

# All State Abatement Professionals, inc.

60 Railroad Street  
Haverhill, MA 01835

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

September 5, 1995

City of Haverhill  
Attn: Mr. Frank DiStephano  
4 Summer Street  
Haverhill, MA 01830

Re: Asbestos Abatement @ Whittier School  
*ASAP* Work Order #: 95-084

Dear Mr. DiStephano:

As requested, enclosed you will find the completed close-out documentation for the above referenced project. The close-out documents are listed below:

- Notifications submitted to all appropriate agencies.
- Employee licenses and medicals.
- Daily sign-in logs.
- Daily job reports.
- OSHA air monitoring results.
- Asbestos disposal manifests.

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

Sincerely,

J. Scott Curley  
President and CEO

Enclosures

# All State Abatement Professionals, inc.

60 Railroad Street  
Haverhill, MA 01835

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

## **Close-Out Documentation Submittals**

**for**

**Asbestos Abatement**

**at**

**Whittier School**

**Prepared for:**

**City of Haverhill**

**Attn: Mr. Frank DiStephano**

**4 Summer Street**

**Haverhill, Massachusetts 01830**

# All State Abatement Professionals, inc.

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# All State Abatement Professionals, inc.

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**Submittal # 1**

**Notifications**



# Commonwealth of Massachusetts Asbestos Notification Form -- ANF-001



#509719

## A Asbestos Abatement Description

### INSTRUCTIONS

1. All sections of this form must be completed in order to comply with the Department of Environmental Protection notification requirements of 310 CMR 7.15 (ten working days prior notification is required of any abatement project) and the Department of Labor and Industrial notification requirements of 453 CMR 6.12 (ten days prior notification is required of ANY abatement project greater than three linear or square feet).

2. Submit Original Form to:  
Commonwealth of Massachusetts  
Asbestos Program  
P.O. B. 120087  
Boston, MA 02112-0087

3. This form may be used for notifying the U.S. Environmental Protection Agency Region 1 of asbestos demolition/renovation operations subject to NESHAPS (40 CFR Subpart M).

For PRCIA Use Only
Notification #
Responsible Party
Inspector
Form Approved/Modified
Decision Date

- Facility location:  
Whittier School  
Haverhill, MA  
Various locations on First Floor  
*(What is the worksite location? building name, Z, wing, floor, room)*
- Is the facility occupied?  Yes  No
- Asbestos Contractor:  
All State Abatement Professionals, Inc.  
Haverhill, MA  
0000331  
60 Railroad Street  
01835  
Written  
(508) 374-5420
- On-Site Project Supervisor/Foreman:  
Craig Tetreault  
SF10416  
Air Testing Services  
AA000124  
Air Testing Services  
AA000124
- Project Monitor:  
Air Testing Services  
AA000124
- Project start date 8/7/95 and date 8/8/95 specific work hours (Mon-Fri) 7am-3:30pm (Sat, Sun)
- What type of project is this? (circle one): demolition repair (renovation) other (explain)
- Describe the asbestos abatement procedures to be used (circle): encapsulation disposal only other (explain)
- In the job being conducted  indoor  outdoor?
- Total amount of each type of Asbestos Containing Materials (ACM) to be handled on pipes or ducts (linear ft.) or other surfaces (square ft.) 100 to be removed, enclosed or encapsulated:  
linear/square feet  
boiler, breaching, duct, tank surface coatings  
corrugated or layered paper pipe insulation  
spray-on fireproofing  
cloths, woven fabrics  
other (please describe) V&E Tile / 100  
thermal, solid core pipe insulation  
insulating cement  
board/sprayer coatings  
transite board, wall board
- Describe the decontamination system(s) to be used:  
Three Chamber decontamination unit.
- Describe the containment/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2)(c):  
Double six mil poly.

For Emergency Asbestos Abatement Operations (the DEP and DL) officials who evaluated the emergency:

Name of DEP Official	Title
Date of Authorization	Where?
Name of DL Official	Title
Date of Authorization	Where?

