



REPORT

COMPLIANCE REPORT FOR THE ABATEMENT OF HAZARDOUS/REGULATED AND ASBESTOS CONTAINING MATERIALS DUDLEY SQUARE GUSCOTT & FERDINAND BUILDINGS ROXBURY, MASSACHUSETTS

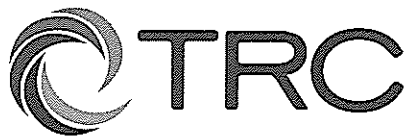
Prepared for

Jacobs Engineering Group, Inc.
Boston, Massachusetts

Prepared by

TRC
Windsor, Connecticut

July 10, 2008



**COMPLIANCE REPORT
FOR THE ABATEMENT OF
HAZARDOUS/REGULATED AND
ASBESTOS CONTAINING MATERIALS
DUDLEY SQUARE
GUSCOTT & FERDINAND BUILDINGS
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A handwritten signature in cursive script, appearing to read "Henry J. Laliberte".

Henry Laliberte
Project Manager

TRC Project No. 150252-0000-0003
July 10, 2008

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1.0 EXECUTIVE SUMMARY

TRC of Windsor, Connecticut was retained by Jacobs Engineering Group, Inc. to provide project compliance and industrial hygiene services during the removal of hazardous/regulated materials, wastes and items and the abatement of asbestos containing materials (ACM) conducted at the Guscott and Ferdinand Buildings at Dudley Square in Roxbury, Massachusetts. Asbestos abatement was necessitated in accordance with the U.S. Environmental Protection Agency (USEPA) Asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) (40 CFR Part 61 Subpart M). The removal of hazardous/regulated materials, wastes and items was necessitated to meet the requirements of the USEPA hazardous and regulated waste standards prior to the scheduled demolition of the buildings. The asbestos abatement contractor for the project was A.C.T. Abatement Corporation (A.C.T.) of Lawrence, Massachusetts. The contractor for the removal of hazardous/regulated materials, wastes and items was JTS Group, Inc. (JTS) of Worcester, Massachusetts. JTS, however, subcontracted the work to Enviro-Safe Corporation of Lowell, Massachusetts. TRC was on site throughout the duration of the project to provide monitoring services.

The scope of work for the project, which took place from March 31 through May 16, 2008, involved the abatement of all asbestos containing materials and oil and hazardous materials (OHM) identified in the environmental building inspections performed by TRC in April and May, 2007 (see Project Outline and Inspection Tables, Appendix L). These asbestos containing items include various types of pipe insulation/debris, interior/exterior window glazing and caulking, and various types of exterior/roof flashing tar in both the Ferdinand and Guscott Buildings as well as an electrical panel in the roof elevator room of the Guscott Building. Written notification of the abatement activity was filed with the Massachusetts Department of Environmental Protection (MADEP) by A.C.T. ten days prior to the initiation of the abatement work. A copy of the notification was submitted by A.C.T. to TRC. All work conducted by A.C.T. was performed in compliance with MADEP Policides, OSHA's Occupational Exposure to Asbestos Standard, 29 CFR 1926.1101 and the EPA's Asbestos

National Emission Standard for Hazardous Air Pollutants (NESHAP) 40 CFR Part 61 Subpart M. A.C.T. is a licensed Commonwealth of Massachusetts Asbestos Abatement Contractor and all A.C.T. employees performing work on this project were appropriately licensed, trained, and medically qualified to perform such work. Interior work on ACM basement pipe insulation/debris was performed under full containment conditions with a negative pressure enclosure (NPE) and contiguous decontamination system. Small (<3 SF) areas of ACM pipe insulation/debris removal were performed as a spot removal utilizing the glovebag technique and a remote decontamination facility. Exterior work on ACM flashing was performed in regulated work areas with drop cloths and remote decontamination facilities. Interior/exterior window glazing/caulking abatement was performed by removing the entire unit intact and utilizing drop cloths and a remote decontamination facility.

All hazardous/regulated materials, wastes and items identified were gathered, inventoried, packed, labeled, manifested and removed for disposal/recycling in accordance with Occupational Safety and Health Administration (OSHA), Massachusetts Department of Environmental Protection (MADEP), Massachusetts Division of Occupational Safety (MADOS), United States Environmental Protection Agency (USEPA) and Resource Conservation Recovery Act (RCRA)/Toxic Substance Control Act (TSCA) Regulations by Enviro-Safe. RCRA/TSCA waste items were transported on May 16, 2008 by Enviro-Safe to Jones Environmental Services (Northeast), Inc. of Lowell, Massachusetts or Northeast Lamp Recycling, Inc. of East Windsor, Connecticut for disposal/recycling. All RCRA/TSCA hazardous waste disposal destinations are pre-approved MassDOT waste disposal facilities. Enviro-Safe is a registered USDOT Hazardous Materials Transporter and permitted by the states of Massachusetts for Hazardous Materials Transport.

Air samples were collected during abatement activities to monitor airborne asbestos fiber emissions and were transferred using proper chain-of-custody records to TRC's Accredited Laboratory in Windsor, Connecticut and analyzed on-site by an AIHA Registered Asbestos Analyst from TRC for Phase Contrast Microscopy (PCM) analysis via the National Institute for Occupational Safety and

Health (NIOSH) 7400 method. All asbestos air samples collected by TRC (inside and outside of the work areas) were found to be below the OSHA Permissible Exposure Level (PEL).

After abatement activities, the work areas were visually inspected by a TRC licensed Asbestos Project Monitor following ASTM Standard E1368-90 to ensure complete abatement. Further, reoccupancy asbestos clearance air sampling was conducted by TRC in the interior NPE work areas. The interior NPE reoccupancy clearance air samples were collected and analyzed on-site by an AIHA registered Asbestos Analyst from TRC using PCM analysis via the NIOSH 7400 method. The interior NPE work areas received a satisfactory visual inspection on April 28, had reoccupancy clearance air samples collected on April 28 and received acceptable reoccupancy clearance criteria air results on April 28, 2008. The exterior work areas and spot removal areas received a satisfactory visual inspection on May 8, 2008 confirming the complete abatement of all asbestos containing materials and were deregulated.

The asbestos-containing waste generated during this project was containerized and labeled as asbestos waste in compliance with Commonwealth of Massachusetts, OSHA, DOT and USEPA requirements. The waste was removed from the site in accordance with all state and federal disposal requirements, including the USEPA Asbestos NESHAP, and transported by A.C.T. of Lawrence, Massachusetts to Minerva Enterprises of Waynesburg, Ohio where it was deposited. Approximately 384 bags of asbestos waste were removed from the project site.

This concluded TRC's on-site efforts for this project. Refer to Section 2.0 for TRC's complete site log notes documenting all aspects of the project on a daily basis.

2.0 SITE LOGS

Site / Station Warren st. Roxbury, MA
Dudley Square

Month / Year 3/2008
 Project No 150252.0000.00003

Date	Time	Instrument and TRC ID	Comments	Initials
3/31/08	0800		CG of TRC arrives to the site of the Guscott & Ferdinand buildings. Testa the demolition contractor is onsite. Carl is the foreman and he has 2 laborers. CG is informed that the haz waste removal will take place tomorrow.	CG
	0830		Babatunde Marquis (Babs) of Jacobs engineering is onsite. CG meets with Babs and discusses plans on moving forward.	
	1000		CG goes into the Guscott building with one of the laborers. CG checks the areas with asbestos. A lot of the MAG is on the floor.	
	1200		CG offsite for the day.	
4/1/08	0800		CG onsite. Testa onsite. CG checks for JTS (haz waste removal) and they are not onsite as of yet. CG reads over paperwork and Massachusetts regulations.	
	0830		Babs (Jacobs) is onsite.	
	0900		CG meets with Babs and he says that JTS will be here shortly.	
	0945		JTS arrives onsite. Jeff Dill onsite. CG and JTS go into the building to find O&M items. JTS starts on roof with the elevators and go floor to	

Site / Station

Warren st Roxbury, Ma
Dudley Square

Month / Year

4/2008

Project No

150252.0000.00003

Date	Time	Instrument and TRC ID	Comments	Initials
4/1/08			Floor down collecting items.	CG
	11:00		JTS finishes collecting items	
			and brings them out.	
	11:45		JTS labels containers and	
			covers them with tape and a tarp.	
			They are going to be picked up	
			next week.	
	12:30		JTS offsite. CG of TRC	
			offsite	
4/7/08	07:00		CG onsite. Testa onsite. ACT	
			abatement onsite. CG meets with	
			Bruce of ACT. ACT will be	
			starting the abatement but	
			not today. There is no power	
			at the site yet.	
	07:30		Babs of Jacobs onsite. Babs	
			shows CG the area where the	
			"grey water" was formed. It looks	
			like the water seeped through the	
			brick wall and ground in between	
			the 2 buildings along Warren st.	
			CG is looking into whether or not	
			this water/soil will need to	
			be tested.	
	07:45		The elevator shaft is also discussed	
			and what the plan for that	
			is. The tar along the top of	
			the shaft is asbestos. Testa wants	
			this removed first so they can	
			begin to demo the shaft. JTS	
			can do this tomorrow while	
			they wait for electricity to	
			be turned on	

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Site / Station Warren St. Roxbury, Ma
Dadley Square

Month / Year 9/2008
 Project No 150252.000 @ .0003

Date	Time	Instrument and TRC ID	Comments	Initials
4/7/08	0830		CG takes a few pictures of the site and elevator shaft. Since no abatement is going on today, CG unpacks unpacks his equipment and puts it in the trailer.	CG
	0900		CG is offsite. ACT is offsite. Work will resume tomorrow.	
4/8/08	0700		CG onsite for TRC. Tests onsite. ACT onsite. ACT plans on removing the flashing/tar from the elevator shaft today so Testa can knock it down.	
	0810		CG calibrates and sets up 2 area samples at the top of the elevator shaft. CG and Babs of Jacobs take pictures of work area.	
	0900		ACT removing tar and flashing. They are washing each piece of metal and glass that does not have any asbestos on it.	
	1020		ACT done with removal and begin cleanup. CG passes the visual.	
	1040		CG collects pumps, ACT bagging up debris.	
			A.C.T. Abatement Corp 18 Broadway Lawrence, MA 01840-1010 Job: Guscott & Ferdinand Building Owner: BRA Capital Construction 22 Drydock St, Boston, MA	



Site / Station Warren St. Roxbury, Ma
Dudley Square

 Month / Year 4/2008
 Project No 150252.0000.00003

Date	Time	Instrument and TRC ID	Comments	Initials
4/8/08	1130		CG asks Bruce of ACT for a generator label. Bruce bring the label and Mass asbestos licenses. CG will make copies of these when a copier is brought onsite.	CG
	1145		ACT is packed up and offsite.	
	1230		CG of TRC offsite.	
4/9/08	0700		CG of TRC onsite. ACT onsite. Testa onsite. ACT has one guy onsite today because the power in the building is not yet on.	
	0800		CG and Bruce of ACT ^{CG} check out the areas where they want to unload their equipment.	
	0900		CG ^{CG} asks the electrical contractors when there will be power to the building. As of now it appears to be Friday.	
	1230		CG offsite for the day. ACT offsite.	
4/10/08	0700		CG onsite for TRC. Testa onsite. ACT onsite with boxtruck and 2 workers. (Bruce and Jorge)	
	0800		Jacobs engineering onsite. CG lets Jacobs know what is going on.	
	0840		CG calibrates and sets up 2 samples on the 1st floor.	
	1000		Act still unloading their equipment	

Site / Station Warren St. Roxbury, Ma
Dudley Square

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 Project No 150252.0000.00003

Date	Time	Instrument and TRC ID	Comments	Initials
4/10/08	1030		ACT done with what they came to do today. With no power not much can be done. ACT packs up and is offsite. CG still running background samples.	CG
	1230		Lunch	
	1300		Testa continues work. Background samples running. Still no power at site.	
	1330		CG collects background samples.	
	1400		CG offsite.	
4/11/08	0700		CG onsite for TRC. Testa onsite. They are continuing the demo of the elevator shafts. Jacobs onsite. ACT onsite.	
	0800		ACT not doing any work today. No power.	
	0900		ACT offsite.	
	1030		Testa completes demo of elevator shaft.	
	1200		CG offsite for TRC.	
4/14/08	0700		CG onsite for TRC. Testa onsite. ACT onsite. Jacobs onsite. ACT drops off some equipment. There is no crew here to fix track. No power.	
	0830		ACT offsite.	
	1000		N-Star is onsite to bring power to the site.	

Site / Station Warren St, Roxbury, Ma
Dudley Square

Month / Year 4/2008
Project No 150252.0000.00003

Date	Time	Instrument and TRC ID	Comments	Initials
4/14/08	1100		N. Star can not energize the line today.	CG
	1230		CG offsite.	
4/14/08	0700		CG onsite for TRC. ACT onsite. They have 4 men onsite Bruce (S), Ronnie (the project manager) and 2 workers.	
	0715		Testa onsite. Jacobs onsite. ACT is using the generator today to bring power into the building. They are stringing lights to the 8th floor.	
	0800		ACT is laying poly at the edge of the windows extending 8' into the room.	
	0840		CG calibrates and sets up 2 samples on the 8th floor.	
	0915		Bruce of ACT is laying Poly outside below the windows and cuts his finger tip with a razor. He is bleeding heavily and goes to the hospital to get stitches. He drives himself. CG informs Babs of Jacobs of the incident. Babs talks with Ronnie of ACT.	
	0945		Ronnie needs to hook up water from the hydrant. The piece to convert the hydrant to a garden hose is not onsite. Ronnie threatens to shut down the job.	

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Site / Station Warren St, Roxbury, Ma
Dudley Square

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 Project No 150252.0000.00003

Date	Time	Instrument and TRC ID	Comments	Initials
4/15/08	1000		CG attends meeting.	CG
	1100		Meeting lets out.	
	1200		Lunch	
	1230		ACT is removing windows.	
	1330		Bruce of ACT is back onsite. He had 5 stitches put in and got it wrapped up. ACT has removed 9 windows so far.	
	1430		ACT done removing windows. 12 windows removed. ACT packing up.	
	1500		ACT offsite. TRC offsite.	
4/16/08	0700		CG of TRC onsite. ACT onsite. Testa onsite. ACT is continuing removal of windows on the 8th floor. They are going to complete this floor then move to the next. They also are going to do the removal on the roof.	
	0800		CG calibrates and sets up 2 area samples. Jacobs is onsite. ACT has hose hooked up to the fire hydrant and is still running of the generator.	
	0900		ACT is removing flashing, glazing and electric panels from roof.	
	1000		work continues.	
	1100		The BRA is onsite and wants pictures of the minority abatement workers for meeting later.	

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Site / Station Warren St. Dudley Square
Roxbury, Ma

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Date	Time	Instrument and TRC ID	Comments	Initials
4/16/08	11:30		BRA is offsite. CG takes pics of ACT.	CG
	12:00		Lunch	
	13:00		ACT finishing the removal on roof and with last window that is accessible.	
	1420		CG collects & post calibrates the pump.	
4/17/08	0700		CG onsite for TRC. ACT abatement onsite. Testa onsite. ACT is working on the 7th floor today removing windows and insulation debris on the floor. They have a larger crew today.	
	0800		CG calibrates and sets up 2 air samples on the 7th floor.	
	1000		CG checks on the progress of ACT. They are finishing the 7th flr shortly. They have a guy prepping the 6th flr. CG talks to Ronnie and Bruce about the poly and debris around the perimeter of the building. Bruce will have a guy that will clean up the area and sweep any debris. CG reminds Bruce to make sure his workers always have their PPE on. All workers currently do.	

Site / Station Warren St. Roxbury, MA
Dudley Square

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 Project No 150252.0000.00003

Date	Time	Instrument and TRC ID	Comments	Initials
4/17/08	11:00		ACT continues to work on the 6th Flr.	CG
	12:00		Lunch	
	12:30		Work continues.	
	13:30		Bruce of ACT begins to sweep up outside around the building and on the poly.	
	13:50		CG collects pumps and samples.	
	14:00		Photos are downloaded onto Babs computer.	
	14:45		ACT packing up onsite and is ready to leave. CG packing up. TRC offsite.	
4/18/08	0700		CG onsite for TRC. Jacobs onsite. ACT onsite. ACT is finishing last windows on 6th floor and working on the 5th floor.	
	0800		CG calibrates and sets up pumps on the 5th flr.	
	0815		CG sets up a background sample in the basement.	
	1100		ACT finishes removal on the 5th floor and moves to the 4th. CG stops sampler on 5th and begins sampler on the 4th.	
	1200		Lunch.	
	1230		ACT resumes removal of windows. Ronnie of ACT arrives onsite	



Site / Station Dudley Square
Warren St., Roxbury, Ma

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Date	Time	Instrument and TRC ID	Comments	Initials
4/18/07			<p>and says there is a discrepancy of the # of windows on the scope of work and the total actual # of windows. CG, Babs & Ronnie discuss this and it is decided CG will recount the windows. CG finds the discrepancy on the 4th floor. Some windows were blocked in from the inside and behind a temporary wall. They were not counted.</p> <p>1350 CG collects pumps on the 4th floor.</p> <p>1410 CG collects pump from the basement.</p> <p>1430 CG finishes up paperwork. TRC offsite.</p>	CG
4/22/08	0700		<p>CG onsite for TRC. Jacobs onsite. ACT onsite. ACT is working on the 4th floor. They have a couple windows and some pipe debris to clean.</p>	
	0730		<p>CG checks out the jobsite. Ronnie of ACT arrives onsite and has a unit price per window of \$ 250.00. ACT is going to remove 100 windows then move onto other areas until they get the approval to remove the remaining windows.</p>	V

Site / Station Dudley Square
Warren St, Roxbury, Ma

Month / Year 4/2008
 Project No 150252.0000.0000J

Date	Time	Instrument and TRC ID	Comments	Initials
4/22/08	0800		CG starts samples on the 4th & 3rd floors.	CG
	0900		CG talks with Babs and Babs points out that some glass is on the walkway on the side of the MBTA. CG tells Bruce and he will have someone clean it.	
	0930		CG takes pics of ACT doing glovebags.	
	1000		CG attends construction meeting and discusses the work being done. Once the Guscott is finished the power in the Ferdinand will be supplied.	
	1130		The meeting is over. ACT continues abatement.	
	1200		Lunch.	
	1300		ACT continues abatement and they begin to prep the basement. The basement will go under containment with all criticals blocked off. They are going to glovebag a small run of pipe.	
	1340		CG collects and post-calibrates samples.	
	1430		ACT is packed up and offsite. CG of TRC packing up.	
	1440		TRC offsite.	



Site / Station Dudley Square
Roxbury, Ma

Month / Year 4/2008
Project No 150252.0000.0000.5

Date	Time	Instrument and TRC ID	Comments	Initials
4/23/08	0700		CG of TRC onsite. Jacobs onsite, ACT onsite, Testa onsite. ACT is prepping and pre-cleaning the basement. They are also doing load out of bags.	CG
	0730		CG calibrated both pumps and sets them up.	
	0800		CG checks on the progress of work in the basement. Things are moving good.	
	0810		ACT has a truck onsite to unload bags onto. ACT cannot fit all the bags on the truck so they will make 2 trips.	
	0840		CG checks the area where they will be doing glovebags and takes a few pictures.	
	0900		CG preps slides.	
	1000		ACT continues prep work and taking bags down from the higher floors.	
	1100		Work continues.	
	1200		Lunch	
	1300		ACT loads out bags.	
	1430		ACT done for the day. CG collects pumps and post-calibrates. ACT has covered all criticals and prepped the basement. They still need to put in the shower and clean/dirty rooms.	
	1445		CG of TRC is offsite.	✓

Site / Station Dudley Square
Warren St. Roxbury, Ma

 Month / Year 4/2008
 Project No 150252.0000.00005

Date	Time	Instrument and TRC ID	Comments	Initials
4/24/08	0730		CG of TRC onsite. Jacobs onsite. Testa onsite. ACT is not here today. CG plans to read all the slides from the job.	CG
	0745		CG collects the waste shipment record for the asbestos bags taken out yesterday. ACT faxed a copy over.	
	0900		CG continues to read slides and record results.	
	1000		Red from the BPA onsite and wants to talk with ACT. ACT is not onsite tho so he will come back another day.	
	1200		Lunch	
	1300		CG finishes reading slides.	
	1400		CG is packing up and getting equipment rdy for tomorrow.	
	1430		CG offsite.	
4/25/08	0700		CG onsite for TRC. ACT onsite. Jacobs onsite. Testa onsite. ACT is finishing up the pre-clean.	
	0730		CG sets up a pump outside the decan and one in containment. CG goes into containment to watch ACT work and check criticals.	
	0800		CG leaves containment.	
	0910		CG sets up a sample at the Neg. air exhaust.	



Site / Station Dudley Square
Warren St, Roxbury, Ma

Month / Year 4/2008
 Project No 1502520000.00005

Date	Time	Instrument and TRC ID	Comments	Initials
4/25/08	11:00		ACT is finished with the removal of TSI and debris in basement. They are fin ^{fin} -cleaning the area and will be done by lunch.	CG
	11:15		CG tells Bruce that underneath the scaffolding needs to be swept and the area cleaned because debris from the windows fell when the planks on the scaffolding were removed.	
	12:00		Lunch	
	13:30		CG collects pumps. ACT has removed 3-4 windows on the 3rd floor.	
	14:00		CG offsite for TRC	
4/28/08	07:00		CG onsite for TRC. ACT onsite, Jacobs onsite. Testa onsite, ACT is removing the windows on the 3rd floor.	
	07:30		CG gets the pumps calibrated and brings them to the basement of the Guscott building.	
	07:45		CG starts the clearance sampling.	
	08:00		ACT is finishing the removal of windows in Guscott. Only windows on the elevator shaft remain. ACT is going to move into the Ferdinand building.	
	09:15		CG collects samples.	

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Site / Station Dudley Square
Warren St, Roxbury, Ma

Month / Year 4 / 2008
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Date	Time	Instrument and TRC ID	Comments	Initials
4/28/08	0945		CG reads slides and passes the clearance	CG
	1020		CG checks in with Bruce and sets up samples on the 3rd and 4th floors in the Ferdinand.	
	1040		ACT sends 2 guys up in the lift to take out the 2 windows in the elevator shaft (Guscott) facing the yard.	
	1140		ACT done with removal of the windows they could reach on the elevator shaft.	
	1200		Lunch	
	1230		ACT is doing the tear down in the Guscott basement. They also have 3 men in the Ferdinand removing the caulking.	
	1350		CG collects pump on the 4th flr.	
	1430		CG collects pump on the 3rd flr.	
	1445		CG offsite.	
4/29/08	0700		CG onsite for TRC. ACT onsite. Jacobs onsite. Testa onsite. ACT is in Ferdinand removing caulking.	
	0800		ACT is waiting for a police detail that was supposed to already be here.	



Site / Station Dudley Square
Warren St. Roxbury, Ma

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 Project No 150252.0000.0000

Date	Time	Instrument and TRC ID	Comments	Initials
4/29/08	0900		ACT is still waiting for a detail, meanwhile they removed the tar-bead on the exterior of the Gascott building. They are also in the Ferdinand removing glazing and caulking	CG
	0945		CG talks with Bruce and it is decided that the removal of the elevator shaft windows will be cancelled for today. No police detail arrived. CG sets up 2 samples on the first floor of the Ferdinand.	
	1000		CG attends the meeting with the BRT, Jacobs & Testa. The HazWaste removal is scheduled to happen this week. Asbestos will be completed by this Friday.	
	1100		ACT is working on the first floor.	
	1200		Lunch	
	1300		Work continues.	
	1410		ACT wrapping work up for today. CG collects pumps and port calibrates.	
	1430		CG of TRC offsite.	
4/30/08	0700		CG onsite. ACT onsite. Jacobs onsite. Testa onsite. ACT is doing the abatement on the roof and on the windows on the Gascott in the elevator shaft.	

Site / Station Dudley Square
Roxbury, Mass

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Date	Time	Instrument and TRC ID	Comments	Initials
4/30/08	0720		The lift is being driven around front to the elevator shaft.	CG
	0800		The police detail is onsite. ACT has one man in the lift to remove the windows. He is starting on the bottom window and working upwards. CG tells Bruce to have Ramon (on the lift) to put his hard hat on.	
	0815		CG goes up to the roof of the Ferdinand to check on work being done. They are removing the flashing and tar. CG sets up 2 air samples	
	1000		ACT has a box truck arrive onsite. They begin to prep and poly the truck so they can transport the asbestos waste. ACT is also finishing up the final window in the Buscott. CG tells Bruce that some tar has fallen into the road from the roof. Bruce sends a worker to clean it.	
	1100		The abatement on the windows is complete.	
	1130		CG preps slides.	
	1200		Lunch.	
	1205		A hydraulic line on the Genie lift broke while on Warren St alongside the Ferdinand building.	

Site / Station Dudley Square
Roxbury, Mass

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Date	Time	Instrument and TRC ID	Comments	Initials
4/30/08			Hydraulic fluid sprayed all over the ground and Testa workers are using absorbing pads to soak up some of the fluid. Testa's worker Paul is ^(superintendent) is in the lift about 40' off the ground.	CG
	1220		Bruce Hopkins of ACT calls united rental and tells them we have an emergency and need a repair man. Testa continues to clean area. The police detail is making sure that pedestrians stay away from the area. CG contacts Henry Laliberte of TRC and asks him if any spill authority needs to be called. Henry asks Chris McDermott of the TRC Lowell office and is informed that anything under 10 gallons can be cleaned onsite.	
	1320		United rentals mechanic arrives onsite and is able to manually lower the lift to the ground. Paul is safely off the lift and the mechanic is repairing the hydraulic line. Bruce of ACT sends his workers home for the day.	
	1330		CG collects the air samples on the roof. Bruce is cleaning	



Site / Station Dudley Square
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Month / Year 4/2006 - 5/2006

Project No 150222.0000.0003

Date	Time	Instrument and TRC ID	Comments	Initials
4/3/06			up his materials on the roof.	CG
			CG takes pictures of the lift and the ground where hydraulic fluid was sprayed.	
	1430		The lift is fixed and cleaned off. Paul (Testa) is driving it offsite. Testa has put speedy dry down and is sweeping it up. The mechanic estimates that about 8 gallons was released.	
	1450		CG talks to Babs about the copper facade that is being removed on the roof. It is tied into the drain system and by removing it the drain system will not function. Babs suggests leaving the remaining facade until the demolition/renovation is going to take place on Ferdinand. CG agrees with this approach. The asbestos flashing on the copper facade will remain.	
	500		CG packs up his equipment and is offsite.	
	0700		CG onsite for TRC. ACT onsite. Jacobs onsite. Testa onsite.	
	0730		ACT is prepping the exterior of the Ferdinand to remove the tar along the exterior wall. They put poly at the base of the wall.	

Site / Station Dudley Square
Roxbury, Mass

Month / Year 5/2008
Project No 150252-0000-00005

Date	Time	Instrument and TRC ID	Comments	Initials
5-1-08	0820		ACT begins the removal of	CG
			the tar bead. 2 men are	
			in the lift. CG places a	
			pump on the lift.	
	0830		CG and Babs discuss the	
			plan for the roof. ACT is	
			to finish abatement on the	
			areas that do not impact	
			the facade. Testa and ACT	
			is going to figure out a	
			plan of action with regards	
			to the facade that is	
			partially abated.	
	0930		Ronnie Nastasia Nastasia of ACT	
			arrives onsite. CG, Ronnie and	
			Bruce go to the roof. CG	
			takes pics of the area. Bruce	
			is going to fix the drain so	
			it is functional and complete	
			the abatement on a couple	
			areas.	
	1030		ACT continues to remove the	
			bead of tar on the exterior	
			of the building.	
	1100		ACT has a box truck arrive	
			to pick up equipment.	
	1200		Lunch	
	1230		Rick Greene of Testa arrives	
			onsite for a meeting on what	
			is going to done about the	
			copper facade. As of now it	
			is in the BCA's hands	

✓

Site / Station Dudley Square
Roxbury, Mass

Month / Year 5/2008
Project No 150252.0000.00003

Date	Time	Instrument and TRC ID	Comments	Initials
5-1-08			and they will suggest what needs to happens.	CG
	1500		ACT is picking up the remaining poly on the ground and they are still working on the exterior of the ferndund.	
	1430		ACT finishing up. only a small amount left.	
	1445		ACT cleaning up around the work area. CG collects air sample.	
	600		CG of TRC offsite.	
5-2-08	0745		CG of TRC is onsite.	
			Testa onsite. ACT onsite.	
	0800		CG talks with Bruce of ACT. He is going to leave and pick up supplies to fix the roof drain.	
	0830		CG preps and begins to make slides.	
	1000		Weekly meetings with the BRA and Testa. The topic of the front facade is discussed. The BCT requests that the facade is removed on the Warren st. side for structural and safety purposes. ACT will do this. Also at the meeting the haz waste was discussed. Testa is calling about it. The decision on when the facade and haz waste removal will be made soon.	

