)..... P 1 P 2 P 3 P 4
4. Type of abatement activity:
X Removal X Encapsulation _____ Enclosure _____ Repair
5. Reason for activity..... P 1
6. Start/stop dates..... P 1 P 2 P 3 P 4
7. Personnel Documentation (all involved personnel):
Workers, Supervisors
-Certificates/licenses..... A++ F
-Health/Medical examination..... A++ F
-Training Documentation..... A++ F
Project Monitors, Project Designers
-Certificates/Licenses..... A++ E
-Training documentation..... A++ E
8. Contractor Documentation/MA License..... A++ F
9. Laboratory Documentation
MA License..... A++ E
Certificate PCM/PLM/TEM..... A++ E
10. Contractor's Job Documentation:
-Copies of Notifications to DLWD, DEP, EPA, and applicable
Police, fire or safety authority..... A++ F
-Daily sign-in sheets (verify workers, supervisors, project monitors,
and visitors)..... A++ F
-Contractor's submittal package, with abatement plan and
Standard Operating Procedure, Respirator Program, Insurance
Certificates, equipment and supply specification sheets,
fire and emergency evacuation plan..... A++ F
-Chain of Custody documents for waste..... A++ G
-Disposal Manifests..... A++ G
-Name and Location of disposal site..... A++ G
-Name and Certification of disposal carrier..... A++ G

11. Consultants' Job Documentation:

- Daily checklists for work environment and/or conditions, with Commentary of unusual or noteworthy activities)..... Att 13
- Air monitoring data sheets showing location, date, type, and number samples collected and analyzed, indicate square footage and conformance to Appendix A, CMR 763.90(i) (2) (ii).. Att A
- Name and title of person performing analysis..... Att E
- Name and title of person performing final visual inspection and their certification..... Att E

12. Checklist completed by:  Date: _____

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

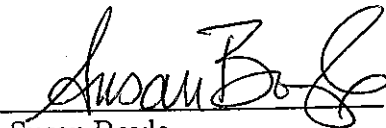
Report For: City of Haverhill School Department
City Hall
4 Summer Street
Haverhill, MA. 01830-5877

Attention: Mr. Roger Young
Executive Director of Business

Project: Hunking Middle School
Tilton School
Whittier Middle School

Air sampling and Monitoring for Asbestos Exposure During the Removal of Asbestos Containing Floor Tile with Associated Mastic in the Hunking Middle School and Whittier Middle School and Removal and Wet Wrapping of Asbestos Containing Pipe Insulation in the Tilton School.

Submitted By


Susan Boyle
Vice President

Date:

September 5, 2001

CONTENTS

1.	INTRODUCTION	1
2.	SUMMARY REPORT	1
3.	SAMPLING PROCEDURES	5
4.	LABORATORY ANALYSIS	5
5.	STEPS TAKEN TO PROTECT THE OCCUPANTS	6
5.1	BARRIER CONSTRUCTION	6
5.2	CONTINUOUS AIR MONITORING	7
5.3	WORKING IN WET CONDITIONS	7
5.4	FINAL INSPECTION	7
6.	STEPS TAKEN TO PROTECT THE ENVIRONMENT	7
7.	FINAL LEVELS OF ASBESTOS AFTER CLEANING	8
8.	WASTE DISPOSAL DOCUMENTATION	8

ATTACHMENT A
AIR MONITORING RESULTS

ATTACHMENT B
DAILY MONITORING CHECKLIST

ATTACHMENT C
PRE-ABATEMENT INSPECTION

ATTACHMENT D
FINAL CLEARANCE FORMS

ATTACHMENT E
LABORATORY DOCUMENTATION
PROJECT MONITORING DOCUMENTATION

ATTACHMENT F
CONTRACTOR DOCUMENTATION

License / Accreditation
Notifications
Worker Documentation

ATTACHMENT G
WASTE SHIPMENT RECORDS

1. INTRODUCTION

Hub Testing Laboratories, Inc. was contracted to provide monitoring, laboratory analysis and technical services to assure a safe work environment during the removal of tile and mastic in Hunking Middle School, 100 Winchester Street, and Whittier Middle School, 256 Concord Street and pipe insulation in the Tilton School, 70 Grove Street. Asbestos containing materials were removed due to damage sustained to the floor tile and accessibility of pipe insulation to school occupants. The asbestos abatement was performed by Environmental Compliance Specialists Incorporated (ECSI), #111 RET. 125, Kingston, NH. 03848. The project consisted of the removal of pipe insulation in rooms 116, 107, 109, 216, 215, 219 and wet wrapping of insulation in the Girl's room, Teachers Lounge, Lunch room and in the back of the closet of room 19 in the basement of the Tilton School. In addition floor tile and mastic in rooms 4 and 9 at the Hunking School and floor tile and mastic in rooms 7 and 9 in the Whittier School were also removed. A field laboratory was set up on the school premises in order to analyze the air samples and to provide the turn around time required by the job specifications.

2. SUMMARY REPORT

HUNKING MIDDLE SCHOOL

ECSI arrived on-site August 20, 2001 and began set up of containment in rooms 4 and 9. Floor tile and mastic in both the rooms and their closets and bathrooms was removed. Rooms 4 and 9 are adjacent and were combined into a single containment with a three chamber decontamination facility located adjacent to the control area in the hallway. Baseline air sampling was performed both inside and outside the containment area. The abatement workers prepared the containment by installing critical barriers at all windows and doors inside the

containment area. A three chamber decontamination unit was installed and HEPA unit connections were made and vented out window openings. The Project Monitor proceeded to inspect the containment and set-up of the work area. The layout of the work area, water and electrical connections, decontamination unit, negative air pressure and manpower were found to be in compliance with regulations and specifications. Thus being in compliance, ECSI was given authorization to commence with the abatement. ECSI began removal on August 20, 2001. The project required the removal of 328 SQ FT of floor tile and associated mastic. All materials that were removed were thoroughly wetted with amended water and then double bagged. An additional amount of water was added to every bag to insure the materials would stay wet. ECSI workers loaded the waste bags into a lined truck for transport and disposal. Once abatement was completed, a final visual inspection was performed to insure the containment was visually clean and ready for application of lock-down encapsulant. Any deficiencies were pointed out to the supervisor as the inspection progressed and were remedied at the time of inspection. When the visual inspection passed, the two rooms were treated with a lockdown encapsulant. Aggressive TEM samples were collected for final clearance. The TEM samples revealed that the asbestos fiber concentration was below clearance levels and ECSI was contacted to return and complete breakdown of the containment. ECSI returned on August 22, 2001 to complete tear down.

WHITTIER ELEMENTARY SCHOOL

ECSI arrived on-site August 21, 2001 and began set up of containment in rooms 7 and 9. The rooms are adjacent and were combined to encompass a single containment area. A personal decontamination facility was located in the hallway adjoining the classrooms and an equipment load out was constructed adjacent to

the containment directed to the outside of the building. Baseline air samples were performed both inside and outside the containment area. The abatement workers proceeded to prepare the containment by installing critical barriers at all windows and doors within the controlled area after which the decontamination unit was installed and HEPA unit connections were made at window openings. The Project Monitor proceeded to inspect the containment and set-up of the work area. The layout of the work area, water and electrical connections, decontamination unit, negative air pressure and manpower were found to be in compliance with regulations and specifications. ECSI was given authorization to commence with the abatement and began removal on August 21, 2001. Specifications required the removal of 896 SQ FT of floor tile and mastic. All waste that was removed was thoroughly wetted with amended water and then double bagged. An additional amount of water was added to every bag to insure the waste would stay wet. ECSI workers loaded the waste bags into a lined truck for transport and disposal. Once abatement was completed, a final visual inspection was performed to insure the containment was visually clean and ready for application of lock-down encapsulant. Any deficiencies were pointed out to the supervisor as the inspection progressed and were remedied at the time of inspection. When the visual inspection passed the two rooms were treated with a lockdown encapsulant. Aggressive TEM samples were collected for final clearance. The TEM samples revealed that the asbestos fiber concentration was below clearance levels and ECSI was contacted to return and complete breakdown of the containment. ECSI returned on August 24, 2001 to complete tear down.

TILTON MIDDLE SCHOOL

ECSI arrived on-site August 23, 2001 and began set up of containments. Containments consisted of a mini chamber built around the immediate area of the asbestos containing pipe insulation. Additionally, glove bags were used inside the containments. Baseline air samples were collected in each room abatement took place. The Project Monitor inspected the containment and set-up of all the work areas. The layout of the work areas, water and electrical connections and manpower were found to be in compliance with regulations. Thus being in compliance, ECSI was given the authorization to commence with the abatement. ECSI began work on August 21, 2001. Specifications required the removal of 81 LF of pipe insulation. All materials that were removed were thoroughly wetted with amended water and then double bagged. An additional amount of water was added to every bag to insure the materials would stay wet. ECSI workers loaded the waste bags into a lined truck for transport and disposal. Once abatement was completed, a final visual inspection was performed to insure the containment was visual clean and ready for application of lock-down encapsulant. Any deficiencies were pointed out to the supervisor as the inspection progressed and were remedied at the time of inspection. When the final visual inspection passed the containment area was treated with a lockdown encapsulant. Aggressive PCM samples were collected for final clearance. The samples revealed that the fiber concentration was below clearance levels and ECSI was contacted to return and complete breakdown of the containment. ECSI returned on August 24, 2001 to complete tear down.

3. SAMPLING PROCEDURES

All air asbestos monitoring and testing was performed under the guidelines specified by the U.S. Public Health Service as specified in USPH/NIOSH Membrane Filter Method for Evaluating Airborne Asbestos Fibers. This procedure is used for area monitoring. The general procedure calls for drawing a known volume of air through a membrane filter using a calibrated sampling pump. After the duration, flow rates were re-checked to make sure that the loading of the filter had not restricted sample flow. The filter holders were capped, wiped, sealed with tape and labeled. Pump identification, sample location, and calibration data are included in Attachment A.

4. LABORATORY ANALYSIS

The air samples were examined using Phase Contrast Microscopy (PCM) per the National Institute for Occupational Safety and Health (NIOSH), Asbestos and Other Fibers Method 7400.

This technique enhances the contrast of the optical system allowing detection and measurement of small particles. Polarized Light Methods, used for analysis of asbestiform, however are not simultaneously compatible with PCM methods, and hence, only morphological properties can be used to identify particles with phase contrast illumination. Accordingly, analysis done by this method can eliminate some materials from being "suspect" but will not permit others, usually smaller, particles from being removed from this "suspect" category.

As mentioned above, all air samples were examined using the prescribed NIOSH techniques. More specifically it consists of dissolving the filter using acetone vapor to render it absolutely transparent, and then counting the fibers in a carefully dictated fashion using PCM. This procedure defines a fiber as any particle greater than 0.005 mm (5 microns) in length and having an aspect ratio (length to width) of three to one or greater.

This procedure includes all fibers regardless of their nature. In accordance with the AHERA regulations samples in work areas where more than 160 SF and 260 LF of material was removed, clearance samples were collected and analyzed in accordance with the requirements for Transmission Electron Microscopy (TEM) as prescribed by the Appendix A to Subpart E of 40 CFR Part 763.

5. STEPS TAKEN TO PROTECT OCCUPANTS

School employees and trades persons working in the building were protected from exposure to asbestos fibers by the following methods.

5.1 BARRIER CONSTRUCTION

Construction of critical barriers separating the work areas from other inhabited areas. The barriers were constructed of one layer of six mil thickness of polyethylene plastic sheeting on all window and door openings to the work area and subsequently covered with two layers of 6-mil. polyethylene plastic sheeting on all walls floor to ceiling. In the case of the use of mini containments, barriers consisted of a single layer of 6-mil poly built as a tent to completely surround the work area. Additionally abatement took place inside glove bags which were sealed around the asbestos containing material.

5.2 CONTINUOUS AIR MONITORING

Air monitoring was performed on the outside of the barriers on a daily basis to detect fiber penetration in the event of a containment failure. Analytical results can be found in Attachment A.

5.3 WORKING IN WET CONDITIONS

At all times, amended water was used to wet the asbestos containing materials inside the work area to minimize airborne fiber level concentrations.

5.4 FINAL INSPECTION

The work areas were inspected for visible residue after final cleaning of all surfaces. When residue was encountered the contractor re-cleaned until the hygienist was satisfied that the area was clean and complied with regulatory agencies.

6. STEPS TAKEN TO PROTECT THE ENVIRONMENT

The following steps were taken to prevent the release of airborne asbestos fibers outside the building and to ensure proper disposal of asbestos waste:

Construction of a plastic sheet barrier, reinforced at window and door openings, and two layers of 6-mil plastic sheeting covered the walls and critical barriers. This allowed for removal to be performed without contaminating the environment beyond the barriers.

The work area was maintained as a negative pressure environment by means of HEPA (High Efficiency Particular Air) filtration units exhausted to the outside. Removal of asbestos and contaminated items in 6-mil labeled disposable bags (double bagged), placed in a waste trailer and removed from the site to an approved landfill.

In the case of the use of mini containments, barriers consisted of a single layer of 6-mil poly built as a tent to completely surround the work area. Additionally abatement took place inside glove bags which were sealed around the asbestos containing material.

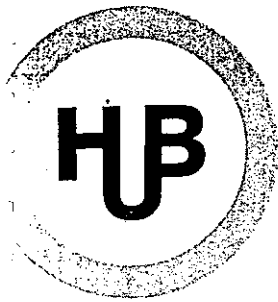
7. FINAL LEVEL OF ASBESTOS AFTER CLEANING

An inspection was made upon completion of the removal process. Wherever visible suspect debris was found, it was removed. At the time of final inspection, no accumulation of visible debris was found in the work area. Air monitoring was conducted throughout the project.

8. WASTE DISPOSAL DOCUMENTATION

The "Waste Shipment Record" must be provided to the Owner by the Contractor within 45 days of the completion of the project as stated in 40 CFR Part 61. The documentation is pending at this time. When it is made available to the Owner by the Contractor it will be maintained with all documentation for this project. This documentation is an important component of record keeping.