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

# All State Abatement Professionals, inc.

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Haverhill, MA 01835

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July 13, 1995

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

Re: Asbestos Abatement @ Whittier School  
256 Concord Street, Various Location on First Floor

To whom it may concern:

All State Abatement Professionals, Inc. (*ASAP*) is schedule to perform work for the above referenced project on the following dates:

**Start Date:** 8/7/95  
**End Date:** 8/8/95

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

Sincerely,



J. Scott Curley  
President

JSC

Enclosures

# All State Abatement Professionals, inc.

60 Railroad Street  
Haverhill, MA 01835

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

## **Submittal # 2**

## **Daily Sign-In Logs**

# All State Abatement Professionals, inc.

60 Railroad Street  
Haverhill, MA 01835

508-975-ANNA  
Fax: 508-374-5336

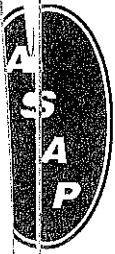
## DAILY SIGN-IN CONTAINMENT LOG

PROJECT NAME Whittier School PROJECT #: 95-084

DATE 8-7-95 Day of Week (Please Circle One) S  M T W TH F S

Name	License & State	Social Security #	In	Out
Craig Tebcraft	SF1025 MA	010-60-6424	7 AM	5/26
Richard Croteru	SF09622 MA	022-58-1997	7 AM	5/30





# All State Abatement Professionals, inc.

60 Railroad Street  
Haverhill, MA 01835

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

## **Submittal # 3**

## **Daily Job Reports**

# All State Abatement Professionals, inc.

60 Railroad Street  
Haverhill, MA 01835

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

JOB REPORT  
 NAME: Whittier School  
 S: 256 Concord St  
Haverhill MA

JOB NUMBER: 95-084  
 DATE: 8-7-95  
 DAY OF WEEK: Mon  
 JOB FOREMAN: Craig

### DESCRIPTION OF WORK

see stage clean "Remote", Preped Containment  
 tunnel barrier stage with dry case for  
 eg air removal of ~~stage~~ with hand squeegee.  
 Arrows Local in type so staging marable

### IGNED PERSONNEL:

	NAME	HOURS		NAME	HOURS
	<u>Craig</u>	<u>8</u>	16.		
	<u>Dick</u>		17.		
			18.		
			19.		
			20.		
			21.		
			22.		
			23.		
			24.		
0.			25.		
1.			26.		
2.			27.		
3.			28.		
4.			29.		
5.			30.		

TOTAL HOURS



# All State Abatement Professionals, inc.


60 Railroad Street  
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Fax: 508-374-5336

## **Submittal # 4**

### **Employee Licenses and Medicals**

Commonwealth of Massachusetts  
 Department of Labor and Industries  
 Office of Safety and Health




**Tetraault, Craig**  
 010-60-6424

has been certified as a:  
**SUPERVISOR / FOREPERSON**

Effective Date: **10/17/94**  
 Expiration Date: **10/17/95**

Signature of Supervisor / Foreperson  
 Certification Number **BOS N**

**SE 10416**



**QUALITY CONTROL SERVICES INC.**  
 10 Lowell Junction Road  
 Andover, Massachusetts 01810  
 (508) 475-0625

*This is to certify that*  
**CRIG TETRAULT**  
 010-60-6424

*has successfully completed*  
*the course*

**OCTOBER 10 - 14, 1994**  
*Dates of Training*

**ATS 94-10-204**  
*Certificate Number*

**OCTOBER 14, 1995**  
*Expiration Date*

**OCTOBER 14, 1994 - PASSED**  
*Exam Date*

**ASBESTOS ABATEMENT PROCEDURES  
 AND PRACTICES  
 CONTRACTORS AND SUPERVISORS**

*in accordance with the requirements of  
 asbestos abatement under 29 CFR 1910.101*

*Virginia D. Barrell*  
 Director

HEALTH CARE MEDICAL A - P-20-10-1  
 721 WASHINGTON  
 BOSTON, MASSACHUSETTS 02111  
 617-552-1234

**EMPLOYEE ASBESTOS NOTIFICATION LETTER**

Date: 10/14/94

Dear \_\_\_\_\_:  
 This letter is a written report regarding the results of your asbestos surveillance examination as required by OSHA Standard (29 CFR 1010.1001 and 1020.50).

Enclosed is a copy of the letter sent to your employer, which you are required to receive. Please inform any medical conditions or personal protective equipment and ventilation which may be indicated on this letter. Although asbestos is a hazardous substance, individual risk may be adequately controlled by meticulous observation of safe work practices. Careful use of protective equipment and proper techniques is essential to safeguarding your health. Smoking greatly increases the risk of lung cancer from asbestos exposure. If you are a smoker, I encourage you to stop smoking.