✓

Site / Station Dudley Square
Roxbury, Ma

Month / Year 5-2008
 Project No 150252.0000.00003

Date	Time	Instrument and TRC ID	Comments	Initials
5-2-08	1200		Lunch	CG
	1300		CG packs up the rest of his equipment	
	1400		CG will be notified sometime in the next week when the facade will be removed.	
	1410		CG of TRC is offsite	
5-8-08	0630		CG of TRC onsite. ACT onsite. Jacobs onsite. Testa onsite.	
	0700		TRC, Testa, Jacobs and ACT have a pre-work meeting. Babs suggests that the facade does not get cut. Instead it should be broken apart at the seams. Once it is cut free it will be placed on the roof and wrapped. From there it will be brought to the basement by ACT and placed on poly. It was also brought up that if the facade was soldered/welded that it would get cut at the seam. The frame will remain attached to the building unless it is rotted and will cause a safety hazard.	
	0800		ACT is on the roof and in the lift. One guy from Testa is operating the lift. They begin to remove the facade. One by one they are separating the pieces and bringing them on the roof.	

Site / Station Dudley Square
Roxbury - Ma

Month / Year 5-2008
Project No 150252.0000.0000

Date	Time	Instrument and TRC ID	Comments	Initials
5-5-08	1000		ACT finishes remaining and securing the last piece of facade. They lower the last piece to the ground.	CG
	1015		ACT is scraping some left over tar on the side of the building and cleaning off some tar remaining on the metal.	
	1100		ACT is done with cleaning up on the roof. ACT is finishing up cleaning the ground.	
	1150		CG, Bruce (ACT) and Paul (Testa) do a final walkthrough. Some debris in the Gascott was found and cleaned. CG passes the visual.	
			Ferdinand passes visual.	
	1200		Lunch, ACT offsite.	
	1300		CG packs up equipment and is offsite.	
5-16-08	0900		CG arrives onsite for the removal of the Haz Waste (OHM). JTS is onsite. Jacobs onsite. Testa onsite.	
	0910		CG is told that the waste will be loaded on a truck that will arrive between 10-11:00 am.	
	1100		JTS JTS truck arrives onsite. Haz waste is loaded onto the truck and CG signs off on the manifests.	
	1145		CG of TRC and JTS are offsite. CG left a copy of the manifest with	✓

PROJECT OUTLINE

Project Address: Dudley Square
Guscott & Ferdinand Buildings
Warren Street
Roxbury, MA

TRC Project No.: 150252-0000-0003

Date(s) of Project: 3/31/08-5/16/08

TRC Project Manager: Henry Laliberte

TRC Project Monitor(s)/Inspector(s): Christopher Gaines (#AM000099) – PM

Abatement Contractor: A.C.T. Abatement Corporation (#AC000290)

Materials Abated:

Ferdinand Building
~25 LF ACM pipe insulation – basement, 1st floor
~30 SF ACM pipe insulation debris – basement, 1st floor
-ACM window glazing – 6 windows on 1st floor
-ACM exterior window caulking – 71 windows on 2nd through 5th floors
~25 SF ACM flashing tar bead – along exterior wall facing west
~425 SF ACM flashing (various types) – main roof

Guscott Building
~150 SF ACM pink insulation debris – basement central room
~430 LF ACM pipe insulation – all floors including basement
~1,030 SF ACM pipe insulation debris – all floors including basement
~20 SF ACM electrical panel – roof elevator room
-ACM interior window glazing – 100 windows on 3rd through 8th floors
-ACM exterior window glazing – 2 rooftop windows
~55 SF ACM penetration flashing tar – main roof

~10 SF ACM façade flashing tar – front roof
façade
~50 SF ACM flashing tar bead – along
exterior wall facing bus station

Asbestos Waste Hauler(s):	A.C.T. Abatement Corporation, Lawrence, MA
Hazardous/regulated Materials Contractor:	JTS Group, Inc., Worcester, MA
RCRA/TSCA/CRW Waste Hauler (s):	Enviro-Safe Corporation, Lowell, MA
RCRA/TSCA/CRW Disposal Facilities:	Jones Environmental Services (NE), Inc. Northeast Lamp Recycling, Inc.
Asbestos Landfill:	Minerva Enterprises, Waynesburg, Ohio
Bulky (C&D) Waste Landfill:	Enviro-Safe Corporation, Lowell, MA
Asbestos Waste Generated:	~ 384 bags

APPENDIX A
NOTIFICATIONS



Asbestos Notification Form ANF-001

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



INSTRUCTIONS

1. All sections of this form must be completed in order to comply with DEP notification requirements of 310 CMR 7.15 and the Division of Occupational Safety (DOS) notification requirements of 453 CMR 6.12

A. Asbestos Abatement Description

1. a. Is this facility fee exempt - city, town, district, municipal housing authority, owner-occupied residence of four units or less? Yes No

b. Provide blanket decal number if applicable:

Blanket Decal Number

2. Facility Location:

GUSCOTT BUILDING

a. Name of Facility

17-19 WARREN STREET

b. Street Address

c. City/Town

MA

d. State

02116

e. Zip Code

6179186207

f. Telephone Number

3. Worksite Location:

GUSCOTT BLDG

a. Building Name/Building Location

b. Building #

c. Wing

4

d. Floor

e. Room

4. Is the facility occupied? Yes No

5. Asbestos Contractor:

ACT ABATEMENT CORPORATION

a. Name

18 BROADWAY

b. Address

LAWRENCE

c. City/Town

01840

d. Zip Code

9787949530

e. Telephone Number

AC000290

f. DOS License Number

g. Contract Type: Written Verbal

MIKE MINICHILLO

h. Facility Contact Person

PROJECT MANAGER

i. Contact Person's Title

6. a. Name of On-Site Supervisor/Foreman

BRUCE A HOPKINS

AS052443

b. Supervisor/Foreman DOS Certification Number

7. a. Name of Project Monitor

N/A

b. Project Monitor DOS Certification Number

8. a. Name of Asbestos Analytical Lab

CAROLINA ENVIRONMENTAL

AA000168

b. Asbestos Analytical Lab DOS Certification Number

9. a. Project Start Date (mm/dd/yyyy)

2/4/2008

2/29/2008

b. End Date (mm/dd/yyyy)

7AM-4PM

c. Work hours Mon-Fri.

d. Work hours Sat-Sun.

10. a. What type of project is this?

Demolition

Renovation

Repair

Other, please specify:

b. Describe

11. a. Check abatement procedures:

Glove bag

Encapsulation

Enclosure

Disposal only

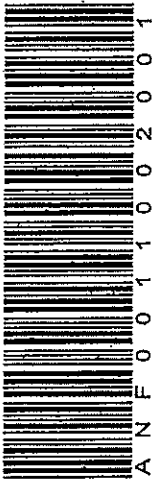
Cleanup

Other, specify:

Full containment

b. Describe

12. Is the job being conducted: Indoors? Outdoors?





Asbestos Notification Form ANF-001

A. Asbestos Abatement Description (cont.)

13. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

750	1000		
a. Total pipes or ducts (linear ft)	b. Total other surfaces (square ft)		
		d. Insulating cement	
c. Boiler, breaching, duct, tank surface coatings			
		f. Trowel/Sprayer coatings	
e. Corrugated or layered paper pipe insulation			
		h. Transite board, wall board	
g. Spray-on fireproofing			
		j. Other, please specify:	1000
i. Cloths, woven fabrics			
		WINDOW GLAZIN	
k. Thermal, solid core pipe insulation	750	i. Specify	

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

AS REQUIRED UNDER STATE AND FEDERAL REGULATIONS

15. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):

DOUBLE BAGGED 6 MIL POLYETHELENE LABELED

16. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

a. Name of DEP Official	b. Title
c. Date (mm/dd/yyyy) of Authorization	d. DEP Waiver #
e. Name of DOS Official	f. DOS Official Title
g. Date (mm/dd/yyyy) of Authorization	h. DOS Waiver #

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

B. Facility Description

1. Current or prior use of facility: **OFFICE BUILDING**

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

3. **BOSTON REDEVELOPMENT AUTHORITY** **22 DRYDOCK AVENUE**

a. Facility Owner Name b. Address

BOSTON **02205** **617-918-6207**

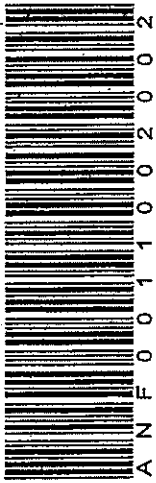
c. City/Town d. Zip Code e. Telephone Number (area code and extension)

4. **MIKE MINICHILLO** **360 AUSBUBON AVE**

a. Name of Facility Owner's On-Site Manager b. On-Site Manager Address

WAKEFIELD **01880** **781-245-3555**

c. City/Town d. Zip Code e. Telephone Number (area code and extension)





Asbestos Notification Form ANF-001

100067214
Decal Number

B. Facility Description (cont.)

5.

TESTA CORP	360 AUSBUBON ST	
a. Name of General Contractor	b. Address	
WAKEFIELD	01880	
c. City/Town	d. Zip Code	
ZURICH NORTH AMERICA	781-245-3555	
f. Contractor's Worker's Comp. Insurer	e. Telephone Number (area code and extension)	
	WC	
	3/22/2008	
	g. Policy Number	h. Exp. Date (mm/dd/yyyy)
	2400	5
	a. Square Feet	b. Number of floors

6. What is the size of this facility?

C. Asbestos Transportation and Disposal

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

MINERVA ENTERPRISES	9000 MINERVA RD
a. Name of Transporter	b. Address
WAYNESBURG	44688
c. City/Town	d. Zip Code
	3308663435
	e. Telephone Number

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

MINERVA ENTERPRISES	9000 MINERVA RD
a. Name of Transporter	b. Address
WAYNESBURG	44688
c. City/Town	d. Zip Code
	3308663435
	e. Telephone Number

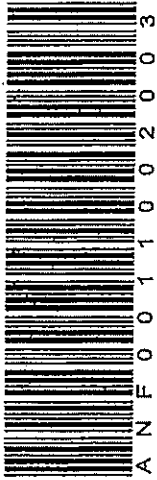
3.

a. Refuse Transfer Station and Owner	b. Address
c. City/Town	d. Zip Code
	e. Telephone Number

4.

MINERVA ENTERPRISES INC	
a. Final Disposal Site Location Name	b. Final Disposal Site Location Owner's Name
9000 MINERVA ROAD	WAYNESBURG
c. Final Disposal Site Address	d. City/Town
OH	44688
e. State	f. Zip Code
	3308663435
	g. Telephone Number

Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000



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

ANNIE RIVERA	ANNIE RIVERA
a. Name	b. Authorized Signature
ADMINISTRATOR	01/24/2008
c. Position/Title	d. Date (mm/dd/yyyy)
9787949530	A.C.T. ABATEMENT COR
e. Telephone Number	f. Representing
18 BROADWAY	
g. Address	
LAWRENCE	01840
h. City/Town	i. Zip Code



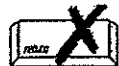
Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality

100067214
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



INSTRUCTIONS

1. This form is only available for online filing of project date revisions.
2. Enter project decal number.
3. Validate that the project location is correct for the entered decal.
4. Enter your new project dates.
5. Certify your notification. Submit date changes.

A. Facility Location

GUSCOTT BUILDING
1. Name of Facility

17-19 WARREN STREET
2. Street Address

BOSTON **MA**
3. City 4. State

6179186207
6. Telephone Number

5. Zip Code

B. Project Cancelled

Check here if this project is/was cancelled.

C. Project Dates

2/4/2008 **2/29/2008**
1. Original Start Date (mm/dd/yyyy) 2. Original End Date (mm/dd/yyyy)

3. Latest Revised Start Date (mm/dd/yyyy) 4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

2/19/2008 **3/7/2008**
1. Revised Start Date (mm/dd/yyyy) 2. Revised End Date Date (mm/dd/yyyy)

E. Other Project Revisions

BUILDING NOT READY FOR ABATEMENT ON MONDAY. POSTPONE UNTIL 02/19/2008

F. Revision History



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality

100067214
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. 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, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

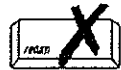
ANNIE RIVERA	ANNIE RIVERA
1. Name	Authorized Signature
ADMINISTRATOR	02/01/2008
2. Position/Title	3. Date (mm/dd/yyyy)
A.C.T. ABATEMENT CORP	9787949530
4. Representing	5. Telephone
18 BROADWAY	
6. Address	
LAWRENCE	01840
7. City/Town	8. Zip Code



Massachusetts Department of Environmental Protection
 Bureau of Waste Prevention – Air Quality
Project Revision Notification
 For Asbestos Notification ANF-001 and AQ 06

100067218
 Decal Number

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



INSTRUCTIONS

1. This form is only available for online filing of project date revisions.
2. Enter project decal number.
3. Validate that the project location is correct for the entered decal.
4. Enter your new project dates.
5. Certify your notification. Submit date changes.

A. Facility Location

FERDINAND BLDG
 1. Name of Facility

2260-2262 WASHINGTON STREET
 2. Street Address

BOSTON
 3. City

MA
 4. State

5. Zip Code

6. Telephone Number

B. Project Cancelled

Check here if this project is/was cancelled.

C. Project Dates

2/18/2008
 1. Original Start Date (mm/dd/yyyy)

3/14/2008
 2. Original End Date (mm/dd/yyyy)

3/24/2008
 3. Latest Revised Start Date (mm/dd/yyyy)

4/11/2008
 4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

4/21/2008
 1. Revised Start Date (mm/dd/yyyy)

5/16/2008
 2. Revised End Date Date (mm/dd/yyyy)

E. Other Project Revisions

NO POWER IN BUILDING GC AND AREA NOT READY TO START ABATEMENT. AR

F. Revision History

EDEP: 02/01/2008 04:13:51 PM OTHERPROREV: BUILDING NOT READY FOR ABATEMENT, REVISE DATE TO COORDINATE WITH OTHER BUILDING.

EDEP: 02/19/2008 03:35:29 PM OTHERPROREV: ELECTRICITY NOT READY ON PROJECT, REVISED DATE TO COORDINATE WITH OTHER BUILDING. AR



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality

100067218
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. 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, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

ANNIE RIVERA	ANNIE RIVERA
1. Name	Authorized Signature
ADMINISTRATOR	03/21/2008
2. Position/Title	3. Date (mm/dd/yyyy)
A.C.T. ABATEMENT CORP	9787949530
4. Representing	5. Telephone
18 BROADWAY	
6. Address	
LAWRENCE	01840
7. City/Town	8. Zip Code



Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



INSTRUCTIONS

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3. Validate that the project location is correct for the entered decal.
4. Enter your new project dates.
5. Certify your notification. Submit date changes.

A. Facility Location

GUSCOTT BUILDING

1. Name of Facility

17-19 WARREN STREET

2. Street Address

BOSTON

3. City

MA

4. State

5. Zip Code

6179186207

6. Telephone Number

B. Project Cancelled

Check here if this project is/was cancelled.

C. Project Dates

2/4/2008

1. Original Start Date (mm/dd/yyyy)

2/29/2008

2. Original End Date (mm/dd/yyyy)

4/7/2008

3. Latest Revised Start Date (mm/dd/yyyy)

4/18/2008

4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

1. Revised Start Date (mm/dd/yyyy)

5/2/2008

2. Revised End Date Date (mm/dd/yyyy)

E. Other Project Revisions

COMPLETION DATE HAS TO BE EXTENDED.

F. Revision History

EDEP: 02/01/2008 04:03:51 PM OTHERPROREV: BUILDING NOT READY FOR ABATEMENT ON MONDAY. POSTPONE UNTIL 02/19/2008 EDEP: 02/19/2008 03:25:22 PM OTHERPROREV: ELECTRICITY NOT READY ON JOB SITE. NEED TO POSTPONE FOR 02/26/2008. EDEP: 02/26/2008 12:53:40 PM OTHERPROREV: BUILDING NOT READY FOR ABATEMENT NO POWER. EDEP: 03/11/2008 10:51:08 AM OTHERPROREV: 03/11/08 POWER STILL NOT READY FOR AT BUILDING, CANNOT BEGIN PROJECT. POSTPONE UNTIL 03/31/2008 EDEP: 03/24/2008 05:21:32 PM OTHERPROREV: BUILDING NOT READY, NO POWER. GC INDICATED



Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. 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, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

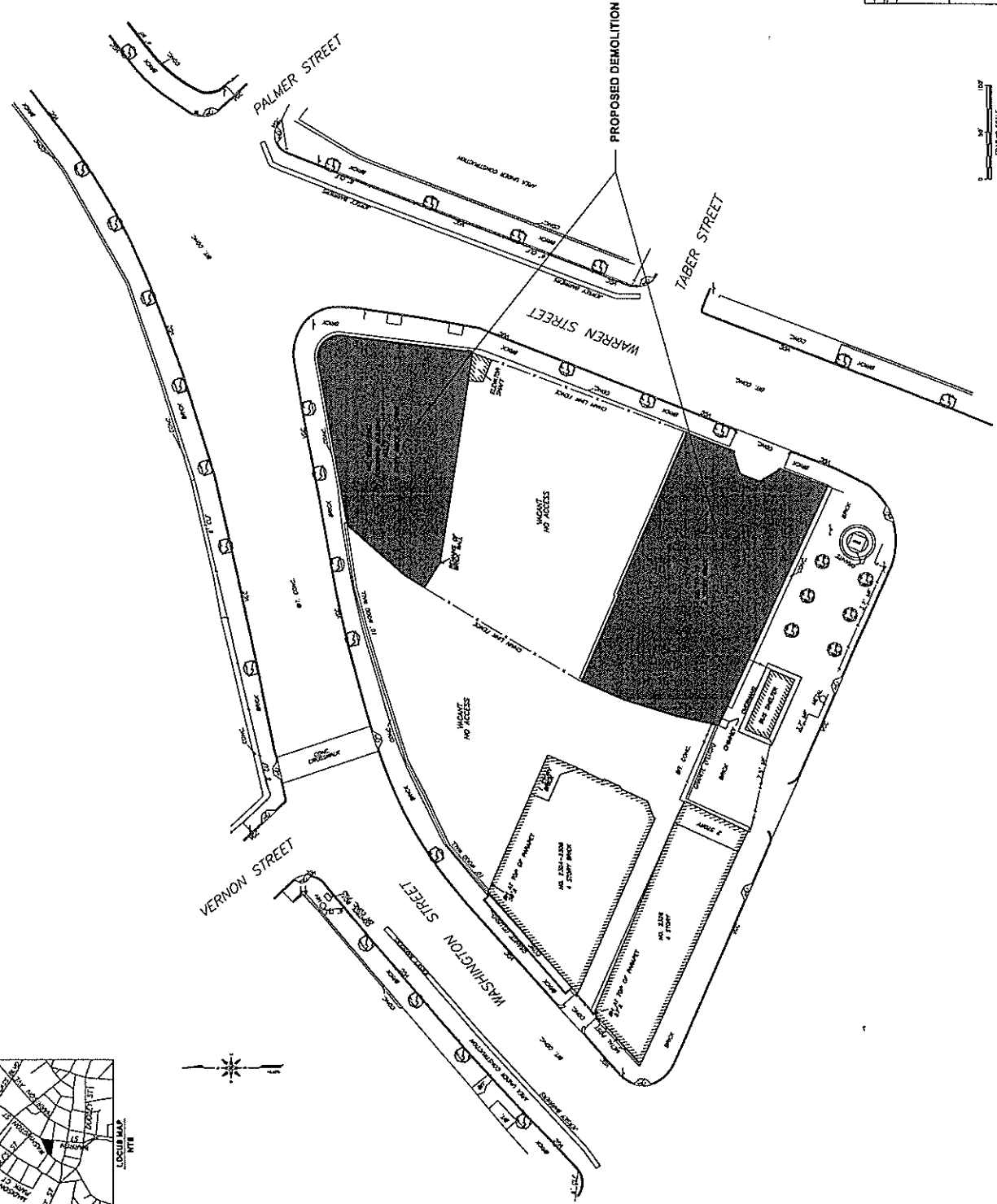
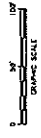
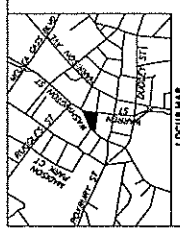
ANNIE RIVERA	Annie rivera
1. Name	Authorized Signature
ADMINISTRATOR	04/17/2008
2. Position/Title	3. Date (mm/dd/yyyy)
A.C.T. ABATEMENT CORP	9787949530
4. Representing	5. Telephone
18 BROADWAY	
6. Address	
LAWRENCE	01840
7. City/Town	8. Zip Code

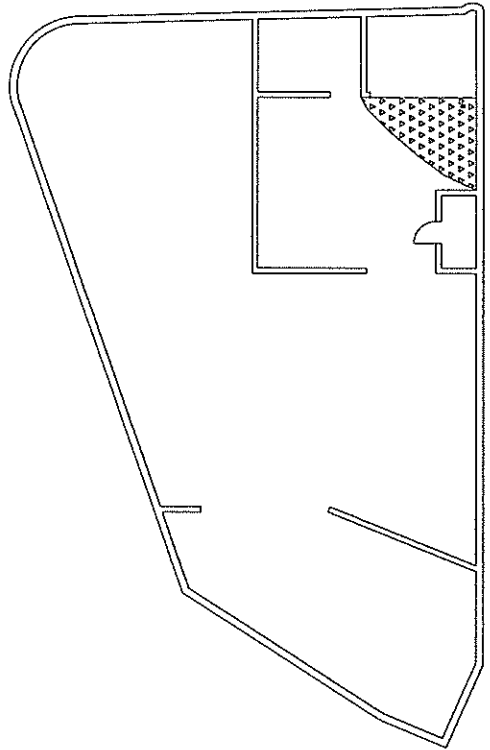
APPENDIX B
SITE SKETCHES/PHOTOS

- LEGEND:**
- MANHOLE RAMP
 - ODD/OVEN TRIZ
 - NOV OR FORMERLY
 - BIRNWOODS
 - BR
 - CONC
 - CONC
 - CONCRETE CURB
 - CHALK LINE FENCE
 - CLF
 - MF
 - FENCE

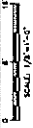
NOTE:
 1. BASE INFORMATION TAKEN FROM DRAWING TITLED
 5076 LOCATION 17-19 WARREN ST, DUDLEY
 SQUARE, ROXBURY, MA, DWG NO. C-1 DATED
 11/11/03. THIS DRAWING WAS PREPARED BY
 CONSTRUCTION DEPARTMENT, 22 ORTHODOX
 AVENUE, SOUTH BOSTON, MASSACHUSETTS.

PROJECT:	ASBESTOS ABATEMENT BUILDING DEMOLITION AT DUDLEY SQUARE ROXBURY, MASSACHUSETTS
DATE:	11/11/03
SCALE:	1" = 10'
SHEET:	1 OF 11
DRAWN BY:	SW
CHECKED BY:	SW
DATE:	11/11/03
PROJECT NO.:	ASB-1

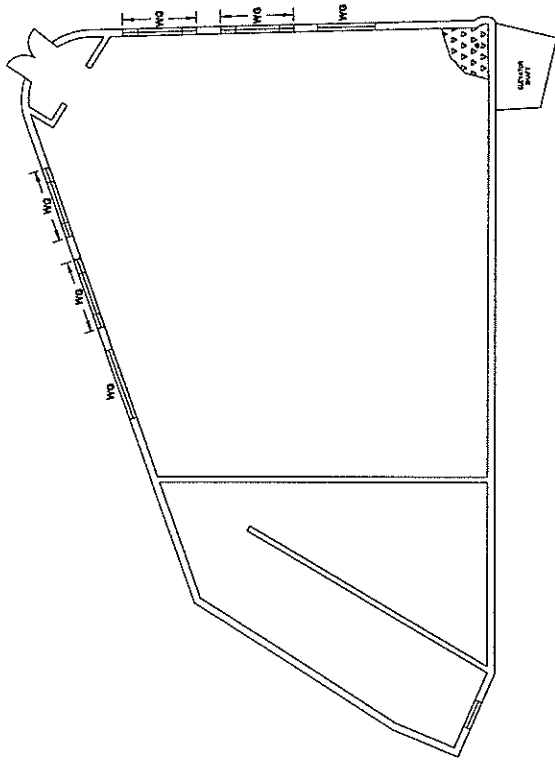
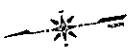




BASEMENT FLOOR PLAN



SCALE: 1/8"=1'-0"



FIRST FLOOR PLAN



SCALE: 1/8"=1'-0"

LEGEND OF ASBESTOS SYMBOLS

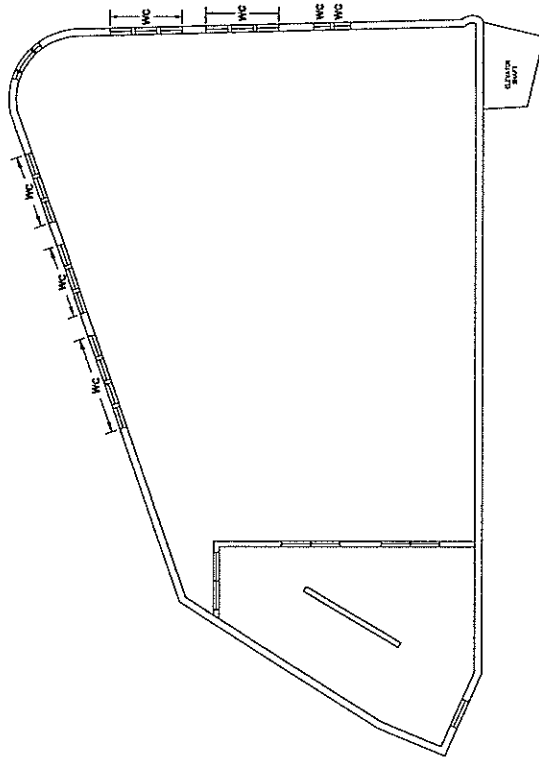
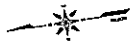
---	PHASE LINE
□	WORKER OCCUPATION UNIT
•	ROOF DRAIN / PIPE RISER
XXXX	ROOF FURT FLASING
WC	WINDOW CASING
WG	WINDOW GUARD
XXXX	DEBRIS



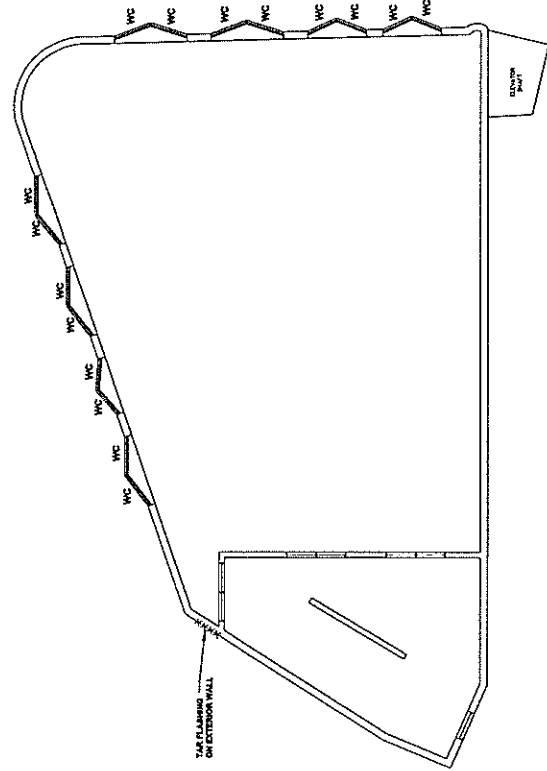
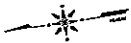
BUILDING DEMOLITION AT
DUDLEY SQUARE
ROXBURY, MASSACHUSETTS

ASBESTOS ABATEMENT
FERDINAND BUILDING
2260-2262 WASHINGTON STREET
BASEMENT AND FIRST FLOOR PLAN

PROJECT	DATE	APPROVAL
REVISIONS		
DESIGNER	DATE	SCALE
DRAWN	BY	
CHECKED	BY	
PROJECT NO.	SHEET NO.	TOTAL SHEETS
	1 OF 15	
		ASB-2



THIRD FLOOR PLAN
SCALE 1/8"=1'-0"

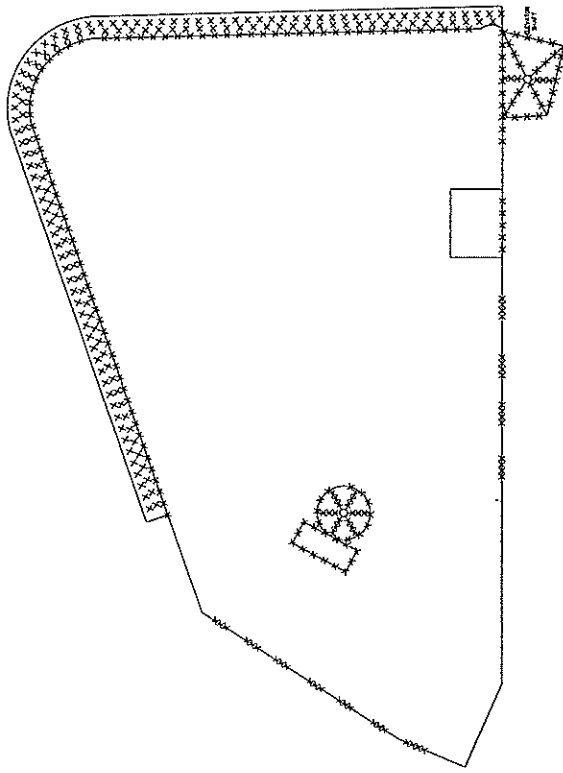
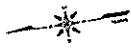


