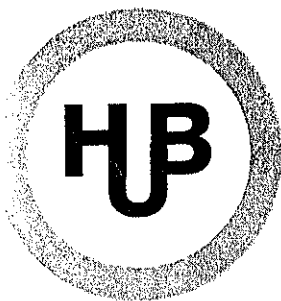


# HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report for:

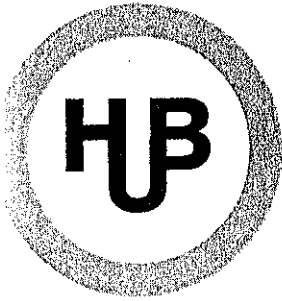
Haverhill Public Schools  
Ed Dufresne, Designated Person  
Electrical Inspector's Office  
Haverhill City Hall  
4 Summer Street  
Haverhill, MA 01830

Project:

Operations and Maintenance Activity  
Emergency TSI Removal at Heater Leak  
Whittier Middle School  
256 Concord Street  
Haverhill, MA 01830

Prepared By:

Hub Testing Laboratory, Inc.  
95 Beaver Street  
Waltham, MA 02453



# HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

OPERATION AND MAINTENANCE ACTIVITIES  
AND  
PERIODIC CLEANING  
Provide the following

Name of person performing activity

See Attachment A – Contractor Documentation

Start and completion date of activity

January 16, 2002

Location where activity occurred

Girl's Locker Room – Ceiling Heater Coil Pipe

Description of activity including preventative measures

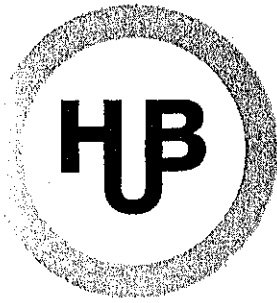
See Report

Name and location of disposal site for waste ACBM, if necessary (copy of manifest)

See Attachment B – Waste Disposal Documentation

# HUB TESTING LABORATORY, INC.

## Environmental Testing Service



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

### Contents

Report  
Daily Monitor Checklist  
Pre-abatement Inspection Form  
Analytical Data  
Final Clearance Inspection Form

Attachment A

Contractor's Documentation  
Contractor's Certification  
Liability Insurance  
Personnel Documentation

Attachment B

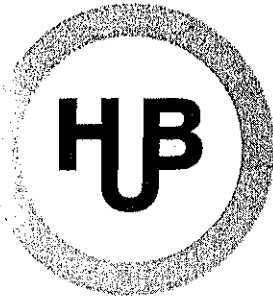
Waste Disposal Documentation

Attachment C

Project Notifications  
DEP/DLWD Notification  
Fire Department Notification

Attachment D

Hub Documentation  
Lab Certification  
Project Monitor License  
Project Monitor Certification



# 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  
Mr. Roger Young  
Executive Director of Business  
4 Summer Street  
Haverhill, MA 01830-5877

Project: Emergency TSI Asbestos Removal on a pipe  
connected to a ceiling heater in the Girls locker Room

Site: John Greenleaf Whittier Middle School  
256 Concord Street  
Haverhill, MA 01835

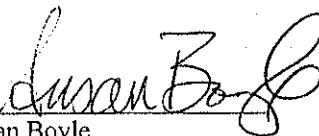
Project Monitor: David W. Cunliffe

Date: January 18, 2002

Hub Testing Laboratory, Inc. was contracted on January 16, 2002 to monitor the removal of three (3) linear feet of TSI insulation on a pipe connected to a ceiling heater in the Girl's Locker Room. The coil on the heater was leaking. In order to do the repair of the coil, a pipe with air cell asbestos insulation would need to be removed. On January 16, 2002, an emergency waiver for the notification was granted to the city for the removal of the pipe insulation. On the same day, All State Abatement Professional, Inc., a Massachusetts licensed asbestos abatement company, performed the emergency removal via glove bag technique. Hub Testing Laboratories, Inc. set up air monitoring in the Girl's Locker Room next to the glove bag abatement area (see analytical data).

The contractor set up the work area per AHERA Appendix B to Subpart E for Small Scale, Short Duration Operations and Maintenance Activities and Massachusetts regulations, using the glove bag technique procedures.

All air monitoring and testing was performed under the guidelines specified in NIOSH, Asbestos and Other Fibers Method 7400. This procedure is used for area monitoring.