Non-work related medical findings which require follow up:  
 Name: \_\_\_\_\_ Findings: \_\_\_\_\_

Recommendations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sincerely,  
 \_\_\_\_\_  
 Examining Physician  
 \_\_\_\_\_  
 Signature



**QUALITY CONTROL SERVICES, INC.**

10 LOWELL JUNCTION ROAD  
 ANDOVER, MA 01810  
 508-475-0625 FAX 508-470-1017

**FIT TEST AND RESPIRATOR TRAINING CHECKLIST**

The following is a checklist which must be completed for each employee of subcontractor required to wear a negative pressure respirator every 6 months. This form is required on all job sites.

I CERTIFY THAT ON THE DATE BELOW I WAS TRAINED 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 CONDITION IS CONTRARY TO HOSE OUTLINED AS APPROPRIATE IN THE TRAINING AND THE TEST RESULT MAY NOT PROVIDE ADEQUATE PROTECTION.

Employee/Subcontractor Signature: James J. Barrell

Qualified Person Signature: Virginia D. Barrell

Date: 10/14/94

- Challenge substance: (Circle one) Inflant Smoke Barium Oil, Saccharin
- FIT Check Procedure:
  - Negative Pressure Check
  - Positive Pressure Check
- Testing Procedure:
 

a.	Normal Breathing	<input checked="" type="checkbox"/>
b.	Deep Breathing	<input checked="" type="checkbox"/>
c.	Tilt head from side to side	<input checked="" type="checkbox"/>
d.	Nod head up and down	<input checked="" type="checkbox"/>
e.	Talking and/or bawling backwards from 100	<input checked="" type="checkbox"/>
f.	Jogging in place	<input checked="" type="checkbox"/>
g.	Bend over and touch toes	<input checked="" type="checkbox"/>
h.	Climax and down	<input checked="" type="checkbox"/>
i.	Repeat Rainbow Passage	<input checked="" type="checkbox"/>
j.	Breathe normally	<input checked="" type="checkbox"/>
- Overall Evaluation: Pass/Fail

Reaction:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Respirator Approval:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Issued 2 PAGE Sign M

**ASBESTOS CERTIFICATION CARD**  
**STATE OF MAINE**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



*T.M. Clark*  
 CLERK OF SUPERVISOR ASBESTOS COORDINATION



STATE OF NEW HAMPSHIRE  
 DIVISION OF PUBLIC HEALTH SERVICES  
 ASBESTOS ABATEMENT & CONTROL PROGRAMS  
**RICHARD CROTEAU**  
 SUPERVISOR

EMPLOYEE #	DOB
023	05-06-60
ISSUED	EXPIRES
08-01-95	07-31-96

**EMPLOYEE LEAD NOTIFICATION LETTER**

Date: 8/10/95

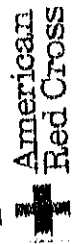
Done: PASQUARO

This letter is a written report regarding the results of your lead examination as required by the permit and Standard. Enclosed is a copy of the letter sent to your employer, which the Standard requires you to have. Please note any medical conditions or personal protective equipment restrictions indicated on this letter. Although lead is a hazardous substance, an individual's risk may be adequately controlled by meticulous observation of safe work practices and the use of personal protective equipment. Your employer should have provided training regarding the potential hazards of airborne lead and methods of personal protection. Of particular importance is the reproductive toxicity of lead. Both men and women attempting to conceive are strongly urged to maintain a blood lead level below 30, since levels above 30 are associated with adverse reproductive effects. We encourage you to review Appendix A of the OSHA Lead Standard which describes the health effects of lead and Appendix B which describes the Standard itself. Careful use of protective equipment and proper work practices are essential to safeguarding your health.