SECOND FLOOR PLAN
SCALE 1/8"=1'-0"

LEGEND OF ASBESTOS SYMBOLS

▬▬▬	PHASE LINE
[]	WORKER DECONTAMINATION UNIT
◆	ROOF DRAIN / PEE RIDER
XXXX	ROOF TART FLASHING
WC	WINDOW CAULK
WG	WINDOW GLAZING
	DEBRIS

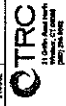
 CTRC CONSULTING ENGINEERS 1000 WASHINGTON STREET ROXBURY, MASSACHUSETTS	PROJECT BUILDING DEMOLITION AT DUDLEY'S SQUARE ROXBURY, MASSACHUSETTS	DATE 08/20/07	APPROVAL
	SHEET NO. 2280-2282 WASHINGTON STREET SECOND AND THIRD FLOOR PLAN	DRAWN BY SLO/ST	CHECKED BY SLO/ST



ROOF PLAN
SCALE: 1/8"=1'-0"

LEGEND OF ASBESTOS SYMBOLS

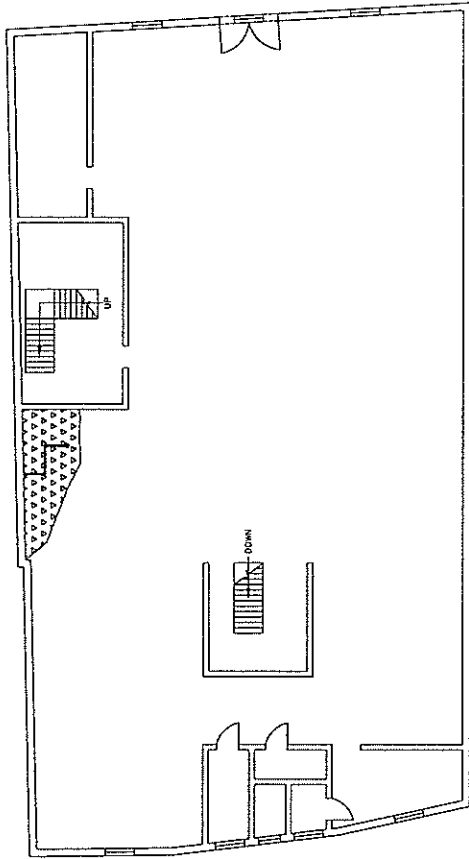
	PHASE ONE
	WORKER DECONTAMINATION UNIT
•	ROOF DRAIN / PIPE RISER
XXXX	ROOF JAIL FLASHING
WC	WINDOW CAULK
WG	WINDOW CASING
XXXX	DEBRIS



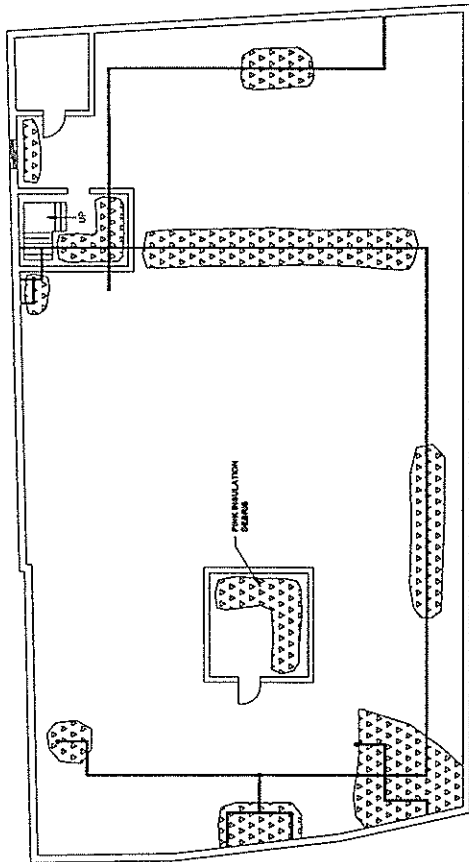
BUILDING DEMOLITION AT
DUDLEY SQUARE
ROXBURY, MASSACHUSETTS

ASBESTOS ABATEMENT
FERDINAND BUILDING
2280-2282 WASHINGTON STREET
ROOF PLAN

TOTAL N	20/27	SHEET 3 OF 10	ASB-5
TOTAL S	20/27	SCALE: 1/8"=1'-0"	
TOTAL E	20/27		
TOTAL W	20/27		

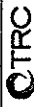


FIRST FLOOR PLAN

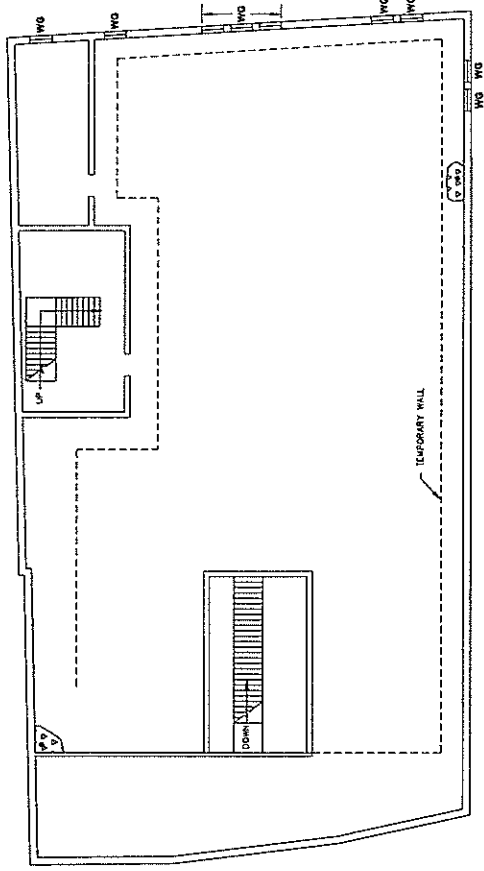


BASEMENT FLOOR PLAN



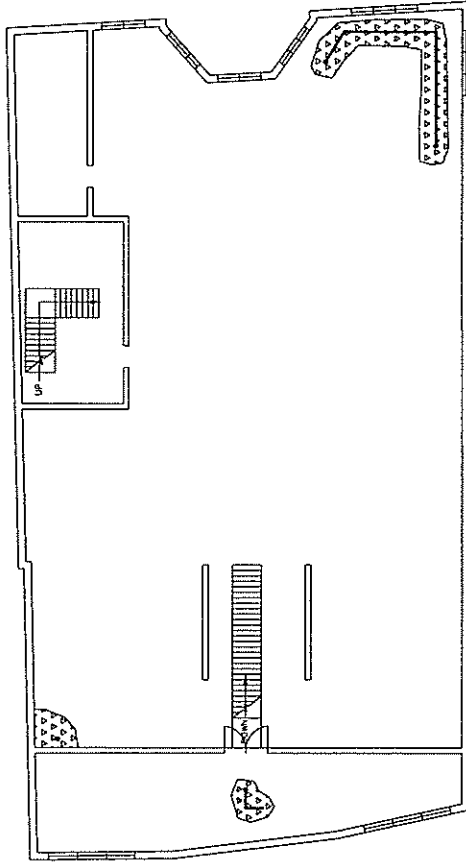
REVISION	DATE	APPROVAL
 OTRC <small>OPERATIONAL TECHNOLOGY RESEARCH CORPORATION</small>		
BUILDING DEMOLITION AT ROXBURY, MASSACHUSETTS		
ASBESTOS ABATEMENT GUSCOTT BUILDING 47 WASHINGTON STREET BASEMENT AND FIRST FLOOR PLAN		
DESIGNER: R. WELLS	DATE: 8/27/15	ASB-6 <small>SCALE: 1/8"=1'-0"</small>
DRAWN: M. WELLS	CHECKED: M. WELLS	

LEGEND OF ASBESTOS SYMBOLS	
■	PHASE LINE
▤	WORKER DEMONSTRATION UNIT
XXXX	HOOP TOP FLOORING
WG	WOODW/CLAZING
•	ROOF DRAIN / PIPE RISER
▨	PPG INSULATION
⊞	CEILING



THIRD FLOOR PLAN

SCALE 1/8"=1'-0"



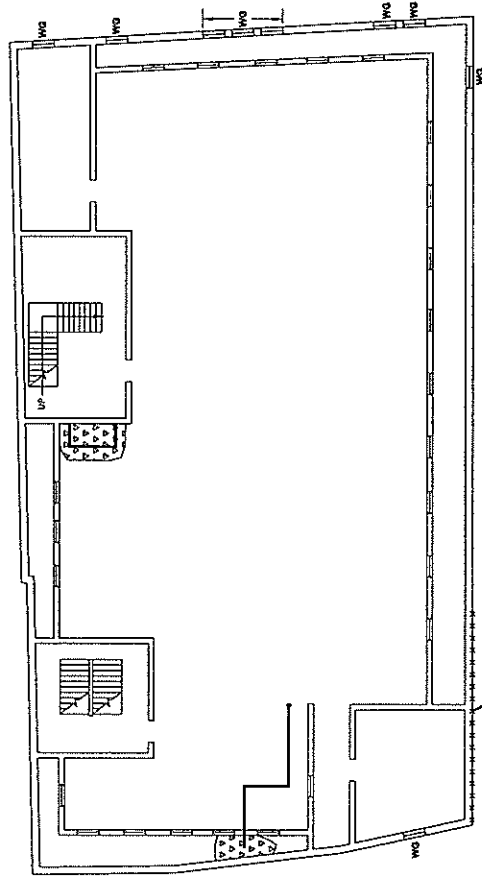
SECOND FLOOR PLAN

SCALE 1/8"=1'-0"

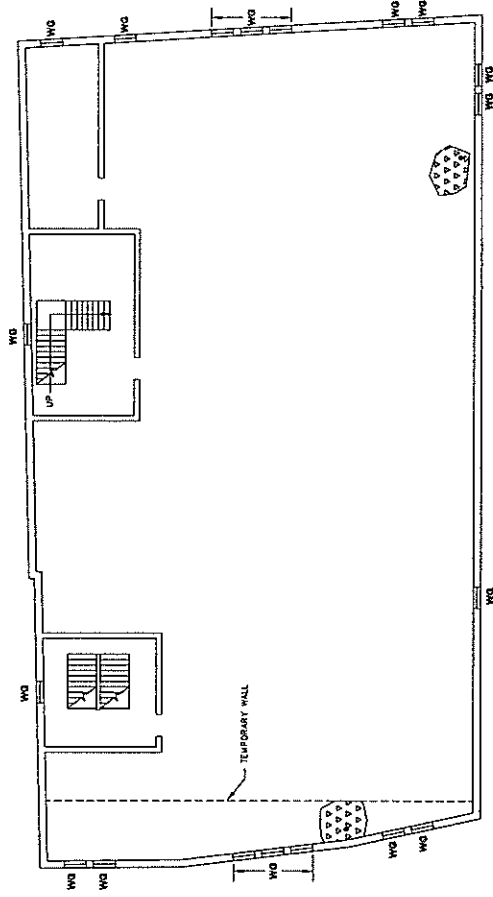
LEGEND OF ASBESTOS SYMBOLS

---	PHASE LINE
XXXX	WORKER DECONTAMINATION UNIT
XXXX	ROOF TOP FLOORING
W/O	WINDOW GLAZING
○	ROOF DRAIN / PIPE RISER
▨	PIPE INSULATION
XXXX	DEBRIS

SYMBOL	DESCRIPTION	DATE	APPROVAL
OTRC	OTRC 1100 State Street Roxbury, MA 01868		
PROJECT	BUILDING DEMOLITION AT DURLEY SQUARE ROXBURY, MASSACHUSETTS		
DESIGNER	ASBESTOS ABATEMENT PLAN FOR 17-19 WARREN STREET SECOND AND THIRD FLOOR PLAN		
SCALE	AS-BUILT	SHEET	2 OF 3
DATE	04/27	PROJECT	1507
DRAWN BY		PROJECT NO.	
CHECKED BY			
APPROVED BY			
			ASB-7



FOURTH FLOOR PLAN
SCALE: 1/8" = 1'-0"

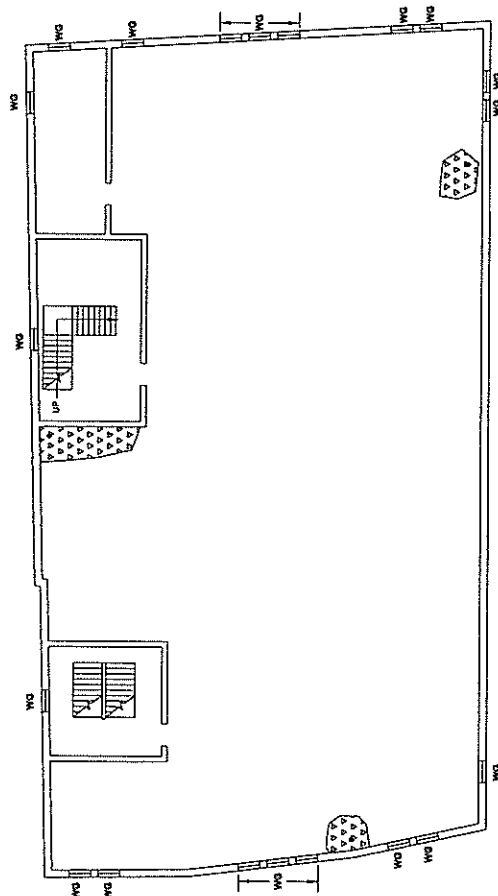


FIFTH FLOOR PLAN
SCALE: 1/8" = 1'-0"

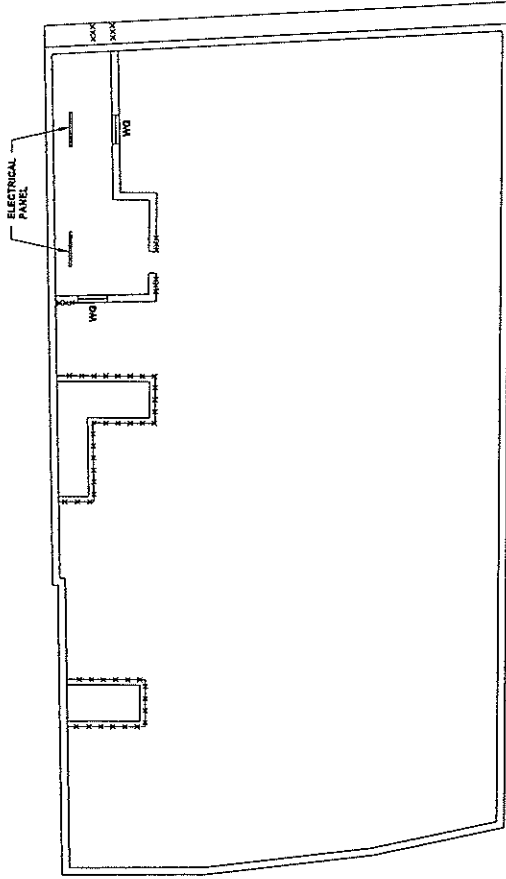
LEGEND OF ASBESTOS SYMBOLS

SYMBOL	PHASE USE
[Hatched Box]	WORKER DECONTAMINATION UNIT
[Cross-hatched Box]	ROOF TOP FLASHING
[Dotted Box]	WINDOW GLAZING
[Star Symbol]	ROOF DRAIN / PIPE RISER
[Wavy Line]	PIPE INSULATION
[Grid Pattern]	DEBRIS

OTRC 1000 State Street Roslindale, MA 02126 (617) 254-4444	DATE APPROVAL
BUILDING DEMOLITION AT 17-19 WARREN STREET ROSLINDALE, MASSACHUSETTS	SCALE 1/8" = 1'-0"
ASBESTOS ABATEMENT GUSCOTT BUILDING 17-19 WARREN STREET FOURTH AND FIFTH FLOOR PLAN	PROJECT NO. ASB-8



EIGHTH FLOOR PLAN
SCALE: 1/8"=1'-0"



ROOF PLAN
SCALE: 1/8"=1'-0"

LEGEND OF ASBESTOS SYMBOLS	
▣	PHASE LINE
▣	WORKER DECONTAMINATION UNIT
XXXX	ROOF TOP FLASHING
WG	WINDOW GLAZING
•	ROOF DRAIN / PIPE RISER
▣	PIPE INSULATION
▣	DEBRIS

OTRC
10 South Street
Roxbury, MA 02119
(617) 552-1100

BUILDING DEMOLITION AT
RUDLEY SQUARE
ROXBURY, MASSACHUSETTS

ASBESTOS ABATEMENT
GUSCOTT BUILDING
17-19 WARREN STREET
EIGHT AND ROOF PLAN

NO.	DATE	SCALE
01/07	01/07	1/8"=1'-0"

ASB-10

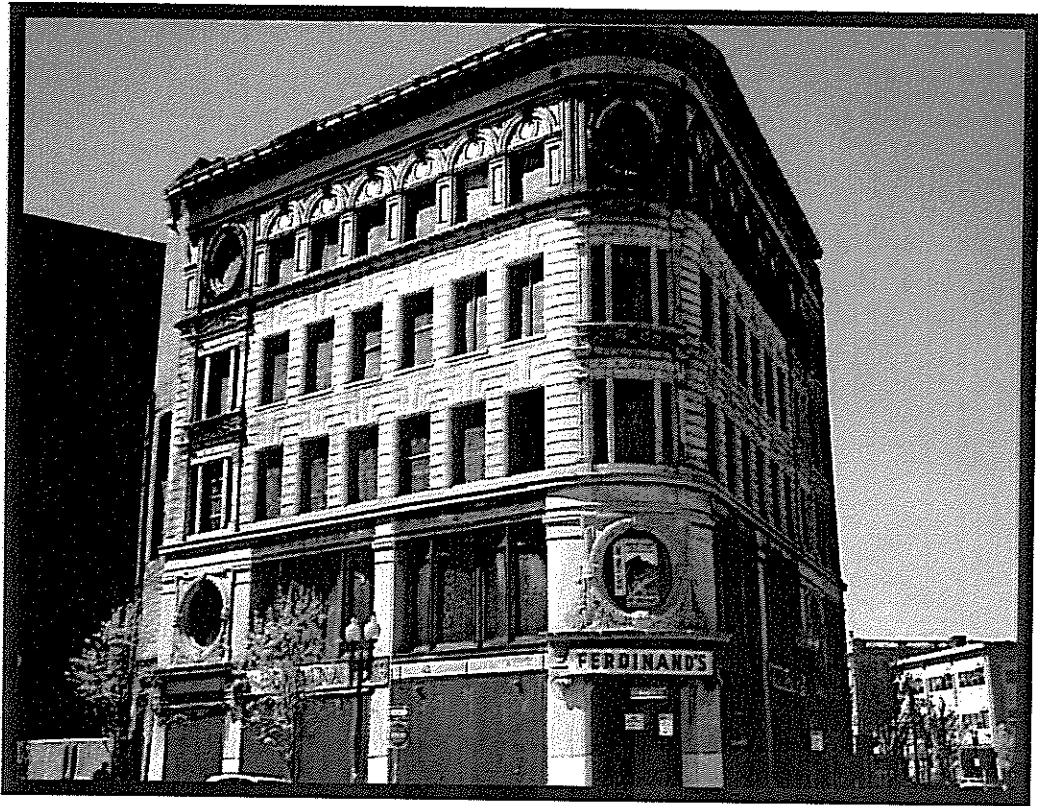


PHOTO 1
Boston Redevelopment: Ferdinand Building.

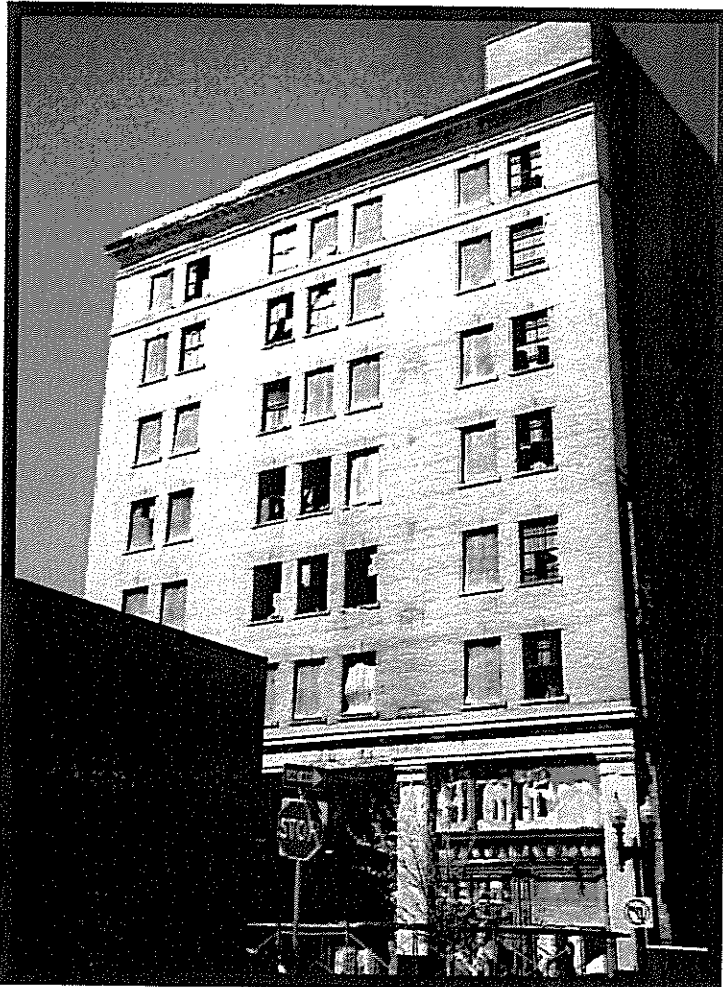


PHOTO 2
Boston Redevelopment:
Guscott Building.

shared/pub/ear/fh/7h&s/150252/150252.0000.0001.hh10

APPENDIX C
CONTRACTOR CERTIFICATIONS/LICENSES



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL SAFETY

19 STANFORD STREET, BOSTON, MASSACHUSETTS 02114

ASBESTOS CONTRACTOR LICENSE

A.C.T. ABATEMENT CORPORATION
18 BROADWAY
LAWRENCE MA 01841

AC000290

Saturday, April 11, 2009

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.

A handwritten signature in cursive script that reads "Laura M. Marlin".

LAURA M. MARLIN, COMMISSIONER

Commonwealth of Massachusetts

Division of Occupational Safety

Laura M. Martin, Commissioner

Asbestos Supervisor



BRUCE A. HOPKINS

Eff. Date 11/09/07

Exp. Date 11/08/08

AS052443

Member of C.O.N.E.S

B0



BOSTON-RENEW

IBE

INSTITUTE FOR ENVIRONMENTAL
EDUCATION, INC.

16 Upton Drive, Wilmington, MA 01887
(Phone) 978.658.5272

This is to certify that
Bruce A Hopkins
024441282

has successfully completed the 8-hour course

Contractor/Supervisor Delender Refresher

IBE

February 25, 2008
Expiration Date
08-3115-106-213036
Certificate Number

February 25, 2008
Course Date
General Location
Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

February 28, 2008
Expiration Date
Training Director
W. Campbell

ACT ABATEMENT

FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist, which must be completed for each employee, or Subcontractor required to wear a negative pressure respirator. This form is required on all job sites.

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

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

EMPLOYEE/SUBCONTRACTOR SIGNATURE: *Bruce Hopkins*

QUALIFIED PERSON SIGNATURE: *Ron Watson* DATE: *Feb 22 08*

1. CHALLENGE SUBSTANCE: (circle one) Irritant Smoke. Banana Oil. Saccharin

2. FIT CHECK PROCEDURES:
A. Negative Pressure Check Pass / Fail
B. Positive Pressure Check Pass / Fail

3. TESTING PROCEDURE: REACTION

A. Normal Breathing	<input checked="" type="checkbox"/>
B. Deep Breathing	<input type="checkbox"/>
C. Turn Head from Side to Side	<input type="checkbox"/>
D. Nod Head up and down	<input type="checkbox"/>
E. Talking and/or counting back wards from 100	<input type="checkbox"/>
F. Jogging in Place	<input type="checkbox"/>
G. Bend over and touch toes	<input type="checkbox"/>
H. Grimace and Frown	<input type="checkbox"/>
I. Repeat Rainbow Passage	<input type="checkbox"/>
J. Breathe Normally	<input checked="" type="checkbox"/>

4. OVERALL EVALUATION Pass / Fail

5. RESPIRATOR APPROVALS:

MANUFACTURER	APPROVAL #	TYPE	SIZE
<i>N5th</i>		<i>Lo Face M</i>	

North Andover Medical Center

Paul D. Weinstein, MD

160 Winthrop Ave. Suite# 10
Lawrence, MA 01843
(978) 794-3000
Fax (978) 794-0707

EMPLOYEE ASBESTOS CLEARANCE LETTER

NAME: *Bruce Hopkins* S.S.# *024-441282*

DATE OF EXAM: *7-10-07*

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

CHEST X-RAYS WITH "B" READING RESULTS: Normal: Abnormal:
Next indicated in 20 _____
PULMONARY FUNCTION TEST RESULTS: Normal: Abnormal:
COMMENTS: _____

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

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

() None: The patient is medically qualified to wear all personal protection equipment.
() Patient Limitations: *Must be in good health*

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

Thank you for the opportunity to examine this individual
Physician: *Paul D. Weinstein* Signature: *P. Weinstein*
160 Winthrop Ave Office: *978 794 3000*
Lawrence MA 01843 Address: _____

OSHA

000056790



U.S. Department of Labor
Occupational Safety and Health Administration

Bruce A. Hopkins

has successfully completed a 10-hour Occupational Safety and Health
Training Course in

Construction Safety & Health

Rollins W. Ross

(Trainer)



11/2/02

(Date)

Commonwealth of Massachusetts
 Division of Occupational Safety
 Lura K. Neitz, Commissioner
 Asbestos Supervisor

JOSUE NAZARIO
 Exp. Date 03/05/09
 Exp. Date 03/04/09
 AS301134
 Lura K. Neitz
 BY

09

LAWRENCE TRAINING SCHOOL, INC.

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

This is to certify that
Josue Nazario
 has successfully completed the 40-hour course
Asbestos Contractor/Supervisor Initial
 pursuant to the requirements for asbestos accreditation of the TSCA, Title II

AS10208-01-JNR0064
 Certificate Number

JAN 28 - FEB 01, 2008
 Dates of Training

FEB 01, 2008
 Date of Examination

FEB 01, 2009
 Expiration Date

Neville Navaratan
 Director/Director of Training

ACT ABATEMENT
 CORPORATION

FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist, which must be completed for each employee, or Subcontractor required to wear a negative pressure respirator. This form is requires on all job sites.

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

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

EMPLOYEE/SUBCONTRACTOR SIGNATURE: Josue Nazario
 QUALIFIED PERSON SIGNATURE: [Signature] DATE: March 13 08

1. CHALLENGE SUBSTANCE: (circle one) Irritant Smoke. Banana Oil. Saccharin

2. FIT CHECK PROCEDURES:
 A. Negative Pressure Check Pass Fail
 B. Positive Pressure Check Pass Fail

3. TESTING PROCEDURE: REACTION

A. Normal Breathing	<u>Pass</u>
B. Deep Breathing	
C. Turn Head from Side to Side	
D. Nod Head up and down	
E. Talking and/or counting back wards from 100	
F. Jogging in Place	
G. Bend over and touch toes	
H. Grimace and Frown	
I. Repeat Rainbow Passage	
J. Breathe Normally	

4. OVERALL EVALUATION Pass Fail

5. RESPIRATOR APPROVALS:

MANUFACTURER	APPROVAL #	TYPE	SIZE
<u>Mouth</u>		<u>425</u>	<u>M</u>

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

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Nazario Josue O. S.S.#: 074-68-8064
 DATE OF EXAM: March 10th 2008 EXP. DATE: March 9th 200

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (29 CFR 1926 - 1101) . The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAYS: RESULTS: Normal: Abnormal:
 Next indicated in 20
 PULMONARY FUNCTION TEST RESULTS: Normal: Abnormal:
 COMMENTS: _____

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

The following limitations on personal protective equipment, including respirators are indicated:
 None: The patient is medically qualified to wear all personal protection equipment.
 Patient Limitations: _____

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

Thank you for the opportunity to examine this individual.

