

# HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Report for:

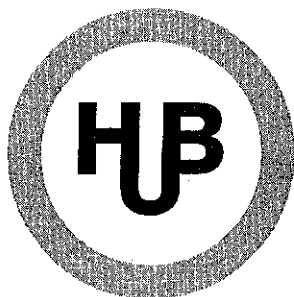
Haverhill Public Schools  
Ed Dufresne, Designated Person  
Electrical Inspector's Office  
Haverhill City Hall  
4 Summer Street  
Haverhill, MA 01830

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



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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



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## Environmental Testing Service

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# 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

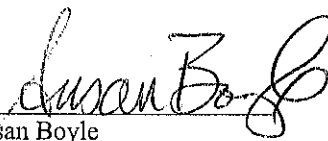
Project Monitor: David W. Cunliffe

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: ALL STATE PROFESSIONAL INC  
 DATE: 1/16/02

Checklist

Adequate

Deficient

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

- |     |  |            |          |
|-----|--|------------|----------|
| 11. | Copy of Contractor's Air Sampling Reports: | <u>N/A</u> | Received |
| 12. | Copy of Contractor's Daily Logs:           | <u>N/A</u> | Received |

13. Signs of Heat Stress: Present 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 Emergency Abatement</u>	<u>Gutlocker Room</u>	<u>0.02</u>
<u>C-1 AFTER Emergency Abatement</u>	<u>Gutlocker Room</u>	<u>0.01</u>
Technician: <u>[Signature]</u>	Log In: <u>10:30 AM</u>	Log Out: _____

# HUB TESTING LABORATORY, INC.

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95 Beaver Street – Waltham, MA 02453  
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36 Whittier Middle School  
Concord St, Haverhill, MA

Asbestos  
ALL STATE PROFESSIONAL, INC.

## PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: Girl's 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.

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

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





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## 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, Curbffe DATE 1/16/0

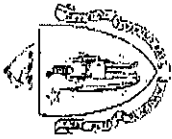
*Visual Inspection performed only.*



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

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

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

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID HL  
ALLST-2

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

<b>PRODUCER</b> 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.
<b>INSURERS AFFORDING COVERAGE</b>	
<b>INSURED</b>  All State Abatement Prof, Inc. 60 Railroad Street Haverhill MA 01835	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

INSURANCE TYPE	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 - COM/PROP 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 (Per accident) \$ 1000000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input 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				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA AGG \$
					AUTO ONLY: AGG \$
EXCESS LIABILITY	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	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
					E.L. DISEASE - POLICY LIMIT \$ 1000000
OTHER					

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

<b>CERTIFICATE HOLDER</b>  All State Abatement Professionals, Inc.	ADDITIONAL INSURED: INSURER LETTER:	<b>CANCELLATION</b> 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: <i>M S Christian</i>
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**Commonwealth of Massachusetts**  
**Division of Occupational Safety**  
Robert J. Prezioso, Deputy Director



Asbestos Supervisor

**NERY R BOSQUE**

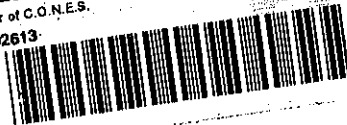
Eff. Date 04/12/2001

Exp. Date 04/11/2002

AS 32614

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

HV 002613



HVRN

Asbestos Supervisor

RYR BOSQUE

ite 04/12/2001  
 ate 04/11/2002

614  
 HCD4F5  
 513



HVRN

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.

Red Cross

**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

**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) 885-2900 Fax (978) 885-9567

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

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: \_\_\_\_\_

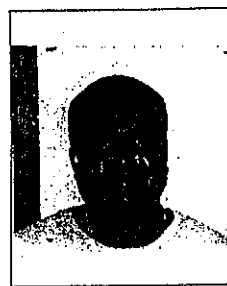
**RISK FACTOR NOTED**

- 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 in 29 CFR 1910.1001 and 1926.56. 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.

Prepared by: 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.