Attachment A
Air Monitoring Results



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Report For: Haverhill School Department

Project: Hunking School, floor tile removal, rooms 7 and 4

Contractor: ECSI

Date: 8/20/01

Rotometer ID: 12-41

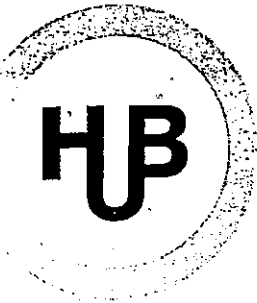
Pump Number	29	1V-10	2	29	24	07	1V-10	2	
Pre-calibration	10	10	10	10	10	10	10	10	
Post-calibration	10	10	10	10	10	10	10	10	

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
B1	Hall	29	8:12	10:14	122	1220	10	.003
B2	Room 4	1V-10	8:14	10:19	121	1210	37	.02
B3	Room 7	2	8:16	10:19	119	1190	30	.01
A4	Hall	10:40	29	3:00	260	2600	9	.002
A5	Stage	10:45	24	3:00	255	2550	8	.002
A6	Deon Hall	10:47	07	3:00	253	2530	10	.002
A7	Room 4	10:49	1V-10	3:00	251	2510	5	.0009
A8	Room 7	10:50	2	3:00	250	2500	7	.001

Dirty {

Technician: [Signature]

Date: 8/20/01



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453

(781) 893-8330 (781) 893-4414 (fax)

Report For: Haverhill School Department

Project: Whittier School, floor tile removal, rooms 7 and 9

Contractor: ECSI

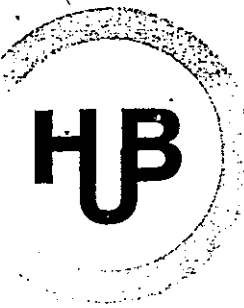
Date: 8/21/01

	Baseline			Abatement			Rotometer ID: <u>R-4</u>	
Pump Number	29	2	1V-10	29	2	1V-10	07	
Pre-calibration	9.4	9.4	9.4	9.4	9.4	9.4	9.4	
Post-calibration	9.4	9.4	9.4	9.4	9.4	9.4	9.4	

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
B1	Hall	29	8:10	11:00	170	1598	20	.006
B2	Room 7	2	8:03	11:00	167	1570	14	.004
B3	Room 9	1V-10	8:05	11:00	165	1551	11	.003
A1	Hall	29	1:03	2:30	87	818	9	.005
A2	Room 7	2	1:01	2:30	89	837	13	.007
A3	Room 9	1V-10	1:00	2:30	90	846	12	.007
A4	Drcon	07	1:04	2:30	86	808	6	.003

Technician: 

Date: 8/21/01



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Report For: Haverhill School Department

Project: Whittier School, floor tile removal, rooms 7 and 9


Contractor: ECSI

Date: 8/22/01

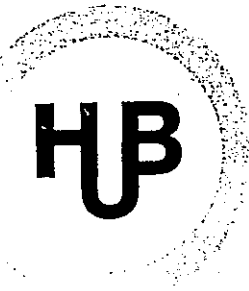
Rotometer ID: D-4

Pump Number	29	2	1U-10	07	29	2	1U-10	07	
Pre-calibration	9.4	9.4	9.4	9.4	9.4	9.4	9.4	9.4	
Post-calibration	9.4	9.4	9.4	9.4	9.4	9.4	9.4	9.4	

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
A5	Hall	29	7:28	11:30	238	2237	16	.003
A6	Room 7	2	7:30	11:30	240	2256	17	.003
A7	Room 9	1U-10	7:31	11:00	209	1965	18	.004
A8	Decon	07	7:29	11:00	211	1983	15	.004
A9	Hall	29	11:30	1:30	120	1128	14	.006
A10	Room 7	2	11:00	1:30	150	1410	Destroyed	
A11	Room 9	1U-10	11:00	1:30	150	1410	Destroyed	
A12	Decon	07	11:30	1:30	120	1128	15	.006

Technician: 

Date: 8/22/01



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Report For: Haverhill School Department

Project: Tilton School, Pipe insulation removal and encapsulation
(Rms. 116, 107, 109, 209, 215, 216, girls rm, teachers lounge, closet behind 119)

Contractor: ECSI

Date: 9/23/01

Rotometer ID: 2-4

Pump Number	1V-10	26	29	2	19	1V-4	6-9		
Pre-calibration	9.4	9.4	9.4	9.4	9.4	9.4	9.4		
Post-calibration	9.4	9.4	9.4	9.4	9.4	9.4	9.4		

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
B-1	Rm 109	1V-10	9:00	10:00	120	1128	38	.016
B-2	Rm 107	26	9:04	11:00	116	1090.4	31	.013
B-3	Rm 116	29	9:05	11:03	118	1109.2	14	.006
B-4	Hall 116	2	9:10	11:07	117	1099.8	6	.003
B-5	Rm 214	19	9:12	11:10	118	1109.2	6	.003
B-6	Rm 209	1V-4	9:12	11:10	119	1109.2	1	.001
B-7	Rm 215	6-9	9:19	11:12	117	1099.8	9	.004

Technician: [Signature] Date: 9/23/01

Attachment B
Daily Monitoring Checklist

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report For: Haverhill School Dept.
Project: Hunking School, floor tile removal, room 7 and 4
Contractor: ECSI
Date: 8/30/01

Checklist

	#	Adequate	Deficient
1. Contractor's Personnel		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Signs:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Barriers		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Decontamination Facility Condition:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Housekeeping Inside and Outside:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Entry and Exit Procedures Followed:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HEPA Exhaust Operating:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Work Procedures Followed:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Respiratory Protection Used:	Type <u>Half</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Differential Pressure:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Copy of Contractor's Air Sampling Reports		<u>NDL</u> Received	<input type="checkbox"/>
12. Copy of Contractor's Daily Logs		<u>NDL</u> Received	<input type="checkbox"/>
13. Signs of Heat Stress		Present	<u>Not Present</u>
14. Unusual occurrences			

Action taken _____

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: _____

Technician: [Signature] Log In: 8:00 Log Out: 6:40

HUB TESTING LABORATORY, INC.

Environmental Testing Service



95 Beaver Street - Waltham, MA 02453

(781) 893-8330 (781) 893-4414 (fax)

Report For: Haverhill School Dept.
Project: Whittier School, floor tile removal, room 7 and 9
Contractor: ECSI
Date: 8/21/01

Checklist

	#	Adequate	Deficient
1. Contractor's Personnel		_____	_____
2. Signs:		_____	_____
3. Barriers		_____	_____
4. Decontamination Facility Condition:		_____	_____
5. Housekeeping Inside and Outside:		_____	_____
6. Entry and Exit Procedures Followed:		_____	_____
7. HEPA Exhaust Operating:		_____	_____
8. Work Procedures Followed:		_____	_____
9. Respiratory Protection Used:	Type <u>Half</u>	_____	_____
10. Differential Pressure:		_____	_____
11. Copy of Contractor's Air Sampling Reports		<u>10/3</u> Received	
12. Copy of Contractor's Daily Logs		<u>10/3</u> Received	
13. Signs of Heat Stress		Present	<u>Not Present</u>
14. Unusual occurrences			

Action taken Building Containment

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: _____

Technician: [Signature] Log In: 8:00 Log Out: 3:00

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report For: Haverhill School Dept.
Project: Whittier School, floor tile removal, room 7 and 9
Contractor: ECSI
Date: 8/27/01

Checklist

		Adequate	Deficient
1.	Contractor's Personnel # _____	_____	_____
2.	Signs:	<u>X</u>	_____
3.	Barriers	<u>X</u>	_____
4.	Decontamination Facility Condition:	<u>X</u>	_____
5.	Housekeeping Inside and Outside:	<u>X</u>	_____
6.	Entry and Exit Procedures Followed:	<u>X</u>	_____
7.	HEPA Exhaust Operating:	<u>X</u>	_____
8.	Work Procedures Followed:	<u>X</u>	_____
9.	Respiratory Protection Used: Type <u>Half</u>	<u>X</u>	_____
10.	Differential Pressure:	<u>X</u>	_____
11.	Copy of Contractor's Air Sampling Reports	<u>Not</u> Received	_____
12.	Copy of Contractor's Daily Logs	<u>Not</u> Received	_____
13.	Signs of Heat Stress	Present	<u>Not Present</u>
14.	Unusual occurrences	_____	_____

Action taken _____

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: _____

Technician: [Signature] Log In: 7:20 Log Out: 3:00

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report For: Haverhill School Dept.
Project: Whittier School, floor tile removal, room 7 and 9
Contractor: ECSI
Date: 8/23/01

Checklist

	#	Adequate	Deficient
1. Contractor's Personnel		<u> X </u>	<u> </u>
2. Signs:		<u> X </u>	<u> </u>
3. Barriers		<u> X </u>	<u> </u>
4. Decontamination Facility Condition:		<u> X </u>	<u> </u>
5. Housekeeping Inside and Outside:		<u> X </u>	<u> </u>
6. Entry and Exit Procedures Followed:		<u> X </u>	<u> </u>
7. HEPA Exhaust Operating:		<u> X </u>	<u> </u>
8. Work Procedures Followed:		<u> X </u>	<u> </u>
9. Respiratory Protection Used:	Type <u>Half</u>	<u> X </u>	<u> </u>
10. Differential Pressure:		<u> X </u>	<u> </u>
11. Copy of Contractor's Air Sampling Reports		<u>Not</u> Received	<u> </u>
12. Copy of Contractor's Daily Logs		<u>Not</u> Received	<u> </u>
13. Signs of Heat Stress		Present	<u>Not Present</u>
14. Unusual occurrences			

Action taken Clearance

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: _____

Technician: [Signature]

Log In: 8:00

Log Out: 8:30

HUB TESTING LABORATORIES

Consulting and Testing Engineers



95 Beaver Street — Waltham, Mass. 02154 — (617) 893-8330

REPORT FOR: Haverhill School Department
 PROJECT: Whitcomb School
 CONTRACTOR: ERTS
 DATE: 8/24/01

Checklist

- | | Adequate | Deficient |
|--|----------------|--------------------|
| 1. Contractor's Personnel: # | _____ | _____ |
| 2. Signs: | _____ | _____ |
| 3. Barriers: | _____ | _____ |
| 4. DECON Facility Condition: | _____ | _____ |
| 5. Housekeeping In/Out: | _____ | _____ |
| 6. Entry/Exit Procedures Followed: | _____ | _____ |
| 7. HEPA Exhaust Operating: | _____ | _____ |
| 8. Work Procedures Followed: | _____ | _____ |
| 9. Respiratory Protection Used: | _____ | _____ |
| 10. Differential Pressure: | _____ | _____ |
| 11. Copy of Contractor's Air Sampling Reports: | _____ | <u>Received</u> |
| 12. Copy of Contractor's Daily Logs: | _____ | <u>Received</u> |
| 13. Signs of Heat Stress: | <u>Present</u> | <u>Not Present</u> |
| 14. Unusual Occurrences: <u>Truck with propane</u> | _____ | _____ |
| 15. Action Taken: | _____ | _____ |
| 16. Hub Testing's Air Monitoring Test Results: | | |

Sample I.D.	Location	Fibers/cc
_____	_____	_____
_____	_____	_____

Technician: [Signature] Log In: 7:30 Log Out: 3:00

Attachment C
Pre-Abatement Inspection

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: Hunking WORK AREA DESCRIPTION: Two Rooms - 7+4
adjacent one another / each has a smaller attached room

DEMOLITION REQUIRED (describe) (*):
None

MATERIAL TO BE ABATED (describe, give quantities):
Floor tile

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 1

CRITICAL BARRIERS IN PLACE:

Windows Doors HVAC Vents Electrical Switches
Electrical Outlets Other _____

	YES	NO
ALL MOVABLE EQUIPMENT OUT OF AREA	<input checked="" type="checkbox"/>	_____
ALL NON MOVABLE EQUIPMENT WRAPPED (*)	<input checked="" type="checkbox"/>	_____

DECONTAMINATION FACILITIES (*):

FULL THREE CHAMBER PDF WITH HOT/COLD WATER
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER
IF OTHER DESCRIBE _____

TYPE OF RESPIRATORY PROTECTION TO BE USED: Half
NUMBER OF NEGATIVE AIR MACHINES OPERATING (*): 2
PRESSURE READING: _____
CONTAINMENT SMOKE TESTED: _____

PIH'S SIGNATURE: [Signature] DATE 8/20/01

CONTRACTOR'S SIGNATURE: _____ DATE _____

(*) - Indicate on sketch



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: Whittier Rooms 7/9 WORK AREA DESCRIPTION: Two class rooms adjacent one another.