Neville Navaratan
 Signature
 Physician, Neville Navaratan, M.D.
 Lawrence Walk-in Medical Center
 100 Franklin Street
 Lawrence, MA 01840
 978-682-8343

Center 978-682-8343
 Phone # _____

SPIROMETRY REPORT
PB100 SW Rev: J-J

TEST DATE: 03/10/08
TIME: 09:46

Patient Name: Nazano Josue O
Patient ID: 074688064 Age: 26 Height (in): 65 Weight (lbs): 170
Systolic Pressure (mmHg): 760 Temp (deg F): 40 BTPS Correction: 1.183

PreMed Time: 09:49
Sex: Male Race Correction: 85% Smoker: Yes
Sensor: FS200 Insp Code: None

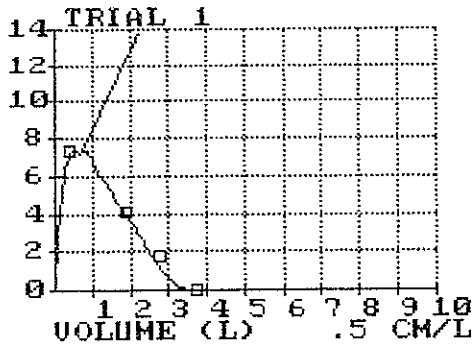
TEST DATA - Clinical Format

Measurement	PreMed	QC	Pred	%Pred
VC (L)	3.49	D	3.72	94%
EV1 (L)	3.01	D	3.15	96%
%FEV1 (%)	86.24		85.72	101%
FEF25%-75% (L/S)	3.66		3.48	105%
EF (L/S)	7.40		7.32	101%
EV3 (L)	3.41		3.70	92%
FET (S)	4.50			

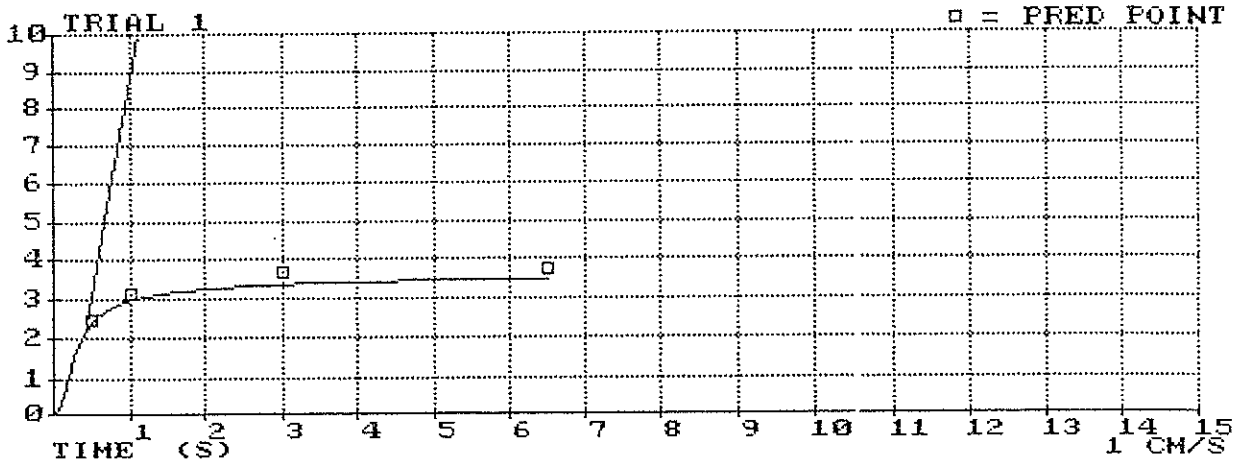
BEST TEST SUMMARY
PostMec QC %Pred %Change
Knudson 83 Adult Predicted Normals

Variability:

PREMED
= PRED POINT
FLOW (L/S)
0.25 CM/L/S



PREMED
VOLUME (L)
5 CM/L



Interpretations:

Lung Age: 32 years
PREMED: Testing indicates normal spirometry.
Comments:

*R.L.N. Navarrom
March 10th Two thousand eight.*

R.L.N. Navarrom, M.D.
Lawrence Warfield Medical Center
100 Pine St
Lawrence, MA 01840
978-682-5043



LAWRENCE TRAINING SCHOOLS, INC.

88 Franklin Street, Lawrence, MA 01840

Telephone: (978) 689-7370

This is to certify that

Josue Nazario

has successfully completed the 10-hour course

Occupational Safety and Health Standards for the Construction Industry

OSHA-JN8064

Certificate Number

AUG 04, 2007

Dates of Training

Mario Alcantara

Trainer



LAWRENCE TRAINING SCHOOL, INC.
 88 Franklin Street Lawrence, MA 01841
 Telephone: (978) 689-7370

This is to certify that
Ramon Rosario
 has successfully completed the 8-hour course
Asbestos Refresher for Workers - Spanish
 pursuant to the requirements for asbestos accreditation of the TSCA, Title II

ARR1107-10-RR3112
 Certificate Number

NOV 10, 2007
 Date of Training

NOV 10, 2007
 Date of Examination

NOV 10, 2008
 Expiration Date

Alain Navarino
 President/Director of Training

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

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Rosario Ramm S.S.#: 017783112007
 DATE OF EXAM: NOV. 16th 2007 EXP. DATE: NOV. 15th 2008

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (29 CFR 1926 - 1101) . The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAYS WITH "B" READING RESULTS: Normal: Abnormal:
 Next indicated in 20
 PULMONARY FUNCTION TEST RESULTS: Normal: Abnormal:
 COMMENTS: _____

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

The following limitations on personal protective equipment, including respirators are indicated:
 () None: The patient is medically qualified to wear all personal protection equipment.
 () Patient Limitations: _____

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

Thank you for the opportunity to examine this individual.
P.L.N. Navaratnam, M.D.
 Lawrence Walk-In Medical Center
 100 Franklin Street
 Lawrence, MA 01840
 Address: 978-682-8343

R.L.N. Navaratnam
 Signature
 Center
 978-682-8343
 Phone #



FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist, which must be completed for each employee, or 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 FIT-TESTED IN THE RESPIRATOR TYPE AND MODEL LISTED, AND THAT I WAS GIVEN TRAINING REGARDING ITS PROPER USE AND MAINTENANCE PROCEDURES.

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

EMPLOYEE/SUBCONTRACTOR SIGNATURE: Ramon Rosario
 QUALIFIED PERSON SIGNATURE: Ramon Rosario
 DATE: April 21-07

- CHALLENGE SUBSTANCE: (circle one) Irritant Smoke, Banana Oil, Saccharin
- FIT CHECK PROCEDURES:
 A. Negative Pressure Check Pass / Fail
 B. Positive Pressure Check Pass / Fail
- TESTING PROCEDURE:

	REACTION
A. Normal Breathing	PASS
B. Deep Breathing	
C. Turn Head from Side to Side	
D. Nod Head up and down	
E. Talking and/or counting back wards from 100	
F. Jogging in Place	
G. Bend over and touch toes	
H. Grimace and Frown	
I. Repeat Rainbow Passage	
J. Breathe Normally	

OVERALL EVALUATION Pass / Fail

RESPIRATOR APPROVALS:

MANUFACTURER	APPROVAL #	TYPE	SIZE
<u>North</u>		<u>face</u>	<u>M</u>

Commonwealth of Massachusetts
 Division of Occupational Safety
 Laura M. Marlin, Commissioner
 Asbestos Worker



RAMON ROSARIO

Eff. Date 11/28/07
 Exp. Date 11/26/08
 AW030819
 Member of C.O.N.E.S
 HV

08



HV - RENEW

OSHA 001309532

U.S. Department of Labor
 Occupational Safety and Health Administration

RAMON ROSARIO
 has successfully completed a 10-hour Occupational Safety and Health
 Training Course in
Construction Safety & Health

MARIA ALCANTARA 3/24/07
 (Trainer) (Date)

VORTEX

Environmental Training School
This is to certify that

JORGE URENA

has successfully completed the requisite training for asbestos accreditation under TSCA Title II.

"ANNUAL REVIEW" ASBESTOS SUPERVISOR/CONTRACTOR (8 Hours)


Training Provider: Jorge Urena 07461
 CONESMAP APPROVED State License: 5/19/07 - 5/12/07 - 80%
 Expiration Date: 5/19/08
 Dedicated Certificate Number: 02886
 3670 West Shore Road, Warwick, Rhode Island 02886 1-800-VORTEX

Commonwealth of Massachusetts
Division of Occupational Safety
Laura M. Harbin, Commissioner
Asbestos Supervisor

JORGE ALBERTO URENA

Eff. Date 09/12/07
Exp. Date 09/11/08
AS051813
Member of CDNES
30

08



HAV-REN

OSHA 001075058

Jorge A. Urena

Asbestos Supervisor

Construction Safety & Health

**North Andover Medical Center
Paul D. Weinstein, MD**
160 Winthrop Ave, Suite# 10
Lawrence, MA 01843
(978) 794-3000
Fax (978) 794-0707

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Jorge Urena S.S.# 021784097
DATE OF EXAM: 10/26/06

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

CHEST X-RAYS WITH "B" READING RESULTS: Normal: Abnormal:
 None indicated in 20 10
 PULMONARY FUNCTION TEST RESULTS: Normal: Abnormal:
 COMMENTS:

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

The following limitations on personal protective equipment, including respirators are indicated.
 None: The patient is medically qualified to wear all personal protection equipment.
 Patient Limitations:

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

Thank you for the opportunity to examine this Paul D. Weinstein MD
 Physician Paul D. Weinstein MD Signature
 160 Winthrop Ave, Lawrence MA 01843 978 794 3000
 Address Phone #

ACT ABATEMENT
CORPORATION

FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist, which must be completed for each employee, or Subcontractor required to wear a negative pressure respirator. This form is required on all job sites.

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

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

EMPLOYEE/SUBCONTRACTOR SIGNATURE: Jorge A. Urena
 QUALIFIED PERSON SIGNATURE: Ben. Roberts DATE: 05/04/07

1. CHALLENGE SUBSTANCE: (circle one) Irritant Smoke. Banana Oil. Saccharin
2. FIT CHECK PROCEDURES:
 - A. Negative Pressure Check Pass / Fail
 - B. Positive Pressure Check Pass / Fail
3. TESTING PROCEDURE:

PROCEDURE	REACTION
A. Normal Breathing	<input checked="" type="checkbox"/> Pass
B. Deep Breathing	<input type="checkbox"/>
C. Turn Head from Side to Side	<input type="checkbox"/>
D. Nod Head up and down	<input type="checkbox"/>
E. Talking and/or counting back wards from 100	<input type="checkbox"/>
F. Jogging in Place	<input type="checkbox"/>
G. Bend over and touch toes	<input type="checkbox"/>
H. Grimace and Frown	<input type="checkbox"/>
I. Repeat Rainbow Passage	<input checked="" type="checkbox"/> Pass
J. Breathe Normally	<input type="checkbox"/>

4. OVERALL EVALUATION Pass / Fail

5. RESPIRATOR APPROVALS:

MANUFACTURER	APPROVAL #	TYPE	SIZE
<u>North</u>		<u>1/2 Face</u>	<u>M</u>

North Andover Medical Center
Stadium Plaza
160 Winthrop Ave. Suite #10
Lawrence, MA 01843
Paul D. Weinstein, M.D.
978-794-3000
Fax#978-794-0707

X-RAY REQUEST FORM

Date: _____
Patient's Name: Jorge Urena
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Tel. #: () _____ Work Tel. #: () _____
Sex: _____ Date of Birth: 8-13-67 Date of Injury: _____

History/Current Symptoms: _____

X-RAY CPT CODES:

- | | |
|---|--|
| _____ 70160 - Nasal Bones; 3 views | _____ 73050 - Acromioclavicular Joint;
L/R |
| _____ 70220 - Sinuses; 3 views | _____ 73080 - Elbow; 3 views |
| _____ 70250 - Skull | _____ 73110 - Wrist; 3 views |
| _____ 70360 - Neck; Soft Tissue | _____ 73130 - Hand; 3 views |
| _____ 71020 - Chest | _____ 73140 - Finger(s); L/R |
| _____ 71110 - Ribs; L/R | _____ 73510 - Hip; Un/ 2 Views
Minimum |
| _____ 71120 - Sternum | _____ 73564 - Knee; L/R |
| _____ 71130 - Sternoclavicular Joint; 3 views | _____ 73600 - Ankle; L/R |
| _____ 72052 - Cervical Spine | _____ 73620 - Foot; L/R |
| _____ 72070 - Spine; Thoracic | _____ 73660 - Toe(s); L/R |
| _____ 72110 - Spine; Lumbosacral, Complete | _____ 74020 - Abdomen; Decubitus
&/or Erect |
| _____ 72170 - Pelvis; AP only | _____ - Other |
| _____ 72200 - Sacroiliac Joints | _____ |
| _____ 72220 - Sacrum & Coccyx | _____ |
| _____ 73030 - Shoulder; L/R | _____ |

X-Rays Ordered By: Paul D. Weinstein MD Date: 10/25/07



FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist, which must be completed for each employee, or 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 FIT-TESTED IN THE RESPIRATOR TYPE AND MODEL LISTED, AND THAT I WAS GIVEN TRAINING REGARDING ITS PROPER USE AND MAINTENANCE PROCEDURES.

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

EMPLOYEE/SUBCONTRACTOR SIGNATURE: Gloria A. [unclear]

QUALIFIED PERSON SIGNATURE: Ron Nantasi

DATE: April 15 08

1. CHALLENGE SUBSTANCE: (circle one) Irritant Smoke. Banana Oil. Saccharin

2. FIT CHECK PROCEDURES:
A. Negative Pressure Check Pass / Fail
B. Positive Pressure Check Pass / Fail

TESTING PROCEDURE:	REACTION
A. Normal Breathing	<u>PASS</u>
B. Deep Breathing	
C. Turn Head from Side to Side	
D. Nod Head up and down	
E. Talking and/or counting back wards from 100	
F. Jogging in Place	
G. Bend over and touch toes	
H. Grimace and Frown	
I. Repeat Rainbow Passage	<u>OK</u>
J. Breathe Normally	

4. OVERALL EVALUATION Pass / Fail

MANUFACTURER	APPROVAL #	TYPE	SIZE
<u>North</u>		<u>1/2 Face</u>	<u>M</u>

North Andover Medical Center
160 Winthrop Ave
Lawrence, MA 01843
978-794-3000
Fax 978-794-0707

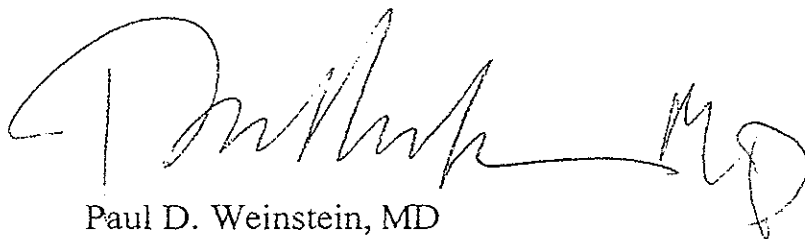
Respirator fitness certification

Date: 10/25/07

Patient: Jorge Urena

This patient has been evaluated and is determined to be fit for respirator use

Exception:


Paul D. Weinstein, MD

NAME: Serge Urena

DATE: 10/25/04 ID: _____

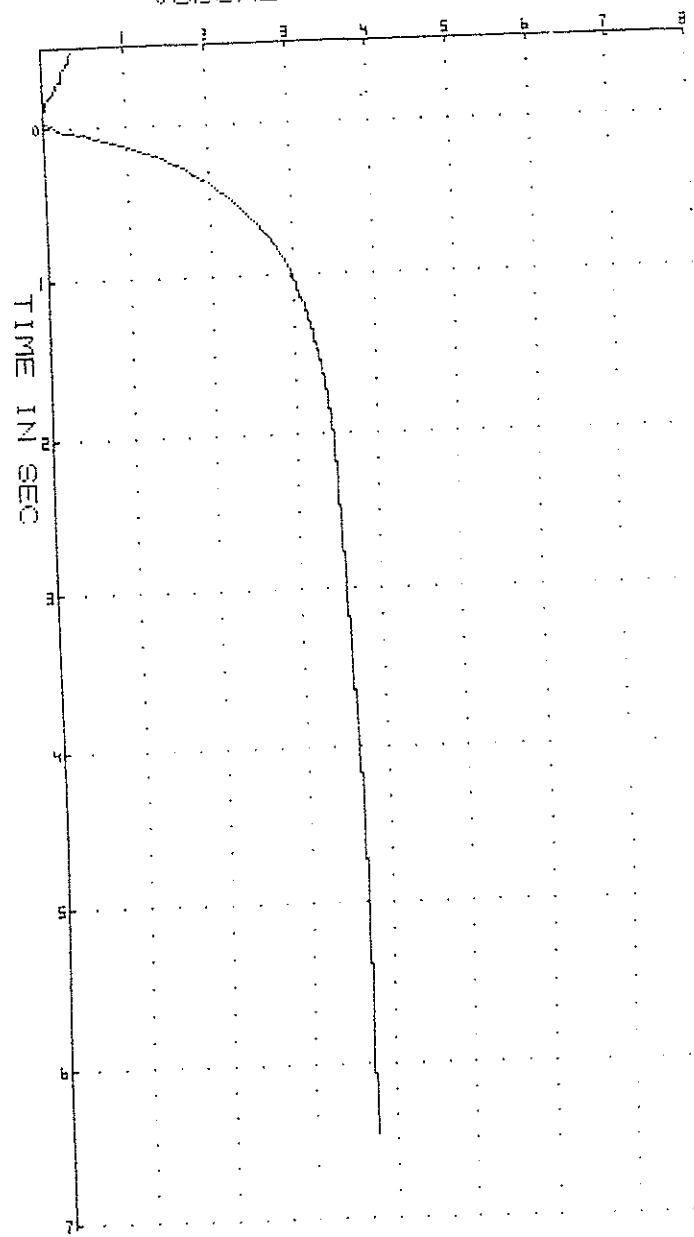
AGE: 40 HEIGHT: 600cm RACE: SEX: M

Reason for test _____
Cough? _____ Sputum? _____
Smoker? _____ Pack-years? _____
Quit? _____ When? _____
Dyspnea? _____ When? _____
Chest Pain? _____
Heart Disease? _____
Wheeze/Asthma? _____
Lung Surgery? _____
Abn. Chest X-Ray? _____

	ACTUAL	NORM	%NORM	ABN
FVC	3.77			
FEV1	2.97			
FEV1/FVC%	79%			
PEF25-75%	2.63			
PEF	6.90			

NORMS: Euro. CCS 1983 (VS35P32)
Measurements corrected to BTPS.
Good FVC maneuver.

FVC #1
VOLUME IN LITERS



COMMENTS _____

DATE _____ SIGNED [Signature]



Asbestos Removal
Deleading
Demolition/Mold
Fireproofing
HUB Zone

Ronald Nastasia

Job Classification: Operations Manager

Licenses: Asbestos Abatement Supervisor, Massachusetts, Connecticut, New Hampshire, Rhode Island, New York and New Jersey.
Lead Abatement Supervisor

Education: Lawrence High School, Lawrence, MA
Wentworth College, Boston, MA
Construction Program

Health and Safety Training:
Asbestos Abatement for Supervisors
Lead Abatement for Supervisors

Other Specialized Courses:
OSHA 10 hour safety, CPR, First Aid

Experience: Ron Nastasia has managed many projects for A.C.T. Abatement including abatement and demolition of complete structures for various military branches in Bourne, MA. And the abatement of Springfield Technical High School, a historical structure located in the Quadrangle in Springfield, Ma.

Ron Nastasia projects are run successfully and completed on time and on budget. They have ranged in value from \$20,000.00 to \$2,000,000.00.

His 20 years of experience in the construction field have proven to be an extremely valuable asset in managing these projects.

MBE Certified

18 Broadway
Lawrence, MA 01840
tel: (978) 794-9530
fax: (978) 794-3563

105 Lock Street, Suite 405
Newark, NJ 07103
toll free: (866) 339-6228
www.actabatement.com

**INSTITUTE FOR ENVIRONMENTAL
EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887
(Phone) 978.658.5272

IEE

This is to certify that
Ronald A Nastasia

IEE

*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 19, 2007
Examination Date

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

March 19, 2007
Course Dates

March 19, 2008
Expiration Date

07-2090-104-221492
Certificate Number


Wentworth

Training Director


Commonwealth of Massachusetts
 Division of Occupational Safety
 Laura M. Mark, Commissioner
 Asbestos Worker

MARIO E. RECINOS
 Eff. Date 12/26/07
 Exp. Date 12/24/08
 AW081159
 Number of COHES
 NW

08



IV - RENEW



LAWRENCE TRAINING SCHOOL, INC.
 88 Franklin Street, Lawrence, MA 01841
 Telephone: (978) 682-7370

This is to certify that
 Mario E. Recinos
 has successfully completed the 32-hour course
Asbestos Worker Initial-Spanish
 pursuant to the requirements for asbestos accreditation of the TSCA, Title II

AI120714-MR6751
 Certificate Number

DEC 14, 2007
 Dates of Training

DEC 14, 2007
 Date of Reunification

DEC 14, 2008
 Expiration Date

Neelima M. Manthala
 President/Director of Training

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

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Recinos Mario S.S. #: 021-98-6751
 DATE OF EXAM: Dec. 22nd 2007 EXP. DATE: Dec. 26th 2008

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (29 CFR 1926 - 1101). The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAYS WITH "B" READING RESULTS: Normal: Abnormal:
 Next indicated in 20
 PULMONARY FUNCTION TEST RESULTS: Normal: Abnormal:
 COMMENTS: _____

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

The following limitations on personal protective equipment, including respirators are indicated:
 Note: The patient is medically qualified to wear all personal protection equipment.
 Patient Limitations: _____

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

If you for the opportunity to examine this individual
 Signature: Neville Navaratnam
 Neville Navaratnam, M.D.
 Lawrence Walk-In Medical Center
 100 Franklin Street
 Lawrence, MA 01840
 978-682-8343

ACT ABATEMENT
 CORPORATION

FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist, which must be completed for each employee, or Subcontractor required to wear a negative pressure respirator. This form is requires on all job sites.

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

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

EMPLOYEE/SUBCONTRACTOR SIGNATURE: Mario Recinos
 QUALIFIED PERSON SIGNATURE: Ron Watson DATE: 05/04/07

- CHALLENGE SUBSTANCE: (circle one) Irritant Smoke, Banana Oil, Saccharin
- FIT CHECK PROCEDURES:
 A. Negative Pressure Check Pass / Fail
 B. Positive Pressure Check Pass / Fail
- TESTING PROCEDURE: REACTION
 A. Normal Breathing _____
 B. Deep Breathing _____
 C. Turn Head from Side to Side _____
 D. Nod Head up and down _____
 E. Talking and/or counting back wards from 100 _____
 F. Jogging in Place _____
 G. Bend over and touch toes _____
 H. Grimace and Frown _____
 I. Repeat Rainbow Passage _____
 J. Breathe Normally _____
- OVERALL EVALUATION Pass / Fail
- RESPIRATOR APPROVALS:
 MANUFACTURER APPROVAL # TYPE SIZE
North _____ 1/2 Face M

LAWRENCE TRAINING SCHOOL, INC.

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

This is to certify that
Mario E. Recinos
has successfully completed the 32-hour course
Asbestos Worker Initial-Spanish
pursuant to the requirements for asbestos accreditation of the TSCA, Title II

Certificate Number
A11207-14-AR6751

Expiration Date
DEC 14, 2008

Date of Issuance
DEC 14, 2007

Date of Renewal


[Signature]
President/Director of Training


Commonwealth of Massachusetts
Division of Occupational Safety
Laura M. Martin, Commissioner
Asbestos Worker

MARIO E. RECINOS

Eff. Date 12/26/07
Exp. Date 12/24/08
AV/061159
Number of COSES
AV

08


RV-RENEW



LAWRENCE TRAINING SCHOOL, INC.
88 Franklin Street, Lawrence, MA. 01840
Telephone: (978) 689-7370

FIT TEST AND RESPIRATOR TRAINING CHECKLIST
FIT TEST (PRUEVA DE AJUSTE DEL RESPIRADOR)

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

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

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

Employee/Subcontractor Signature: Mario E. Recinos.

Qualified Person Signature: Maria Alcantara

Date: 12/14/07

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

2. Fit Check Procedures:

a. Negative Pressure Check Pass/Fail

b. Positive Pressure Check Pass/Fail

3. Testing Procedure: Reaction:

a. Normal Breathing

b. Deep Breathing

c. Turn head from side to side

d. Nod head up and down

e. Talking and/or counting backwards from 100

f. Jogging in place

g. Bend over and touch toes

h. Grimace and frown

i. Repeat Rainbow Passage

j. Breathe normally

None

4. Overall Evaluation: Pass/Fail

5. Respirator Approvals:

Manufacturer	Approval #	Type	Size
<u>North</u>		<u>17</u>	<u>M</u>

OSHA 001059697

U.S. Department of Labor
Occupational Safety and Health Administration

Mario Recinos

has successfully completed a 16-hour Occupational Safety and Health
training course in
Construction Safety & Health

Elias Ceballos **01/29/06**
(Date)

INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.
16 Upton Drive, Wilmington, MA 01887
(Phone) 978-658-5272

IEE

This is to certify that
Brandon W Hopkins

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

Asbestos Worker Refresher

pursuant to Title II of Toxic Substance Control Act, 15 U.S.C. 264c

May 12, 2007
Course Dates

May 12, 2007
Examination Date

May 12, 2007
Expiration Date

07-2-105-122-213834
Certificate Number

Training Director

Commonwealth of Massachusetts
Division of Occupational Safety
Ernest W. Kelley, Acting Commissioner
Asbestos Worker

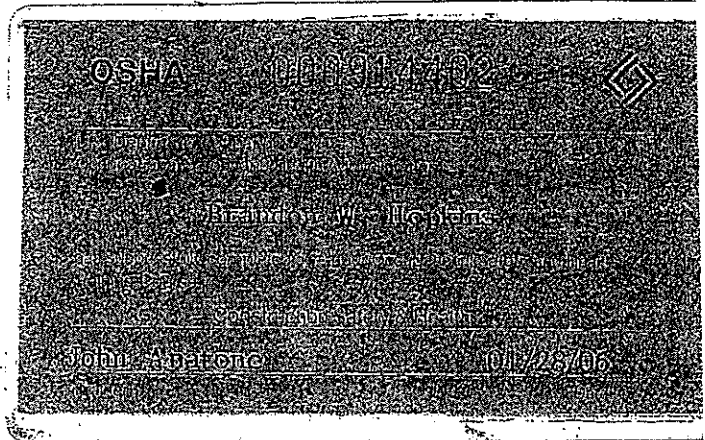


BRANDON HOPKINS

Lit. Date 03/14/07
Exp. Date 05/12/08
AW061107
Member of CONES
80



BOSTON-RENEW



North Andover Medical Center
Paul D. Weinstein, MD
160 Winthrop Ave. Suite# 10
Lawrence, MA 01843
(978) 794-3000
Fax (978) 794-0787

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Brandon Hopkins S.S.# 519-25-4739
DATE OF EXAM: 10/11/07

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

CHEST X-RAYS WITH "B" READING RESULTS: Normal Abnormal:
None indicated in 20
PULMONARY FUNCTION TEST RESULTS: Normal Abnormal:
COMMENTS:

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

The following limitations on personal protective equipment, including respirators are indicated:
(X) None: The patient is medically qualified to wear all personal protection equipment.
() Patient Limitations:

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

Thank you for the opportunity to examine this individual
Paul D. Weinstein MD Signature

Physician Center
978-794-3000
Phone #

North Andover Medical Center
Stadium Plaza
160 Winthrop Ave.
Lawrence, MA 01843



FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist, which must be completed for each employee, or 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 FIT-TESTED IN THE RESPIRATOR TYPE AND MODEL LISTED, AND THAT I WAS GIVEN TRAINING REGARDING ITS PROPER USE AND MAINTENANCE PROCEDURES.

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

EMPLOYEE/SUBCONTRACTOR SIGNATURE: Brandon Hopkins
QUALIFIED PERSON SIGNATURE: Russell Nelson
DATE: Oct 2-07

- CHALLENGE SUBSTANCE: (circle one) Irritant Smoke, Banana Oil, Saccharin
- FIT CHECK PROCEDURES:
A. Negative Pressure Check Pass / Fail
B. Positive Pressure Check Pass / Fail

TESTING PROCEDURE	REACTION
A. Normal Breathing	Pass
B. Deep Breathing	
C. Turn Head from Side to Side	
D. Nod Head up and down	
E. Talking and/or counting back wards from 100	
F. Jogging in Place	
G. Bend over and touch toes	
H. Grimace and Frown	
I. Repeat Rainbow Passage	
J. Breathe Normally	Pass

4. OVERALL EVALUATION: Pass / Fail

5. RESPIRATOR APPROVALS:

MANUFACTURER	APPROVAL #	TYPE	SIZE
<u>North</u>		<u>1/2 face</u>	<u>M</u>

LAWRENCE TRAINING SCHOOL, INC.
 88 Franklin Street, Lawrence, MA 01841
 Telephone: (978) 689-7370

This is to certify that
Ramon A. Batista
 has successfully completed the 8-hour course
Asbestos Refresher for Workers - Spanish
 pursuant to the requirements for asbestos accreditation of the TSCA, Title II

AR0907-15-REB3657
 Certificate Number

SEP 15, 2007
 Date of Training
 SEP 15, 2007
 Date of Examination

SEP 15, 2008
 Expiration Date
Ramon A. Batista
 President/Director of Training

Commonwealth of Massachusetts
 Division of Occupational Safety
 Laura M. Marlin, Commissioner



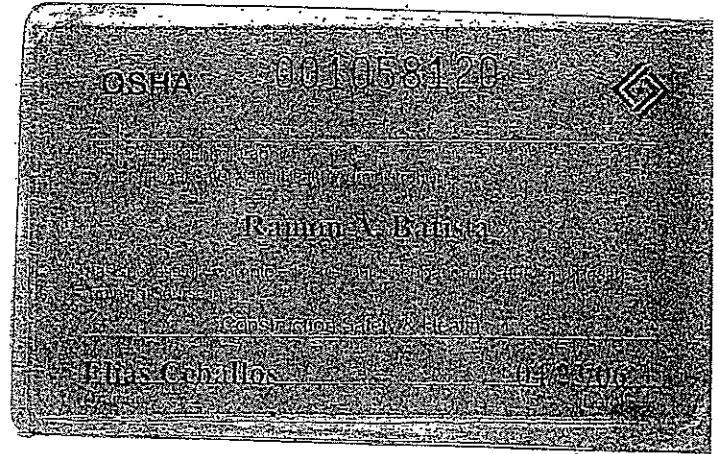
Asbestos Worker

RAMON A. BATISTA

Eff. Date 09/21/2007
 Exp. Date 09/20/2008
 AW 61952
 Member of E O S S
 NW 001953



WN-REN



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

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Radista Ramon S.S.# 025-78-3657
 DATE OF EXAM: Feb. 15th 2007 EXP. DATE: Feb. 14th 2008

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

CHEST X-RAYS WITH "B" READING RESULTS: Normal: Abnormal:
 Next indicated in 20 _____
 PULMONARY FUNCTION TEST RESULTS: Normal: Abnormal:
 COMMENTS: _____

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

The following limitations on personal protective equipment, including respirators are indicated:
 () None: The patient is medically qualified to wear all personal protection equipment.
 () Patient Limitations: _____

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

Thank you for the opportunity to examine this individual.
R.L.N. Navaratnam, M.D.
 Lawrence Walk-In Medical Center
 100 Franklin Street
 Lawrence, Ma 01840
 Address 978-682-8343
 Signature _____
 Center 978-682-8343
 Phone # _____

ACT ABATEMENT CORPORATION
FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist, which must be completed for each employee, or Subcontractor required to wear a negative pressure respirator. This form is required on all job sites.