Non-work related medical conditions which require follow up:  
 None  
 Flu/Influenza  
 Recommended follow-up:

Sincerely,  
 DR. PASQUARO  
 Physician  
 100 S. Main St. Center  
 100 Main St. Center (005) 299-3900  
 Address Phone

Commonwealth of Massachusetts  
 Department of Labor and Industries  
 Title is to certify that  
**Croteau, Richard**  
 022-58-9997  
 has been certified as a  
 SUPERVISOR / FOREPERSON  
 Effective Date: 2/15/95  
 Expiration Date: 2/15/96  
 Signature of Supervisor / Foreperson  
 Certification Number: 09672



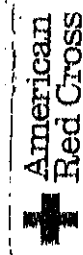
This certifies that  
**RICHARD CROTEAU**  
 has completed the requirements for  
**ASBESTOS**  
 sponsored by  
**AMERICAN RED CROSS**  
 Date completed  
 6/21/95



**QUALITY CONTROL SERVICES INC.**  
 10 Lowell Junction Road  
 Andover, Massachusetts 01810  
 (508) 475-0025

This is to certify that  
**RICHARD CROTEAU**  
 022-58-9997  
 has successfully completed  
 the course  
**ASBESTOS ABATEMENT PROCEDURES  
 AND PRACTICES  
 CONTRACTORS AND SUPERVISORS**  
 in accordance with the requirements for  
 asbestos abatement under 262 CMR 11.00

February 6 - February 10, 1995  
 Dates of Training  
 ATS-95-02-204  
 Certificate Number  
 February 10, 1996  
 Expiration Date  
 February 10, 1995 - PASSED  
 Exam Date



This certifies that  
**Richard Croteau**  
 has completed the requirements for  
**STANDARD FIRST AID**  
 sponsored by  
**AMERICAN RED CROSS**  
 Date completed  
 July 17, 1995

**HealthFirst**  
 141 Main Street  
 Salem, MA 01970  
 (603) 881-1020

**PHYSICAL EXAMINATION PROCESSING FORM**

Name: Richard Croteau SS # \_\_\_\_\_ Date: 2-13-95  
 Reason for Physical:  Pre Placement  Insurance  Other  
 ACC/DOT  Applicant  Urine Drug Screen  
 Employer Name: A.S.A.P. Employer Telephone # \_\_\_\_\_  
 Employer Address: 140 Broadway City: Salem State: MA Zip: 01970  
 Job Title: \_\_\_\_\_

I hereby authorize this office to perform medical examination and testing on behalf of my actual or potential employer and to disclose information pertaining to my ability to safely perform the job to my actual or potential employer. I understand that this type of examination does not ensure the absence of a condition, ongoing acute or latent condition. Although every effort will be made to hold personal medical information confidential, limited access to this examination may be shared with my employer to allow safe assignment of work duties and necessary accommodations.

I further authorize information gathered at the time of this examination to be utilized at subsequent examinations which are performed by HealthFirst for other employers if permitted by my actual or potential employer. Information will not be released to other without my written consent.

Signature: *Richard Croteau* Date: 2/13/95  
 I consent to a urine drug screen

**Physician's Recommendation**

- ( ) A. Employee cleared for employment without restrictions for job indicated
- (X) B. Employee cleared for employment with the following reasonable accommodations:  
partly exempt from some
- ( ) C. The above named individual is not capable of performing the job for which he/she is being considered at this time because:
- ( ) D. We are unable to make a determination based on the need for additional medical information. Therefore, the patient has been placed on medical hold and asked to submit additional medical information as soon as possible.
- ( ) E. The following restrictions are indicated for the use of personal protective equipment such as respirators, gloves, encapsulating suits

The applicant has been advised of any non-work related health conditions which need follow up  
 Signature: *Chris King MD* Date: \_\_\_\_\_  
 Examining Physician Signature Date

**All State Abatement Professionals, Inc.**

80 Holland Street  
 Lebanon, MA 01856  
 608-976-ARAP  
 Fax: 508-874-1505

**RESPIRATOR TRAINING RECORD**

Project Name: VARIOUS Job #: 01A  
 Employee's Name: Richard Croteau SS #: 022-58-9997

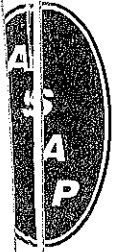
Your signature on this Respirator Training Record will attest to your having received and understood the basic respirator training program which both ASAP and the Occupational Safety and Health Administration (OSHA) require as a part of their Respiratory Protection Standard.