DEMOLITION REQUIRED (describe) (*):

None

MATERIAL TO BE ABATED (describe, give quantities):

Floor tile and mastic

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 3

CRITICAL BARRIERS IN PLACE:

Windows Doors HVAC Vents Electrical Switches
 Electrical Outlets Other Desk

	YES	NO
ALL MOVABLE EQUIPMENT OUT OF AREA	<input checked="" type="checkbox"/>	
ALL NON MOVABLE EQUIPMENT WRAPPED (*)	<input checked="" type="checkbox"/>	

DECONTAMINATION FACILITIES (*):

FULL THREE CHAMBER PDF WITH HOT/COLD WATER
 TWO CHAMBER EDF WITH WATER IN WASH CHAMBER _____
 IF OTHER DESCRIBE _____

TYPE OF RESPIRATORY PROTECTION TO BE USED: Half
 NUMBER OF NEGATIVE AIR MACHINES OPERATING (*): 2
 PRESSURE READING: _____
 CONTAINMENT SMOKE TESTED: _____

PIH'S SIGNATURE: [Signature] DATE 8/21/01

CONTRACTOR'S SIGNATURE: _____ DATE _____

(*) - Indicate on sketch

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: Room 109 WORK AREA DESCRIPTION: class Room
2 abatement areas - one vertical near one horizontal

DEMOLITION REQUIRED (describe) (*): NO

MATERIAL TO BE ABATED (describe, give quantities):
151

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 1

CRITICAL BARRIERS IN PLACE:

Windows Doors HVAC Vents Electrical Switches
Electrical Outlets Other

ALL MOVABLE EQUIPMENT OUT OF AREA YES
ALL NON MOVABLE EQUIPMENT WRAPPED (*) YES

DECONTAMINATION FACILITIES (*):

FULL THREE CHAMBER PDF WITH HOT/COLD WATER _____
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER _____
IF OTHER DESCRIBE mini cont. (glass bag)

TYPE OF RESPIRATORY PROTECTION TO BE USED: Half

NUMBER OF NEGATIVE AIR MACHINES OPERATING (*): 1

PRESSURE READING: _____

CONTAINMENT SMOKE TESTED: _____

PIH'S SIGNATURE: 

DATE 8/23/01

CONTRACTOR'S SIGNATURE: _____

DATE _____

(*) - Indicate on sketch

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: Room 107 WORK AREA DESCRIPTION: class Room
2 containment - one riser one horizontal pipe

DEMOLITION REQUIRED (describe) (*):
NO

MATERIAL TO BE ABATED (describe, give quantities):
Ts.

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 1

CRITICAL BARRIERS IN PLACE:
Windows X Doors - HVAC Vents - Electrical Switches X
Electrical Outlets X Other _____

ALL MOVABLE EQUIPMENT OUT OF AREA YES X NO
ALL NON MOVABLE EQUIPMENT WRAPPED (*) YES X NO

DECONTAMINATION FACILITIES (*):
FULL THREE CHAMBER PDF WITH HOT/COLD WATER _____
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER _____
IF OTHER DESCRIBE mini (blue bag)

TYPE OF RESPIRATORY PROTECTION TO BE USED: Half
NUMBER OF NEGATIVE AIR MACHINES OPERATING (*): 1

PRESSURE READING: _____
CONTAINMENT SMOKE TESTED: _____

PIH'S SIGNATURE: [Signature] DATE 8/23/01

CONTRACTOR'S SIGNATURE: _____ DATE _____

(*) - Indicate on sketch

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D. (Room) Reading 116 WORK AREA DESCRIPTION: class Room
2 containers - one riser in corner one horizontal pipe

DEMOLITION REQUIRED (describe) (*):
NO

MATERIAL TO BE ABATED (describe, give quantities):
Is.

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 1

CRITICAL BARRIERS IN PLACE:
Windows X Doors — HVAC Vents X Electrical Switches ^
Electrical Outlets X Other

ALL MOVABLE EQUIPMENT OUT OF AREA YES
ALL NON MOVABLE EQUIPMENT WRAPPED (*) X NO

DECONTAMINATION FACILITIES (*):
FULL THREE CHAMBER PDF WITH HOT/COLD WATER
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER
IF OTHER DESCRIBE mini (blue bag)

TYPE OF RESPIRATORY PROTECTION TO BE USED: Half
NUMBER OF NEGATIVE AIR MACHINES OPERATING (*): 1
PRESSURE READING:
CONTAINMENT SMOKE TESTED:

PIH'S SIGNATURE: [Signature] DATE 3/23/01

CONTRACTOR'S SIGNATURE: DATE

(*) - Indicate on sketch

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: Room 209 WORK AREA DESCRIPTION: class Room
2 contaminants - one verticle pipe one horizontal pipe

DEMOLITION REQUIRED (describe) (*):
NO

MATERIAL TO BE ABATED (describe, give quantities):
TSI

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 1

CRITICAL BARRIERS IN PLACE:
Windows X Doors - HVAC Vents - Electrical Switches X
Electrical Outlets X Other _____

	YES	NO
ALL MOVABLE EQUIPMENT OUT OF AREA	<u>X</u>	
ALL NON MOVABLE EQUIPMENT WRAPPED (*)	<u>X</u>	

DECONTAMINATION FACILITIES (*):
FULL THREE CHAMBER PDF WITH HOT/COLD WATER _____
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER _____
IF OTHER DESCRIBE mini color bag

TYPE OF RESPIRATORY PROTECTION TO BE USED: Half
NUMBER OF NEGATIVE AIR MACHINES OPERATING (*): 1
PRESSURE READING: _____
CONTAINMENT SMOKE TESTED: _____

PIH'S SIGNATURE: [Signature] DATE 8/24/01

CONTRACTOR'S SIGNATURE: _____ DATE _____

(*) - Indicate on sketch

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: Room 215 WORK AREA DESCRIPTION: Class Room
2 contents - one verticle pipe one horizontal pipe

DEMOLITION REQUIRED (describe) (*):
NO

MATERIAL TO BE ABATED (describe, give quantities):
TS.

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 1

CRITICAL BARRIERS IN PLACE:
Windows Doors HVAC Vents Electrical Switches
Electrical Outlets Other

	YES	NO
ALL MOVABLE EQUIPMENT OUT OF AREA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALL NON MOVABLE EQUIPMENT WRAPPED (*)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DECONTAMINATION FACILITIES (*):
FULL THREE CHAMBER PDF WITH HOT/COLD WATER _____
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER _____
IF OTHER DESCRIBE mini (6 liter bag)

TYPE OF RESPIRATORY PROTECTION TO BE USED: Half
NUMBER OF NEGATIVE AIR MACHINES OPERATING (*): 1
PRESSURE READING: _____
CONTAINMENT SMOKE TESTED: _____

PIH'S SIGNATURE: [Signature] DATE 8/24/01
CONTRACTOR'S SIGNATURE: _____ DATE _____

(*) - Indicate on sketch

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: Room 214 WORK AREA DESCRIPTION: class room
2 contents - one vertic one horizontal pipe

DEMOLITION REQUIRED (describe) (*):
No

MATERIAL TO BE ABATED (describe, give quantities):
ISI

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 1

CRITICAL BARRIERS IN PLACE:
Windows Doors HVAC Vents Electrical Switches
Electrical Outlets Other

ALL MOVABLE EQUIPMENT OUT OF AREA YES
ALL NON MOVABLE EQUIPMENT WRAPPED (*) NO

DECONTAMINATION FACILITIES (*):
FULL THREE CHAMBER PDF WITH HOT/COLD WATER _____
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER _____
IF OTHER DESCRIBE Mini Colson bag

TYPE OF RESPIRATORY PROTECTION TO BE USED: Half
NUMBER OF NEGATIVE AIR MACHINES OPERATING (*): 1
PRESSURE READING: _____
CONTAINMENT SMOKE TESTED: _____

PIH'S SIGNATURE: [Signature] DATE 8/24/01
CONTRACTOR'S SIGNATURE: _____ DATE _____

(*) - Indicate on sketch

Attachment D
Final Clearance Inspection

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

FINAL CLEARANCE FORM

WORK AREA I.D. Hunting School Rooms 7, 41

CONTRACTOR ECST

VISIBLE DEBRIS NOTED ON:

	YES	NO
1. FLOORS	<u>X</u>	
2. WALLS		<u>X</u>
3. CEILINGS		<u>X</u>
4. PIPES		<u>X</u>
5. ELBOW FITTINGS		<u>X</u>
6. DUCTS		<u>X</u>
7. HORIZONTAL SURFACES		<u>X</u>
8. EQUIPMENT		<u>X</u>

LOCKDOWN ENCAPSULANT APPLIED Yes

SAMPLES COLLECTED USING AGGRESSIVE METHODS Yes

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT Yes

DATE SAMPLING PUMPS CALIBRATED Yes

FINAL AIR SAMPLE RESULTS _____

FINAL AIR SAMPLES - PASS X

FINAL AIR SAMPLES - FAIL _____

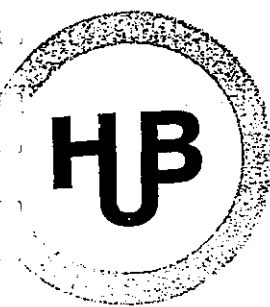
CONTRACTOR NOTIFIED _____

MONITOR'S SIGNATURE

DATE 8/20/01

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report For: Haverhill School Department

Project: Hunking School, floor tile removal, rooms 7 and 4

Contractor: ECSI

Date: 8/20/01

Rotometer ID: 2-4

Pump Number	07	24	1V-10	29	2	D-15	C-25	B-15	A-10	E-25
Pre-calibration	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.3	
Post-calibration	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.3	

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
C1	in cont	07	3:30	6:20	160	1328		
C2	in cont	24	3:30	6:20	160	1328		
C3	in cont	1V-10	3:30	6:20	160	1328		
C4	in cont	29	3:30	6:20	160	1328		
C5	in cont	2	3:30	6:20	160	1328		
C6	out	D-15	3:33	6:23	160	1328		
C7	out	C-25	3:34	6:24	160	1328		
C8	out	B-15	3:36	6:26	160	1328		
C9	out	A-10	3:38	6:28	160	1328		
C10	out	E-25	3:40	6:30	160	1328		

Technician: [Signature] Date: 8/20/01
 C11 = Floor Blot

Rec'd Pam Lavin 8/20/01 0800
 C12 = Lab blot

SciLab Job #: 501081444

Client Name: HUB TESTING

Table I

Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)

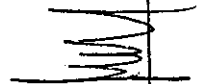
Haverhill School Department; Hunking School, Floor Tile Removal, Rooms 7 & 4

SciLab Sample #	Client Sample #	Dilution Factor	Air Filtered (liters)	Area Analyzed (sq. mm.)	Analytical Sensitivity (struc/cc air)	Asbestos Structures Detected (Microns)		Structure Density (struc/sq. mm.)		Structure Concentration (struc/cc air)		Type of Asbestos
						0.5-5.0	>5.0	Total	>5.0	Total	>5.0	
01 inside	C1		1328	.060	0.0048	0.0	0.0	<16.6	<16.6	<0.0048	<0.0048	NSD
	In Containment											
02 inside	C2		1328	.060	0.0048	0.0	0.0	<16.6	<16.6	<0.0048	<0.0048	NSD
	In Containment											
03 inside	C3		1328	.060	0.0048	0.0	0.0	<16.6	<16.6	<0.0048	<0.0048	NSD
	In Containment											
04 inside	C4		1328	.060	0.0048	0.0	0.0	<16.6	<16.6	<0.0048	<0.0048	NSD
	In Containment											
05 inside	C5		1328	.060	0.0050	0.0	0.0	<16.6	<16.6	<0.0050	<0.0050	NSD
	In Containment											
06**	C6		1328									
	Out											
07**	C7		1328									
	Out											
08**	C8		1328									
	Out											
09**	C9		1328									
	Out											
10**	C10		1328									
	Out											
11**	C11											
	Field Blank											
12**	C12											
	Box Blank											

* concentration represented by the detection of 1 structure

** not analyzed

NSD: No Asbestos Structures Detected



Reviewed By: _____

; Analyzed By: _____

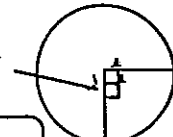
Date: 8/21/01

Mean Total Structure Density For Inside Samples: 0 structures/sq. mm.

Sandhya Gunasekara

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING	<u>Volume (liters):</u> 1 328.0
<u>Job #:</u> 501081444	<u>Filter Type / Filter Area:</u> MCE 385 mm2
<u>Lab Sample #:</u> 01	<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> C1	<u>Area Examined:</u> 0.06018 mm2
<u>Received:</u> 08/20/2001 20:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/21/2001	<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> AB	

Analysis Performed by: Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μM	Width μM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B6-3/6C	1	NSD							<input type="checkbox"/>	
B6-3/6E	2	NSD							<input type="checkbox"/>	
B6-3/6F	3	NSD							<input type="checkbox"/>	
B7-4/6C	4	NSD							<input type="checkbox"/>	
B7-4/6E	5	NSD							<input type="checkbox"/>	
B7-4/6F	6	NSD							<input type="checkbox"/>	

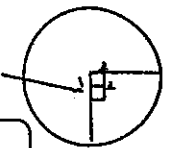
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings:	6		<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures:	0	<0.0048	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures:	0	<0.0048	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures \geq 5 microns:	0	<0.0048	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures:	0	<0.0048	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	16.6	0.0048	

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 328.0
<u>Job #:</u> 501081444		<u>Filter Type / Filter Area:</u> MCE 385 mm2
<u>Lab Sample #:</u> 02		<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> C2		<u>Area Examined:</u> 0.06018 mm2
<u>Received:</u> 08/20/2001	20:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/21/2001		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> AB		

Analysis Performed by: Sandhya Gunasekara
Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μM	Width μM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B8-5/6C	1	NSD							<input type="checkbox"/>	
B8-5/6E	2	NSD							<input type="checkbox"/>	
B8-5/6F	3	NSD							<input type="checkbox"/>	
B9-4/4B	4	NSD							<input type="checkbox"/>	
B9-4/4C	5	NSD							<input type="checkbox"/>	
B9-4/4E	6	NSD							<input type="checkbox"/>	

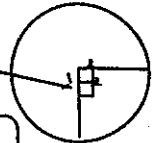
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 6			<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures: 0	<16.6	<0.0048	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures: 0	<16.6	<0.0048	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures \geq 5 microns: 0	<16.6	<0.0048	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures: 0	<16.6	<0.0048	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	16.6	0.0048	

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 328.0
<u>Job #:</u> 501081444		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 03		<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> C3		<u>Area Examined:</u> 0.06018 mm ²
<u>Received:</u> 08/20/2001	20:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/21/2001		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> AB		