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

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

EMPLOYEE/SUBCONTRACTOR SIGNATURE: Ramon A. Batista
 QUALIFIED PERSON SIGNATURE: Ron Neff DATE: 01/03/07

- CHALLENGE SUBSTANCE: (circle one) Irritant Smoke Banana Oil Saccharin
- FIT CHECK PROCEDURES:
 - A. Negative Pressure Check Pass / Fail
 - B. Positive Pressure Check Pass / Fail
- TESTING PROCEDURE:

TESTING PROCEDURE	REACTION
A. Normal Breathing	<input checked="" type="checkbox"/>
B. Deep Breathing	<input checked="" type="checkbox"/>
C. Turn Head from Side to Side	<input checked="" type="checkbox"/>
D. Nod Head up and down	<input checked="" type="checkbox"/>
E. Talking and/or counting back wards 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. Grimace and Frown	<input checked="" type="checkbox"/>
I. Repeat Rainbow Passage	<input checked="" type="checkbox"/>
J. Breathe Normally	<input checked="" type="checkbox"/>
- OVERALL EVALUATION Pass / Fail
- RESPIRATOR APPROVALS:

MANUFACTURER	APPROVAL #	TYPE	SIZE
<u>North</u>		<u>1/2 face</u>	<u>M</u>



ACT ABATEMENT CORPORATION

FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist, which must be completed for each employee, or 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 FIT-TESTED IN THE RESPIRATOR TYPE AND MODEL LISTED, AND THAT I WAS GIVEN TRAINING REGARDING ITS PROPER USE AND MAINTENANCE PROCEDURES.

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

EMPLOYEE/SUBCONTRACTOR SIGNATURE: Ramon Art Batista

QUALIFIED PERSON SIGNATURE: Ron Williams

DATE: Feb 22-08

1. CHALLENGE SUBSTANCE: (circle one) Irritant Smoke. Banana Oil. Saccharin


2. FIT CHECK PROCEDURES:
A. Negative Pressure Check Pass / Fail
B. Positive Pressure Check Pass / Fail

Table with 2 columns: TESTING PROCEDURE (A-J) and REACTION. Row A has 'PASS' written in the reaction column.

4. OVERALL EVALUATION Pass / Fail

5. RESPIRATOR APPROVALS:
MANUFACTURER: North APPROVAL #: _____ TYPE: 1/2 Face SIZE: M

Commonwealth of Massachusetts
 Division of Occupational Safety
 Laura M. Martin, Commissioner
 Asbestos Worker
ANGEL BATISTA
 Eff. Date 10/11/2008
 Exp. Date 04/10/2009
 AV# 62040
 Member of CONESS
 INV 000041



WV-REN


OSHA 000234917

U.S. Department of Labor
 Occupational Safety & Health Administration

Angel Batista

has successfully completed a 9-hour Occupational Safety and Health training course in

Construction Safety & Health



03/29/09

LAWRENCE TRAINING SCHOOL, INC.
 88 Franklin Street, Lawrence, MA 01841
 Telephone: (978) 689-7370

This is to certify that
Angel Batista
 has successfully completed the 8-hour course
Asbestos Refresher for Workers - Spanish
 pursuant to the requirements for asbestos accreditation of the TSCA Title II

MAR 29, 2008
 Date of Issuance

MAR 29, 2009
 Date of Expiration

AR0308-29-AB8971
 Certificate Number

MAR 29, 2009
 Expiration Date

Neville Navaratnam
 President/Director of Training

ACT ABATEMENT

FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist, which must be completed for each employee, or Subcontractor required to wear a negative pressure respirator. This form is required on all job sites.

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

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

EMPLOYEE/SUBCONTRACTOR SIGNATURE: Angel Batista
 QUALIFIED PERSON SIGNATURE: Ron Navaratnam DATE: March 7-09

- CHALLENGE SUBSTANCE: (circle one) Irritant Smoke, Banana Oil, Saccharin
- FIT CHECK PROCEDURES:
 - A. Negative Pressure Check Pass / Fail
 - B. Positive Pressure Check Pass / Fail
- TESTING PROCEDURE:

TESTING PROCEDURE	REACTION
A. Normal Breathing	<u>PASS</u>
B. Deep Breathing	
C. Turn Head from Side to Side	
D. Nod Head up and down	
E. Talking and/or counting back wards from 100	
F. Jogging in Place	
G. Bend over and touch toes	
H. Grimace and Frown	
I. Repeat Rainbow Passage	
J. Breathe Normally	
- OVERALL EVALUATION Pass / Fail
- RESPIRATOR APPROVALS:

MANUFACTURER	APPROVAL #	TYPE	SIZE
<u>Nath</u>		<u>Loose M</u>	

F:\5DOCS\FIT TEST FORM.doc

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

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Batista Angel S.S.#: 033 7689 277
 DATE OF EXAM: June 29th 2007 EXP. DATE: June 29th 2008

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (29 CFR 1926 - 1101) The required asbestos questionnaire, and a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAYS WITH "B" READING RESULTS: Normal: Abnormal:
 Next indicated in 20 _____

PULMONARY FUNCTION TEST RESULTS: Normal: Abnormal:

COMMENTS: _____

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

The following limitations on personal protective equipment, including respirators are indicated:
 () None: The patient is medically qualified to wear all personal protection equipment.
 () Patient Limitations: _____

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

Thank you for the opportunity to examine this individual.
 Lawrence Walk-in Medical Center
 100 Franklin Street
 Lawrence, Ma 01840
 Address 978-682-8343

Signature Neville Navaratnam
 Center 978-682-8343
 Phone # _____

APPENDIX D
DAILY PROJECT SIGN-IN SHEETS

SIGN-IN SHEET FOR Dutley Square

(Job Name and Project Number)

150252.000.0003

NOTICE: All persons entering and leaving the Clean Room, Showers, Equipment Room and Work Area(s) must sign in and out. Please complete all information slots.

TRC REPRESENTATIVE: Chris Gaines

DATE: 4/8/08

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN - OUT
4/8/08 Bruce Hopkins	ACT				
Jose Nazario					
Ramon Regano					
4/9/08 Bruce Hopkins					
4/10/08 Bruce Hopkins					
Jorge Urena					
4/11/08 Bruce Hopkins					
4/14/08 Bruce Hopkins					
4/15/08 Bruce Hopkins					
Ronnie Anastasia					
Jorge Urena					
Mario Reginos					

SIGN-IN SHEET FOR Dudley Square Roxbury, Ma.

(Job Name and Project Number)

150252.0000.0000

NOTICE: All persons entering and leaving the Clean Room, Showers, Equipment Room and Work Area(s) must sign in and out. Please complete all information slots.

TRC REPRESENTATIVE: Chris Cairnes DATE: 4/16/06

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN - OUT
4/16 Bruce Hopkins(S)	ACT				
Jorge Urena					
Mario Recinos					
Jose Nazario					
4/17 Bruce Hopkins(S)					
Jorge Urena					
Brandon Hopkins					
Ramon Recario					
Mario Recinos					
Jose Nazario					
4/18 Bruce Hopkins(S)					
Jorge Urena					
Brandon Hopkins					
Ramon Recario					
Mario Recinos					
Jose Nazario					
					11/86

page 4

SIGN-IN SHEET FOR

Dudley Square

(Job Name and Project Number)

150252.0000.00003

NOTICE: All persons entering and leaving the Clean Room, Showers, Equipment Room and Work Area(s) must sign in and out. Please complete all information slots.

TRC REPRESENTATIVE: Chris Garner

DATE: 4-25-08

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN - OUT	
1/25/08 Bruce Hopkins (5)	ACT					
Brendan Hopkins						
Mario Recinos						
Ramon Batista						
Ramon Rosario						
Josue Nazario				All OSHA Regal	Work	
1/28/08 Bruce Hopkins (5)						
Brendan Hopkins						
Angel Batista						
Ramon Batista						
Ramon Rosario						
Josue Nazario						
Mario Recinos						
4/29/08 Bruce Hopkins (5)						
Ramon Batista						
Angel Batista						
Josue Nazario						
Mario Recinos						
Ramon Rosario						

SIGN-IN SHEET FOR

Dudley Square

(Job Name and Project Number)

150AS2.000.0003

NOTICE: All persons entering and leaving the Clean Room, Showers, Equipment Room and Work Area(s) must sign in and out. Please complete all information slots.

TRC REPRESENTATIVE: Chris Gaines DATE: 4-30-08

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN - OUT
4-30-08 Bruce Hopkins (s)	ACT		All OSHA Req'd		
Josue Navarro					
Ramon Rosario					
Ramon Batista					
Angel Batista					
Mario Recinos					
Brandon Hopkins					
5-2-08 Bruce Hopkins (s)					
Ramon Rosario					
Angel Batista					
Mario Recinos					
5-2-08 Bruce Hopkins (s)					
5-8-08 Bruce Hopkins (s)					
Mario Recinos					
Angel Batista					
					11/86

APPENDIX E
CONTRACTOR OSHA PERSONNEL AIR
SAMPLING RESULTS

CONTACT A.C.T. DIRECTLY
FOR OSHA PERSONNEL AIR SAMPLING RESULTS
RESULTS WERE NOT SUBMITTED TO TRC

APPENDIX F
TRC CERTIFICATIONS/LICENSES

Commonwealth of Massachusetts
Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Project Monitor



CHRISTOPHER A GAINES

Eff. Date 01/22/08

Exp. Date 01/20/09

AM000099

09



SP



SP-NEW



CERTIFICATE OF ACHIEVEMENT

This certifies that

Christopher Gaines

has successfully completed the

40 Hour Asbestos Project Monitor Training Course

Official record of successful
completion of this course is the
DOH 2832 cert. issued on
October 19, 2007.

conducted by
ATC Associates Inc.
73 William Franks Drive
West Springfield, MA 01089
(413) 781-0070

Mark Meehan

Principal Instructor

October 15-19, 2007

Date of Course

October 19, 2008

Expiration Date

Gregory J. Moroch

Regional Manager

PM-172

Certificate Number

October 19, 2007

Examination Date



Asbestos Analysts Registry

Laboratory Quality Assurance Programs

Retain For Your Records

February 6, 2008

Organization ID: 100122

Analyst ID: 8994

TRC Environmental Corporation
Christopher Gaines
21 Griffin Road North
Windsor, CT 06095

Dear Mr. Gaines,

Congratulations! The American Industrial Hygiene Association (AIHA) Analytical Accreditation Board (AAB) has approved your listing on the Asbestos Analyst Registry (AAR) per AAR Policy, Article IV, Sections 4.2.13 and 4.4.13-4.1.16. This Board Approval takes effect **February 4, 2008**. You will be listed on the AIHA website as an Asbestos Analysts Registry (AAR) Board Approved Analyst within the next 10 business days.

<http://www.aiha.org/1documents/lab/AARAnalysts.pdf>.

Your Board Approval status will remain current as long as you maintain two or fewer outliers in the two most current, consecutive Asbestos Analytical Testing (AAT) rounds. You will automatically lose your Board Approval status if you cease analyzing AAT samples with an approved organization, or you transfer to an unapproved organization.

If you should receive more than two outliers in two consecutive rounds, your AAT Performance Results report will show that you are "not acceptable" or if you lose your Board Approval status, then to regain your Board Approval status, your options are to:

- 1) Purchase the current round's retest and successfully override the results; or
- 2) Analyze the next regularly scheduled AAT round or next two consecutive AAT rounds (whichever is appropriate) with no more than 2 outliers.

If you foresee non-participation in a future AAT round, in order to retain Board Approval status, AIHA requires a written request for an excused absence from that round, before the date that the results are due for that particular round. Please note that excused absences will not be granted for two consecutive AAT rounds per AAR Policy, Article III, Section 3.9.2.

Congratulations again and thank you for your continued participation in the Asbestos Analyst Registry program. If you have any questions please do not hesitate to contact Mrs. Carter Dezio, AAR Program Specialist at 703-846-0798 or cdezio@aiha.org.

Sincerely,

Cheryl Morton
Director, LQAP

CERTIFICATE OF ACHIEVEMENT

This certifies that

Chris Gaines

has successfully completed the

**40 Hour Health & Safety Training for
Hazardous Waste Site Activities
per 29 CFR 1910.120 (HAZWOPER)**

conducted by
**ATC Associates Inc.
73 William Franks Drive
West Springfield, MA 01089
(413) 781-0070**

Daniel Merrill
Principal Instructor

September 24-28, 2007
Date of Course

July 20, 2008
Expiration Date

Gregory J. Morach
Regional Manager

HM-2231
Certificate Number

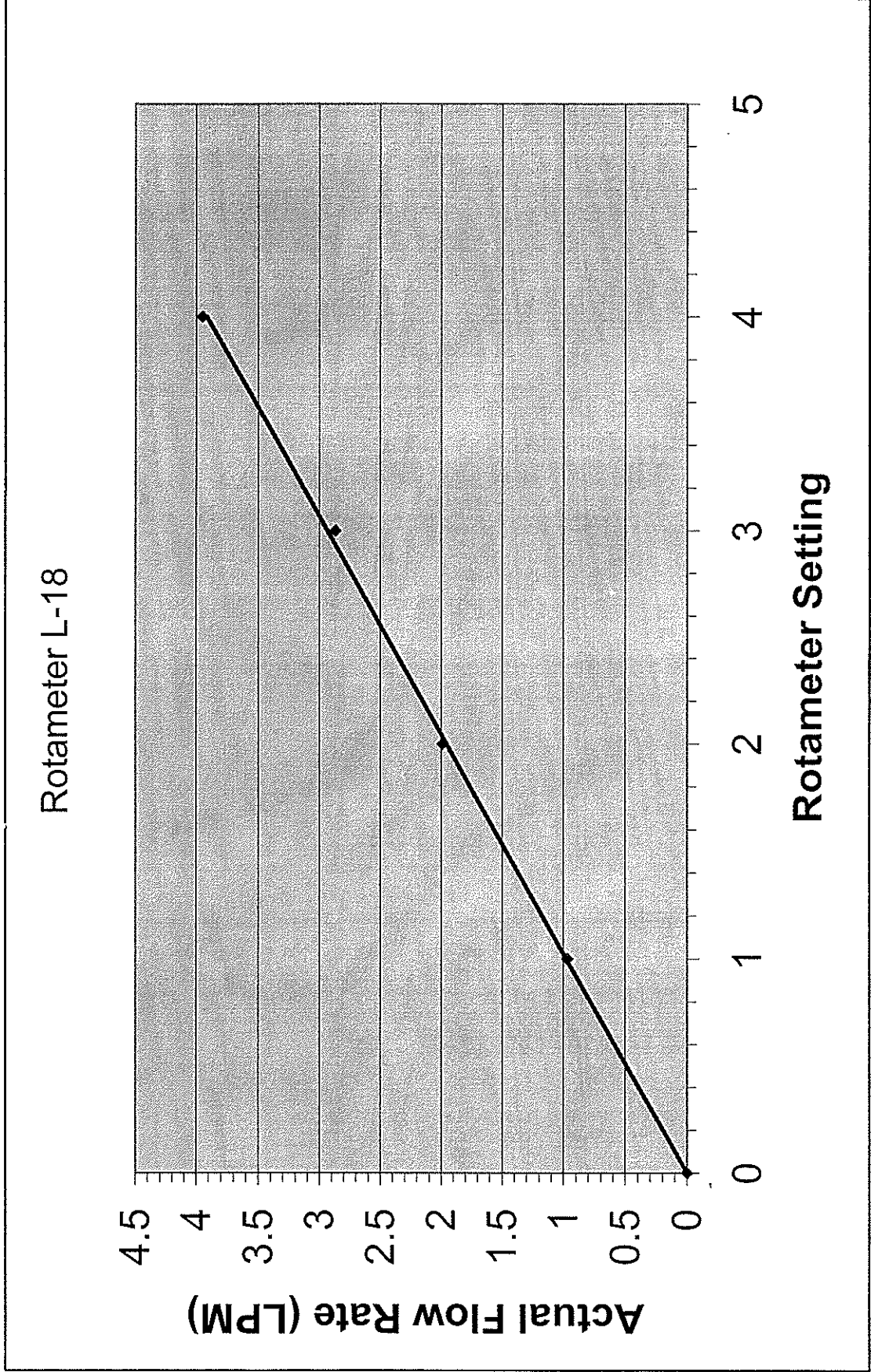
September 28, 2007
Examination Date

APPENDIX G
EQUIPMENT CALIBRATION DATA

Rotameter L-18

Rotameter Setting	Avg. Flow
0	0
1	0.97
2	1.99
3	2.87
4	3.95

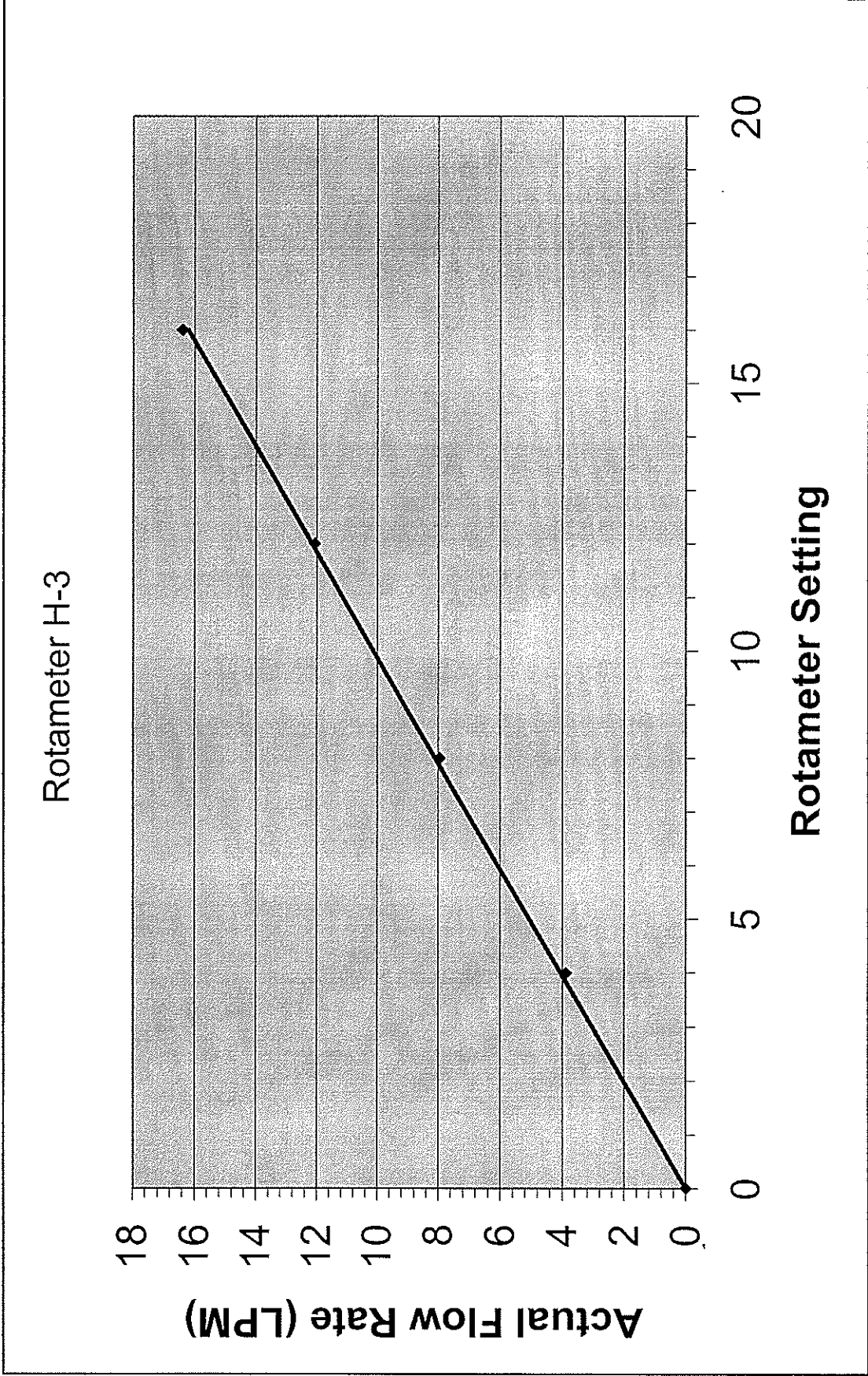
Calibrated on: 27 June 2008
Due: 05 November 2008
By: K. Williamson



Rotameter H-3

Calibrated on: 27 June 2008
Due: 05 November 2008
By: K. Williamson

Rotameter Setting	Avg. Flow
0	0
4	3.9
8	8.0
12	12.1
16	16.4



Rotameter calibrated using center of ball

H:\Lab\Rotameters\2008\High Flow\Rotameter H-3.xls

APPENDIX H
LABORATORY ANALYTICAL CERTIFICATIONS

State of Connecticut, Department of Public Health Approved Environmental Laboratory

THIS IS TO CERTIFY THAT THE LABORATORY DESCRIBED BELOW HAS BEEN APPROVED BY THE STATE DEPARTMENT OF PUBLIC HEALTH PURSUANT TO APPLICABLE PROVISIONS OF THE PUBLIC HEALTH CODE AND GENERAL STATUTES OF CONNECTICUT, FOR MAKING THE EXAMINATIONS, DETERMINATIONS OR TESTS SPECIFIED BELOW WHICH HAVE BEEN AUTHORIZED IN WRITING BY THAT DEPARTMENT.

TRC ENVIRONMENTAL CORPORATION

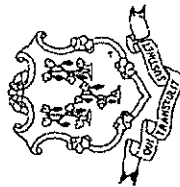
LOCATED AT 21 Griffin Road North IN Windsor, CT 06095
AND REGISTERED IN THE NAME OF Eric Plimpton

THIS CERTIFICATE IS ISSUED IN THE NAME OF Kathleen Williamson WHO HAS BEEN DESIGNATED BY THE REGISTERED OWNER/AUTHORIZED AGENT TO BE IN CHARGE OF THE LABORATORY WORK COVERED BY THIS CERTIFICATE OF APPROVAL AS FOLLOWS:

ASBESTOS
AIR-FIBER COUNTING - PCM
BULK IDENTIFICATION - PLM

SEE COMPUTER PRINT-OUT FOR SPECIFIC TESTS APPROVED

THIS CERTIFICATE EXPIRES December 31, 2009 AND IS REVOCABLE FOR CAUSE BY THE STATE DEPARTMENT OF PUBLIC HEALTH
DATED AT HARTFORD, CONNECTICUT, THIS 4th DAY OF January, 2008



Registration
No.

PH- 0426

SUZANNE BLANCAFLOR, MS
CHIEF, ENVIRONMENTAL HEALTH SECTION



The American Industrial Hygiene Association



acknowledges that

TRC Environmental Corporation

21 Griffin Road North, Windsor, CT 06095

Laboratory ID: 100122

has fulfilled the requirements of the AIHA Laboratory Quality Assurance Programs (LQAP), thereby, conforming to the ISO/IEC 17025:1999 international standard, *General Requirements for the Competence of Testing and Calibration Laboratories*. The above named laboratory, along with all premises from which key activities are performed, as listed above, have been accredited by AIHA in the following:

ACCREDITATION PROGRAMS

- | | | |
|-------------------------------------|----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | INDUSTRIAL HYGIENE | Accreditation Expires: 02/01/2008 |
| <input type="checkbox"/> | ENVIRONMENTAL LEAD | Accreditation Expires: |
| <input type="checkbox"/> | ENVIRONMENTAL MICROBIOLOGY | Accreditation Expires: |
| <input type="checkbox"/> | FOOD | Accreditation Expires: |

Specific Field(s) of Testing (FoT)/Method(s) within each Accreditation Program for which the above named laboratory maintains accreditation is outlined on the attached Scope of Accreditation. Continued accreditation is contingent upon successful on-going compliance with LQAP requirements. This certificate is not valid without the attached Scope of Accreditation.

David Kahane, CIH
Chairperson, Analytical Accreditation Board

Roy M. Buchan, DrPH, CIH
President, AIHA

Date Issued: 2/24/2006



April 25, 2008

Lab ID#: 100122

Margaret F. Flanagan
TRC Environmental Corporation
21 Griffin Road North
Windsor, CT 06095

Dear Ms. Flanagan:

The AIHA has approved an extension to your laboratory's current certificate of accreditation in the Industrial Hygiene Laboratory Accreditation Program. This extension will expire on June 1, 2008. Remember that your laboratory's proficiency rating in the PAT programs must be maintained for the new certificate to be issued.

Your laboratory remains an accredited laboratory in the IHLAP programs. Please keep a copy of this letter with your expired certificate. If you have questions or concerns, please feel free to contact Heather I. Thompson, Laboratory Accreditation Specialist at (703) 846-0716.

Sincerely,

Cheryl O. Morton
Director, Laboratory Quality Assurance Dept.

APPENDIX I
ASBESTOS AIR SAMPLE ANALYSIS AND
CHAIN-OF-CUSTODY DATA

AIR SAMPLE ANALYSIS REPORT

CLIENT: Boston Remediation Association (BRA)
 SITE: Dudley Square
 ADDRESS: Warren St. Roxbury, Ma

PROJECT NO.: 150252.000.2003 DATE: 4/8/08 PG. 1 OF 1
 SAMPLER PRINT: C. Gaines SIGNATURE: C. Gaines DATE ANALYZED: 4/8/08
 ANALYST PRINT: C. Barnes SIGNATURE: C. Barnes DATE ANALYZED: 4/22/08
 QC ANALYST PRINT: H. Rmsa SIGNATURE: Helen Rmsa DATE ANALYZED: 5/2/08
 LAB SUPERVISOR PRINT: K. Williamson SIGNATURE: K. Williamson DATE ISSUED: 5/12/08
 GC MANAGER PRINT: _____ SIGNATURE: _____

ROTOMETER NO.: 18 DATE OF CALIBRATION: 11/6/07 LAB NO.: 35415
 SAMPLE TYPE: _____ PCM _____ TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHERA
Scope # 22 9396 Issue 2 8/15/94

PHONE NO.: _____
 Intra- and interlaboratory relative standard deviation quality control information is available in the laboratory.

SAMPLE NO.	01	02	03	04				
SAMPLING LOCATION/ COMMENTS	Rooftop	Rooftop		Blank				
TYPE OF SAMPLE	4	4						
PUMP NUMBER								
START TIME/STOP TIME	0815 / 1040	0815 / 1040						
TOTAL TIME (min)	145	145						
FLOW RATE	2.0 / 2.0	2.0 / 2.0						
TOTAL VOLUME (l)	290	290						
FB - BFB FL - BFL	5.5 100	5.5 100						
AIRBORNE FIBER CONC. (fibers/cc)	ND < 0.009	ND < 0.009						

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD
 RELINQUISHED BY: C. Gaines DATE: 5-12-09 TIME: 0900
 RECEIVED BY: K. Williamson DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # AA000052 NY # 10980 RI # AAL-007C3 VT # AL014538 AIHA/PAT # 100122 NVLAP # 101424-0
 ME # LB-0071 VA # 3333000283 TX # 300354
 Condition of Sample: 23C
 Acceptable: Y 2 N _____
 Comments: _____



AIR SAMPLE ANALYSIS REPORT

CLIENT: BR A
 SITE: Dudley Square
 ADDRESS: Warren St., Roxbury, Mass

PROJECT NO.: 150257-0000.00003 DATE: 4/10/08 PG 1 OF 1
 SAMPLER PRINT: C. Gaines SIGNATURE: C. Gaines DATE 4/14/08
 ANALYST PRINT: C. Gaines SIGNATURE: C. Gaines DATE 4/24/08
 QC ANALYST PRINT: Heleen Rimsa SIGNATURE: Heleen Rimsa DATE 5/12/08
 LAB SUPERVISOR PRINT: K. Williams SIGNATURE: K. Williams DATE 5/12/08
 QC MANAGER PRINT: _____ SIGNATURE: _____

ROTOMETER NO.: 6-18 DATE OF CALIBRATION: 11/6/07 LAB NO.: 35415
 SAMPLE TYPE: PCM TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHERA _____
Scope # 229396 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory.