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

Employee's Signature: *Richard Croteau* SS #: 022-58-9997

**RESPIRATOR TEST SUMMARY**

Name of Employee: Richard Croteau SS #: 022-58-9997  
 Date of Testing: 8/12/95 Test Conducted By: Kevin R. Sully  
 Respirator Selected: North Model: 17100  
 Respirator Size (Circle One) S M L ASHRAE/ASHRAE Approval No: TC-28C-710  
 Type(s) of Test Conducted: ZERO LEAK SPACE  
 Testing Agency(ies) Used: STAMMERS SAFETY  
 Asbestos • Masonry Cleaning • Painting • Blasting • Roofing



# All State Abatement Professionals, inc.

60 Railroad Street  
Haverhill, MA 01835

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

## **Submittal # 5**

## **OSHA Air Monitoring Results**

AIR TESTING SERVICES, INC.

ASBESTOS CONSULTANTS & PROJECT MANAGERS

15 Endicott Road  
Boxford, MA 01921

Office (508) 887-5361  
Pager: (617) 597-7452 Cellular: (508) 662-7496

Air Analysis Report

Page 1 of 2

CLIENT: ASAP Inc.  
Scott Curley  
60 Railroad St  
Haverhill, MA 01830

DATE: 08-07-95  
A.T.S. #: 95241

JOB SITE: Whittier School, 256 Concord St., Haverhill, MA  
PROJECT SCOPE: Asbestos Abatement: 100 SF VAT Floor Tile  
PROJECT P.O.#: K. Curley  
TYPE OF SAMPLE: Final Clearance P.C.M. Onsite Analysis  
CLIENT CONTACT: K. Curley

SAMPLE DATE: 08-07-95 Monday 12:30 AM

COLLECTED & ANALYZED BY: A.T.S., Caesar Orlandella, PM 2570  
COLLECTION FLOW RATE: 12 Liters/Minute  
SAMPLE VOLUME: 1440 Liters  
ANALYZED FOR: Airborne Fibers (PCM) NIOSH 7400 Method  
MICROSCOPE: Olympus CHT 2D0022, .00785mm<sup>2</sup>

CLEARANCE SAMPLES:

SAMPLE LOCATION: #01 - Inside Central Hall at Rooms 1/2 After  
VAT Removal  
SAMPLE #: 080795 01 RESULTS: 0.006 F/CC REMARKS: PASSED

SAMPLE LOCATION: #02 - Inside Central Hall at Rooms 7/8 After  
VAT Removal  
SAMPLE #: 080795 02 RESULTS: 0.005 F/CC REMARKS: PASSED

SIGNATURE: 

AIR TESTING SERVICES, INC.

Air Analysis Report

Page 2 of 2

CLIENT: ASAP Inc.

DATE: 08-07-95  
A.T.S. #: 95241

JOB SITE: Whittier School, 256 Concord St., Haverhill, MA  
PROJECT SCOPE: Asbestos Abatement: 100 SF VAT Floor Tile

CLEARANCE SAMPLES:

SAMPLE LOCATION: #03 - Inside Central Hall at Rooms 11/12 After  
VAT Removal

SAMPLE #: 080795 03 RESULTS: 0.005 F/CC REMARKS: PASSED

SAMPLE LOCATION: #04 - Inside Central Hall at Rooms Library/  
Computer Room After VAT Removal

SAMPLE #: 080795 04 RESULTS: 0.003 F/CC REMARKS: PASSED

SAMPLE LOCATION: #05 - Inside Central Hall at Rooms 19/20 After  
VAT Removal

SAMPLE #: 080795 05 RESULTS: 0.004 F/CC REMARKS: PASSED

SIGNATURE:





AIR TESTING SERVICES, INC.  
 ASBESTOS CONSULTANTS & PROJECT MANAGERS

15 Endicott Road  
 Boxford, MA 01921

Office (508) 887-5361  
 Pager: (617) 597-7452      Cellular: (508) 662-7496

Air Analysis Report

Page 1 of 1

CLIENT: ASAP Inc.  
 Scott Curley  
 60 Railroad St  
 Haverhill, MA 01830

DATE: 08/07/95  
 A.T.S. #: 95240 B

TYPE OF SAMPLE: OSHA Personal  
 COLLECTED BY: ASAP, Inc.  
 COLLECTION FLOW RATE: 2.0 Liters/Minute  
 ANALYZED FOR: Airborne Fibers (PCM) NIOSH 7400  
 ANALYZED BY: Caesar Orlandella  
 MICROSCOPE: Olympus CHT 2D0022, .00785mm<sup>2</sup>