  
Susan Boyle  
Vice President

# HUB TESTING LABORATORIES

Consulting and Testing Engineers

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



REPORT FOR: City of Haverhill  
Haverhill School Dept  
PROJECT: JG Whittier School  
CONTRACTOR: Abate <sup>Assoc</sup> ALL-STATE PROFESSIONAL INC  
DATE: 1/16/02

Checklist Adequate Deficient

- |     |                                    |                                     |                          |
|-----|------------------------------------|-------------------------------------|--------------------------|
| 1.  | Contractor's Personnel: # <u>1</u> | <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.  | DECON Facility Condition:          | <input type="checkbox"/> N/A        | <input type="checkbox"/> |
| 5.  | Housekeeping In/Out:               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Entry/Exit Procedures Followed:    | <input type="checkbox"/> N/A        | <input type="checkbox"/> |
| 7.  | HEPA Exhaust Operating:            | <input type="checkbox"/> N/A        | <input type="checkbox"/> |
| 8.  | Work Procedures Followed:          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Respiratory Protection Used:       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Differential Pressure:             | <input type="checkbox"/> N/A        | <input type="checkbox"/> |

- |     |  |                              |                                      |
|-----|--|------------------------------|--------------------------------------|
| 11. | Copy of Contractor's Air Sampling Reports: | <input type="checkbox"/> N/A | Received                             |
| 12. | Copy of Contractor's Daily Logs:           | <input type="checkbox"/> N/A | Received                             |
| 13. | Signs of Heat Stress:                      | Present                      | <input type="checkbox"/> Not Present |

14. Unusual Occurrences: \_\_\_\_\_  
 \_\_\_\_\_  
 15. Action Taken: \_\_\_\_\_  
 \_\_\_\_\_

16. Hub Testing's Air Monitoring Test Results: See ATTACHED Report

Sample I.D.	Location	Fibers/cc
<u>A-1 before <sup>Emergency Abatement</sup> Cleanup</u>	<u>Girls Locker Room</u>	<u>0.02</u>
<u>C-1 AFTER <sup>Emergency Abatement</sup> Cleanup</u>	<u>Girls Locker Room</u>	<u>0.01</u>
Technician: <u>[Signature]</u>	Log In: <u>10:30 AM</u>	Log Out: _____

# HUB TESTING LABORATORY, INC.

## Environmental Testing Service



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

*JG Whittier Middle School  
CONCORDS ST, Haverhill, MA*

*Asbestos  
ALL STATE PROFESSIONAL, INC.*

### PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: *Girls Locker room* WORK AREA DESCRIPTION: \_\_\_\_\_  
*pipe on ceiling Heating unit*

DEMOLITION REQUIRED (describe) (\*):  
*NO*

MATERIAL TO BE ABATED (describe, give quantities):  
*3 Feet of TSE pipe Insulation*

ESTIMATED DAYS REQUIRED FOR ABATEMENT: *1/2 day*

#### CRITICAL BARRIERS IN PLACE:

Windows *N/A* Doors *N/A* HVAC Vents *N/A* Electrical Switches *N/A*  
Electrical Outlets *N/A* Other *Glove bag operation per AHERA  
Appendix B of SUBPART E.*

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

#### DECONTAMINATION FACILITIES (\*):

FULL THREE CHAMBER PDF WITH HOT/COLD WATER *N/A*  
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER *N/A*  
IF OTHER DESCRIBE \_\_\_\_\_

TYPE OF RESPIRATORY PROTECTION TO BE USED: *1/2 FACE w/ HEPA Cartridges*  
NUMBER OF NEGATIVE AIR MACHINES OPERATING (\*): *N/A*  
PRESSURE READING: *N/A*  
CONTAINMENT SMOKE TESTED: *No*

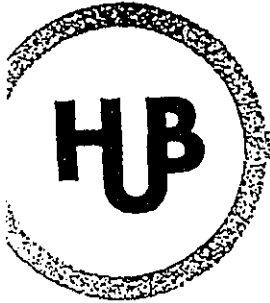
PIH'S SIGNATURE: *[Signature]* DATE *1/16/02*

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)

### DAILY AIR MONITORING DATA SHEET

Report For: City of Haverhill  
J. G. Whittier School

Contractor: ALL STATES Abatement Professional Inc  
Date: 1/16/02  
Work Area: Girls Locker Room  
Type of Sampling: Ambient - during Abatement + AFTER Abatement  
Hub-R-6

PUMP NUMBER	<u>22</u>	<u>22</u>							
CALIB. METHOD	<u>bubble</u>	<u>bubble</u>							
PRE-CALIB.	<u>10.0</u>	<u>10.0</u>							
POST-CALIB.	<u>10.0</u>	<u>10.0</u>							
AVG. FLOW	<u>10.0</u>	<u>10.0</u>							

BLDG.	FLOOR	WING	SAMPLE I.D	SAMPLE LOCATION	PUMP #	START	STOP	TOTAL MIN.	VOL. (L)	FIBERS	F/cc	F/mm2
			<u>A-1</u>	<u>Girls Locker Room</u>	<u>22</u>	<u>11:15am</u>	<u>11:55am</u>	<u>40</u>	<u>400</u>	<u>22</u>	<u>0.02</u>	
			<u>C-1</u>	<u>Girls Locker Room</u>	<u>22</u>	<u>12:00pm</u> <u>NOON</u>	<u>1:30pm</u>	<u>90</u>	<u>900</u>	<u>28</u>	<u>0.01</u>	

Project Monitors Signature [Signature] Date 1/16/02

Technicians Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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. Girls Locker Room

CONTRACTOR All State Abatement Professionals, Inc.