CONTACT/NAME: Henry Caliberte
 PHONE NO.: _____

SAMPLE NO.	05	06	07	08
SAMPLING LOCATION/ COMMENTS	1st Flr Main stair	1st Flr Center of floor	Blankets	
TYPE OF SAMPLE	A			
PUMP NUMBER				
START TIME/STOP TIME	0840 / 1320	0840 / 1320		
TOTAL TIME (min)	280	280		
FLOW RATE	2.0	2.0		
TOTAL VOLUME (l)	560	560		
FB - BFB FL BFL	5.5 1.00	7 1.00		
AIRBORNE FIBER CONC. (fibers/cc)	ND < 0.005	0.006		

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD
 RELINQUISHED BY: C. Gaines DATE: 5-12-08 TIME: 0900
 RECEIVED BY: K. Williams DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # AA000052 NY # 10980 RI # AAL-007C3
 ME # LB-0071 VA # 3333000283 TX # 300354

VT # AL014538 AIHA/PAT # 100122 NVLAP # 101424-0
 Condition of Sample: OK
 Acceptable: Y ✓ N _____
 Comments: _____



AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 10252.0000.0003 DATE: 4-15-08 PG 1 OF 1
 SAMPLER PRINT: C. Gaines SIGNATURE: C. Gaines DATE: 4-15-08
 ANALYST PRINT: Chris Gaines SIGNATURE: Chris Gaines DATE ANALYZED: 4/22/08
 QC ANALYST PRINT: Heleen Rimsa SIGNATURE: Heleen Rimsa DATE ANALYZED: 5/12/08
 LAB SUPERVISOR PRINT: K. Williamson SIGNATURE: K. Williamson DATE ISSUED: 5/12/08
 QC MANAGER PRINT: _____ SIGNATURE: _____

ROTOMETER NO.: L-18 DATE OF CALIBRATION: 11/6/07 LAB NO.: 35415
 SAMPLE TYPE: PCM TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHERA _____
Scope # 229396 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	<u>01</u>	<u>10</u>	<u>11</u>	<u>12</u>	
SAMPLING LOCATION/ COMMENTS	<u>8th Flr Window Removal</u>	<u>8th Flr Window Removal</u>	<u>Blanks</u>		
TYPE OF SAMPLE	<u>4</u>	<u>4</u>			
PUMP NUMBER					
START TIME/STOP TIME	<u>0840 / 1430</u>	<u>0840 / 1430</u>			
TOTAL TIME (min)	<u>350</u> ✓	<u>350</u> ✓			
FLOW RATE	<u>2.0 / 2.0</u>	<u>2.0 / 2.0</u>			
TOTAL VOLUME (l)	<u>700</u> ✓	<u>700</u> ✓			
FB - BFB / FL - BFL	<u>13 / 100</u>	<u>13 / 100</u>			
AIRBORNE FIBER CONC. (fibers/cc)	<u>0.013</u> ✓	<u>0.009</u> ✓			

INTRA- and interlaboratory relative standard deviation quality control information is available in the laboratory.

CLIENT: BRA
 SITE: Dudley Square
 ADDRESS: Roxbury, Mass
 CONTACT/NAME: H. Caliberte
 PHONE NO.: _____

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD
 RELINQUISHED BY: C. Gaines DATE: 5-12-08 TIME: 0700
 RECEIVED BY: K. Williamson DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

Condition of Sample: OK
 Acceptable: Y _____ N _____
 Comments: _____

AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 150 252.000.0003 DATE: _____ PG 4 OF 08
 SAMPLER PRINT: C. Gainer SIGNATURE: C. Gainer DATE ANALYZED: 4-22-08
 ANALYST PRINT: C. Gainer SIGNATURE: C. Gainer DATE ANALYZED: 5/12/08
 QC ANALYST PRINT: Heleen Rimsq SIGNATURE: Heleen Rimsq
 LAB SUPERVISOR PRINT: K. Williams SIGNATURE: K. Williams

QC-MANAGER PRINT: _____ SIGNATURE: _____
 ROTOMETER NO.: 6-18 DATE OF CALIBRATION: 11/6/07 LAB NO.: 35415
 SAMPLE TYPE: PCM TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHRA _____ OTHER (SPECIFY) _____
 Scope # 229396 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

CONTACT/NAME: H. Caliberte

PHONE NO: _____

Intra- and interlaboratory relative standard deviation quality control information is available in the laboratory.

SAMPLE NO.	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>
SAMPLING LOCATION/ COMMENTS	<u>8th Flr</u>	<u>8th Flr</u>	<u>Black</u>	<u>Black</u>	<u>Black</u>	<u>Black</u>	<u>Black</u>	<u>Black</u>
TYPE OF SAMPLE	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
PUMP NUMBER	<u>370</u>	<u>370</u>	<u>370</u>	<u>370</u>	<u>370</u>	<u>370</u>	<u>370</u>	<u>370</u>
START TIME/STOP TIME	<u>0815 / 1425</u>	<u>0815 / 1425</u>	<u>0815 / 1425</u>	<u>0815 / 1425</u>	<u>0815 / 1425</u>	<u>0815 / 1425</u>	<u>0815 / 1425</u>	<u>0815 / 1425</u>
TOTAL TIME (min)	<u>370</u>	<u>370</u>	<u>370</u>	<u>370</u>	<u>370</u>	<u>370</u>	<u>370</u>	<u>370</u>
FLOW RATE	<u>3.0</u>	<u>3.0</u>	<u>3.0</u>	<u>3.0</u>	<u>3.0</u>	<u>3.0</u>	<u>3.0</u>	<u>3.0</u>
TOTAL VOLUME (l)	<u>1110</u>	<u>1110</u>	<u>1110</u>	<u>1110</u>	<u>1110</u>	<u>1110</u>	<u>1110</u>	<u>1110</u>
FB - BFB	<u>7</u>	<u>6</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
FL - BFL	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
AIRBORNE FIBER CONC. (fibers/cc)	<u>0.005</u>	<u>0.003</u>	<u>0.003</u>	<u>0.003</u>	<u>0.003</u>	<u>0.003</u>	<u>0.003</u>	<u>0.003</u>

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

RELINQUISHED BY: C. Gainer DATE: 5-12-08 TIME: 0900
 RECEIVED BY: K. Williams DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____



AIR SAMPLE ANALYSIS REPORT

CLIENT: BR
 SITE: Dudley Square
 ADDRESS: Warren St. Roxbury, Mass

PROJECT NO.: 150252.0000.00003 DATE: 4/17/08 PG. OF
 SAMPLER PRINT: C. Gaines SIGNATURE: C. Gaines DATE ANALYZED: 4/17/08
 ANALYST PRINT: C. Gaines SIGNATURE: C. Gaines DATE ANALYZED: 4-22-08
 QC ANALYST PRINT: Helen Rimsa SIGNATURE: Helen Rimsa DATE ANALYZED: 5/12/08
 LAB SUPERVISOR PRINT: K. Williamson SIGNATURE: K. Williamson DATE ISSUED: 5/12/08

QC MANAGER PRINT: _____ SIGNATURE: _____
 ROTOMETER NO.: 6-18 DATE OF CALIBRATION: 11/1/07 LAB NO.: 35415
 SAMPLE TYPE: PCM _____ TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 _____ AHRA _____
 Scope # 729396 Issue 2 8/15/94

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory.

SAMPLE NO.	17	18	19	20	21	22
SAMPLING LOCATION/ COMMENTS	7th Flr East	7th Flr West	8th Flr East	6th flr West	Blank	
TYPE OF SAMPLE	4	4	4	4		
PUMP NUMBER						
START TIME/STOP TIME	0815 / 1025	0815 / 1025	1030 / 1355	1030 / 1355		
TOTAL TIME (min)	150	150	205	205		
FLOW RATE	2.0 / 2.0	2.0 / 2.0	2.0 / 2.0	2.0 / 2.0		
TOTAL VOLUME (l)	260	260	410	410		
FB - BFB FL - BFL	6 / 100	7 / 100	8 / 100	6 / 100		
AIRBORNE FIBER CONC. (fibers/cc)	0.011	0.013	0.01	0.007		

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: C. Gaines DATE: 5/12/08 TIME: 0900
 RECEIVED BY: K. Williamson DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # A4000052 NY # 10980 RI # AAL-007C3 VT # AL014538 AHA/PAT # 100122 NVLAP # 101424-0
 ME # LB-0071 VA # 3333000283 TX # 300354

Condition of Sample: OK
 Acceptable: Y N
 Comments: _____



AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 50252.0000.0000 DATE: 4/18/08 PG. 1 OF 1
 SAMPLER PRINT: C. Coines SIGNATURE: C. Coines DATE: 4/18/08
 ANALYST PRINT: C. Coines SIGNATURE: C. Coines DATE: 4-22-08
 QC ANALYST PRINT: Helen Rimsa SIGNATURE: Helen Rimsa DATE: 5/12/07
 LAB SUPERVISOR PRINT: K. Williamson SIGNATURE: K. Williamson DATE: 5/12/07
 QC-MANAGER-PRINT: [Signature] SIGNATURE: [Signature] DATE: 6/12/08

ROTOMETER NO.: L-18 DATE OF CALIBRATION: 11/6/07 LAB NO.: 355415
 SAMPLE TYPE: ✓ PCM ✓ TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHERA _____
Scope # 229396 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	23	24	25	26	27	28	29
SAMPLING LOCATION/ COMMENTS	5th FIB east	5th FIB west	Basement lower level entrance	4th flr east	4th flr west		
TYPE OF SAMPLE	4	4	1	4	4		
PUMP NUMBER							
START TIME/STOP TIME	0800 / 1055	0800 / 1055	0820 / 1410	10:00 / 13:50	11:00 / 13:50		
TOTAL TIME (min)	175 ✓	175 ✓	350 ✓	170 ✓	170 ✓		
FLOW RATE	2.0 / 2.0	2.0 / 2.0	2.0 / 2.0	2.0 / 2.0	2.0 / 2.0		
TOTAL VOLUME (l)	350 ✓	350 ✓	700 ✓	340 ✓	340 ✓		
FB - BFB FL - BFL	8 / 100	17 / 100	14 / 100	6 / 100	8 / 100		
AIRBORNE FIBER CONC. (fibers/cc)	0.011 ✓	0.01 ✓	0.01 ✓	0.09 ✓	0.012 ✓		

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD
 RELINQUISHED BY: C. Coines DATE: 5/12/08 TIME: 0900
 RECEIVED BY: K. Williamson DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____



AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 150252-000-0000 DATE: _____ PG _____ OF _____
 SAMPLER PRINT: C. Gaines SIGNATURE: Chris Gaines DATE: 4/23/09
 ANALYST PRINT: C. Gaines SIGNATURE: Chris Gaines DATE ANALYZED: 4/27/08
 QC ANALYST PRINT: Helen Rima SIGNATURE: Helen Rima DATE ANALYZED: 5/12/08
 LAB SUPERVISOR PRINT: K. Williams SIGNATURE: K. Williams DATE ISSUED: 5/12/08
 GC-MANAGER PRINT: _____ SIGNATURE: _____

CLIENT: BRA
 SITE: Dudley Square
 ADDRESS: Roxbury - Ma

CONTACT/NAME: H. Caliverte
 PHONE NO.: _____
 ROTOMETER NO.: 4-18 DATE OF CALIBRATION: 11/6/07 LAB NO.: 35415
 SAMPLE TYPE: PCM TEM OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHERA _____
Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance
3A 32

Intra- and interlaboratory relative standard deviation quality control information is available in the laboratory.

SAMPLE NO.	30	31	32	33
SAMPLING LOCATION/ COMMENTS	4th flr	3rd flr	Blanks	
TYPE OF SAMPLE	4	4		
PUMP NUMBER				
START TIME/STOP TIME	0750/1345	0800/1397		
TOTAL TIME (min)	855	347		
FLOW RATE	2.0/2.0	2.0/2.0		
TOTAL VOLUME (l)	710	694		
FB - BFB / FL BFL	7/100	11/100		
AIRBORNE FIBER CONC. (fibers/cc)	0.005	0.008		

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND< = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

RELINQUISHED BY: C. Gaines DATE: 5/12/08 TIME: 0800
 RECEIVED BY: K. Williams DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

Condition of Sample: OK
 Acceptable: Y OK N _____
 Comments: _____

AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 80752-0000-00003 DATE: 4/23/08 PG. OF
 SAMPLER PRINT: C. Gaines SIGNATURE: Chris Gaines DATE: 4/23/08
 ANALYST PRINT: C. Gaines SIGNATURE: Chris Gaines DATE ANALYZED: 5/16/08
 QC ANALYST PRINT: Helen Rimsa SIGNATURE: Helen Rimsa DATE ANALYZED: 5/12/08
 LAB SUPERVISOR PRINT: K. Williamson SIGNATURE: K. Williamson DATE: 5/12/08
 QC-MANAGER PRINT: _____ SIGNATURE: _____

CLIENT: BRA
 SITE: Dudley Square
 ADDRESS: Warren St.
Roxbury, MA

CONTACT NAME: H. Caliberte ROTOMETER NO.: L-18 DATE OF CALIBRATION: 11/06/02 LAB NO.: 35415
 PHONE NO.: _____ SAMPLE TYPE: PCM TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHRA _____
Scope # 229396 Issue 2 8/15/94

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory.

SAMPLE NO.	34	35	36	37
SAMPLING LOCATION/ COMMENTS	Stairs between 1 st & 2 nd fl.	Basement	Blank	
TYPE OF SAMPLE	2	2		
PUMP NUMBER				
START TIME/STOP TIME	0715 / 1420	0732 / 1420		
TOTAL TIME (min)	345 ✓	408 ✓		
FLOW RATE	2.0 / 2.0	2.0 / 2.0		
TOTAL VOLUME (l)	740 ✓	816 ✓		
FB - BFB FL - BFL	15 / 100	18 / 100	0 / 100	0 / 100
AIRBORNE FIBER CONC. (fibers/cc)	0.009 ✓	0.01 ✓	✓	✓

STANDARDS

≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.065 fibers/field

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: C. Gaines DATE: 5/2/08 TIME: 0900
 RECEIVED BY: K. Williamson DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # AA000052 NY # 10980 RI # AAL-007C3
 ME # LB-0071 VA # 3333000283 TX # 300354

VT # AL014538 AIHA/PAT # 100122 NVLAP # 101424-0
 Condition of Sample: OK
 Acceptable: Y N
 Comments: _____



AIR SAMPLE ANALYSIS REPORT

CLIENT: BR A PROJECT NO: 100372.0000.00005 DATE: 4-25-08 PG 1 OF 1

SAMPLER PRINT: C. Gaines SIGNATURE: C. Gaines DATE ANALYZED: 4-25-08

ANALYST PRINT: C. Gaines SIGNATURE: C. Gaines DATE ANALYZED: 5-1-08

QC ANALYST PRINT: Helen Rimsa SIGNATURE: Helen Rimsa DATE ANALYZED: 5/12/08

LAB SUPERVISOR PRINT: K. Williamson SIGNATURE: K. Williamson DATE ANALYZED: 5/12/08

QC-MANAGER PRINT: _____ SIGNATURE: _____

CONTACT/NAME: H. Libertete ROTOMETER NO: 6-18 DATE OF CALIBRATION: 11/6/07 LAB NO.: 35415

PHONE NO: _____ SAMPLE TYPE: PCM TEM _____ OTHER (SPECIFY) _____

ANALYSIS METHOD: NIOSH 7400 AHRA _____ OTHER (SPECIFY) _____

Scope # 229396 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	38	79	40	41	42
SAMPLING LOCATION/ COMMENTS	Neg air tubes	Outside Decon	In Containment near clean room	Blank	
TYPE OF SAMPLE	4	4	3		
PUMP NUMBER					
START TIME/STOP TIME	0915 / 1330	0730 / 1320	0735 / 1320		
TOTAL TIME (min)	255	350	345		
FLOW RATE	2.0	2.0	2.0		
TOTAL VOLUME (l)	510	700	690		
FB - BFB FL BFL	5.3 / 100	13 / 100	23 / 100		
AIRBORNE FIBER CONC. (fibers/cc)	ND < 0.005	0.009	0.016		

STANDARDS

≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: C. Gaines DATE: 5/12/08 TIME: 0900

RECEIVED BY: K. Williamson DATE: 5/12/08 TIME: 1100

RELINQUISHED BY: _____ DATE: _____ TIME: _____

RECEIVED BY: _____ DATE: _____ TIME: _____

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # AA000052 NY # 10980 RI # AAL-007C3
 ME # LB-0071 VA # 3333000283 TX # 300354

VT # AL014538 AIHA/PAT # 100122 NVLAP # 101424-0

Condition of Sample: OK
 Acceptable: Y N _____
 Comments: _____



AIR SAMPLE ANALYSIS REPORT

CLIENT: BRA
 SITE: Fordham Building Display Space
 ADDRESS: Washington St
Roxbury, Ma

PROJECT NO: 150252, 0000, 0000, 01 DATE: 4-28-08 PG 2 OF 2
 SAMPLER PRINT: C. Coarles SIGNATURE: C. Dain DATE: 4/28/08
 ANALYST PRINT: C. Coarles SIGNATURE: C. Dain DATE ANALYZED: 5-2-08
 QC ANALYST PRINT: Heleen Rimsa SIGNATURE: Heleen Rimsa DATE ANALYZED: 5/12/08
 LAB SUPERVISOR PRINT: K. Williamson SIGNATURE: K. Williamson DATE ISSUED: 5/12/08
 QC-MANAGER PRINT: _____ SIGNATURE: _____

ROTOMETER NO.: 4260-18 DATE OF CALIBRATION: 11-6-07 LAB NO.: 35415
 SAMPLE TYPE: ✓ PCM _____ TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: ✓ NIOSH 7400 _____ AHERA _____
Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	SAMPLING LOCATION/ COMMENTS	TYPE OF SAMPLE	PUMP NUMBER	START TIME/STOP TIME	TOTAL TIME (min)	FLOW RATE	TOTAL VOLUME (l)	FB - BFB / FL - BFL	AIRBORNE FIBER CONC. (fibers/cc)
50	4th Flr Window Spillability Removal	51	4	1075 / 1325	1070 / 1430	2.0 / 2.0	360 ✓	5.5 / 100	ND < 0.0048
51	3rd Flr Window Cleaning Removal	52	4	1075 / 1325	1070 / 1430	2.0 / 2.0	360 ✓	5.5 / 100	ND < 0.0048
52	Blanks	53	4	1075 / 1325	1070 / 1430	2.0 / 2.0	360 ✓	5.5 / 100	ND < 0.0048

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD
 RELINQUISHED BY: C. Dain DATE: 5/12/08 TIME: 0900
 RECEIVED BY: K. Williamson DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # AA000052 NY # 10980 RI # AAL-007C3 VT # AL014538 AIHAI PAT # 100122 NVLAP # 101424-0
 ME # LB-0071 VA # 3333000283 TX # 300354
 Condition of Sample: OK
 Acceptable: Y ✓ N _____
 Comments: _____



AIR SAMPLE ANALYSIS REPORT

CLIENT: BR 4
 SITE: Ferdinand Bldg Dudley Square
 ADDRESS: Warren / Washington St
Roxbury, MA

PROJECT NO.: 150252.0000.00003 DATE: 4/29/08 PG OF
 SAMPLER PRINT: C. Gaines SIGNATURE: C. Gaines DATE ANALYZED: 5/2/08
 ANALYST PRINT: C. Gaines SIGNATURE: C. Gaines
 QC ANALYST PRINT: Heleen Rimsa SIGNATURE: Heleen Rimsa
 LAB SUPERVISOR PRINT: K. Williamson SIGNATURE: K. Williamson DATE ANALYZED: 5/12/08
 GG-MANAGER PRINT: SIGNATURE: DATE COVERED: 5/12/08

CONTACT NAME: H. Laliberte ROTOMETER NO.: L-18 DATE OF CALIBRATION: 11/6/07 LAB NO.: 35415
 PHONE NO.: SAMPLE TYPE: PCM: TEM: OTHER (SPECIFY)
 ANALYSIS METHOD: NIOSH 7400 AHRA OTHER (SPECIFY)
Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	54	55	56	57
SAMPLING LOCATION/ COMMENTS	1st flr	1st flr	Blank	
TYPE OF SAMPLE	4	4		
PUMP NUMBER				
START TIME/STOP TIME	0935 / 1410	0935 / 1410		
TOTAL TIME (min)	275 ✓	275 ✓		
FLOW RATE	2.0 / 2.0	2.0 / 2.0		
TOTAL VOLUME (l)	550 ✓	550 ✓		
FB - BFB FL - BFL	5.5 100	5.3 100		
AIRBORNE FIBER CONC. (fibers/cc)	ND < 0.005 ✓	ND < 0.005 ✓		

STANDARDS QC 4/100
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD
 RELINQUISHED BY: C. Gaines DATE: 5/12/08 TIME: 0900
 RECEIVED BY: K. Williamson DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: DATE: TIME:
 RECEIVED BY: DATE: TIME:

Condition of Sample: Acceptable: Y N
 Comments:



AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 150352.000.0009 DATE: 4-30-08 PG OF
 SAMPLER PRINT: C. Gaines SIGNATURE: C. Gaines DATE: 4-10-08
 ANALYST PRINT: C. Gaines SIGNATURE: C. Gaines DATE ANALYZED: 5-2-08
 QC ANALYST PRINT: Helen Rimsa SIGNATURE: Helen Rimsa DATE ANALYZED: 5/12/08
 LAB SUPERVISOR PRINT: K. Williams SIGNATURE: K. Williams ISSUED: 5/12/08
 QM-MANAGER PRINT: _____ SIGNATURE: _____

CLIENT: BRA
 SITE: Ferdinand Bldg Dudley Square
 ADDRESS: Roxbury, Mass

CONTACT/NAME: _____
 PHONE NO.: _____
 ROTOMETER NO.: 6-18 DATE OF CALIBRATION: 11/6/07 LAB NO.: 35415
 SAMPLE TYPE: PCM _____ TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHERA _____ OTHER (SPECIFY) _____
Scope # 229396 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	58	59	60	61
SAMPLING LOCATION/ COMMENTS	Ferdinand Roof	Ferdinand Roof	Blank	
TYPE OF SAMPLE				
PUMP NUMBER				
START TIME/STOP TIME	0830 / 1320	0830 / 1320		
TOTAL TIME (min)	290	290		
FLOW RATE	2.0 / 2.0	2.0 / 2.0		
TOTAL VOLUME (l)	580	580		
FB - BFB FL - BFL	5.5 100	5.5 100		
AIRBORNE FIBER CONC. (fibers/cc)	ND < 0.005	ND < 0.005		

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: R. Williams DATE: 5/12/08 TIME: 0900
 RECEIVED BY: _____ DATE: 5/12/08 TIME: 1100
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # AA000052 NY # 10980 RI # AAL-007C3
 ME # LB-0071 VA # 3333000283 TX # 300354
 VT # AL014538 AIH/PAT # 100122 NVLAP # 101424-0
 Condition of Sample: OK
 Acceptable: Y _____ N _____
 Comments: _____



AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 150253.0000.00003 DATE: 5-1-08 PG OF
 SAMPLER PRINT: C. Gaines SIGNATURE: Chin Gain DATE 5-1-08
 ANALYST PRINT: C. Gaines SIGNATURE: Chin Gain DATE ANALYZED 5-2-08
 QC ANALYST PRINT: Helen Rimsa SIGNATURE: Helen Rimsa DATE ANALYZED 5/12/08
 LAB SUPERVISOR PRINT: K. Williams SIGNATURE: K. Williams DATE ISSUED 5/12/08
 CG-MANAGER-PRINT: _____ SIGNATURE: _____

CLIENT: BRA
 SITE: Ferdinand Bldg Dudley Square
 ADDRESS: Roxbury, Mass

CONTACT NAME: A. Caliberte ROTOMETER NO.: 6-18 DATE OF CALIBRATION: 11/6/07 LAB NO.: 35415
 PHONE NO.: _____ SAMPLE TYPE: PCM TEM OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHERA OTHER (SPECIFY) _____
 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	<u>62</u>	<u>63</u>	<u>64</u>				
SAMPLING LOCATION/ COMMENTS	<u>exterior West side of Ferdinand Tower removal</u>	<u>Blank</u>					
TYPE OF SAMPLE	<u>4</u>						
PUMP NUMBER							
START TIME/STOP TIME	<u>0820 / 1440</u>						
TOTAL TIME (min)	<u>380</u>						
FLOW RATE	<u>2.0 / 2.0</u>						
TOTAL VOLUME (l)	<u>760</u>						
FB - BFB FL - BFL	<u>6 / 100</u>						
AIRBORNE FIBER CONC. (fibers/cc)	<u>0.004</u>						

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: Chin Gain DATE: 5/12/08 TIME: 0900
 RECEIVED BY: K. Williams DATE: 5/12/08 TIME: 1102
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # AA000052 NY # 10980 RI # AAL-007C3 VT # AL014538 AIHA/PAT # 100122 NVLAP # 101424-0
 ME # LB-0071 VA # 3333000283 TX # 300354
 Condition of Sample: OK
 Acceptable: Y N
 Comments: _____



APPENDIX J
PREVIOUS “INVENTORY OF ADDITIONAL
HAZARDOUS/REGULATED MATERIALS, WASTES
AND ITEMS IDENTIFIED” (TABLE 6 FROM SURVEY
REPORT)

**TABLE 6
INVENTORY OF ADDITIONAL HAZARDOUS/REGULATED
MATERIALS, WASTES AND ITEMS IDENTIFIED
DUDEY SQUARE - GUSCOTT & FERDINAND BUILDINGS
ROXBURY, MASSACHUSETTS**

Quantity	Size	Material/Item	General Location	Potential Hazard
One (1)		Can of roofing tar	Guscott-Basement	Potential asbestos hazard/waste
One (1)		Ballast		PCB ballasts UW - Hg lamps
Two (2)	8 oz	Unknown prescriptions		T
One (1)		Refrigerator		CFC's/Freon
Three (3)	5 gal	"Acousti-gum" acoustical tile adhesive	Guscott-1 st floor C-side central room	Waste chemical solid
One (1)	5 gal	Acrylic paint	Guscott-3 rd floor	Waste chemical liquid
One (1)		Exit sign (wired)		UW - used electronics (printed circuit boards), Hg lamp
One (1)		Exit sign (wired)	Guscott-4 th floor	UW - used electronics (printed circuit boards), Hg lamp
One (1)		Exit sign (wired)	Guscott-5 th floor	UW - used electronics (printed circuit boards), Hg lamp
Two (2)		Elevator motor oil	Guscott-Rooftop	Oil
Two (2)	2 gal	Unknown liquid		Unknown
Eight (8)		Tires	Exterior	Tires

- UW- Universal Waste (batteries, thermostat ampoules, fluorescent lamps, used electronics)
- IH- Inhalation hazard (silicas, etc.)
- I- Ignitable - may contain ingredients which are ignitable (materials which have a flashpoint <140°F)
- C- Corrosive - may contain ingredients which are alkaline or acidic (materials with a PH<2 or >12.5)
- T- Toxic - may contain ingredients which are harmful if swallowed or which release vapors that can cause irritation
- R- Reactive - may contain ingredients which are unstable, react violently with water or are explosive

APPENDIX K
HAZARDOUS WASTE/ASBESTOS
WASTE SHIPMENT RECORDS

WASTE SHIPMENT RECORD		DOCUMENT NUMBER:	TICKET NUMBER
1. Facility name and mailing address GOSSCOTT Bldg 19 URMEN		Owner's name B.R.9	Owner's telephone no. Owner's fax no.
ST. Boston, MA		Boston, MA	
2. Operator's name and address ACT ABTMENT CORP.			Operator's telephone no. 978 794 9538 Operator's fax no. 978 794 3563
Lowell, MA			
3. Waste disposal site (WDS) name, mailing address, and physical site location Minerva Enterprises, Inc. P.O. Box 709 9000 Minerva Road Waynesburg, OH 44688			WDS telephone no. 330-866-3435 WDS fax no. 330-866-3488
4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent) E.P.A AGENCY REGION # 1 1 CONGRESS ST BOSTON			
5. Description of material Window Calking T.S.I ASBESTOS	6. Containers No. 384 Type Doubled Blk Bgs		7. Total quantity 384
8. Special handling instructions and additional information			
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.			
Printed/typed name & title Bruce A Hopkins Supervisor		Signature Bruce Hopkins	Month Day Year 4-23-08
10. Name of Transporter 1 (Acknowledgement of receipt of materials) AR			
Address, telephone no. and fax no.		Signature	Month Day Year
		Printed/typed name & title	
11. Name of Transporter 2 (Acknowledgement of receipt of materials)			
Address, telephone no. and fax no.		Signature	Month Day Year
		Printed/typed name & title	
12. Discrepancy indication space			
13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.			
Printed/typed name & title		Signature	Month Day Year