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

**NERY BOSQUE**

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

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



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 S.S. #: 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] S.S. #: 624-56-9367

**RESPIRATOR TEST SUMMARY**

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

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

PLEASE BEAR DOWN HARD YOU ARE MAKING 7 COPIES

BUSINESS FORMS PLUS (617) 846-5896

08,542

# 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**



WFO 002-004

50 552769

**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 Relations 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 for: Commonwealth of Massachusetts Asbestos Program P.O. Box 120027 Boston, MA 02112-0027

3. This form may be used for notifying the USE (Environmental Protection Agency Region I) of asbestos abatement removal operations subject to 40 CFR Subpart H.

Form with checkboxes for notification requirements: Notify DEP, Notify USE, Notify State, Notify Local, Notify Other.

1. Facility location:

Name: Whittier School Address: 256 Concord Street  
City/Town: Haverhill Zip code: 01835  
Room: Boy's Locker Room

2. Is the facility occupied?  Yes  No

3. Asbestos Contractor:

Name: All State National Professionals Address: 60 Railroad Street  
City/Town: Haverhill, MA Zip code: 01835 Telephone: (978) 374-5430  
Contract Type: Contract

4. On-Site Project Supervisor/Foreman:

Name: Nery Bosque ID# AS-32614

5. Project Monitor:

Name: Air Quality Services ID# AWX0124

6. Asbestos Analytical Lab:

Name: Air Quality Services ID# AWX0124

7. Project start date 1/16/02 end date 1/15/02 specific work hours (Mon.-Fri.) 7am-3:30pm (Sat./Sun.)

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

9. Describe the asbestos abatement procedures to be used (circle): (give key) enclosure full containment  partial containment  airlocks  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.) \_\_\_\_\_ to be removed, enclosed or encapsulated:  
linear/square feet

Table with 2 columns: Material type and Amount. Rows include boiler, duct, pipe, floor, wall, etc.

12. Describe the decontamination system(s) to be used:

Provide an alternate decontamination system.

13. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.11(2)(g):

Double bag and label.

14. For Emergency Asbestos Abatement Operations, the DEP and DLI officials who evaluated the emergency:

Name of DEP Official: John McCaulie Title: Inspector  
Date of Authorization: 1/16/02 ID#: 0201948  
Name of DLI Official: John Davies Title: Inspector  
Date of Authorization: 1/16/02 ID#: HV0228

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

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

Fred Boyle H.b. Testing Labs (781) 893-8330

5. General Contractor:

N/A

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. (2) Railroad Street  
Haverhill, MA 01835 (978) 374-5420

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

KW Bulloff, Inc. P.O. Box 6037  
Haverhill, MA 02120 (800) 866-0767

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

N/A: Applicant

4. Final Disposal Site:

Southern Alloys Disposal Service  
843 Miller Pickering Road  
Lewistown, PA 15928 (814) 479-2537

Note: Transfer Stations must comply with the Solid Waste Division regulations 310 CMR 15.00

**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, 353 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

J. Scott Carley  
Print Name

*J. Scott Carley*  
Approved Signature

1/16/02  
Date

President/AIO  
Print Name

All State Asbestos Professionals, Inc. (978) 374-5420  
Representing Telephone

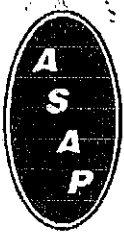
(2) Railroad Street  
Address

Haverhill, MA 01835  
City/Town Zip Code Telephone

Note: Contractor must sign this form for OTC notification purposes

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

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-

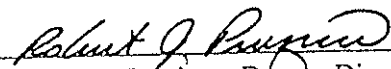
LICENSE: AA000013

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. CUNLIFFE**

Eff. Date 10/26/2001

Exp. Date 10/25/2002

AM 60912

Member of C O N E S

NW000913



WN - NEW

**INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.**

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



*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 8-12, 2001

Course Dates

Course Location

Institute for Environmental Education  
16 Upton Drive  
Wilmington, MA 01887

October 12, 2002

Expiration Date

October 12, 2001

Examination Date

01385617310792

Certificate Number

President/Director of Training