Analysis Performed by: Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μM	Width μM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B10-4/6C	1	NSD							<input type="checkbox"/>	
B10-4/6E	2	NSD							<input type="checkbox"/>	
B10-4/6F	3	NSD							<input type="checkbox"/>	
C6-4/6C	4	NSD							<input type="checkbox"/>	
C6-4/6E	5	NSD							<input type="checkbox"/>	
C6-4/6F	6	NSD							<input type="checkbox"/>	

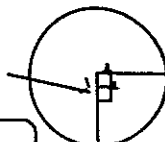
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 6	<16.6	<0.0048	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures: 0	<16.6	<0.0048	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures: 0	<16.6	<0.0048	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures \geq 5 microns: 0	<16.6	<0.0048	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures: 0	<16.6	<0.0048	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	16.6	0.0048	

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 328.0
<u>Job #:</u> 501081444		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 04		<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> C4		<u>Area Examined:</u> 0.06018 mm ²
<u>Received:</u> 08/20/2001	20:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/21/2001		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> AB		

Analysis Performed by: *Sandhya Gunasekara*
 Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μM	Width μM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C7-4/6C	1	NSD							<input type="checkbox"/>	
C7-4/6E	2	NSD							<input type="checkbox"/>	
C7-4/6F	3	NSD							<input type="checkbox"/>	
C8-4/6C	4	NSD							<input type="checkbox"/>	
C8-4/6E	5	NSD							<input type="checkbox"/>	
C8-4/6F	6	NSD							<input type="checkbox"/>	

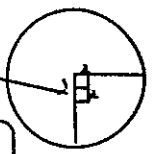
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings:	6		<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures:	0	<0.0048	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures:	0	<0.0048	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures \geq 5 microns:	0	<0.0048	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures:	0	<0.0048	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	16.6	0.0048	

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 328.0
<u>Job #:</u> 501081444		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 05		<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> C5		<u>Area Examined:</u> 0.06018 mm ²
<u>Received:</u> 08/20/2001	20:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/21/2001		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> AB		

Analysis Performed by: Sandhya Gunasekara
Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μm	Width μm	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C9-4/6C	1	NSD							<input type="checkbox"/>	
C9-4/6E	2	NSD							<input type="checkbox"/>	
C9-4/6F	3	NSD							<input type="checkbox"/>	
C10-4/6C	4	NSD							<input type="checkbox"/>	
C10-4/6E	5	NSD							<input type="checkbox"/>	
C10-4/6F	6	NSD							<input type="checkbox"/>	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings:	6		<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures:	0	<0.0050	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures:	0	<0.0050	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures ≥ 5 microns:	0	<0.0050	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures:	0	<0.0050	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	16.6	0.0050	

HUB TESTING LABORATORY, INC.
Environmental Testing Service



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

FINAL CLEARANCE FORM

WORK AREA I.D. Whittier Rooms 7/9

CONTRACTOR ECSI

VISIBLE DEBRIS NOTED ON:	YES	NO
1. FLOORS		<input checked="" type="checkbox"/>
2. WALLS		<input checked="" type="checkbox"/>
3. CEILINGS		<input checked="" type="checkbox"/>
4. PIPES		<input checked="" type="checkbox"/>
5. ELBOW FITTINGS		<input checked="" type="checkbox"/>
6. DUCTS		<input checked="" type="checkbox"/>
7. HORIZONTAL SURFACES		<input checked="" type="checkbox"/>
8. EQUIPMENT		<input checked="" type="checkbox"/>

LOCKDOWN ENCAPSULANT APPLIED No

SAMPLES COLLECTED USING AGGRESSIVE METHODS Yes

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT Yes

DATE SAMPLING PUMPS CALIBRATED 8/24/01

FINAL AIR SAMPLE RESULTS _____

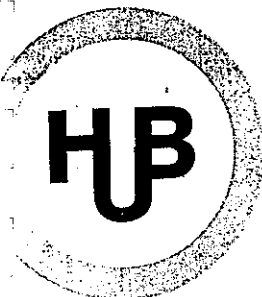
FINAL AIR SAMPLES - PASS
FINAL AIR SAMPLES - FAIL _____

CONTRACTOR NOTIFIED _____

MONITOR'S SIGNATURE [Signature] DATE 8/24/01

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report For: Haverhill School Department

Project: Whittier School, floor tile removal, rooms 7 and 9

Contractor: ECSI

Date: 8/23/01

Rotometer ID: D-4

Pump Number	D-15	C-25	B-15	A-10	E-25	2	07	24	01-10	01-10
Pre-calibration	7.3	7.3	7.3	7.3	7.3	9.4	9.4	9.4	9.4	9.4
Post-calibration	7.3	7.3	7.3	7.3	7.3	9.4	9.4	9.4	9.4	9.4

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
C1	in	A-10	8:30	11:30	180			
C2	in	B-15	8:30	11:30	180			
C3	in	D-15	8:30	11:30	180			
C4	in	E-25	8:30	11:30	180			
C5	in	C-25	8:30	11:30	180			
C6	out	2	8:50	11:30	160			
C7	out	07	8:50	11:30	160			
C8	out	24	8:50	11:30	160			
C9	out	01-10	8:50	11:30	160			
C10	out	01-10	8:50	11:30	160			

Technician: *[Signature]* Date: 8/23/01

SciLab Job #: 501081538

Client Name: HUB TESTING

Table I

Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)

Haverhill School Dept.; Whittier School

SciLab Sample #	Client Sample #	Dilution Factor	Air Filtered (liters)	Area Analyzed (sq. mm.)	* Analytical Sensitivity (struc/cc air)	Asbestos Structures Detected (Microns)		Structure Density (struc/sq. mm.)		Structure Concentration (struc/cc air)		Type of Asbestos	
						0.5-5.0	>5.0	Total	>5.0	Total	>5.0		Total
01 inside	C-1		1314	.060	0.0049	0.0	0.0	0.0	<16.6	<16.6	<0.0049	<0.0049	NSD
02 inside	C-2		1314	.060	0.0049	0.0	0.0	0.0	<16.6	<16.6	<0.0049	<0.0049	NSD
03 inside	C-3		1314	.060	0.0049	0.0	0.0	0.0	<16.6	<16.6	<0.0049	<0.0049	NSD
04 inside	C-4		1314	.060	0.0049	0.0	0.0	0.0	<16.6	<16.6	<0.0049	<0.0049	NSD
05 inside	C-5		1314	.060	0.0049	0.0	0.0	0.0	<16.6	<16.6	<0.0049	<0.0049	NSD
06 outside**	C-6												
07 outside**	C-7												
08 outside**	C-8												
09 outside**	C-9												
10 outside**	C-10												

* concentration represented by the detection of 1 structure

** not analyzed

NSD: No Asbestos Structures Detected

Reviewed By:

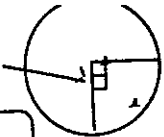
Date: 8/24/01

Corey A. Barnett

NVLAP#: 102079-0

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING	<u>Volume (liters):</u> 1 314.0
<u>Job #:</u> 501081538	<u>Filter Type / Filter Area:</u> MCE 385 mm2
<u>Lab Sample #:</u> 01	<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> C-1	<u>Area Examined:</u> 0.06018 mm2
<u>Received:</u> 08/24/2001 09:40:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/24/2001	<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u>	

Analysis Performed by: Corey A. Barnett
Corey A. Barnett

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B8-C4/1	1	NSD							<input type="checkbox"/>	
B8-E4/1	2	NSD							<input type="checkbox"/>	
B8-F4/1	3	NSD							<input type="checkbox"/>	
B9-C4/1	4	NSD							<input type="checkbox"/>	
B9-E4/1	5	NSD							<input type="checkbox"/>	
B9-F4/1	6	NSD							<input type="checkbox"/>	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 6	<16.6	<0.0049	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures >=5 microns: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:	<16.6	<0.0049	<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures: 0	16.6	0.0049	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:			

TEM Asbestos (air) Count Sheet

sample area analyzed



<p>Client Name: HUB TESTING</p> <p>Job #: 501081538</p> <p>Lab Sample #: 02</p> <p>Client Sample #: C-2</p> <p>Received: 08/24/2001</p> <p>Date Analyzed: 08/24/2001</p> <p>Scope #:</p>	<p>Volume (liters): 1 314.0</p> <p>Filter Type / Filter Area: MCE 385 mm²</p> <p>Grid Opening Size: 0.01003</p> <p>Area Examined: 0.06018 mm²</p> <p>Magnification: 20,000</p> <p>Accelerating Voltage: 100 KeV</p>
---	---

09:40:00

Analysis Performed by: Corey A. Barnett
 Corey A. Barnett

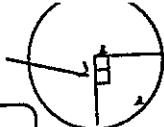
Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B10-C4/1	1	NSD							□	
B10-E4/1	2	NSD							□	
B10-F4/1	3	NSD							□	
C6-C4/1	4	NSD							□	
C6-E4/1	5	NSD							□	
C6-F4/1	6	NSD							□	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 6			<input checked="" type="checkbox"/> Grid Openings Covered > 50% <input checked="" type="checkbox"/> Intact Grid Opening > 50% <input checked="" type="checkbox"/> Undissolved Filter < 10% <input checked="" type="checkbox"/> Folded Replica < 50% <input checked="" type="checkbox"/> Filter Loading < 10% <input checked="" type="checkbox"/> Particulate Even
Chrysotile Asbestos Structures: 0	<16.6	<0.0049	
Amphibole Asbestos Structures: 0	<16.6	<0.0049	
Asbestos Structures \geq 5 microns: 0	<16.6	<0.0049	
Total Non-Asbestos Structures: 0	<16.6	<0.0049	
Total Asbestos Structures: 0	<16.6	<0.0049	
Analytical Sensitivity:	16.6	0.0049	

TEM Asbestos (air) Count Sheet

sample area analyzed 

<u>Client Name:</u> HUB TESTING	<u>Volume (liters):</u> 1 314.0
<u>Job #:</u> 501081538	<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 03	<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> C-3	<u>Area Examined:</u> 0.06018 mm ²
<u>Received:</u> 08/24/2001 09:40:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/24/2001	<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u>	

Analysis Performed by: Corey A. Barnett
Corey A. Barnett

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C7-C4/1	1	NSD							□	
C7-E4/1	2	NSD							□	
C7-F4/1	3	NSD							□	
C8-C4/1	4	NSD							□	
C8-E4/1	5	NSD							□	
C8-F4/1	6	NSD							□	

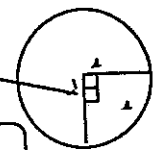
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 6			<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures \geq 5 microns: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	16.6	0.0049	

TEM Asbestos (air) Count Sheet

sample area analyzed



<p><u>Client Name:</u> HUB TESTING <u>Job #:</u> 501081538 <u>Lab Sample #:</u> 04 <u>Client Sample #:</u> C-4 <u>Received:</u> 08/24/2001 09:40:00 <u>Date Analyzed:</u> 08/24/2001 <u>Scope #:</u> AB</p>	<p><u>Volume (liters):</u> 1 314.0 <u>Filter Type / Filter Area:</u> MCE 385 mm2 <u>Grid Opening Size:</u> 0.01003 <u>Area Examined:</u> 0.06018 mm2 <u>Magnification:</u> 20,000 <u>Accelerating Voltage:</u> 100 KeV</p>
--	--

Analysis Performed by: _____
Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C9-4/4B	1	NSD							□	
C9-4/4C	2	NSD							□	
C9-4/4E	3	NSD							□	
C10-3/6C	4	NSD							□	
C10-3/6E	5	NSD							□	
C10-3/6F	6	NSD							□	

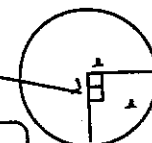
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	<u>Grid Evaluation</u>
Total Grid Openings: 6			<input checked="" type="checkbox"/> Grid Openings Covered > 50% <input checked="" type="checkbox"/> Intact Grid Opening > 50% <input checked="" type="checkbox"/> Undissolved Filter < 10% <input checked="" type="checkbox"/> Folded Replica < 50% <input checked="" type="checkbox"/> Filter Loading < 10% <input checked="" type="checkbox"/> Particulate Even
Chrysotile Asbestos Structures: 0	<16.6	<0.0049	
Amphibole Asbestos Structures: 0	<16.6	<0.0049	
Asbestos Structures \geq 5 microns: 0	<16.6	<0.0049	
Total Non-Asbestos Structures:			
Total Asbestos Structures: 0	<16.6	<0.0049	
Analytical Sensitivity:	16.6	0.0049	

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING	<u>Volume (liters):</u> 1 314.0
<u>Job #:</u> 501081538	<u>Filter Type / Filter Area:</u> MCE 385 mm2
<u>Lab Sample #:</u> 05	<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> C-5	<u>Area Examined:</u> 0.06018 mm2
<u>Received:</u> 08/24/2001 09:40:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/24/2001	<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> AB	

Analysis Performed by: Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ m	Width μ m	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
D6-3/6C	1	NSD								
D6-3/6E	2	NSD								
D6-3/6F	3	NSD								
D7-4/6C	4	NSD								
D7-4/6E	5	NSD								
D7-4/6F	6	NSD								

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 6			<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures \geq 5 microns: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures: 0	<16.6	<0.0049	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	16.6	0.0049	

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

FINAL CLEARANCE FORM

WORK AREA I.D. Rooms 109 / 107 / 116 / 214 / 209 / 215

CONTRACTOR ECST

VISIBLE DEBRIS NOTED ON:

YES

NO

1. FLOORS		<input checked="" type="checkbox"/>
2. WALLS		<input checked="" type="checkbox"/>
3. CEILINGS		<input checked="" type="checkbox"/>
4. PIPES		<input checked="" type="checkbox"/>
5. ELBOW FITTINGS		<input checked="" type="checkbox"/>
6. DUCTS		<input checked="" type="checkbox"/>
7. HORIZONTAL SURFACES		<input checked="" type="checkbox"/>
8. EQUIPMENT		<input checked="" type="checkbox"/>