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		<u>N/A</u>
7. HORIZONTAL SURFACES		<input checked="" type="checkbox"/>
8. EQUIPMENT		<input checked="" type="checkbox"/>

LOCKDOWN ENCAPSULANT APPLIED NO

SAMPLES COLLECTED USING AGGRESSIVE METHODS N/A

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT N/A

DATE SAMPLING PUMPS CALIBRATED N/A

FINAL AIR SAMPLE RESULTS N/A

FINAL AIR SAMPLES - PASS N/A

FINAL AIR SAMPLES - FAIL N/A

CONTRACTOR NOTIFIED \_\_\_\_\_

MONITOR'S SIGNATURE D. Dew, C. Cuffe DATE 1/18/0

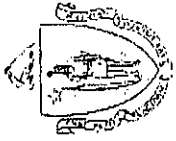
*Visual Inspection performed only.*



**ATTACHMENT A**

**CONTRACTORS DOCUMENTATION**

Control No:



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Labor and Workforce Development  
**Division of Occupational Safety**

399 Washington Street, 5th Floor, Boston, Massachusetts 02108

**ASBESTOS CONTRACTOR LICENSE**

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

LICENSE: AC000331

EXPIRES: Wednesday, April 10, 2002

IN ACCORDANCE WITH MCL CH. 149 § 6B AND 453 CMR 6.04

THIS CERTIFICATE IS ISSUED BY THE DEPARTMENT OF LABOR AND WORKFORCE  
DEVELOPMENT, DIVISION OF OCCUPATIONAL SAFETY FOR THE PURPOSE OF ENTERING  
INTO OR ENGAGING IN ASBESTOS WORK.

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

*Robert J. Pfezioso*  
Robert J. Pfezioso, Deputy Director

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID HL  
ALLST-2

DATE (MM/DD/YY)  
05/30/01

**PRODUCER**  
Andrew Anthony Companies - MA  
One Speen Street  
Framingham MA 01701  
Phone: 508-820-4400 Fax: 508-820-7782

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
All State Abatement Prof, Inc.  
60 Railroad Street  
Haverhill MA 01835

**INSURERS AFFORDING COVERAGE**

INSURER A:	Zurich American Ins Co
INSURER B:	Travelers Insurance Co.
INSURER C:	Zurich
INSURER D:	
INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	AA0376838200	12/05/00	03/15/02	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5000
					PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 1000000
					PRODUCTS - COMP/OP AGG	\$ 1000000
					GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>	
B	AUTOMOBILE LIABILITY	BINDER	03/11/01	03/11/02	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY					
	<input type="checkbox"/> ANY AUTO					
	EXCESS LIABILITY					
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					
	DEDUCTIBLE					
	RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	BINDER	03/15/01	03/15/02	WC STATUTORY LIMITS	OTHER
	E L EACH ACCIDENT				\$ 1000000	
	E L DISEASE - EA EMPLOYEE				\$ 1000000	
	OTHER					
	E L DISEASE - POLICY LIMIT				\$ 1000000	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS**  
Issued as evidence of insurance.

**CERTIFICATE HOLDER** N ADDITIONAL INSURED; INSURER LETTER:  
**ALLSTAT**  
All State Abatement Professionals, Inc.

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE: *M S Christian*



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



Asbestos Supervisor

**NERY R BOSQUE**

Eff. Date 04/12/2001

Exp. Date 04/11/2002

AS 32614

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

HV 002613



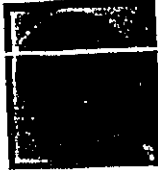
HVRN

Asbestos Supervisor

R BOSQUE

04/12/2001  
04/11/2002

14  
COMES  
3



HVRN

Red Cross

This recognizes that  
**NERY BOSQUE**  
has completed the requirements for  
**ADULT CPR**  
conducted by  
**ASAP.**

Date completed 4/15/00  
The American Red Cross recognizes this certificate  
as valid for 1 year from completion date.

INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

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

IEE

IEE

This is to certify that

Nery Bosque 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

March 30, 2001

Course Dates

Course Location

Institute for Environmental Education  
16 Upton Drive  
Wilmington, MA 01887

March 30, 2002

Expiration Date

March 30, 2001  
Examination Date

01343910410312  
Certificate Number

*[Signature]*  
President/Director of Training



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

NERY BOSQUE

CERTIFICATE #: S-1099	D.O.B.: 06-19-74
ISSUED: 07-12-01	EXPIRES: 07-11-02

*[Signature]*  
DIRECTOR, OFFICE OF COMMUNITY & PUBLIC HEALTH

Valley Regional Occupational Health Services

61 Main Street  
Stoneham, MA 02180  
(781) 438-9600  
Fax (781) 436-9603

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

ASBESTOS PHYSICAL EXAMINATION  
LETTER OF INTERPRETATION

Company ASAP

Following examination, tests, and procedures were performed on the above-named  
individual on 3/8/01:

- 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

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 \_\_\_\_\_

se examinations have been performed in full compliance with OSHA standards set forth  
in 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.