DATE	SAMPLE#	DESCRIPTION	ACTIVITY	MINUTES	FIB/CC
		Phillips Lighting			
	73195 01	Field Blank			<LOD
	73195 02	Control Blank			<LOD
	73195 03	J. Haro      035-98-7556	Removal	30	.041
		Bldg A	PAPR Resp.		
	73195 04	J. Haro      035-98-7556	Removal	181	.024
		Bldg A	PAPR Resp.		
	073195 05	J. Haro      035-98-7556	Removal	477	.052
		Bldg A	PAPR Resp.		
	080795 06	H. Benzelma 595-44-4584	Removal	510	.037
		Bldg B	PAPR Resp.		
	080295 07	J. Gonzales 574-09-7564	Removal	485	.044
		Bldg B	PAPR Resp.		
		95-084			
	080795 01	Field Blank			<LOD
	080795 02	Control Blank			<LOD
	080795 03	R. Croteau    022-58-9997	Removal	509	.033
			PAPR Resp.		

SIGNATURE: 



# All State Abatement Professionals, inc.

60 Railroad Street  
Haverhill, MA 01835

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

## **Submittal # 6**

## **Asbestos Disposal Manifests**

**O.B. / ROLLOFF**

SPECIAL WASTE == HAZARD CLASS 9  
REGULATED ASBESTOS-CONTAMINATED  
MATERIALS=NOT A HAZARDOUS WASTE



11 dotted lines must be signed and dated! **HAV-77 W.O.# 95-084**

1. Work-site Owner/Generator: Name, address and phone number:  
**ALL STATE ASB. PROF.**  
**60 RAILROAD ST.**  
**HAVERHILL MA 01830**  
**RE: MANIFEST LIST ON FILE WITH TRANSPORTER**

2. Operator/Contractor; Name, address and phone number:  
**ABOVE** CROSS POINT/PARKWOOD=86 BA PHILLIPS/BARTLETT HALL =113 BAGS  
BISHOP PROPERTIES =96 BAGS HAVERHILL SCHOOLS =WHITTIER=30 BAGS  
PHILLIPS LIGHTING=225 BAGS FOX-94 --HUNKIN ELEM.=36 BAGS

3. Waste Disposal Site; Name, mailing address, Physical-site Location, phone #:  
**TURNKEY LANDFILL, W.M./N.H.** AND OTHERS . . . .  
**90 ROCHESTER NECK ROAD**  
**ROCHESTER, NH 03867**  
**800-847-5303**

4. Name and address of Responsible Agency:  
**MASS. DEPT. OF ENVIRONMENTAL PROTECTION, 10 COMMERCE WAY, WOBURN, MA 01801**

5. Description of Materials:  
**NON-HAZARDOUS WASTE Special Waste**  
"Asbestos, 9, NA 2212, III, RQ", Asbestos Waste  
6. **TOTAL 622 BAGS AEW**  
7. BAGS, BOXES, DRUMS, OTHER UNITS

8. Special Handling Instructions and Additional Information:  
**EMERGENCY RESPONSE: (800) 866-0767**

9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this Consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Operator's/Agents' PRINTED name **Joe Bernier** Signature *Joe Bernier* month, day, year **8/21/95**

10. TRANSPORTER AT PICKUP: (Acknowledgement of Receipt of Materials):  
Driver's PRINTED name **T. McLaughlin** Signature *T. McLaughlin* month, day, year **8/21/95**

**J.O.B. / ROLLOFF TRANSPORT, BOX 6037, CHELSEA, MA 02150 - (800) 866-0767**

11. TRANSPORTER AT LANDFILL: (Acknowledgement of Delivery of Materials):  
Driver's PRINTED name **T. McLaughlin** Signature *T. McLaughlin* month, day, year **8/29/95**

**J.O.B. / ROLLOFF TRANSPORT, BOX 6037, CHELSEA, MA 02150 - (800) 866-0767**

12. Discrepancy indication space:

13. WASTE DISPOSAL SITE OWNER/OPERATOR: CERTIFICATION OF RECEIPT OF MATERIALS (Asbestos-Containing waste) covered by this Manifest (exceptions at #12)  
**TURNKEY LANDFILL, W.M./N.H.**  
**90 ROCHESTER NECK ROAD**  
**ROCHESTER, NH 03867**  
**800-847-5303**

PRINTED name & title **Cheryl Peston** Signature *Cheryl Peston* month, day, year **8/29/95**