LOCKDOWN ENCAPSULANT APPLIED NO

SAMPLES COLLECTED USING AGGRESSIVE METHODS No

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT Yes

DATE SAMPLING PUMPS CALIBRATED 8/24 - 9/23

FINAL AIR SAMPLE RESULTS See Sampling Dzs

FINAL AIR SAMPLES - PASS

FINAL AIR SAMPLES - FAIL

CONTRACTOR NOTIFIED Yes

MONITOR'S SIGNATURE  DATE 9/24/23

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Report For: Haverhill School Department

Project: Tilton School, Pipe insulation removal and encapsulation
 (Rms. 116, 107, 109, 209, 215, 216, girls rm, teachers lounge, closet behind 119)

Contractor: ECSI

Date: 8/23/01

Rotometer ID: 2-4

Pump Number	D-15	E-25	A-10	B-15	C-25	1V-10	1V-10	29	2	07
Pre-calibration	7.3	7.3	7.3	7.3	7.3	9.4	9.4	9.4	9.4	9.4
Post-calibration	7.3	7.3	7.3	7.3	7.3	9.4	9.4	9.4	9.4	9.4

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
C1	109 Hb closet	D-15	12:00	2:30	150	1095	18	1003
C2	↓	E-25	12:00				15	.007
C3	↓	A-10	12:00				15	.007
C4	↓	B-15	12:00				17	.007
C5	↓	C-25	12:00				14	.007
C6	109 up rish	1V-10	12:00			140	12	.004
C7	↓	1V-10	12:00				18	.006
C8	↓	29	12:00				14	.005
C9	↓	2	12:00				19	.006
C10	↓	07	12:00				16	.005

Technician: [Signature]

Date: 8/23/01

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report For: Haverhill School Department

Project: Tilton School, Pipe insulation removal and encapsulation
 (Rms. 116, 107, 109, 209, 215, 216, girls rm, teachers lounge, closet behind 119)

Contractor: ECSI

Date: 9/23/01

Rotometer ID: 12-4

Pump Number	24	104	27	27	04	07	10-10	10-10	2	29
Pre-calibration	9.4	9.4	9.4	9.4	9.4	9.4	11.5	8.3	9.4	9.4
Post-calibration	9.4	9.4	9.4	9.4	9.4	9.4	11.5	8.3	9.4	9.4

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
C11	107 upright	24	12:10	2:30	140	1316	12	.004
C12	↓	104	↓	↓	140	1316	15	.005
C13	↓	27	↓	↓	140	1316	16	.006
C14	↓	27	↓	↓	140	1316	13	.005
C15	↓	04	↓	↓	140	1316	12	.004
C16	107 horizontal	07	2:35	4:50	135	1269	14	.005
C17	↓	10-10	↓	↓	135	15525	13	.004
C18	↓	10-10	↓	↓	135	11225	7	.003
C19	↓	2	↓	↓	135	1269	14	.005
C20	↓	29	↓	↓	135	1269	10	.003

Technician: [Signature]

Date: 9/23/01

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report For: Haverhill School Department

Project: Tilton School, Pipe insulation removal and encapsulation
 (Rms. 116, 107, 109, 209, 215, 216, girls rm, teachers lounge, closet behind 119)

Contractor: ECSI

Date: 8/23/01

Rotometer ID: 2-4

Pump Number	D-15	E-25	A-10	B-15	C-25	27	27	27	04	104
Pre-calibration	7.3	7.3	7.3	7.3	7.3	8.7	9.4	9.4	11.5	9.4
Post-calibration	7.3	7.3	7.3	7.3	7.3	8.7	9.4	9.4	11.5	9.4

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
C 21	116 work	D-15	2:35	4:50	135	985.5	5	.002
C 22		E-25			135	985.5	3	.001
C 23		A-10			135	985.5	5	.002
C 24		B-15			135	985.5	3	.001
C 25		C-25			135	985.5	10	.004
C 26	116 upright	27			135	1174.5	6	.002
C 27		27			135	1269	11	.004
C 28		24			135	1269	10	.004
C 29		04			135	1552.5	12	.004
C 30		104				1269	8	.003

Technician: [Signature]

Date: 8/23/01

HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report For: Haverhill School Department

Project: Tilton School, Pipe insulation removal and encapsulation
 (Rms. 116, 107, 109, 209, 215, 216, girls rm, teachers lounge, closet behind 119)

Contractor: ECSI

Date: 8/24/01

Rotometer ID: D-4

Pump Number	104	04	27	27	24	D-15	E-25	A-10	B-15	C-25
Pre-calibration	9.4	9.4	9.4	9.4	9.4	7.4	7.4	7.4	7.4	7.4
Post-calibration	9.4	9.4	9.4	9.4	9.4	7.4	7.4	7.4	7.4	7.4

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
C 31	209 RSH	104	8:00	10:53	173	1426.2	9	1003
C 32	↓	04	8:00	10:53	173	↓	6	1002
C 33	↓	27	8:00	10:53	173	↓	7	1002
C 34	↓	27	8:00	10:53	173	↓	9	1003
C 35	↓	24	8:00	10:53	173	↓	5	1001
C 36	209 LTL	D-15	8:05	11:05	180	1332	7	1003
C 37	↓	E-25	8:05	11:05	180	↓	10	1004
C 38	↓	A-10	8:05	11:05	180	↓	9	1003
C 39	↓	B-15	8:05	11:05	180	↓	10	1004
C 40	↓	C-25	8:05	11:05	180	↓	14	1005

Technician: [Signature] Date: 8/24/01



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Report For: Haverhill School Department

Project: Tilton School, Pipe insulation removal and encapsulation
(Rms. 116, 107, 109, 209, 215, 216, girls rm, teachers lounge, closet behind 119)

Contractor: ECSI

Date: 8/24/01

Rotometer ID: 2-4

Pump Number	10-10	2	07	29	24	104	04	27	27
Pre-calibration	9.4	9.4	9.4	9.4	9.4	9.4	9.4	9.4	9.4
Post-calibration	9.4	9.4	9.4	9.4	9.4	9.4	9.4	9.4	9.4

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
C 41	215	10-10	8:10	11:05	175	1645	15	1004
C 42		2	8:10		175	1645	13	1004
C 43		07	8:10		175	1645	13	1004
C 44		29	8:10		175	1645	15	1004
C 45	↓	29	8:10	↓	175	1645	20	1006
C 46	214 Left	24	11:10	2:10	180	1692	13	1004
C 47		104	11:10		180	1692	12	1003
C 48		04	11:10		190	1692	8	1002
C 49		27	11:10		180	1692	9	1002
C 50		27	11:10		180	1692	8	1002

Technician: [Signature]

Date: 8/24/01

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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



Report For: Haverhill School Department

Project: Tilton School, Pipe insulation removal and encapsulation
 (Rms. 116, 107, 109, 209, 215, 216, girls rm, teachers lounge, closet behind 119)

Contractor: ECSI

Date: 8/24/01

Rotometer ID: 12-4

Pump Number	D-15	E-25	A-10	B-15	C-25				
Pre-calibration	7.4	7.4	7.4	7.4	7.4				
Post-calibration	7.4	7.4	7.4	7.4	7.4				

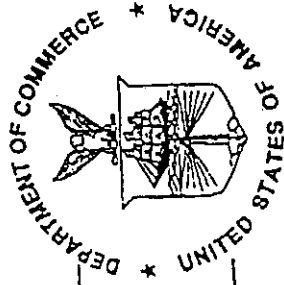
Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
C51	214 LcH	D-15	11:10	2:10	180	1332	8	1003
C52	↓	E-25	↓	↓	180	1332	17	1006
C53	↓	A-10	↓	↓	180	1332	15	1005
C54	↓	B-15	↓	↓	180	1332	16	1006
C55	↓	C-25	↓	↓	180	1332	11	1004

Technician: [Signature] Date: 8/24/01

Attachment E
Laboratory Documentation
Project Monitoring Documentation

United States Department of Commerce
National Institute of Standards and Technology

NVLAP[®]



ISO/IEC GUIDE 25:1990
ISO 9002:1987

Certificate of Accreditation

SCILAB BOSTON, INC.
EAST WEYMOUTH, MA

is recognized under the National Voluntary Laboratory Accreditation Program for satisfactory compliance with criteria established in Title 15, Part 285 Code of Federal Regulations. These criteria encompass the requirements of ISO/IEC Guide 25 and the relevant requirements of ISO 9002 (ANSI/ASQC Q92-1987) as suppliers of calibration or test results. Accreditation is awarded for specific services, listed on the Scope of Accreditation for:

AIRBORNE ASBESTOS FIBER ANALYSIS

June 30, 2002

Effective through

David F. Mohrman

For the National Institute of Standards and Technology

NVLAP Lab Code: 102079-0

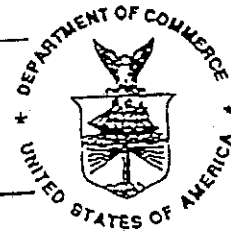
National Institute
of Standards and Technology



National Voluntary
Laboratory Accreditation Program

ISO/IEC GUIDE 25:1990
ISO 9002:1987

Scope of Accreditation



Page: 1 of 1

NVLAP LAB CODE 102079-0

AIRBORNE ASBESTOS FIBER ANALYSIS

SCILAB BOSTON, INC.

8 School Street

East Weymouth, MA 02189

Mr. John Sulkowski

Phone: 781-337-9334 Fax: 781-337-7642

E-Mail: jsulkowski@scilabs.com

URL: <http://www.SCILABS.com>

<i>NVLAP Code</i>	<i>Designation</i>
18/A02	U.S. EPA's "Interim Transmission Electron Microscopy Analytical Methods-Mandatory and Nonmandatory-and Mandatory Section to Determine Completion of Response Actions" as found in 40 CFR, Part 763, Subpart E, Appendix A.

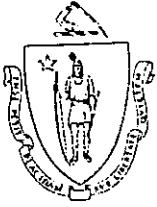
June 30, 2002

Effective through

David F. Alderman

For the National Institute of Standards and Technology

Control No: 10563



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: Friday, June 07, 2002

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 B CERTIFICATE

CLASS C CERTIFICATE


Robert J. Prezioso, Deputy Director

Commonwealth of Massachusetts
Division of Occupational Safety

Robert J. Prezioso, Deputy Director



11V003219

Asbestos Project Monitor

SCOTT PATRICK SMITH

Exp. Date 05/16/2001

AM 3:15:40

11V 003219



INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

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



This is to certify that

Scott Smith

has completed the requisite training, and has passed an examination for accreditation

Asb. Project Monitor

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

March 7, 8, 9, 12, 13, 2001

Course Dates

Course Location
Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

March 13, 2002

Expiration Date

March 13, 2001

Examination Date

01341317323067

Certificate Number

President/Director of Training

Attachment F
Contractor Documentation

Commonwealth of Massachusetts

Division of Occupational Safety

Rodolfo F. Frazzese, Deputy Director

Asbestos Supervisor



THOMAS TILTON

Eff. Date 04/25/2001

Exp. Date 04/24/2002

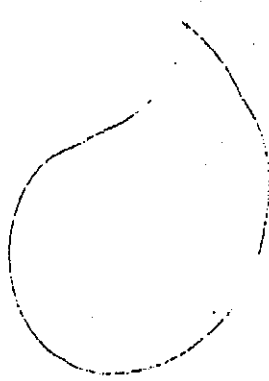
AS 30452

Member of C.O.N.E.C.

HV 000452



HVRN



INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

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

IEE

IEE

This is to certify that

Thomas R Tilton

DOB: 7/27/64

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 21, 2000

Examination Date

0033031047489

Certificate Number

October 21, 2000

Course Dates

Course Location

ECSI

PO Box 1147

Atkinson, NH 03811

October 21, 2001

Expiration Date



President/Director of Training

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) 885-9567

PRELIMINARY ASBESTOS EXAMINATION RESULTS

Date: 11 Apr 01

Re: Tom Tilton

ID# 003 54 1742

Company: ECSE

The following examination was performed on the individual named above:

- | | | | |
|-------------------------------------|---------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Physical Exam | <input checked="" type="checkbox"/> | Pulmonary Function Test |
| <input checked="" type="checkbox"/> | Chest X-Ray | <input type="checkbox"/> | Part 1, Part 2 Questionnaire |

INITIAL RESPIRATOR CLEARANCE

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

- MAY USE Respiratory and Personal protective equipment on a TRIAL BASIS only pending final results of the physical examination and procedures noted above.
- MAY NOT USE Respiratory and Personal protective equipment due to abnormal findings noted on the initial examination. Final determination will be made when all test results are complete.

The above examination has been conducted in full compliance with OSHA standards CFR 1910.1001 and 1926.58. This is a preliminary report only; final determination may be modified based on all test results and will be noted in the Letter of Interpretation (complying with OSHA standards).