Physician: P. T... Date: 3/12/01

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.

Form APC 5/99



60 Railroad Street  
Haverhill, MA 01835

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

RESPIRATOR TRAINING RECORD

Project Name: Various Projects Job #: N/A  
Employee's Name: Nery Bosque Jr SS #: 624-56-9367

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

The basic respirator training program consists of the following items.

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

Employee's Signature: [Signature] SS #: 624-56-9367

RESPIRATOR TEST SUMMARY

Name of Employee: Nery Bosque Jr SS #: 624-56-9367  
Date of Testing: March 8-01 Test Conducted By: Ron Nastasia  
Respirator Selected: \_\_\_\_\_ Model: 7700 Series  
Manufacturer: North  
Respirator Size: (Circle One) S M L MSHA/NIOSH Approval No: TC-23C-210  
Type (s) of Test Conducted: Irritant Smoke  
Testing Agent (s) Used: Stannic Oxychloride  
Asbestos • Masonry Cleaning • Deacid • Shot/Sand Blasting

**ATTACHMENT B**  
**WASTE DISPOSAL DOCUMENTATION**

PLEASE BEAR DOWN HARD YOU ARE MAKING 7 COPIES

BUSINESS FORMS PLUS (617) 846-5896

98,544

# J.O.B. / ROLLOFF, INC.

Asbestos Waste Transport & Disposal  
Box 6037, Chelsea, MA 02150

(617) 387-1495



ROLL-OFF CONTAINERS  
10-15-20-30-40 YARDS

NON-HAZARDOUS WASTE

RO, ASBESTOS, 9, NA2212, PG III



## ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number WO# 02-004 P.O. # \_\_\_\_\_  
 Contractor All State Abatement Professionals, Inc.  
 Address 60 Railroad Street  
 City Haverhill State MA Zip 01835  
 Telephone Number (978) 374-5420  
 Date Container Del. \_\_\_\_\_ Date of Pickup 2/5/02  
 Type of Container 40 yard closed  
 Friable  Non-Friable   
 Bag 2 Drum \_\_\_\_\_ Box \_\_\_\_\_ Other \_\_\_\_\_  
 volume 0.17 cy

**GENERATOR/BUILDING OWNER**  
 Name City of Haverhill  
 Address 4 Summer Street  
 City Haverhill State MA Zip 01835  
 Phone Number \_\_\_\_\_

**GENERATING LOCATION**  
 Name Whittier School  
 Address 256 Concord Street  
 City Haverhill State MA Zip 01835  
 Phone Number \_\_\_\_\_

**E.P.A. AGENCY**  
 CT, MA, RI, VT, NH, ME  
 GENERATORS  
 U.S. EPA - Region I  
 Air Management - JFK Building  
 Boston, MA 02203  
 (617) 565-3265

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

Authorized Signature [Signature] Date 2/4/02

Transporter 1: J.O.B. / ROLLOFF, INC. • P.O. BOX 6037, CHELSEA, MA 02150 • (617) 387-1495  
 I hereby certify that the above named material was picked up at the generator site listed above, and, if applicable delivered to the temporary storage/transfer location or final landfill destination.

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature State / #

TEMPORARY STORAGE / TRANSFER FACILITY: **WASTE MANAGEMENT OF CONNECTICUT, INC.**  
 203 PICKERING STREET, PORTLAND, CT 06480  
 PHONE: (860) 342-0667 PERMIT # SW 1130223

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted at the above named facility.

Transporter 2: WASTE MANAGEMENT OF CT, INC., P.O. BOX 144, PORTLAND, CT 06480 (860) 342-0667  
 I hereby certify that the above named material was delivered without incident to the destination listed below

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature State / #



**ATTACHMENT C**  
**PROJECT NOTIFICATION**



**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. (For working days jobs notification is required at any abatement project; and the Department of Labor and Industrial Notification requirements of 453 CMR 6.12. (For days jobs notification is required at ANY abatement project greater than three days or square feet.)

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

3. This form may be used for notifying the U.S. Environmental Protection Agency Region I of asbestos abatement/encapsulation operations subject to 40 CFR 61.145 (40 CFR Subpart E).

Box for signatures and dates.