GENERATOR

TRANSPORTER

WDS

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies must remain attached until received by Facility!)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MVS179186207	2. Page 1 of 1	3. Emergency Response Phone 1-800-585-7916	4. Manifest Tracking Number 004641343 JJK		
5. Generator's Name and Mailing Address Boston Redevelopment Authority 22 Drydock Avenue Boston, MA 02210 Generator's Phone: 517-918-6207			Generator's Site Address (if different than mailing address) 17 Warren Street Boston, MA 02210				
6. Transporter 1 Company Name Enviro-Safe Corporation			U.S. EPA ID Number MAC309001617				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address ENVIRO-SAFE CORPORATION (NE) 263 HOWARD STREET LOWELL, MA 01852 Facility's Phone: 978-453-7772			U.S. EPA ID Number MAD047075734				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
1.	State Regulated Oily Material	1	HD	7	E	MA01	
2.	Non-DOT/Non-RCRA Regulated Material	1	HD	7	P	MA99	
3.	Non-DOT/Non-RCRA Regulated Exempt Light Ballast	1	HD	3	P	MA99	
4.	Non-DOT/Non-RCRA Regulated Exempt Light Ballast	1	HD	3	P	MA99	
14. Special Handling Instructions and Additional Information 1. 1994-01 Elevator Oil 2. 1994-02 Freezer Oil (see back for Non Reg. Material) 3. 1994-03 Exempt Light Ballast							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name			Signature		Month	Day	Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name			Signature		Month	Day	Year
Transporter 2 Printed/Typed Name			Signature		Month	Day	Year
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____							
18c. Signature of Alternate Facility (or Generator) Month _____ Day _____ Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.	2.	3.	4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name			Signature		Month	Day	Year

44773

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved: OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number MV6179186207	2. Page 1 of 1	3. Emergency Response Phone 1-800-585-7916	4. Manifest Tracking Number 004641343 JJK
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5. Generator's Name and Mailing Address Boston Redevelopment Authority 32 Drydock Avenue Boston, MA 02210 Generator's Phone: 617-918-5207	Generator's Site Address (if different than mailing address) 17 Warren Street Boston, MA 02210
---	---

6. Transporter 1 Company Name Enviro-Safe Corporation	U.S. EPA ID Number MAC309001617
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7. Transporter 2 Company Name	U.S. EPA ID Number
8. Designated Facility Name and Site Address ENVIRO-SAFE CORPORATION (NE) 263 HOWARD STREET LOWELL, MA 01852 Facility's Phone: 978-453-7772	U.S. EPA ID Number MAD047075734

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
1.	State Regulated Oily Material	1	DF	7	G	MA01		
2.	Non-DOT/Non-RCRA Regulated Material	1	DM	75	P	MA99		
3.	Non-DOT/Non-RCRA Regulated Exempt Light Ballasts	1	DF	2	P	MA99		
4.	NON-DOT NON RCRA REGULATED MATERIAL	1	DF	5	P	MA99		

14. Special Handling Instructions and Additional Information 1. 19984-01 Elevator Oil 2. 19984-02 Roof Tar Lab Pack-Dr Non Reg Organic 3. 19984-03 Exempt Light Ballasts 4. 19984-04 ORGANIC SOLIDS Non Reg Labpack

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offor's Printed/Typed Name Christopher Gaines - TRC Consultant	Signature Christopher Gaines	Month Day Year 10/16/08
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16. International Shipments <input checked="" type="checkbox"/> Import to U.S. Transporter signature (for exports only): <input type="checkbox"/> Export from U.S.	Port of entry/exit: Date leaving U.S.:
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17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name MICHAEL BATISTA Signature Michael Batista Month Day Year 10/16/08	Transporter 2 Printed/Typed Name Signature Month Day Year 10/16/08
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18. Discrepancy	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection
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18b. Alternate Facility (or Generator) Facility's Phone:	Manifest Reference Number: U.S. EPA ID Number:
---	---

18c. Signature of Alternate Facility (or Generator)	Month Day Year
---	----------------

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)	1. H111	2. H141	3. H141	4. H141
---	---------	---------	---------	---------

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a. Printed/Typed Name Valerie Adams Signature Valerie Adams Month Day Year 10/16/08
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GENERATOR
TRANSPORTER
DESIGNATED FACILITY

44773

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MV6179186207	2. Page 1 of 1	3. Emergency Response Phone 1-800-585-7916	4. Manifest Tracking Number 004641343 JJK		
5. Generator's Name and Mailing Address Boston Redevelopment Authority 22 Drydock Avenue Boston, MA 02210 Generator's Phone: 617-918-6207			Generator's Site Address (if different than mailing address) 17 Warren Street Boston, MA 02210				
6. Transporter 1 Company Name Enviro-Safe Corporation			U.S. EPA ID Number MAC300001617				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address ENVIRO-SAFE CORPORATION (NE) 263 HOWARD STREET LOWELL, MA 01852 Facility's Phone: 978-453-7772			U.S. EPA ID Number MAD047075734				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1.	State Regulated Oily Material	No.	Type			MA01
	2.	Non-DOT/Non-RCRA Regulated Material			7 G		
	3.	Non-DOT/Non-RCRA Regulated Exempt Light Ballasts	1	DM	75 P		MA99
	4.	NON-DOT NON RCRA REGULATED MATERIAL	1	DF	2 P		MA99
			1	DF	5 P		MA99
14. Special Handling Instructions and Additional Information 1. 19984-01 Elevator Oil 2. 19984-02 Roof Tar Lab Pack-Drum Non Reg Organic 3. 19984-03 Exempt Light Ballasts 4. 19984-04 ORGANIC SOLIDS Non Reg Lab Pack							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Christopher Games - TRC Consultant			Signature Christopher Games		Month Day Year 10/16/08		
16. International Shipments	<input checked="" type="checkbox"/> Import to U.S.		<input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:		
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name MICHAEL BATISTA			Signature Michael Batista		Month Day Year 10/16/08		
Transporter 2 Printed/Typed Name			Signature		Month Day Year		
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
18b. Alternate Facility (or Generator)			Manifest Reference Number: U.S. EPA ID Number				
Facility's Phone:			18c. Signature of Alternate Facility (or Generator)				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)			Month Day Year				
1.	2.	3.	4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a			Month Day Year				
Printed/Typed Name Valerie Axiom			Signature Valerie Axiom		15/16/08		

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

APPENDIX L
ENVIRONMENTAL TABLES

**TABLE I
BULK SAMPLE SUMMARY OF SUSPECT ASBESTOS CONTAINING MATERIALS
DUDLEY SQUARE – GUSCOTT & FERDINAND BUILDINGS
ROXBURY, MASSACHUSETTS**

Sample No.	Sample Location	Type of Homogeneous Material	% and Type Asbestos
GUSCOTT BUILDING			
1	1 st floor	P1-Plaster walls on brick	ND<1%
		Skim coat associated with P1	ND<1%
2	2 nd floor	P1-Plaster walls on brick	ND<1%
		Skim coat associated with P1	ND<1%
3	1 st floor	P1-Plaster walls on brick	ND<1%
		Skim coat associated with P1	ND<1%
4	2 nd floor	P1-Plaster walls on brick	ND<1%
		Skim coat associated with P1	ND<1%
5	2 nd floor	P1-Plaster walls on brick	ND<1%
		Skim coat associated with P1	ND<1%
6	2 nd floor	P1-Plaster walls on brick	ND<1%
		Skim coat associated with P1	ND<1%
7	1 st floor	P1-Plaster walls on brick	ND<1%
		Skim coat associated with P1	ND<1%
8	1 st floor	P1-Plaster walls on brick	ND<1%
		Skim coat associated with P1	ND<1%
9	1 st floor	P1-Plaster walls on brick	ND<1%
		Skim coat associated with P1	ND<1%
10	1 st floor	P2-Plaster ceiling on concrete-skim coat	ND<1%
11	2 nd floor	P2-Plaster ceiling on concrete-skim coat	ND<1%
12	3 rd floor	P2-Plaster ceiling on concrete-skim coat	ND<1%
13	3 rd floor	P2-Plaster ceiling on concrete-skim coat	ND<1%
14	4 th floor	P2-Plaster ceiling on concrete-skim coat	ND<1%
15	1 st floor	P2-Plaster ceiling on concrete-skim coat	ND<1%
16	1 st floor	P2-Plaster ceiling on concrete-skim coat	ND<1%
17	1 st floor	P2-Plaster ceiling on concrete-skim coat	ND<1%
18	1 st floor	P2-Plaster ceiling on concrete-skim coat	ND<1%

NA/PVA Not analyzed/positive via inseparable association with a confirmed positive ACM

NA/PS Not analyzed/positive stop, homogeneous to sample proven to contain asbestos

ND<1% Non-detected, less than 1%

NAD No asbestos detected

+ Although found to be negative by analysis, material is homogeneous to a determined ACM and therefore must be considered positive

1 Result confirmed by TEM analyses

* Quantified by PLM Point Counting techniques

TABLE 1 (. . . continued)
BULK SAMPLE SUMMARY OF SUSPECT ASBESTOS CONTAINING MATERIALS
DUDLEY SQUARE – GUSCOTT & FERDINAND BUILDINGS
ROXBURY, MASSACHUSETTS

Sample No.	Sample Location	Type of Homogeneous Material	% and Type Asbestos
19	1 st floor	P3-Plaster on terra-cotta	ND<1%
		Skim coat associated with P3	ND<1%
20	3 rd floor	P3-Plaster on terra-cotta	ND<1%
		Skim coat associated with P3	ND<1%
21	2 nd floor	P3-Plaster on terra-cotta	ND<1%
		Skim coat associated with P3	ND<1%
22	3 rd floor	P3-Plaster on terra-cotta	ND<1%
		Skim coat associated with P3	ND<1%
23	4 th floor	P3-Plaster on terra-cotta	ND<1%
		Skim coat associated with P3	ND<1%
24	4 th floor	P3-Plaster on terra-cotta	ND<1%
		Skim coat associated with P3	ND<1%
25	1 st floor	P3-Plaster on terra-cotta	ND<1%
		Skim coat associated with P3	ND<1%
26	1 st floor	P3-Plaster on terra-cotta	ND<1%
		Skim coat associated with P3	ND<1%
27	1 st floor	P3-Plaster on terra-cotta	ND<1%
		Skim coat associated with P3	ND<1%
28	1 st /2 nd floor stairs	P4-plaster along stairs	ND<1%
		Skim coat associated with P4	ND<1%
29	1 st /2 nd floor stairs	P4-plaster along stairs	ND<1%
		Skim coat associated with P4	ND<1%
30	1 st /2 nd floor stairs	P4-plaster along stairs	ND<1%
		Skim coat associated with P4	ND<1%
31	8 th floor	P5-plaster ceiling	ND<1%
		Skim coat associated with P5	ND<1%
32	8 th floor	P5-plaster ceiling	ND<1%
		Skim coat associated with P5	ND<1%

NA/PVA Not analyzed/positive via inseparable association with a confirmed positive ACM

NA/PS Not analyzed/positive stop, homogeneous to sample proven to contain asbestos

ND<1% Non-detected, less than 1%

NAD No asbestos detected

+ Although found to be negative by analysis, material is homogeneous to a determined ACM and therefore must be considered positive

1 Result confirmed by TEM analyses

* Quantified by PLM Point Counting techniques

**TABLE 1 (...continued)
BULK SAMPLE SUMMARY OF SUSPECT ASBESTOS CONTAINING MATERIALS
DUDLEY SQUARE - GUSCOTT & FERDINAND BUILDINGS
ROXBURY, CONNECTICUT**

Sample No.	Sample Location	Type of Homogeneous Material	% and Type Asbestos
33	8 th floor	P5-plaster ceiling	ND<1%
		Skim coat associated with P5	ND<1%
34	8 th floor	P5-plaster ceiling	ND<1%
		Skim coat associated with P5	ND<1%
35	8 th floor	P5-plaster ceiling	ND<1%
		Skim coat associated with P5	ND<1%
36	3 rd floor	Sheetrock panels	ND<1%
37	3 rd floor	Sheetrock panels	ND<1%
38	3 rd floor	Sheetrock panels	ND<1%
39	1 st /2 nd floor stairs	Stair tread	ND<1%
40	1 st /2 nd floor stairs	STP-stair tread packing	ND<1%
41	1 st floor	D1-debris pile	ND<1%
42	1 st floor	D2-debris pile	ND<1%
43	1 st floor	D3-debris pile	ND<1%
44	5 th floor	D4-debris pile	30% chrysotile
45	Basement	Pipe insulation (MAG)	40% chrysotile
46	Basement	Pipe insulation (MAG)	NA/PS
47	5 th floor	Pipe insulation (MAG)	NA/PS
48	Basement-center room	Pink insulation debris	10% chrysotile 10% amosite
49	Basement-center room	Pink insulation debris	NA/PS
50	Basement-center room	Pink insulation debris	NA/PS
51	2 nd floor	DI-elevator door insulation	ND<1%
52	6 th floor	DI-elevator door insulation	ND<1%
53	8 th floor	DI-elevator door insulation	ND<1%
54	1 st floor safe	SI-safe insulation	ND<1%
55	3 rd floor	CUR-perimeter curtain	ND<1%
56	Basement	LIN1-laid flower pattern linoleum	ND<1% ¹

NA/PVA Not analyzed/positive via inseparable association with a confirmed positive ACM

NA/PS Not analyzed/positive stop, homogeneous to sample proven to contain asbestos

ND<1% Non-detected, less than 1%

NAD No asbestos detected

+ Although found to be negative by analysis, material is homogeneous to a determined ACM and therefore must be considered positive

¹ Result confirmed by TEM analyses

* Quantified by PLM Point Counting techniques

TABLE 1 (continued)
BULK SAMPLE SUMMARY OF SUSPECT ASBESTOS CONTAINING MATERIALS
DUDLEY SQUARE – GUSCOTT & FERDINAND BUILDINGS
ROXBURY, CONNECTICUT

Sample No.	Sample Location	Type of Homogeneous Material	% and Type Asbestos
57	Basement-center room	EP1-electrical panel	ND<1%
58	Roof-elevator room	EP2-electrical panel	40% chrysotile
59	1 st floor entry	WG1-exterior transom window glazing	Trace anthophyllite ¹ Trace tremolite ¹
60	1 st floor rear offices	WG2-interior window glazing	Trace anthophyllite ¹
61	1 st floor-entry	WG3-left over window glazing	ND<1% ¹
62	2 nd floor-front façade	WG4-left over window glazing	Trace anthophyllite ¹
63	2 nd floor-rear display windows	WG5-interior/exterior window glazing	ND<1% ¹
64	2 nd floor-rear doors	WG6-door window glazing	ND<1% ¹
65	3 rd floor	WG7-interior window glazing	3% chrysotile
66	6 th floor	WG7-interior window glazing	NA/PS
67	7 th floor	WG7-interior window glazing	NA/PS
68	4 th floor-inner wall windows	WG8-interior window glazing	ND<1% ¹
69	4 th floor-inner wall windows	WG8-interior window glazing	ND<1%
70	Roof top windows	WG9-exterior window glazing	3% chrysotile
71	Main roof-top layer	R1-built up roofing	ND<1% ¹
72	Main roof-top layer	R1-built up roofing	ND<1%
73	Main roof-top layer	R1-built up roofing	ND<1%
74	Main roof-2 nd layer	Light concrete layer	ND<1%
75	Main roof-2 nd layer	Light concrete layer	ND<1%
76	Main roof-2 nd layer	Light concrete layer	ND<1%
77	Main roof	Penetration flashing tar	20% chrysotile
78	Main roof	Penetration flashing tar	NA/PS
79	Main roof	Perimeter flashing tar	ND<1% ¹
80	Main roof	Perimeter flashing tar	ND<1%

NA/PVA Not analyzed/positive via inseparable association with a confirmed positive ACM

NA/PS Not analyzed/positive stop, homogeneous to sample proven to contain asbestos

ND<1% Non-detected, less than 1%

NAD No asbestos detected

+ Although found to be negative by analysis, material is homogeneous to a determined ACM and therefore must be considered positive

¹ Result confirmed by TEM analyses

* Quantified by PLM Point Counting techniques

**TABLE 1 (. . . continued)
BULK SAMPLE SUMMARY OF SUSPECT ASBESTOS CONTAINING MATERIALS
DUDLEY SQUARE – GUSCOTT & FERDINAND BUILDINGS
ROXBURY, CONNECTICUT**

Sample No.	Sample Location	Type of Homogeneous Material	% and Type Asbestos
81	Front roof façade	Façade flashing tar	20% chrysotile
82	Front stairwell	Electrical wire insulation (inside)	ND<1%
		Electrical wire insulation (outside)	ND<1%
83	Front stairwell	Electrical wire insulation (inside)	ND<1%
		Electrical wire insulation (outside)	ND<1%
FERDINAND BUILDING			
1	Basement	P1-Wall plaster	Trace chrysotile
		Skim coat associated with P1	ND<1%
2	Basement	P1-Wall plaster	Trace chrysotile
		Skim coat associated with P1	ND<1%
3	Basement	P1-Wall plaster	Trace chrysotile
		Skim coat associated with P1	ND<1%
4	1 st floor	P1-Wall plaster	ND<1%
		Skim coat associated with P1	ND<1%
5	2 nd floor	P1-Wall plaster	ND<1%
		Skim coat associated with P1	ND<1%
6	3 rd floor	P1-Wall plaster	ND<1%
		Skim coat associated with P1	ND<1%
7	4 th floor	P1-Wall plaster	ND<1%
		Skim coat associated with P1	ND<1%
8	5 th floor	P1-Wall plaster	ND<1%
		Skim coat associated with P1	ND<1%
9	5 th floor-upper deck	P1-Wall plaster	ND<1%
		Skim coat associated with P1	ND<1%
10	Basement	P2-Ceiling plaster on concrete-skim coat	ND<1%
11	Basement	P2-Ceiling plaster on concrete-skim coat	ND<1%
12	Basement	P2-Ceiling plaster on concrete-skim coat	ND<1%
13	1 st floor	P2-Ceiling plaster on concrete-skim coat	ND<1%

NA/PVA Not analyzed/positive via inseparable association with a confirmed positive ACM

NA/PS Not analyzed/positive stop, homogeneous to sample proven to contain asbestos

ND<1% Non-detected, less than 1%

NAD No asbestos detected

+ Although found to be negative by analysis, material is homogeneous to a determined ACM and therefore must be considered positive

1 Result confirmed by TEM analyses

* Quantified by PLM Point Counting techniques

**TABLE 1 (...continued)
BULK SAMPLE SUMMARY OF SUSPECT ASBESTOS CONTAINING MATERIALS
DUDLEY SQUARE - GUSCOTT & FERDINAND BUILDINGS
ROXBURY, CONNECTICUT**

Sample No.	Sample Location	Type of Homogeneous Material	% and Type Asbestos
14	2 nd floor	P2-Ceiling plaster on concrete-skim coat	ND<1%
15	3 rd floor	P2-Ceiling plaster on concrete-skim coat	ND<1%
16	4 th floor	P2-Ceiling plaster on concrete-skim coat	ND<1%
17	5 th floor-upper deck	P2-Ceiling plaster on concrete-skim coat	ND<1%
18	5 th floor-upper deck	P2-Ceiling plaster on concrete-skim coat	ND<1%
19	Basement	P3-Ceiling plaster	Trace chrysotile
		Skim coat associated with P3	ND<1%
20	1 st floor	P3-Ceiling plaster	ND<1%
		Skim coat associated with P3	ND<1%
21	2 nd floor	P3-Ceiling plaster	ND<1%
		Skim coat associated with P3	ND<1%
22	3 rd floor	P3-Ceiling plaster	ND<1%
		Skim coat associated with P3	ND<1%
23	4 th floor	P3-Ceiling plaster	Trace chrysotile
		Skim coat associated with P3	ND<1%
24	5 th floor	P3-Ceiling plaster	ND<1%
		Skim coat associated with P3	ND<1%
25	5 th floor	P3-Ceiling plaster	ND<1%
		Skim coat associated with P3	ND<1%
26	5 th floor	P3-Ceiling plaster	ND<1%
		Skim coat associated with P3	ND<1%
27	5 th floor-upper deck	P3-Ceiling plaster	ND<1%
		Skim coat associated with P3	ND<1%
28	5 th floor	P4-pillar plaster	Trace chrysotile
		Skim coat associated with P4	ND<1%

NA/PVA Not analyzed/positive via inseparable association with a confirmed positive ACM

NA/PS Not analyzed/positive stop, homogeneous to sample proven to contain asbestos

ND<1% Non-detected, less than 1%

NAD No asbestos detected

+ Although found to be negative by analysis, material is homogeneous to a determined ACM and therefore must be considered positive

1 Result confirmed by TEM analyses

* Quantified by PLM Point Counting techniques

TABLE 1 (continued)
BULK SAMPLE SUMMARY OF SUSPECT ASBESTOS CONTAINING MATERIALS
DUDLEY SQUARE - GUSCOTT & FERDINAND BUILDINGS
ROXBURY, CONNECTICUT

Sample No.	Sample Location	Type of Homogeneous Material	% and Type Asbestos
29	5 th floor	P4-pillar plaster	Trace chrysotile
		Skim coat associated with P4	ND<1%
30	5 th floor	P4-pillar plaster	Trace chrysotile
		Skim coat associated with P4	ND<1%
31	Basement	D1-debris pile	ND<1%
32	Basement	D2-debris pile	ND<1%
33	2 nd floor-stairs	CMU block	ND<1%
34	2 nd floor-stairs	VB1-floor vapor barrier	ND<1%
35	3 rd floor-stairs	VB1-floor vapor barrier	ND<1%
36	4 th floor-stairs	VB1-floor vapor barrier	ND<1%
37	2 nd floor-circular window	CAN-canvas cover	ND<1%
38	1 st floor windows	WG1-left over window glazing	3% chrysotile
39	5 th floor stairs	WG2-int/ext window glazing	ND<1% ¹
40	1 st floor stairs	WG2-int/ext window glazing	ND<1%
41	4 th floor stairs	WG2-int/ext window glazing	ND<1%
42	2 nd floor main windows	WG3-left over window glazing	ND<1% ¹
43	1 st floor stairs	DG1-door window glazing	ND<1% ¹
44	2 nd floor-circular window	WG4-exterior window glazing	Trace chrysotile ¹
45	2 nd floor-stairwell	WC1-interior window caulk (left over)	ND<1% ¹
46	4 th floor-stairwell	WC1-interior window caulk (left over)	ND<1%
47	3 rd floor-stairwell	WC1-interior window caulk (left over)	ND<1%
48	2 nd floor windows	WC2-exterior window caulking	5% chrysotile
49	3 rd floor windows	WC3-exterior window caulking	10% chrysotile
50	4 th floor windows	WC3-exterior window caulking	NA/PS
51	5 th floor windows	WC3-exterior window caulking	NA/PS
52	1 st floor	Aircell pipe insulation	80% chrysotile
53	1 st floor	Aircell pipe insulation	NA/PS
54	1 st floor	Aircell pipe insulation	NA/PS
55	Basement	T1-tar on block wall	ND<1% ¹

NA/PVA Not analyzed/positive via inseparable association with a confirmed positive ACM

NA/PS Not analyzed/positive stop, homogeneous to sample proven to contain asbestos

ND<1% Non-detected, less than 1%

NAD No asbestos detected

+ Although found to be negative by analysis, material is homogeneous to a determined ACM and therefore must be considered positive

¹ Result confirmed by TEM analyses

* Quantified by PLM Point Counting techniques

TABLE 1 (..continued)
BULK SAMPLE SUMMARY OF SUSPECT ASBESTOS CONTAINING MATERIALS
DUDLEY SQUARE – GUSCOTT & FERDINAND BUILDINGS
ROXBURY, CONNECTICUT

Sample No.	Sample Location	Type of Homogeneous Material	% and Type Asbestos
56	Main roof	R1-built-up roofing	ND<1% ¹
57	Main roof	R1-built-up roofing	ND<1%
58	Main roof	R1-built-up roofing	ND<1%
59	Main roof	F1-vent tar flashing	20% chrysotile
60	Main roof	F2-parapit top tar flashing	20% chrysotile
61	Main roof	F3-lower metal flap tar flashing	20% chrysotile
62	Main roof	F4-copper façade tar flashing	20% chrysotile
63	1 st floor	Electrical wire insulation (inside)	ND<1%
		Electrical wire insulation (outside)	ND<1%

NA/PVA Not analyzed/positive via inseparable association with a confirmed positive ACM

NA/PS Not analyzed/positive stop, homogeneous to sample proven to contain asbestos

ND<1% Non-detected, less than 1%

NAD No asbestos detected

+ Although found to be negative by analysis, material is homogeneous to a determined ACM and therefore must be considered positive

1 Result confirmed by TEM analyses

* Quantified by PLM Point Counting techniques

**TABLE 2
IDENTIFIED ASBESTOS CONTAINING MATERIALS (>1%)
DUDLEY SQUARE - GUSCOTT & FERDINAND BUILDINGS
ROXBURY, MASSACHUSETTS**

Material	Sampled/ Assumed (mo/yr)	General Location	NESHAP Category	AHERA Category	Estimated Quantity
FERDINAND BUILDING					
Aircell Pipe insulation	Sampled 4/07	Basement, 1 st floor	Friable	Thermal System Insulation	25 LF
Pipe insulation debris	Assumed 4/07	Basement, 1 st floor	Friable	Thermal System Insulation	30 SF
WG1-left over window glazing	Sampled 5/07	1 st floor windows	Category II Non-friable	Miscellaneous	6 Window frames
WC2-exterior window caulking	Sampled 5/07	2 nd floor windows	Category II Non-friable	Miscellaneous	16 Windows
WC3-exterior window caulking	Sampled 5/07	3 rd through 5 th floors	Category II Non-friable	Miscellaneous	55 Windows
Flashing tar bead along exterior wall	Assumed 4/07	Exterior wall facing west	Category I Non-friable	Miscellaneous	25 SF
F1-vent tar flashing	Sampled 5/07	Main roof	Category I Non-friable	Miscellaneous	20 SF
F2-parapit top tar flashing	Sampled 5/07		Category I Non-friable	Miscellaneous	45 SF
F3-lower metal flap tar flashing	Sampled 5/07		Category I Non-friable	Miscellaneous	120 SF
F4-copper façade tar flashing	Sampled 5/07		Category I Non-friable	Miscellaneous	240 SF
GUSCOTT BUILDING					
Pink insulation debris	Sampled 4/07	Basement central room	Friable	Thermal System Insulation	150 SF
Pipe insulation (MAG type)	Sampled 4/07	All floors including basement	Friable	Thermal System Insulation	430 LF

AHERA Categories = thermal system insulation (TSI), surfacing material or miscellaneous
 NESHAP Categories = friable, category I non-friable or category II non-friable
 Friable = crumbled, pulverized or reduced to powder by hand pressure when dry
 Category I Non-friable = packings, gaskets, resilient floor covering and asphalt roofing
 Category II Non-friable = all non-friable that is not Category I

**TABLE 2
IDENTIFIED ASBESTOS CONTAINING MATERIALS (>1%)
DUDLEY SQUARE – GUSCOTT & FERDINAND BUILDINGS
ROXBURY, MASSACHUSETTS**

Material	Sampled/ Assumed (mo/yr)	General Location	NESHAP Category	AHERA Category	Estimated Quantity
GUSCOTT BUILDING continued					
Pipe insulation debris	Sampled 4/07	All floors including basement	Friable	Thermal System Insulation	1030 SF
EP2-electrical panel	Sampled 4/07	Roof elevator room	Category II Non-friable	Miscellaneous	20 SF
WG7-interior window glazing	Sampled 4/07	3 rd through 8 th floors	Category II Non-friable	Miscellaneous	100 Windows
WG9-exterior window glazing	Sampled 4/07	Roof top windows	Category II Non-friable	Miscellaneous	2 Windows
Penetration flashing tar	Sampled 4/07	Main roof	Category I Non-friable	Miscellaneous	55 SF
Façade flashing tar	Sampled 4/07	Front roof façade	Category I Non-friable	Miscellaneous	10 SF
Flashing tar bead along exterior wall	Assumed 4/07	Exterior wall facing bus station	Category I Non-friable	Miscellaneous	50 SF

AHERA Categories = thermal system insulation (TSI), surfacing material or miscellaneous
 NESHAP Categories = friable, category I non-friable or category II non-friable
 Friable = crumbled, pulverized or reduced to powder by hand pressure when dry
 Category I Non-friable = packings, gaskets, resilient floor covering and asphalt roofing
 Category II Non-friable = all non-friable that is not Category I

**TABLE 3
CONFIRMED NON-ASBESTOS CONTAINING MATERIALS (<1%)
DUDLEY SQUARE - GUSCOTT & FERDINAND BUILDINGS
ROXBURY, MASSACHUSETTS**

Material	General Location
FERDINAND BUILDING	
P1-P3 plaster (skim and base coats)	Throughout building (ceilings/walls)
D1-debris pile	Basement
D2-debris pile	Basement
CMU block	Stairwell (all floors)
VB1-floor vapor barrier	Stairwell (all floors under hardwood flooring)
CAN-canvas cover	2 nd floor circular window
WG2-int/ext window glazing	Stairwell exterior windows
WG3-left over window glazing	2 nd floor main windows
DG1-door window glazing	1 st floor stairs
WG4-exterior window glazing	Circular windows
WC1-interior window caulk (left over)	Interior stairwell window frames
T1-tar on block wall	Basement/exterior
R1-built-up roofing	Main roof
Electrical wire insulation (inside/outside)	Throughout building in conduit
GUSCOTT BUILDING	
P1-P5 plaster (skim and base coats)	Throughout building (ceilings/walls/stairs)
Sheetrock panels	3 rd floor
Stair tread	1 st /2 nd floor stairs
STP-stair tread packing	1 st /2 nd floor stairs
D1-debris pile	1 st floor
D2-debris pile	1 st floor
D3-debris pile	1 st floor
DI-elevator door insulation	All floors to elevator shaft
SI-safe insulation	1 st floor safe
CUR-perimeter curtain	3 rd floor
LIN1-laid flower pattern linoleum	Basement
EP1-electrical panel	Basement center room
WG1-exterior transom window glazing	1 st floor entry
WG2-interior window glazing	1 st floor rear offices
WG3-left over window glazing	1 st floor entry
WG4-left over window glazing	2 nd floor front façade
WG5-interior/exterior window glazing	2 nd floor rear display windows
WG6-door window glazing	2 nd floor rear doors

TABLE 3
CONFIRMED NON-ASBESTOS CONTAINING MATERIALS (<1%)
DUDLEY SQUARE - GUSCOTT & FERDINAND BUILDINGS
ROXBURY, MASSACHUSETTS

Material	General Location
GUSCOTT BUILDING continued	
WG8-interior window glazing	4 th floor inner wall windows
R1-built up roofing	Main roof top layer
Light concrete layer	Main roof 2 nd layer
Perimeter flashing tar	Main roof
Electrical wire insulation (inside/outside)	Exposed in electrical boxes in front stairwell (all floors)

TABLE 4
SUMMARY OF LEAD PAINT XRF MEASUREMENTS
DUDLEY SQUARE - GUSCOTT & FERDINAND BUILDINGS
ROXBURY, MASSACHUSETTS

Structure	No. of Measurements	Calibrations	Void	Lead Detected	No Lead Detected
Vacant 8-story building & 5-story building with vacant lower lot separating structures	130	17	0	86	27

See Lead Paint XRF Measurement Table in Appendices.