Comments:

Physician's Signature:



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

Date of Birth 27 Jul 64

Date: 11 April Time in: 4:05 Time out: 4:52 Contact Person: _____
 YOUR NAME: Tom Tilton SS #: 003541742 NAME OF COMPANY: ECST
 HOME ADDRESS (Street, City, State, Zip): 24 Agent RD. Raymond NH. 03077 COMPANY ADDRESS (Street, City, State, Zip): _____
 HOME PHONE: (603) 895-0767 COMPANY PHONE: _____

PATIENT AUTHORIZATION

I hereby authorize Valley Regional Occupational Health Services to examine and/or treat me medically.
 Signature of Patient: _____ Signature of VROHS Witness: _____ Date: 4/11/01
 I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer or to any insurer of said employer, all information regarding my examination, condition or treatment at Valley Regional Occupational Health Services.
 Signature of Patient: _____ Signature of VROHS Witness: _____ Date: 4/11/01
 I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer the results of my drug screen analysis.
 Signature of Patient: _____ Signature of VROHS Witness: _____ Date: _____
 In case of emergency contact: DONNA TILTON Tel. No: (603) 931-8402

STATUS REPORT

<p>SERVICE PROVIDED</p> <p><input checked="" type="checkbox"/> Physical <u>file</u></p> <p><input type="checkbox"/> Physical w/Letter</p> <p><input type="checkbox"/> ICC/DOT Examination</p> <p><input type="checkbox"/> Industrial Accident/Examination and Treatment</p> <p><input type="checkbox"/> Follow-up Examination</p> <p><input checked="" type="checkbox"/> Other <u>PFT + "B" reader</u></p> <p>FOLLOW-UP APPOINTMENT</p> <p>DATE: _____</p> <p>TIME: _____</p>	<p>WORK STATUS</p> <p><input type="checkbox"/> Return to Regular Work</p> <p>Date: _____</p> <p><input type="checkbox"/> Able to return to work with restrictions as indicated.</p> <p><input type="checkbox"/> Unable to return to work for duration of disability.</p> <p>_____ Day(s).</p> <p><input checked="" type="checkbox"/> Capable of Full Duty Work.</p> <p><input type="checkbox"/> Pending X-Ray Report</p> <p><input type="checkbox"/> Pending Lab Report</p> <p><input type="checkbox"/> Other _____</p>	<p>RESTRICTED WORK AS INDICATED BELOW</p> <p>Duration of modified work _____</p> <p><input type="checkbox"/> 1. No prolonged standing or walking</p> <p><input type="checkbox"/> 2. No climbing, bending or stooping</p> <p><input type="checkbox"/> 3. Limited use of right/left hand</p> <p><input type="checkbox"/> 4. Right/Left handed work only</p> <p><input type="checkbox"/> 5. No work near moving machinery</p> <p><input type="checkbox"/> 6. Weight lifting restriction:</p> <p><input type="checkbox"/> 0-15 pounds</p> <p><input type="checkbox"/> 15-35 pounds</p> <p><input type="checkbox"/> 35-50 pounds</p> <p><input type="checkbox"/> 7. Other _____</p>
---	--	---

DIAGNOSIS: Physical

DR. COMMENTS: _____

Signature of Physician: _____ Date: 4/11/01

PHONE CALL MADE TO COMPANY

Person Contacted: _____ Initials: _____

COMMENTS: _____

EMPLOYER COPY

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

ECST

RE: THOMAS TILTON Company ECST

The following examination, tests, and procedures were performed on the above-named individual on 4/11/01:

- 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,

Physician: P. Tully

Date: 4/20/01

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.

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) 685-9587

PHYSICAL EXAMINATION

Tom Tilton

003541742

ELSI

NAME: Tom Tilton SOCIAL SECURITY NUMBER: 003541742 COMPANY: _____
 HEIGHT: 71 1/4" WEIGHT: 214 BLOOD PRESSURE: 120/80 PULSE: 76
 VISION without glasses: with glasses: R 20/20 L 20/20 COLOR VISION: Normal HEARING: R 20/20 L 20/20
 far R 20/20 L 20/20 PERIPHERAL VISION: R 90 L 90
 near R 20/20 L 20/20

Instructions: Place an "X" in the appropriate box. Comment on abnormal findings.

GENERAL	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
SKIN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
LYMPH	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
HEENT	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
NECK	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
BREAST	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
LUNGS	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
HEART	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
ABDOMEN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
BACK	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
EXTREMITIES	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
GENITAL	<u>NE</u> Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
RECTAL	<u>NE</u> Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
NEUROLOGIC	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>

Tinels Phalens

IMPRESSION
Good Health

URINALYSIS

GLUCOSE NEG
ALBUMIN NEG

Specific Recommendations/Limitations _____

Signature of Examining Physician P. Tilton Date 4/11/01

Print Name of Examining Physician _____

SPIROMETRY REPORT
PB100 SW Rev: J-J

TIME: 16:39

Patient Name: *Thomas TILTON*
Patient ID: 1742
Age: 38
Height (in): 71
Temp (deg F): 72

Weight (lbs): 216
Sex: Male
PreMed Time: 16:39
BTPS Correction: 1.104

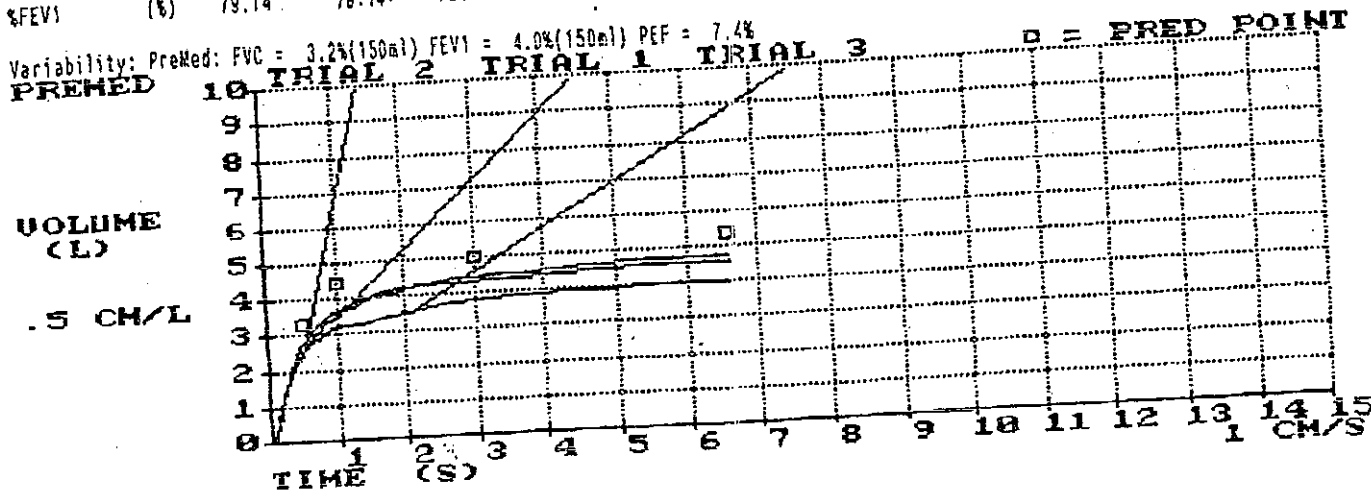
Race Correction: No
Sensor: FS200
Insp Code: None
No Smoker: Yes

Barometric Pressure (mmHg): 760
Last Cal Date: 04/11/01

ALL DATA FORMNT (* indicates best value) Knudson 83 Adult Predicted Normals
%Pred %Change

Measurement	PreMed	TRIAL 2	TRIAL 1	TRIAL 3	Pred	%P-ed	PostMed
FVC (L)		4.70*	4.55	4.02	5.37	36%	
FEV1 (L)		3.72*	3.57	3.25	4.43	34%	
%FEV1 (%)	79.14	78.14*	78.46	80.84	82.63	86%	

Variability: PreMed: FVC = 3.2%(150ml) FEV1 = 4.0%(150ml) PEF = 7.4%



Comments:

Planney

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



Asbestos Supervisor

RAFAEL PEREZ

Eff. Date 04/18/2001

Exp. Date 04/14/2002

AS 31617

Member of C.O.S.E.S.

HV 001616



HVAN

INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

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



This is to certify that

Rafael Perez

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

March 30, 2001
Examination Date

0134391049810
Certificate Number

March 30, 2001

Course Dates

Course Location

Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

March 30, 2002
Expiration Date

President/Director of Training

ENVIRONMENTAL COMPLIANCE SPECIALISTS, INC.

QUALITATIVE RESPIRATORY FIT TEST CERTIFICATION

NAME: Rafael Perez SS# 089-74-9023

COMPANY: ENVIRONMENTAL COMPLIANCE SPECIALISTS, INC.
111 RET. 125, KINGSTON, NH 03848

RESPIRATOR TYPE: HALF-FACE NEGATIVE PRESSURE

RESPIRATOR MODEL: NORTH # 7700 MEDIUM

RESPIRATOR NIOSH APPROVAL: TC-21C-530

TEST METHOD: IRRITANT FUME PROTOCOL
(APPENDIX C.29 CFR 1926-58)

TEST RESULTS: (CIRCLE ONE)

PASS

FAIL

TEST CONDUCTOR: *Fred K. [Signature]* TEST DATE: 6/1/2001

LAWRENCE WALK-IN MEDICAL CENTER
Neville Navaratnam, M.D.
100 Franklin Street
Lawrence, MA 01840
(978) 682-8343

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Perez Rafael S.S.# 089-74-9021
DATE OF EXAM: August 7th two thousand

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (CFR 1910.1001 and 1926.58). The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAYS WITH "B" READING RESULTS: Normal: Abnormal:

Next indicated in 20 _____
PULMONARY FUNCTION TEST RESULTS: Normal: Abnormal:

COMMENTS: _____

~~The following conditions were identified which may place this employee at increased risk of health impairment from asbestos exposure:~~

The following limitations on personal protective equipment, including respirators are indicated:

- None: The patient is medically qualified to wear all personal protection equipment.
- Patient Limitations: _____

The employee has been informed of the results of the medical examination, both with regard to occupation and general medical conditions. The employee has been educated about increased risk of lung cancer. Smokers are advised regarding smoking cessation if indicated in accordance with the standard finding and diagnosis unrelated to asbestos exposure may not be communicated to the employer. Also in accordance with the Standard, a copy of this opinion is being forwarded to the employee.

Thank you for the opportunity to examine this individual.

Physician: NAVARATNAM, M.D.

LAWRENCE WALK-IN MEDICAL CENTER
100 FRANKLIN STREET

Address: LAWRENCE, MA 01840

Signature

Center

Phone #

R. L. N. Navaratnam

(978) 682-8343

PIROMETRY REPORT
 B100 SW Rev: J-J

Patient Name: Prevez
 Patient ID: 089749023
 Atmospheric Pressure (mmHg): 760

Rafael
 Age: 38
 Height (in): 69
 Temp (deg F): 40

Weight (lbs): 170
 Sex: Male
 BTPS Correction: 1.183

TEST DATE: 08/07/01
 TIME: 09:16 AM

PreMed Time: 09:17 AM
 Race Correction: 85%
 Sensor: FS200
 Smoker: No
 Insp Code: None

VC TEST DATA - Clinical Format

Measurement (L)
 VC (L)
 FEV1 (L)
 FEV1 (%)
 FEV25%-75% (L/S)
 PEF (L/S)
 FEV3 (L)
 FET (S)

PreMed QC	Pred	%Pred
5.40 D	4.15	130%
4.44 A	3.43	129%
82.22	82.99	99%
4.64	3.61	129%
9.18	7.78	118%
5.30	3.93	135%
4.50		

BEST TEST SUMMARY

PostMed QC

Knudson 83 Adult Predicted Normals
 %Pred %Change

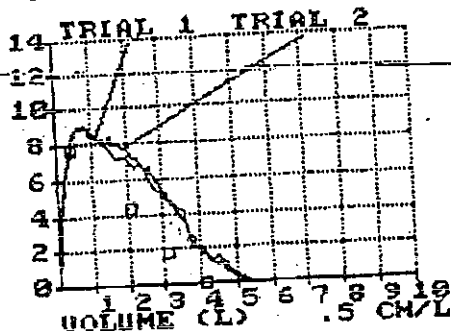
Variability: PreMed: FVC = 1.5%(80ml) FEV1 = 0.2%(10ml) PEF = 1.5%

PREMED

□ = PRED POINT

FLOW (L/S)

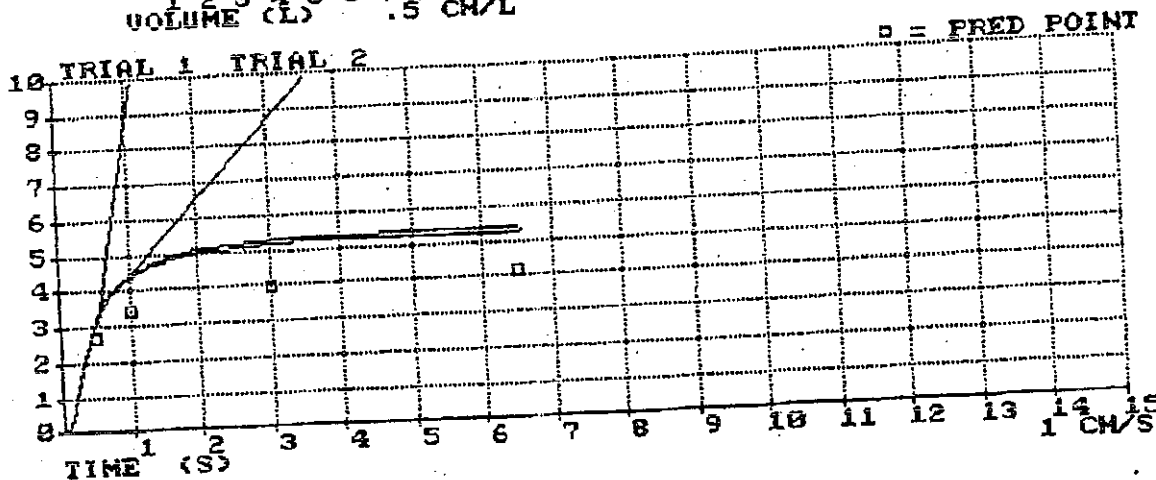
.25 CM/L/S



PREMED

VOLUME (L)

.5 CM/L



Interpretations:

PREMED: Testing indicates normal spirometry.
Comments:

R.L.N. Navaratnam
August 7th Two thousand one

AUG 07 2001

R.L.N. NAVARATNAM, M.D.
 LAWRENCE WALK-IN MEDICAL CENTER
 100 FRANKLIN STREET
 LAWRENCE, MA 01840

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



Asbestos Worker

ROBERT M. ORTIZ

Eff. Date 04/04/2001

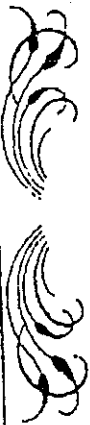
Exp. Date 04/03/2002

AW 33174

Department of Labor
MV 003173



HVNW



LAWRENCE TRAINING SCHOOLS, INC.