1. Facility location:  
Whittier School 256 Concord Street  
Haverhill 01835  
Boy's Locker Room  
 What is the asbestos location? Building name, floor, level, room

2. Is the facility occupied?  Yes  No

3. Asbestos Contractor:  
All State Nintonyl Professionals 60 Ballinard Street  
Haverhill, MA 01835 (978) 374-5430  
ACX00131 written  
 Contact type (written/verbal)

4. On-Site Project Supervisor/Foreman:  
Nery Bosque AS-32614  
 DEICertification #

5. Project Monitor:  
Air Testing Services ANXX1124  
 DEICertification #

6. Asbestos Analytical Lab:  
Air Testing Services ANXX1124  
 DEICertification #

7. Project start date 1/16/02 end date 1/16/02 specific work hours (Mon-Fri) 7am-3:30pm (Sat, Sun.)

8. What type of project is this? (circle one):  renovation  repair  renovation  other (specify)

9. Describe the asbestos abatement procedures to be used (circle):  enclosure  full enclosure  other (specify)

10. Is the job being conducted  indoors  outdoors?

11. Total amount of each type of Asbestos Containing Materials (ACM) to be handled on pipes or ducts (linear ft.) 5 or other surfaces (square ft.) \_\_\_\_\_ in to be removed, enclosed or encapsulated:  
 linear/square feet

bulk, breaching, duct, tank surface coatings	_____	thermal, solid core pipe insulation	_____ <u>5</u> _____
encapsulated or layered paper pipe insulation	_____	insulating concrete	_____
space or suspended	_____	bonded type castings	_____
clay, woven fabric	_____	white board, wall board	_____
and (please describe)	_____		

12. Describe the decontamination system(s) to be used:  
provide an alternate decontamination unit

13. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2)(c):  
in the bag will only

14. For Emergency Asbestos Abatement Operations, the DEP and DLI officials who evaluated the emergency:  
John McCallie Inspector  
 Date of DEP Approval: 1/16/02  
John Davies Inspector  
 Date of DLI Approval: 1/16/02

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

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

3. Facility Owner:

City of Haverhill 4 Summer Street

Haverhill 01835  
City/Town Zip Code Telephone

4. Facility's Owner's On-Site Manager:

Fred Boyle, Hub Testing Labs (781) 893-8330

City/Town Zip Code Telephone

5. General Contractor:

N/A

City/Town Zip Code Telephone

Contractor's Workers Comp. Insured Policy # Exp. Date

6. What is the size of the facility? 30,000 (sq ft) 2 (# of floors)

**C** Asbestos Transportation and Disposal

1. Transporter of asbestos-containing waste material from site to temporary storage site (if necessary) to final disposal site:

All State Asbestos Professionals, Inc. (A) Railroad Street  
Haverhill, MA 01835 (978) 374-5420  
City/Town Zip Code Telephone

2. Transporter of asbestos-containing waste material from removal/temporary storage site to final disposal site:

ACE Hauloff, Inc. P.O. Box 6037  
Lowell, MA 02150 (800) 866-0767  
City/Town Zip Code Telephone

3. Refuse transfer station and owner (if applicable):

N/A: Applicable

City/Town Zip Code Telephone

4. Final Disposal Site:

Southern Alltechonics Disposal Service  
843 Miller Picking Road  
Davidville, VA 15928 (814) 479-2537  
City/Town Zip Code Telephone

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

**D** Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts Regulations for the Removal, Containment or Encapsulation of Asbestos, 450 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

J. Frank Curley Date: 1/16/02  
Signature

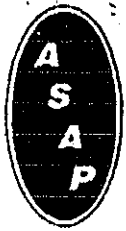
Principal/ASD All State Asbestos Professionals, Inc. (978) 374-5420  
City/Town Zip Code Telephone

(A) Railroad Street Haverhill, MA 01835  
City/Town Zip Code Telephone

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

Note: Contractor must sign this form for EPC notification purposes

Sheet # (from front of form) 552769



# All State Abatement Professionals, inc.

60 Railroad Street  
Haverhill, MA 01835

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

January 16, 2002

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

Re: Asbestos Abatement @ Whittier School, 256 Concord Street, Haverhill, MA

To whom it may concern:

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

**Start Date:** 1/16/02  
**End Date:** 1/16/02

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

Sincerely,

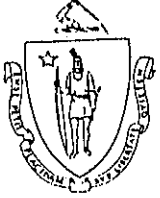
J. Scott Curley  
President/CEO

JSC:sjc

Enclosures

**ATTACHMENT D**  
**HUB TESTING DOCUMENTATION**

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*



Asbestos Project Monitor

**DAVID W. CUNLIFFÉ**

Eff. Date 10/26/2001

Exp. Date 10/25/2002

AM 60912

Member of CONES

NW000913



WN - NEW

**INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.**

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

**IEE**

**IEE**

*This is to certify that*

David W Cunliffe

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

**Asbestos Project Monitor**

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

October 12, 2001  
Examination Date

01385617310792  
Certificate Number

October 8-12, 2001

Course Dates

Course Location

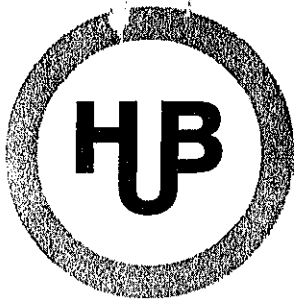
Institute for Environmental Education  
16 Upton Drive  
Wilmington, MA 01887