TABLE 5
SUMMARY OF COMPOSITE BUILDING MATERIAL WASTE CHARACTERIZATION
DUDLEY SQUARE - GUSCOTT & FERDINAND BUILDINGS
ROXBURY, MASSACHUSETTS

Waste Stream	Metal	mg/L Leachate	Hazardous/Non-Hazardous
Bldg. Material Composite (Excluding metal substrates)	Arsenic	---	Analyte not tested
	Barium	---	Analyte not tested
	Cadmium	---	Analyte not tested
	Chromium	---	Analyte not tested
	Lead	0.32	Non-Hazardous
	Mercury	---	Analyte not tested
	Selenium	---	Analyte not tested
	Silver	---	Analyte not tested

Each sample was analyzed following the Toxicity Characteristic Leaching Procedure (TCLP) for the Resource Conservation Recovery Act (RCRA) Metals most likely to be present in this type of structure. The sample was a composite of wood, wallboard, brick, flooring, roofing and other building materials and was collected in approximate percent by weight proportions to represent the building as a whole. The sample did not include any metal components, as metal items should be recycled to promote waste minimization efforts, rather than disposed of, and the recycling operation is exempt from the USEPA RCRA and MADEP Hazardous Waste regulations. In most instances, the sample will not include foundation materials (concrete/stone/etc.), as these materials are used as clean fill during the demolition process and are therefore not part of the waste disposal stream.

See Appendices for results

BDL - Below Detection Limit

ND - Not Detected

**TABLE 6
INVENTORY OF ADDITIONAL HAZARDOUS/REGULATED
MATERIALS, WASTES AND ITEMS IDENTIFIED
DUDLEY SQUARE – GUSCOTT & FERDINAND BUILDINGS
ROXBURY, MASSACHUSETTS**

Quantity	Size	Material/Item	General Location	Potential Hazard
One (1)		Can of roofing tar	Guscott-Basement	Potential asbestos hazard/waste
One (1)		Ballast		PCB ballasts UW – Hg lamps
Two (2)	8 oz	Unknown prescriptions		T
One (1)		Refrigerator		CFC's/Freon
Three (3)	5 gal	"Acousti-gum" acoustical tile adhesive	Guscott-1 st floor C-side central room	Waste chemical solid
One (1)	5 gal	Acrylic paint	Guscott-3 rd floor	Waste chemical liquid
One (1)		Exit sign (wired)		UW – used electronics (printed circuit boards), Hg lamp
One (1)		Exit sign (wired)	Guscott-4 th floor	UW – used electronics (printed circuit boards), Hg lamp
One (1)		Exit sign (wired)	Guscott-5 th floor	UW – used electronics (printed circuit boards), Hg lamp
Two (2)		Elevator motor oil	Guscott-Rooftop	Oil
Two (2)	2 gal	Unknown liquid		Unknown
Eight (8)		Tires	Exterior	Tires

- UW- Universal Waste (batteries, thermostat ampoules, fluorescent lamps, used electronics)
- IH- Inhalation hazard (silicas, etc.)
- I- Ignitable - may contain ingredients which are ignitable (materials which have a flashpoint <140°F)
- C- Corrosive - may contain ingredients which are alkaline or acidic (materials with a PH<2 or >12.5)
- T- Toxic - may contain ingredients which are harmful if swallowed or which release vapors that can cause irritation
- R- Reactive – may contain ingredients which are unstable, react violently with water or are explosive

Lead Based Paint Measurement Summary Table

TRC Environmental Corporation

Number	Floor	Room	Side	Structure	Feature	Material	Color	Condition	Result	Reading (mg/cm2)	Precision (mg/cm2)	Depth Index	Duration (sec)	Date/Time
Device: Niton XL-309 X Ray Fluorescence (XRF) Spectrum Analyzer, Serial #U688														
Site: Dudley Square - Guscott Building & Ferdinand Building, 2262 Washington Street, Roxbury, Massachusetts														
Project #: 150252-0000-0001														
Date: 4/30/07, 5/3/07														
Inspector: Steve Arletti (NITON CERT # A3032062470)														
Ranges: (NEG<INC<POS); 0.0<0.05<0.05 (OSHA Compliance)														
1													37.9	4/30/2007 13:23
2										0.0	0.0	0.0	5.2	4/30/2007 13:26
3										0.3	0.1	0.1	7.2	4/30/2007 13:26
4										1.1	0.1	0.1	21.1	4/30/2007 13:26
GUSCOTT BUILDING														
5	Basement	Elevator shaft	A	door		metal	grey	defective	POS	7.3	1.8	1.3	4.6	4/30/2007 13:34
6	Basement	Main area	-	ceiling		concrete	white/grey	defective	NEG	0.0	0.1	2.4	21.5	4/30/2007 13:35
7	Basement	Main area	A	wall		concrete	white	defective	NEG	0.0	0.0	1	5.4	4/30/2007 13:36
8	Basement	Central room	C	door		metal	grey	defective	POS	4.4	1.5	1.3	4.5	4/30/2007 13:38
9	Basement	Central room	C	door	casing	metal	grey	defective	POS	1.0	0.1	1.2	20.8	4/30/2007 13:39
10	Basement	Central room	C	wall		concrete	white	defective	NEG	0.0	0.0	1	7.7	4/30/2007 13:40
11	1st floor	Main area	B	wall		plaster	green	defective	POS	0.1	0.1	1.8	25.3	4/30/2007 13:42
12	1st floor	Main area	B	wall	upper	plaster	tan	defective	POS	0.1	0.1	2.2	21.3	4/30/2007 13:44
13	1st floor	Main area	-	ceiling		plaster	white	defective	NEG	0.0	0.0	1	7.7	4/30/2007 13:45
14	1st floor	Main area	D	door		metal	tan	defective	POS	6.6	1.9	2.9	4.8	4/30/2007 13:47
15	1st floor	Main area	C	wall		plaster	green	defective	POS	0.1	0.1	1.4	21.5	4/30/2007 13:48
16	1st floor	Back room	A	door		wood	varnish	defective	POS	0.1	0.0	1	11.4	4/30/2007 13:49
17	1st floor	Back room	A	door	casing	wood	varnish	defective	POS	0.1	0.0	1	11.4	4/30/2007 13:49
18	1st floor	Back room	D	wall		plaster	tan	defective	POS	5.2	1.9	4.4	5.2	4/30/2007 13:51
19	1st floor	Back room	-	ceiling		plaster	white/grey	defective	NEG	0.0	0.1	2.7	16.8	4/30/2007 13:53
20	1st floor	Back room	B	door		wood	varnish	defective	NEG	0.0	0.1	1.1	9.5	4/30/2007 13:54
21	1st floor	Back room	C	radiator		metal	grey	defective	NEG	0.0	0.1	1.6	11.8	4/30/2007 13:55
22	2nd floor	Main area	C	wall		plaster	tan	defective	NEG	0.0	0.1	1.6	23.1	4/30/2007 13:57
23	2nd floor	Main area		door		metal	grey	defective	POS	4.4	1.6	1.1	4.7	4/30/2007 13:58
24	2nd floor	Main area		storage	column	metal	grey	defective	POS	0.1	0.1	2.5	14.4	4/30/2007 13:59
25	2nd floor	Main area		storage	rail top	wood	varnish	defective	NEG	0.0	0.0	1	5	4/30/2007 13:59
26	2nd floor	Main area	A	window	sash	wood	tan	defective	NEG	0.0	0.1	1	9.5	4/30/2007 14:00
27	2nd floor	Main area	A	window	exterior sash	wood	grey	defective	POS	8.9	1.8	2.4	6.3	4/30/2007 14:00
28	2nd floor	Main area	B	wall		plaster	tan	defective	NEG	0.0	0.1	1	5.5	4/30/2007 14:01
29	2nd floor	Back room	A	main door		wood	dark blue	defective	POS	3.5	0.9	1.5	4.3	4/30/2007 14:04

All XRF readings <0.1 mg/cm2 = Below Detectable Levels (BDL)

Side A = Street side; Sides B,C,D follow clockwise

Lead Based Paint Measurement Summary Table

TRC Environmental Corporation

Number	Floor	Room	Side	Structure	Feature	Material	Color	Condition	Result	Reading (mg/cm2)	Precision (mg/cm2)	Depth Index	Duration (sec)	Date/Time
Device: Niton XL-309 X Ray Fluorescence (XRF) Spectrum Analyzer, Serial #U688														
Site: Dudley Square - Guscott Building & Ferdinand Building, 2262 Washington Street, Roxbury, Massachusetts														
Project #: 150252-0000-0001														
Date: 4/30/07, 5/3/07														
Inspector: Steve Arlemi (NITON CERT # A3032062470)														
Ranges: (NEG<INC<POS): 0.0<0.05<0.05 (OSHA Compliance)														
30	2nd floor	Back room	D	upper trim		wood	dark grey	defective	POS	0.8	0.2	2.4	20.4	4/30/2007 14:05
31	2nd floor	Back room	C	window	exterior casing	wood	dark blue	defective	POS	10.8	1.9	2.3	6.5	4/30/2007 14:07
32	2nd floor	Back room	A	wall		wood	light tan	defective	POS	2.2	0.6	3.8	17	4/30/2007 14:08
33	3rd floor	Main area	C	wall		plaster	green	defective	POS	0.2	0.1	1.6	12.1	4/30/2007 14:11
34	3rd floor	Main area	B	interior window	casing	metal	brown	defective	POS	0.1	0.1	1.2	8.6	4/30/2007 14:11
35	3rd floor	Main area	-	ceiling		concrete	white	defective	NEG	0.0	0.1	1	3.2	4/30/2007 14:13
36	3rd floor	Main area	D	wall		wood	green	defective	POS	0.1	0.1	1	14.4	4/30/2007 14:14
37	0.0 Calibration													
38	0.3 Calibration													
39	1.0 Calibration													
40	Self Calibration													
41	0.0 Calibration													
42	0.3 Calibration													
43	1.0 Calibration													
44	3rd floor	Main area	A	window	sash	metal	grey/rust	defective	POS	0.6	0.2	1.7	19	5/3/2007 9:25
45	3rd floor	Elevator shaft	C	door		metal	dark grey	defective	POS	3.1	0.7	1.4	4.7	5/3/2007 9:26
46	4th floor	Main area	B	wall		wood	tan	defective	POS	0.1	0.1	1.3	13.7	5/3/2007 9:28
47	4th floor	Main area	-	column		concrete	tan	defective	POS	0.7	0.2	3.1	24.6	5/3/2007 9:29
48	4th floor	Main area	A	window	casing	wood	white	defective	POS	8.2	2.0	2.7	4.7	5/3/2007 9:30
49	4th floor	Main area	A	window	sash	wood	white	defective	POS	8.1	1.7	1.7	6.3	5/3/2007 9:30
50	4th floor	Main area	C	wall	upper trim	wood	white	defective	POS	5.9	1.6	1.8	6.1	5/3/2007 9:30
51	4th floor	Main area	C	door		wood	tan	defective	POS	10.6	1.5	2.5	10.2	5/3/2007 9:31
52	4th floor	Bath hall	D	wall		wood	tan	defective	POS	0.1	0.1	1.3	9.8	5/3/2007 9:32
53	4th floor	Bath hall	B	wall		brick	tan	defective	POS	5.6	1.8	1.6	6.4	5/3/2007 9:32
54	4th floor	Bath	-	stall		wood	tan	defective	POS	0.7	0.1	1.6	22.1	5/3/2007 9:32
55	4th floor	Main area	C	wall		wood	tan	defective	POS	0.2	0.1	1.8	15.9	5/3/2007 9:34
56	4th floor	Main area	D	door		wood	tan	defective	POS	11.5	2.0	3.3	6.8	5/3/2007 9:34
57	4th floor	Rear stairs	C	radiator		metal	grey	defective	NEG	0.0	0.0	1	5.3	5/3/2007 9:35
58	5th floor	Rear stairs	-	door		metal	tan	defective	POS	8.3	3.6	6.2	3	5/3/2007 9:35
59	5th floor	Main area	-	column		concrete	tan	defective	POS	18.0	3.3	3.1	5.4	5/3/2007 9:38

All XRF readings <0.1 mg/cm2 = Below Detectable Levels (BDL)

Side A = Street side; Sides B,C,D follow clockwise

Lead Based Paint Measurement Summary Table

TRC Environmental Corporation

Device:	Niton XL-309 X Ray Fluorescence (XRF) Spectrum Analyzer, Serial #U688													
Site:	Dudley Square - Guscott Building & Ferdinand Building, 2262 Washington Street, Roxbury, Massachusetts													
Project #:	150252-0000-0001													
Date:	4/30/07, 5/3/07													
Inspector:	Steve Arlenti (NITON CERT # A3032062470)													
Ranges:	(NEG<INC<POS): 0.0<0.05<0.05 (OSHA Compliance)													
Number	Floor	Room	Side	Structure	Feature	Material	Color	Condition	Result	Reading (mg/cm2)	Precision (mg/cm2)	Depth Index	Duration (sec)	Date/Time
60	5th floor	Main area		wall	upper trim	wood	tan	defective	POS	13.8	2.7	4.8	5	5/3/2007 9:39
61	5th floor	Main area	A	door		wood	tan	defective	POS	7.6	1.8	3.4	7	5/3/2007 9:39
62	5th floor	Main area	C	door		metal	brown	defective	POS	0.1	0.0	1	5.7	5/3/2007 9:40
63	5th floor	Main area	C	wall		wood	tan	defective	POS	0.1	0.2	3	16.4	5/3/2007 9:41
64	5th floor	Main area	D	fireplace	mantle	wood	tan	defective	POS	11.7	2.6	4.6	5.1	5/3/2007 9:42
65	6th floor	Main area	-	column		concrete	white	defective	NEG	0.0	0.1	2.9	21.5	5/3/2007 9:43
66	6th floor	Main area	C	door	casing	metal	brown	defective	POS	8.2	1.7	1.3	6.6	5/3/2007 9:44
67	6th floor	Main area	D	wall		brick	white	defective	NEG	0.0	0.1	2.7	19.1	5/3/2007 9:45
68	7th floor	Front stairs	C	electrical box		metal	black	defective	NEG	0.0	0.2	2.4	8.7	5/3/2007 9:45
69	7th floor	Main area	D	door		metal	brown	defective	POS	0.1	0.0	1	20.5	5/3/2007 9:46
70	8th floor	Main area	-	ceiling		plaster	white/grey	defective	NEG	0.0	0.1	1	5.5	5/3/2007 9:48
71	8th floor	Main area	D	door	casing	metal	brown	defective	POS	8.1	1.8	1.6	6.5	5/3/2007 9:48
72	8th floor	Main area	A	window	lenth	metal	grey	defective	POS	14.6	6.7	1.8	2.6	5/3/2007 9:48
73	8th floor	Main area	A	window	sash	metal	grey	defective	POS	0.2	0.1	1.5	20.7	5/3/2007 9:49
74	3rd floor	Column				concrete	tan	defective	POS	0.1	0.1	1.1	5.2	5/3/2007 9:55
75	Exterior		A	door		wood	dark blue	defective	POS	0.4	0.3	9.3	57.6	5/3/2007 10:01
76	Exterior		A	door	dec. trim	metal	dark blue	defective	POS	1.2	0.2	2.4	24.5	5/3/2007 10:03
77	Exterior		A	wall	lower trim	wood	dark blue	defective	POS	0.1	0.1	1.3	8.5	5/3/2007 10:05
78	Exterior		A	wall	dec. trim	metal	light blue	defective	POS	0.2	0.1	1.8	15.1	5/3/2007 10:06
79	Exterior		A	wall	dec. trim	metal	dark blue	defective	POS	0.2	0.1	1.7	11.8	5/3/2007 10:07
80	Exterior		A	wall	dec. trim	metal	dark blue	defective	POS	0.2	0.1	3.6	36.9	5/3/2007 10:08
81	Exterior		A	soffit		metal	dark blue	defective	POS	1.6	0.5	3.1	13	5/3/2007 10:10
82	Exterior		A	wall	display	plywood	dark blue	defective	NEG	0.0	0.0	1	7.4	5/3/2007 10:10
83	0.0 Calibration									0.0	0.0	1	5.2	5/3/2007 10:11
84	0.3 Calibration									0.3	0.1	1	7.2	5/3/2007 10:12
85	1.0 Calibration									1.0	0.1	1	19	5/3/2007 10:12
FERDINAND BUILDING														
86	Exterior		A	wall	trim	wood	dark blue	defective	POS	34.4	10.1	2.2	2.5	5/3/2007 10:32
87	Exterior		A	wall	trim	wood	dark blue	defective	POS	36.7	11.2	3	2.7	5/3/2007 10:32
88	Exterior		A	sign		wood	dark blue	defective	POS	2.7	0.5	1.7	8.8	5/3/2007 10:33

All XRF readings <0.1 mg/cm2 = Below Detectable Levels (BDL)

Side A = Street side; Sides B,C,D follow clockwise

Lead Based Paint Measurement Summary Table

IRC Environmental Corporation

Device:	Niton XL-309 X Ray Fluorescence (XRF) Spectrum Analyzer, Serial #U688													
Site:	Dudley Square - Guscott Building & Ferdinand Building, 2262 Washington Street, Roxbury, Massachusetts													
Project #:	150252-0000-0001													
Date:	4/30/07, 5/3/07													
Inspector:	Steve Arnti (NITON CERT # A3032062470)													
Ranges:	(NEG<INC<POS): 0.0<0.05<0.05 (OSHA Compliance)													
Number	Floor	Room	Side	Structure	Feature	Material	Color	Condition	Result	Reading (mg/cm ²)	Precision (mg/cm ²)	Depth Index	Duration (sec)	Date/Time
89	1st floor	Main area	-	column	i-beam	metal	red	defective	POS	23.3	8.3	1.4	2.4	5/3/2007 10:37
90	1st floor	Main area	D	window	casing	wood	light green	defective	POS	12.3	4.2	4.7	3.1	5/3/2007 10:38
91	1st floor	Main area	D	window	mullion	wood	dark blue	defective	POS	0.1	0.0	1	5.3	5/3/2007 10:39
92	1st floor	Main area	D	wall		plaster	tan	defective	POS	16.6	6.5	3.8	2.5	5/3/2007 10:39
93	1st floor	Main area	C	door	casing	wood	tan	defective	POS	27.0	5.8	6.5	3.1	5/3/2007 10:41
94	2nd floor	Stairwell		wall		plaster	grey	defective	POS	5.0	1.9	3.4	5	5/3/2007 10:43
95	2nd floor	Stairwell		window	casing	metal	tan	defective	POS	10.9	2.2	3	4.8	5/3/2007 10:43
96	2nd floor	Main area	C	wall		plaster	tan	defective	POS	0.1	0.1	1.7	20.6	5/3/2007 10:44
97	2nd floor	Main area	-	column		metal	red	defective	POS	14.3	5.9	1.3	2.4	5/3/2007 10:45
98	2nd floor	Main area	-	ceiling		plaster	white	defective	NEG	0.0	0.0	1.1	21.7	5/3/2007 10:46
99	2nd floor	Main area	D	window	exterior casing	wood	blue	defective	POS	22.8	7.4	2	2.8	5/3/2007 10:52
100	3rd floor	Stairwell	-	storage		metal	tan	defective	POS	12.5	2.2	2.6	7	5/3/2007 10:53
101	3rd floor	Stairwell	C	wall	chair rail	wood	grey	defective	POS	5.1	1.8	1.6	2.6	5/3/2007 10:54
102	3rd floor	Stairwell	B	window	sash	metal	grey	defective	POS	5.1	1.7	1.1	2.3	5/3/2007 10:54
103	3rd floor	Stairwell	A	wall	upper	plaster	tan	defective	NEG	0.0	0.0	1	7.8	5/3/2007 10:54
104	3rd floor	Main area	-	column		metal	grey/rust	defective	POS	0.1	0.1	1.6	8.6	5/3/2007 10:55
105	3rd floor	Main area	-	column		metal	red	defective	POS	14.1	6.4	1.5	2.4	5/3/2007 10:55
106	3rd floor	Main area	D	window	sill	wood	tan	defective	POS	15.5	2.3	2	7	5/3/2007 10:56
107	3rd floor	Main area	B	elevator	door	wood	brown	defective	POS	0.1	0.1	1.3	7.3	5/3/2007 10:56
108	3rd floor	Main area	B	elevator	door casing	wood	tan	defective	POS	17.5	2.5	4.3	6.9	5/3/2007 10:57
109	3rd floor	Main area	B	wall	riser	brick	blue	defective	POS	16.6	7.1	1.6	2.5	5/3/2007 10:57
110	4th floor	Stairwell		stair		metal	grey	defective	POS	0.4	0.1	1	6.7	5/3/2007 10:58
111	4th floor	Stairwell	C	stair	baseboard	wood	grey	defective	POS	9.2	1.7	1.3	5.7	5/3/2007 10:58
112	4th floor	Stairwell	C	wall	lower trim	plaster	grey	defective	POS	7.8	1.8	1.7	6.5	5/3/2007 10:59
113	4th floor	Main area	B	wall		brick	light blue	defective	POS	27.0	3.2	1.5	5.8	5/3/2007 10:59
114	5th floor	Stairwell	C	wall	upper	plaster	tan	defective	NEG	0.0	0.0	1	7.8	5/3/2007 11:00
115	5th floor	Stairwell	B	wall	exterior wall	brick	blue	defective	POS	1.3	0.2	1.3	15.2	5/3/2007 11:01
116	5th floor	Stairwell	B	wall	exterior wall	brick	blue	defective	POS	4.6	1.6	1.3	6.5	5/3/2007 11:01
117	5th floor	Stairwell	D	window	sill	metal	grey	defective	POS	3.6	0.7	1.3	5.7	5/3/2007 11:02
118	5th floor	Main area	B	wall		plaster	light grey	defective	NEG	0.0	0.0	1.1	7.8	5/3/2007 11:02

All XRF readings <0.1 mg/cm² = Below Detectable Levels (BDL)

Side A = Street side; Sides B,C,D follow clockwise

Lead Based Paint Measurement Summary Table

IRC Environmental Corporation

Device:	Niton XL-309 X Ray Fluorescence (XRF) Spectrum Analyzer, Serial #U688													
Site:	Dudley Square - Guscott Building & Ferdinand Building, 2262 Washington Street, Roxbury, Massachusetts													
Project #:	150252-0000-0001													
Date:	4/30/07, 5/3/07													
Inspector:	Steve Arlenti (NITON CERT # A3032062470)													
Ranges:	(NEG<INC<POS): 0.0<0.05<0.05 (OSHA Compliance)													
Number	Floor	Room	Side	Structure	Feature	Material	Color	Condition	Result	Reading (mg/cm2)	Precision (mg/cm2)	Depth Index	Duration (sec)	Date/Time
119	5th floor	Main area	-	stair	stringer	metal	grey	defective	POS	7.6	1.8	1.6	5.9	5/3/2007 11:02
120	5th floor	Main area	-	I-beam		metal	white	defective	POS	10.2	2.0	1.4	5.9	5/3/2007 11:03
121	5th floor	Main area	-	ceiling		wood	white	defective	NEG	0.0	0.0	1	5.2	5/3/2007 11:03
122	5th floor	Main area	-	column		concrete	white	defective	NEG	0.0	0.0	1	21.5	5/3/2007 11:03
123	5th floor	Main area	D	window	exterior casing	wood	blue	defective	POS	8.3	1.9	1.3	6.5	5/3/2007 11:04
124	5th floor	Main area	D	wall	façade	stone	brown	defective	POS	0.2	0.1	1	23.4	5/3/2007 11:05
125	Exterior		A	wall	column	stone	beige	intact	NEG	0.0	0.1	1.8	21.6	5/3/2007 11:11
126	Exterior		A	wall		plywood	blue	intact	NEG	0.0	0.0	1.4	3	5/3/2007 11:11
127	Exterior		C	wall	column	stone	grey	defective	NEG	0.0	0.1	1.1	21.8	5/3/2007 11:12
128	0.0 Calibration									0.0	0.0	1	9.5	5/3/2007 11:14
129	0.3 Calibration									0.4	0.1	1.1	9.3	5/3/2007 11:14
130	1.0 Calibration									1.0	0.1	1	21.1	5/3/2007 11:14

All XRF readings <0.1 mg/cm2 = Below Detectable Levels (BDL)

Side A = Street side; Sides B,C,D follow clockwise

TRC ENVIRONMENTAL CORPORATION

TCLP WASTE CHARACTERIZATION FIELD SAMPLE COMPUTATION TABLE

Site: Boston Redevelopment-Dudley Square

Date: 5/4/2007

Project No.: 150252.0000.0001

Inspector: Arienti/Minalga

A

B

C = A*B

D

E=C*D

G=E/F*100

Building Component	Area (SF)	Thickness (inches) ft												Volume (CF)	Density (lb/CF)	Mass (lb)	% of total Mass
		1/16"	1/8"	1/2"	3/4"	1"	2"	4"	6"	8"	12"						
sheetrock		0.005	0.010	0.042	0.063	0.083	0.167	0.333	0.500	0.667	1.000		0.0	50	0.0	0.00	
plaster	58275.0		0.042										2447.6	45	110139.8	1.14	
brick	53790.0						0.333						17912.1	106	1898679.4	19.62	
roofing	8600.0		0.042										361.2	70	25284.0	0.26	
lead painted brick	5520.0						0.333						1838.2	106	194845.0	2.01	
wood framing (roof/floors) +									0.500				0.0	32	0.0	0.00	
hardwood flooring	1000.0					0.083							83.0	45	3735.0	0.04	
ceiling tile (cellulose)			0.042										0.0	23	0.0	0.00	
clapboard			0.042										0.0	40	0.0	0.00	
aluminum siding		0.005											0.0	169	0.0	0.00	
transite shingles			0.010										0.0	120	0.0	0.00	
concrete	67300.0												44889.1	140	6284474.0	64.93	
lead painted concrete	12200.0												8137.4	140	1139236.0	11.77	
plywood	8064.0				0.063								508.0	34	17273.1	0.18	
glass			0.010										0.0	170	0.0	0.00	
wood trim/window/door	1959.0				0.063								123.4	38	4689.8	0.05	
Total Mass												9678356	100%				

□ = typical thickness value

- + framing area (SF) per wall = [(6L+3H+2LH)/18], where L & H are in feet, assuming 18" o.c. construction
- * CTDEP waste characterization guidelines recommend one TCLP sample for every 2,500 SF of floor space
- * concrete/stone foundation should not be included in TCLP sample unless foundation is to be completely removed during demolition and disposed off site
- * steel should not be included in TCLP sample, steel to be recycled and not disposed of
- * material density values taken from Lindeburg, ME reference manual, 10th edition, 1997
- * components with very low density or very low volume (i.e. vinyl flooring/siding, insulations, carpet, ceramic tile, fixtures, etc) presumed negligible to mass and not included
- * collect separate aliquot samples of applicable components
- * calculate % of total mass for each component
- * prepare 100 gram sample in lab by combining subsamples of aliquots at %'s calculated. Do not grind material up, this creates increased surface area and unrepresentative leachability
- * submit entire 100 gram sample for TCLP analysis (this eliminates lab analyst error where only a non-representative portion of a larger submitted sample is analyzed) 100 g = method minimum