88 Franklin Street, Lawrence, MA 01841

Telephone: (978) 689-7370

This is to certify that

Robert M. Ortiz

has successfully completed the 32-hour course

Asbestos Worker - Spanish

pursuant to the requirements for asbestos accreditation of the TSCA, Title II

A10301-30-RO5751

Certificate Number

MAR 27, - MAR 30, 2001

Date of Training

MAR 30, 2001

Date of Examination

MAR 30, 2002

Expiration Date

Francisco Tolano

President/Director of Training



LAWRENCE TRAINING SCHOOL, INC.

88 Franklin Street, Lawrence, MA 01841
Telephone (978) 689-7370

FIT TEST AND RESPIRATOR TRAINING CHECKLIST

FIT TEST (PRUEVA DE AJUSTE DEL RESPIRADOR)

The following is a checklist must be completed for each employee required to wear a negative pressure respirator every year this form is required on all Asbestos or Lead job sites.

I CERTIFY THAT ON THE DATE BELOW I WAS FIT-TESTED IN THE RESPIRATOR TYPE AND MODEL LISTED AND THAT I WAS GIVEN TRAINING REGARDING ITS PROPER USE AND MAINTENANCE PROCEDURES.

I FURTHER CERTIFY THAT I UNDERSTAND THE TRAINING PROVIDED TO ME AND KNOW THAT THE USE OF A RESPIRATOR UNDER CONDITIONS CONTRARY TO THOSE OUTLINED AS APPROPRIATE IN THE TRAINING AND FIT TEST SESSION MAY NOT PROVIDE ADEQUATE PROTECTION.

Employee/Subcontractor Signature: Robert M. Ortiz

Qualified Person Signature: [Signature]

Date: 3/28/01

1. Challenge substance: (Circle one) Irritant Smoke, Banana Oil, Saccharin

2. Fit Check Procedures:

- a. Negative Pressure Check Pass / Fail
- b. Positive Pressure Check Pass / Fail

3. Testing Procedure:

- a. Normal Breathing
- b. Deep Breathing
- c. Turn head from side to side
- d. Nod head up and down
- e. Talking and/or counting backwards from 100
- f. Jogging in place
- g. Bend over and touch toes
- h. Grimace and frown
- i. Repeat Rainbow Passage
- j. Breathe normally

Reaction:

<u>None</u>

4. Overall Evaluation: Pass / Fail

5. Respirator Approvals:

Manufacture	Approval #	Type	Size
<u>North</u>		<u>VEF</u>	<u>M</u>

LAWRENCE WALK IN MEDICAL CENTER

Neville Navarantam, M.D.

100 Franklin Street

Lawrence, MA 01840

(978) 682-8343

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Ortiz Robert

S.S.# 023-5751

DATE OF EXAM: April 3rd Two thousand

APR 03 2000

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (CFR 1910, 1001 and 1926.58). The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAYS WITH "B" READING RESULT: Normal Abnormal

Next indicated in 20 _____

PULMUNARY FUNCTION TEST RESULTS: Normal Abnormal

COMMENTS:

~~The following conditions were identified which may place this employee at increased risk of health impairment from asbestos exposure:~~

~~The following limitations on personal protective equipment, including respirators are indicated:~~

None: The patient is medically qualified to wear all personal protection equipment.

Patient Limitations:

~~The employee has been informed of the results of the medical examination, both with regard to occupational and general medical conditions. The employee has been educated about increased risk of lung cancer in smokers and advised regarding smoking cessation if indicated in accordance with the Standard, finding any diagnosis unrelated to asbestos exposure may not be communicated to the employer. Also, in accordance with the Standard, a copy of this opinion is being forwarded to the employee.~~

Thank you for the opportunity to examine this individual.

Physician

R.L.N. Navarantam
Signature

R.L.N. NAVARATNAM, M.D.
LAWRENCE WALK-IN MEDICAL CENTER
100 FRANKLIN STREET
LAWRENCE, MA 01840

Address

Center
(978) 682-8343
Phone #

PIROMETRY REPORT
B100 SW Rev: J-J

TEST DATE: 04/03/01
 TIME: 09:57 AM

Patient Name: Oxt13 Robert
 Patient ID: 023845751
 Spirometric Pressure (mmHg): 760
 Age: 36
 Height (in): 69
 Temp (deg F): 40

Weight (lbs): 190
 BTPS Correction: 1.183

PreMed Time: 10:00 AM
 Sex: Male
 Race Correction: 85%
 Smoker: No
 Sensor: FS200
 Insp Code: None

VC TEST DATA - Clinical Format

VC (L)
 EV1 (L)
 FEV1 (%)
 FEF25%-75% (L/S)
 PEF (L/S)
 EV3 (L)
 FET (S)

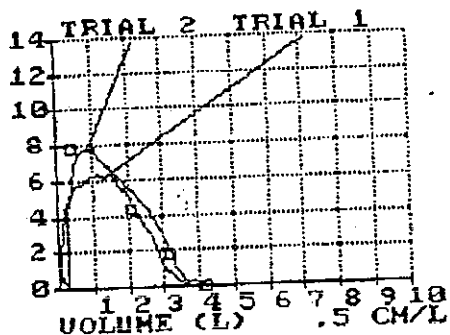
PreMed QC	Pred	%Pred
4.20 D	4.20	100%
3.56 F	3.48	102%
84.76	83.24	102%
4.67	3.67	127%
7.81	7.84	100%
4.06	3.98	102%
6.08		

BEST TEST SUMMARY

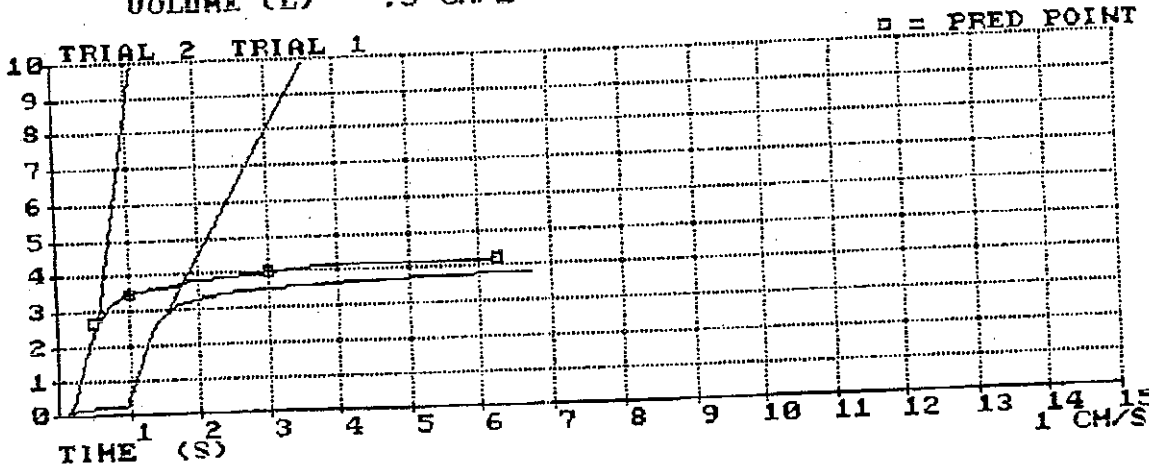
PostMed QC %Pred %Change
 Knudson 83 Adult: Predicted Normals

Variability: PreMed: FVC = 10.0%(420ml) FEV1 = 8.7%(310ml) PEF = 18.4%

PREMED
 = PRED POINT
 FLOW (L/S)
 .25 CM/L/S



PREMED
 VOLUME (L)
 .5 CM/L



Interpretations:

PREMED: Testing indicates normal spirometry.
 Comments:

R.L.N. Navaratnam
April 3rd Two thousand one

APR 3 2001

F.I.L.N. NAVARATNAM, M.D.
 LAWRENCE WALK-IN MEDICAL CENTER
 100 FRANKLIN STREET
 LAWRENCE, MA 01840

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

Asbestos Supervisor

DENNIS MCLEOD

Eff. Date 05/09/2001

Exp. Date 05/08/2002

AS 326-7

KV 002618



MVRN

INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

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



This is to certify that

Dennis E McLeod Jr

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

April 21, 2001
Examination Date

01344210420652
Certificate Number

April 21, 2001
Course Dates

Course Location
Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

April 21, 2002
Expiration Date

[Signature]
President/Director of Training

ENVIRONMENTAL COMPLIANCE SPECIALISTS, INC.

QUALITATIVE RESPIRATORY FIT TEST CERTIFICATION

NAME: Dennis McLeod, Jr. SS# 537-84-5269

COMPANY: ENVIRONMENTAL COMPLIANCE SPECIALISTS, INC.
111 RET. 125, KINGSTON, NH 03848

RESPIRATOR TYPE: HALF-FACE NEGATIVE PRESSURE

RESPIRATOR MODEL: NORTH # 7700 MEDIUM

RESPIRATOR NIOSH APPROVAL: TC-21C-530

TEST METHOD: IRRITANT FUME PROTOCOL
(APPENDIX C.29 CFR 1926-58)

TEST RESULTS: (CIRCLE ONE)

PASS FAIL

TEST CONDUCTOR: *Dennis McLeod, Jr.*

TEST DATE: 5/9/01

61 Main Street
 Stoneham, MA 02180
 (781) 438-9500
 Fax (781) 438-9603

27 Charles Street
 North Andover, MA 01845
 (978) 685-2900
 Fax (978) 685-9567

PHYSICAL EXAMINATION

DENNIS McLEOD
 NAME

537 845269
 SOCIAL SECURITY NUMBER

E.C.S.I.
 COMPANY

HEIGHT 6'9"

WEIGHT 191 3/4
 with glasses

BLOOD PRESSURE 120/76

PULSE 94

VISION without glasses
 far 20/20 20/20
 near 20/20 20/20

R _____ L _____
 R _____ L _____

COLOR VISION normal

HEARING R WNL
L WNL

PERIPHERAL VISION
 R 90 L 90

Instructions: Place an "X" in the appropriate box. Comment on abnormal findings.

GENERAL	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
SKIN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
LYMPH	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
HEENT	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
TECK	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
BREAST	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
LUNGS	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
HEART	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
ABDOMEN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
BACK	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
EXTREMITIES	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Tinels <input type="checkbox"/>	Phalens <input type="checkbox"/>
GENITAL	<u>NE</u> Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>		
RECTAL	<u>NE</u> Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>		
NEUROLOGIC	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		

IMPRESSION
Good Health

URINALYSIS

GLUCOSE neg

ALBUMIN trace

Specific Recommendations/Limitations _____

Signature of Examining Physician [Signature]

Date 4/11/94

Print Name of Examining Physician _____

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) 685-8567

Date of Birth

3/16/77

Date:

5/8/01

Time in:

Time out:

Contact Person:

DENNIS McLEOD

537845269

ECSI

YOUR NAME

SSN

NAME OF COMPANY

22 YORK ST HAVERTHILL, MA

HOME ADDRESS (Street, City, State, Zip)

COMPANY ADDRESS (Street, City, State, Zip)

(978) 373-4576

HOME PHONE

COMPANY PHONE

PATIENT AUTHORIZATION

I hereby authorize Valley Regional Occupational Health Services to examine and/or treat me medically.

[Signature]

Signature of VROHS Witness

Date

5/8/01

I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer or to any insurer of said employer, all information regarding my examination, condition or treatment at Valley Regional Occupational Health Services.

[Signature]

Signature of VROHS Witness

Date

5/8/01

I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer the results of my drug screen analysis.

[Signature]

Signature of VROHS Witness

Date

Signature of Patient

In case of emergency contact: DANIELE PALIOTTA

Tel. No. (978) 434-1104

STATUS REPORT

SERVICE PROVIDED

- Physical
- Physical w/Letter
- ICC/DDT Examination
- Industrial Accident Examination and Treatment
- Follow-up Examination
- Other repeat PFT

FOLLOW-UP APPOINTMENT

DATE: _____

TIME: _____

DIAGNOSIS: Prost

DR. COMMENTS: _____

Signature of Physician

PHONE CALL MADE TO COMPANY

Person Contacted

Initials

COMMENTS: _____

WORK STATUS

- Return to Regular Work
Date: _____
- Able to return to work with restrictions as indicated.
- Unable to return to work for duration of disability.
_____ days
- Capable of Full Duty Work
- Pending X-Ray Report
- Pending Lab Report
- Other _____

RESTRICTED WORK AS INDICATED BELOW

Duration of modified work _____

- 1. No prolonged standing or walking
- 2. No climbing, bending or stooping
- 3. Limited use of right/left hand
- 4. Right/Left handed work only
- 5. No work near moving machinery
- 6. Weight lifting restriction:
 - 0-15 pounds
 - 15-35 pounds
 - 35-50 pounds
- 7. Other _____

EMPLOYER COPY

Form VR

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: TENNIS McLEOD Company E.C.S.I.

The following examination, tests, and procedures were performed on the above-named individual on 4-11-01

- 5-8-01
- (4) Physical exam with emphasis on cardio-respiratory system
 - (4) Pulmonary Function Test performed by a certified technician
 - () Part I Respiratory Questionnaire
 - (4) Part II Respiratory Questionnaire
 - () Chest X-Ray PA view with B-reading

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

- (X) 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

- (X) Has no risk factors placing the individual at greater risk for asbestos exposure.
- (X) Has the following risk factors placing the individual at greater risk from asbestos exposure:
 - (X) 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,

Physician: P. T...

Date: 4/11/01

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.

Commonwealth of Massachusetts
Division of Occupational Safety

Robert J. Prezioso, Deputy Director



Asbestos Worker

MANUEL GONZALEZ

Eff. Date 01/17/2001

Exp. Date 01/15/2002

4 W 33039

1V 00J038



HVAPN



LAWRENCE TRAINING SCHOOL, INC.