October 12, 2002  
Expiration Date



President/Director of Training





# HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

## OPERATION AND MAINTENANCE ACTIVITIES AND PERIODIC CLEANING

**Provide the following:**

**Name of person performing activity:**

See Attachment A - Contractor Documentation

**Start and completion date of activity:**

February 22, 2002

**Location where activity occurred:**

Crawl Space under room 17

**Description of activity including preventative measures:**

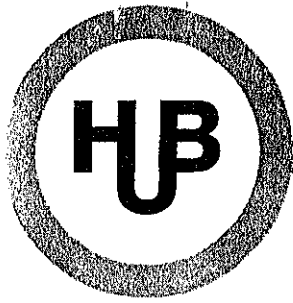
See Report

**Name and location of disposal site for waste ACBM, if necessary (copy of manifest):**

Southern Alleghenies Disposal Service  
843 Miller Picking Road, Davidsville PA 15928  
See Attachment B - Waste Disposal Documentation

# HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report for:

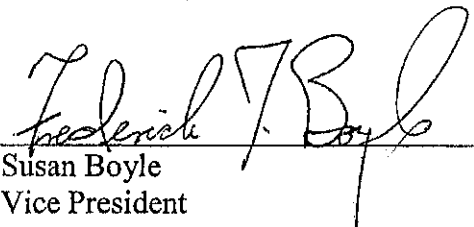
Haverhill Public Schools  
Ed Dufresne, Designated Person  
Electrical Inspector's Office  
Haverhill City Hall  
4 Summer Street  
Haverhill, MA 01830

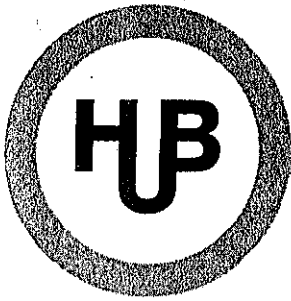
Project:

Emergency TSI Removal within crawl space under Room 17 Univent  
Heater  
John Greenleaf Whittier Middle School  
256 Concord Street  
Haverhill, MA 01830

Prepared By:

Hub Testing Laboratory, Inc.  
95 Beaver Street  
Waltham, MA 02453

*for*   
Susan Boyle  
Vice President



# HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Project: TSI removal on a pipe within the crawl space  
under Room 17's Univent Heater

Site: John Greenleaf Whittier Middle School  
256 Concord Street  
Haverhill, MA 01830

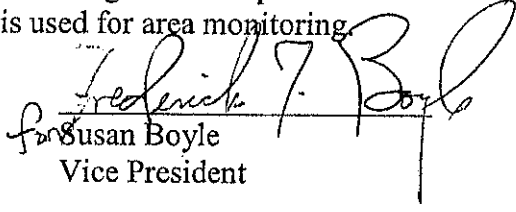
Project Monitor: David W. Cunliffe

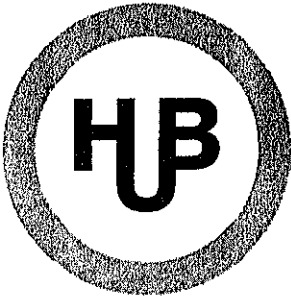
Date: February 26, 2002

Hub Testing Laboratory, Inc. was contracted to monitor the removal of thermal system insulation in the crawl space under Room 17. On February 22, 2002, Kimball Mechanical Services, Inc., 151 Essex Street Haverhill MA, 01832 with trained Asbestos-Associated Project Workers performed the removal of TSI via glove bag technique. Hub Testing Laboratories, Inc. set up air monitoring trains inside the school, just outside of the entrance to the containment and inside the crawl space, during the operation (see analytical data).

The contractor set up the work area per AHERA Appendix B to Subpart E for Small Scale, Short Duration Operations and Maintenance Activities and Massachusetts regulations, using the glove bag technique procedures.

All air monitoring and testing was performed under the guidelines specified in NIOSH, Asbestos and Other Fibers Method 7400. This procedure is used for area monitoring.

  
Susan Boyle  
Vice President



# HUB TESTING LABORATORY, INC.

## Environmental Testing Service

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

### Contents

#### Report

Daily Monitor Checklist  
Pre-abatement Inspection Form  
Analytical Data  
Final Clearance Inspection Form

#### Attachment A

Contractor's Documentation  
Contractor's Certification  
Liability Insurance  
Personnel Documentation

#### Attachment B

Waste Disposal Documentation

#### Attachment C

Project Notifications  
DEP Notification

#### Attachment D

Hub Documentation  
Lab Certification  
Project Monitor License  
Project Monitor Certification

# HUB TESTING LABORATORIES

Consulting and Testing Engineers



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

REPORT FOR:

City of Haverhill

PROJECT:

John Greenleaf Whittier Middle School  
CRAWL SPACE below Room #17 Unventilated

CONTRACTOR:

Kimball Mechanical

DATE:

02-22-02

### Checklist

Adequate

Deficient

- 1. Contractor's Personnel: 2 ✓
- 2. Signs: ✓
- 3. Barriers: ✓
- 4. DECON Facility Condition: ✓
- 5. Housekeeping In/Out: ✓
- 6. Entry/Exit Procedures Followed: ✓
- 7. HEPA Exhaust Operating: N/A
- 8. Work Procedures Followed: ✓
- 9. Respiratory Protection Used: N/A
- 10. Differential Pressure: \_\_\_\_\_

- 11. Copy of Contractor's Air Sampling Reports: N/A Received
- 12. Copy of Contractor's Daily Logs: \_\_\_\_\_ Received

13. Signs of Heat Stress: \_\_\_\_\_ Present Not Present

14. Unusual Occurrences: \_\_\_\_\_

15. Action Taken: \_\_\_\_\_

16. Hub Testing's Air Monitoring Test Results:

Sample I.D.	Location	Fibers/cc
<u>see ATTACHED Report</u>		

Technician: David W. Coniff Log In: 8:15 AM Log Out: 12:00 pm

# 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.: Crawl space below Room #17 Univent heater WORK AREA DESCRIPTION: \_\_\_\_\_

Replace or Remove Lines from Leaking Systems. Replace Line to Univent heater in Room #17  
DEMOLITION REQUIRED (describe) (\*): \_\_\_\_\_

N/A

MATERIAL TO BE ABATED (describe, give quantities):  
Less than three feet of TSE on Elbows

Small Scale Short Duration Activity - Glove Bag operation/water, vacuum

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 1/2 day

### CRITICAL BARRIERS IN PLACE:

Windows N/A Doors N/A HVAC Vents N/A Electrical Switches N/A  
Electrical Outlets N/A Other \_\_\_\_\_

ALL MOVABLE EQUIPMENT OUT OF AREA YES  
ALL NON MOVABLE EQUIPMENT WRAPPED (\*) N/A

### DECONTAMINATION FACILITIES (\*):

FULL THREE CHAMBER PDF WITH HOT/COLD WATER \_\_\_\_\_  
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER \_\_\_\_\_  
IF OTHER DESCRIBE SINGLE Chamber decon at Crawl space opening in Custodian Closet next to Girls Bathroom.

TYPE OF RESPIRATORY PROTECTION TO BE USED: 1/2 face with HEPA Filter

NUMBER OF NEGATIVE AIR MACHINES OPERATING (\*): N/A

PRESSURE READING: N/A

CONTAINMENT SMOKE TESTED: N/A

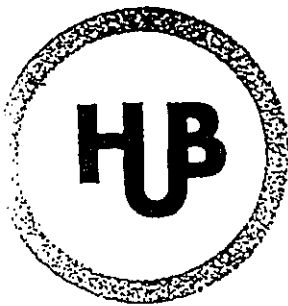
PIH'S SIGNATURE: [Signature] DATE: 2-22-02

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)

## DAILY AIR MONITORING DATA SHEET

Report For: John Gueeuleef Whittier School  
City of Haverhill

Contractor: Kimball Mechanical

Date: 2-22-02

Work Area: Crawl space below Room #17 Urvent Heater

Type of Sampling: Air monitoring Ambient

	A-1	A-2	A-3	A-4
PUMP NUMBER	GA-2	15	GA-2	15
CALIB. METHOD	Bubble	bubble	bubble	bubble
PRE-CALIB.	9.3	9.3	9.3	9.3
POST-CALIB.	9.3	9.3	9.3	9.3
AVG. FLOW	9.3	9.3	9.3	9.3

BLDG. \_\_\_\_\_ FLOOR \_\_\_\_\_ WING \_\_\_\_\_

SAMPLE I.D	SAMPLE LOCATION	PUMP #	START	STOP	TOTAL MIN.	VOL. (L)	FIBERS	F/cc	F/mm2
A-1	hallway outside closet	GA-2	8:30Am	10:30	120	1116	10	0.004	
A-2	In crawl space inside work area	15	9:00Am	10:30	90	837	12	0.006	
A-3	hallway outside closet	GA-2	10:30am	11:35	65	604.5	10	0.007	
A-4	Crawl space inside work area	15	10:30Am	11:15Am	45	418.5	21	0.024	

Project Monitors Signature [Signature] Date 2-22-02

Technicians Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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. CRAWL SPACE below Room #17 Unibent Hester