88 Franklin Street, Lawrence, MA 01841

Telephone: (978) 689-7370

This is to certify that

Manuel Gonzalez

has successfully completed the 8-hour course

Asbestos Refresher for Workers - Spanish

pursuant to the requirements for asbestos accreditation of the TSCA, Title II

AR0900-09-MG0322

Certificate Number

SEPT 09, 2000

Date of Training

SEPT 09, 2000

Date of Examination

SEPT 09, 2001

Expiration Date

Francisca Tolosa
President/Director of Training



ENVIRONMENTAL COMPLIANCE SPECIALISTS, INC.

QUALITATIVE RESPIRATORY FIT TEST CERTIFICATION

NAME: Manuel Gonzalez SS# 675-78-0322

COMPANY: ENVIRONMENTAL COMPLIANCE SPECIALISTS, INC.
111 RET. 125, KINGSTON, NH 03843

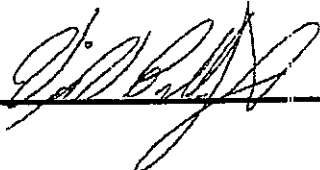
RESPIRATOR TYPE: HALF-FACE NEGATIVE PRESSURE

RESPIRATOR MODEL: NORTH # 7700 MEDIUM

RESPIRATOR NIOSH APPROVAL: TC-21C-530

TEST METHOD: IRRITANT FUME PROTOCOL
(APPENDIX C.29 CFR 1926-58)

TEST RESULTS: (CIRCLE ONE) PASS FAIL

TEST CONDUCTOR:  TEST DATE: 5/31/01

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

PHYSICAL EXAMINATION

Manuel Gonzalez
NAME

675 78 0322
SOCIAL SECURITY NUMBER

EC SI
COMPANY

HEIGHT 5' 3"

WEIGHT 140

BLOOD PRESSURE 130/80

PULSE 70

VISION without glasses

with glasses

COLOR VISION _____

HEARING R 20/20

far R 20/30 L 20/30

R _____ L _____

PERIPHERAL VISION

near R 20/15 L 20/25

R _____ L _____

R 90 L 90

20/20

Instructions: Place an "X" in the appropriate box. Comment on abnormal findings.

GENERAL	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
SKIN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
LYMPH	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
HEENT	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
NECK	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
BREAST	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
LUNGS	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
HEART	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
ABDOMEN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
BACK	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
EXTREMITIES	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Tinels <input type="checkbox"/>	Phalens <input type="checkbox"/>
GONITAL <u>NE</u>	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>		
RECTAL <u>NE</u>	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>		
NEUROLOGIC	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		

IMPRESSION
Good Health

URINALYSIS

GLUCOSE neg
ALBUMIN neg
SG 1.020

Specific Recommendations/Limitations _____

Signature of Examining Physician P. Tany

Date 5/31/01

Print Name of Examining Physician _____

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: Manuel Gonzalez Company ESI

The following examination, tests, and procedures were performed on the above-named individual on 5/31/01:

- 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,

Physician: P. T... Date: 5/31/01

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.

SPIROMETRY REPORT
PB100 SW Rev: J-J

TIME: 15:41

Patient Name: *Manuel Gomez*
 Patient ID: 0322 Age: 26 Height (in): 63 Weight (lbs): 140 PreMed Time: 15:42
 Barometric Pressure (mmHg): 760 Temp (deg F): 72 BTPS Correction: 1.104 Sex: Male Race Correction: 85% Smoker: No
 Last Cal Date: 05/30/01 Sensor: FS200 Insp Code: None

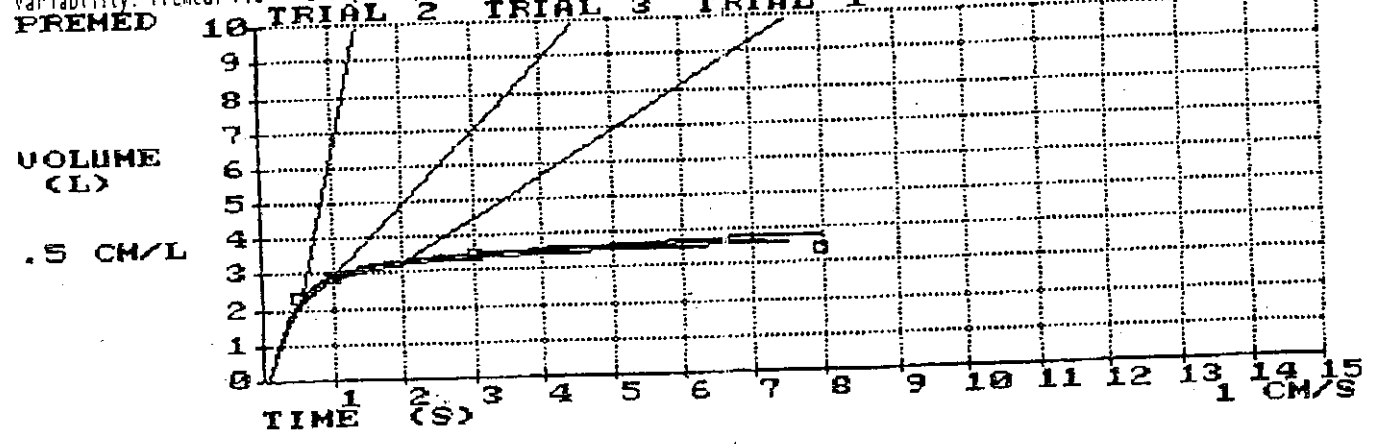
FVC TEST DATA - Industrial Format

ALL DATA FORMAT (* indicates best value)

Knudson 83 Adult Predicted Normals
 %Pred %Change

Measurement	PreMed	TRIAL 2	TRIAL 3	TRIAL 1	Pred	%Pred	PostMed
FVC (L)		3.77*	3.67	3.57	3.36	112%	
FEV1 (L)		3.09*	2.93	2.82	2.86	105%	
%FEV1 (%)	79.57	78.37*	79.83	78.99	86.33	92%	

Variability: PreMed: FVC = 2.7%(100ml) FEV1 = 2.3%(70ml) PEF = 3.4%



Comments:

Tech: B Sullivan

Attachment G
Waste Shipment Records

SERVICE TRANSPORT GROUP, INC.

P.O. BOX 2132, BRISTOL, PA 19007

PHONE: (877) 999-9559

No 80424

WASTE SHIPMENT RECORD

S.T.G. # _____

GENERATOR	1. Material Origin Site <i>Hunking School 100 Winchester ST Haverhill, MA 01830</i>		Generator: Name/Address <i>CITY OF Haverhill 4 Summer ST Haverhill, MA 01830</i>		Generator: Phone # <i>978 374 2309</i>	
	2. Removal Contractor: Name/Address <i>Environmental Compliance Specialists, Inc. 111 Route 125 Kingston, NH 03848</i>				Contractor: Phone # <i>603-642-9200</i>	
	3. Responsible Agency: Name/Address <i>U.S. EPA Region I JFK Federal Building Boston, MA 02203-2211</i>		4. US DOT Class - FRIABLE ASBESTOS ONLY <i>RQ ASBESTOS, 9, NA 2212, PG III</i>			
	5. Description of Materials Specify Friable or Non-Friable <i>Non Friable</i>		Containers No. <i>4</i>	Type <i>Drums</i>	Total Quantity	
	6. Special Handling Instructions <i>24-hour emergency spill response no. 800-424-9300</i>					
	7. Generator Certification: <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, U.S.E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.</small>					
	Printed/Typed Name & Title <i>Dennis McLeod Supervisor</i>		Signature <i>Dennis McLeod PAK</i>		Date <i>8-20-01</i>	
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) *If blank, Transporter 2 serves as sole transporter.					
	Company Name & Address		Signature: _____		Telephone No.	
			Printed Name: _____		Date:	
		Title: _____				
9. Transporter 2 (Acknowledgement of Receipt of Materials)		Signature: _____		Telephone No.		
Company Name & Address <i>Service Transport Group, Inc. P.O. Box 2132 Bristol, PA 19007</i>		Printed Name: _____		<i>877-999-9559</i>		
Profile #00534		Title: _____		Date:		
DISPOSAL SITE	10. Discrepancy Indication Space:					
	11. Waste Disposal/Recycling Site Owner or Operator's Certification (Receipt of above Waste Except as Noted in 10)					
Company Name & Address <i>Greenridge Reclamation R.D. #1, Box 716 Landfill Road Scottsdale, PA 15683</i>		Signature: _____		Telephone No.		
Permit No. <i>100281</i>		Printed Name: _____		<i>724-887-9400</i>		
		Title: _____		Date		

WHITE-Disposal Site • GREEN-S.T.G. • YELLOW-Contractor • PINK-Generator • GOLD - Pick Up Receipt

SERVICE TRANSPORT GROUP, INC.

P.O. BOX 2132, BRISTOL, PA 19007

PHONE: (877) 999-9559

No 90418

WASTE SHIPMENT RECORD

S.T.G. # _____

GENERATOR	1. Material Origin Site <i>Tilton School 70 Grove ST Haverhill MA 01830</i>		Generator: Name/Address <i>City of Haverhill 4 Summer St Haverhill, MA 01830</i>		Generator: Phone # <i>978 374 2509</i>	
	2. Removal Contractor: Name/Address <i>Environmental Compliance Specialists, Inc. 111 Route 125 Kingston, NH 03848</i>				Contractor: Phone # <i>603-642-9200</i>	
	3. Responsible Agency: Name/Address <i>U.S. EPA Region I JFK Federal Building Boston, MA 02203-2211</i>		4. US DOT Class - FRIABLE ASBESTOS ONLY <i>RQ ASBESTOS, 9, NA 2212, PG III</i>			
	5. Description of Materials Specify Friable or Non-Friable <i>Friable</i> <i>Non Friable</i>		Containers No. <i>14 Bags</i> <i>11 Bags</i>	Type	Total Quantity	
	6. Special Handling Instructions <i>24-hour emergency spill response no. 800-424-9300</i>					
	7. Generator Certification: <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.</small>					
	Printed/Typed Name & Title <i>Tom Tilton Supervisor</i>		Signature <i>Tom Tilton</i>		<i>PAC</i>	Date <i>8-24-01</i>
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) *If blank, Transporter 2 serves as sole transporter.					
	Company Name & Address		Signature: _____		Telephone No.	
		Printed Name: _____		Date:		
		Title: _____				
DISPOSAL SITE	9. Transporter 2 (Acknowledgement of Receipt of Materials)					
	Company Name & Address <i>Service Transport Group, Inc. P.O. Box 2132 Bristol, PA 19007</i>		Signature: _____		Telephone No. <i>877-999-9559</i>	
		Printed Name: _____		Date:		
		Title: _____				
10. Discrepancy Indication Space:						
11. Waste Disposal/Recycling Site Owner or Operator's Certification (Receipt of above Waste Except as Noted in 10)						
Company Name & Address <i>Greenridge Reclamation R.D. #1, Box 716 Landfill Road Scottsdale, PA 15683</i>		Signature: _____		Telephone No. <i>724-887-9400</i>		
Permit No. <i>100281</i>		Printed Name: _____		Date		
		Title: _____				

WHITE-Disposal Site • GREEN-S.T.G. • YELLOW-Contractor • PINK-Generator • GOLD - Pick Up Receipt

SERVICE TRANSPORT GROUP, INC.

P.O. BOX 2132, BRISTOL, PA 19007

PHONE: (877) 999-9559

No 90419

WASTE SHIPMENT RECORD

S.T.G. # _____

GENERATOR	1. Material Origin Site <i>Whittier School 256 Concord St. Haverhill, 01803</i>		Generator: Name/Address <i>CITY of Haverhill 4 Summer ST Haverhill, MA 01830</i>		Generator: Phone # <i>978 374 2309</i>
	2. Removal Contractor: Name/Address <i>Environmental Compliance Specialists, Inc. 111 Route 125 Kingston, NH 03848</i>				Contractor: Phone # <i>603-642-9200</i>
	3. Responsible Agency: Name/Address <i>U.S. EPA Region I JFK Federal Building Boston, MA 02203-2211</i>		4. US DOT Class - FRIABLE ASBESTOS ONLY <i>RQ ASBESTOS, 9, NA 2212, PG III</i>		
	5. Description of Materials Specify Friable or Non-Friable <i>Non Friable</i>		Containers No.	Type	Total Quantity
	<i>Non Friable</i>		<i>9 Drums</i>	<i>8 Bags</i>	
	6. Special Handling Instructions : <i>24-hour emergency spill response no. 800-424-9300</i>				
	7. Generator Certification: <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.</small>				
Printed/Typed Name & Title <i>Dennis McLeod, Supervisor</i>		Signature <i>Dennis McLeod</i>		Date <i>8-23-01</i>	
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) *If blank, Transporter 2 serves as sole transporter.				
	Company Name & Address		Signature: _____		Telephone No.
			Printed Name: _____		Date:
		Title: _____			
DISPOSAL SITE	9. Transporter 2 (Acknowledgement of Receipt of Materials)				
	Company Name & Address <i>Service Transport Group, Inc. P.O. Box 2132 Bristol, PA 19007</i>		Signature: _____		Telephone No. <i>877-999-9559</i>
		Printed Name: _____		Date:	
		Title: _____			
10. Discrepancy Indication Space:					
11. Waste Disposal/Recycling Site Owner or Operator's Certification (Receipt of above Waste Except as Noted in 10)					
Company Name & Address <i>Greenridge Reclamation R.D. #1, Box 716 Landfill Road Scottsdale, PA 15683</i>		Signature: _____		Telephone No. <i>724-887-9400</i>	
Permit No. <i>100281</i>		Printed Name: _____		Date	
		Title: _____			

WHITE-Disposal Site • GREEN-S.T.G. • YELLOW-Contractor • PINK-Generator • GOLD - Pick Up Receipt