CONTRACTOR Kimball Mechanical

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

LOCKDOWN ENCAPSULANT APPLIED NO

SAMPLES COLLECTED USING AGGRESSIVE METHODS N/A

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT N/A

DATE SAMPLING PUMPS CALIBRATED onsite 2-22-02

FINAL AIR SAMPLE RESULTS N/A

FINAL AIR SAMPLES - PASS N/A

FINAL AIR SAMPLES - FAIL N/A

CONTRACTOR NOTIFIED Verbally Visual Clearance only

MONITOR'S SIGNATURE [Signature] DATE 2-22-02



ATTACHMENT A

CONTRACTORS DOCUMENTATION



**INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.**

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



*This is to certify that*  
Steve C Gigliotti

*has completed the 16-hour course*

**Asbestos Operations & Maintenance Training**

November 1-2, 2001

Course Dates

Course Location

Institute for Environmental Education  
16 Upton Drive  
Wilmington, MA 01887

November 02, 2001

Examination Date

01384010524520

Certificate Number

November 02, 2002

Expiration Date

President/Director of Training

**INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.**

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



*This is to certify that*  
Jim L Howie

*has completed the 16-hour course*

**Asbestos Operations & Maintenance Training**

January 14-15, 2002

Course Dates

Course Location

Institute for Environmental Education

16 Upton Drive

Wilmington, MA 01887

January 15, 2003

Expiration Date

January 15, 2002

Examination Date

02429710524698

Certificate Number

President/Director of Training

ATTACHMENT B  
WASTE DISPOSAL DOCUMENTATION

# J.O.B. / ROLLOFF, INC.

Asbestos Waste Transport & Disposal  
Box 6037, Chelsea, MA 02150  
(617) 387-1495



ROLL-OFF CONTAINERS  
10-15-20-30-40 YARDS

NON-HAZARDOUS WASTE

RQ, ASBESTOS, 9, NA2212, PG III

6285



RQ  
2212,  
9  
Asbestos

3549

## ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 02-017 P.O. # \_\_\_\_\_  
 Contractor All State Abatement Professionals, Inc.  
 Address 60 Railroad Street  
 City Haverhill State MA Zip 01835  
 Telephone Number (978) 374-5420  
 Date Container Del. \_\_\_\_\_ Date of Pickup 3-26-02  
 Type of Container 40YARD CLOSED  
 Friable  Non-Friable   
 Bag 2 Drum \_\_\_\_\_ Box \_\_\_\_\_ Other \_\_\_\_\_

**GENERATOR/BUILDING OWNER**  
 Name CITY OF Haverhill  
 Address 4-Summer ST  
 City Haverhill State MA Zip 01835  
 Phone Number 978-374-2355

**GENERATING LOCATION**  
 Name Whittier School  
 Address 256 Concord ST  
 City Haverhill State MA Zip 01835  
 Phone Number \_\_\_\_\_

### E.P.A. AGENCY

CT, MA, RI, VT, NH, ME  
GENERATORS

U.S. EPA - Region I  
Air Management - JFK Building  
Boston, MA 02203  
(617) 565-3265

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

Authorized Signature [Signature] Date 3-26-02

Transporter 1: J.O.B. / ROLLOFF, INC. • P.O. BOX 6037, CHELSEA, MA 02150 • (617) 387-1495

I hereby certify that the above named material was picked up at the generator site listed above, and, if applicable delivered to the temporary storage/transfer location or final landfill destination.

Driver: William McGlashan Registration #: MA 10013 Date: 3/26/02  
Signature State / #

TEMPORARY STORAGE / TRANSFER FACILITY: WASTE MANAGEMENT OF CONNECTICUT, INC.  
203 PICKERING STREET, PORTLAND, CT 06480  
PHONE: (860) 342-0667 PERMIT # SW 1130223

Received By: K. Johnson - Maysnace Date: 4/1/02

I hereby certify that the above named material has been accepted at the above named facility.

Transporter 2: WASTE MANAGEMENT OF CT, INC., P.O. BOX 144, PORTLAND, CT 06480 (860) 342-0667

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver: [Signature] Registration #: AB 273 Date: 4-8-02  
Signature State / #

Landfill Name: Southern Alleghenies Disposal Service Phone No: (814) 479-2537

Location: 843 Miller Picking Road, Davidsville, PA 15928 Permit #: 100081

Approximate Volume of Asbestos Received: 1cy

Discrepancy If Any: \_\_\_\_\_

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

Received by: Michael Mann Date: 4-9-02

ATTACHMENT C

PROJECT NOTIFICATIONS

Not Supplied

Kimball Mechanical was unaware of the need to notify. This was not found out until project completion.



ATTACHMENT D

HUB TESTING DOCUMENTATION

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*



**Asbestos Project Monitor**

**DAVID W. CUNLIFFE**

Eff. Date 10/26/2001

Exp. Date 10/25/2002

AM 60912

Member of C O N E S

NW/000913



WN - NEW

**INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.**

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

**IEE**

**IEE**

*This is to certify that*

David W Cunliffe

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

**Asbestos Project Monitor**

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

October 12, 2001  
Examination Date

October 12, 2002  
Expiration Date

01385617310792  
Certificate Number

October 8-12, 2001

Course Dates

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



President/Director of Training