DAILY LOG

PROJECT Crowter Hall DAY Fri DATE 4/10/15

ADDRESS 240 Oral School Rd Mystic CT.

WORK AREA

TIME	COMMENTS
7-	on Site - Sign in - Continue With Poly Prep of Student Bath Rms & Faculty Bath Rm.
9:30	Break
9:45	Continue in all Bath Rms - finish ceiling in Main Corridor & entrance.
11:15	Ceilings Finish / Cont. With Bath Rms.
12:20	lunch.
1-	Finish Poly of Bath Rms
3:15	Tent #1 Poly finished / Pick up tools - lock Tool Boxes
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER Crowfoot Hall 155042 DAY Fri DATE 4/10/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

NAME	SS#	REG	OT	DT
Erik S. Cyr	0135			
Ed Briggs JS	0632			
Reyna Perez	8153			
Fredy Sarabia				
Rene Melvanda	0852			
(A)				
report 3				

FOREMAN SIGNATURE E.C.

CALLED IN AT THIS TIME	TIME	DATE
	7:50	4/13/15

DAILY LOG

PROJECT Courter Hall DAY Mon DATE 4/13/15

ADDRESS 240 east School Rd - Mystic CT.

WORK AREA

TIME	COMMENTS
7-	on site - Sign in - build decon - Set up Hepa Machines (X2) Bring in necessary tools - Pick up Area to be abated.
9:30	Break
9:45	Tent #1 Complete Water Tank to be delivered 4/14/15 - finish emptying gym of C&D old school fixtures. Fedy in Skidsteer/Tie Hydrolic lines Back so They won't be pinched.
10:15	load C&D Con.
12-	C&D Roll call Rap for Surv. Cont Moving old equipment
12:30	lunch.
1-	Back on task of Emptying gym out of Equipment
3:15	Chain & Wire doors Closed - Pick up tools - lock Key for Machines in Carry Box.
3:30	off Site
note:	C&D Survey Tomorrow.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER Crostec Hill → 15502 DAY Mon DATE 4/13/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139			
	Fredy Saucedo	5433			
	Rene Hedgepeth	2852			
	Reyna Perez	8153			
	Chris Parinetti		2		
	report #4				

FOREMAN SIGNATURE E.C

TIME	DATE
1:05	4/15/15

CALLED IN AT THIS TIME

DAILY LOG

PROJECT Crouter Hall DAY Tues DATE 4/14/15

ADDRESS

WORK AREA GYM

TIME	COMMENTS
7:00 am	On site and signed in lining Acm Containers and crew starting Poly prep in the gym
9:00/9:15	Break / Back from break Continuing Poly-prep in gym
12/12:30	Lunch / Back from lunch Continuing Poly-prep in gym.
3:30	Done for day and leaving site.

FOREMAN'S SIGNATURE

PAGE 1 OF 1

JOB NAME & NUMBER Crowley Hall 155042 DAY Tues DATE 4/14/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Ed Braga Jr	0632	8		
	Reyna Perez	8153	8		
	Fidy Sande	5433	8		
	Rene Medrano	2952	8		

(A)
report #4

FOREMAN SIGNATURE E. C.

CALLED IN AT THIS TIME	TIME	DATE
	1:03	4/15/15

DAILY LOG

PROJECT Crouter Hall DAY Wens DATE 4/15/15

ADDRESS 240 Coal School Rd. Mystic CT.

WORK AREA

TIME	COMMENTS
7-	Sign in - All men on Site - Men Continue With Gym Poly
8-	2 men fix Ceiling in entry - drive over to Durant Hall and fill Water Tank (550 gals)
9-	Break.
9:15	Set up Water Tank With Pump - Hoses etc.,
10:30	Water set up A-Okay, Works Good. Cont Poly.
12:30	lunch.
1-	Poly Continues
2:30	F.C. Takes Ed Jr & Fredy In Containment To Mark out Areas Where TSI is located in Walls and explains expected removal Procedure.
3:15	Pick up - lock up.
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER Crowder Hall 15542 DAY Wed DATE 4/15/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

NAME	SS#	REG	OT	DT
Erik S. Cyr				
Ed Braga Jr	0632	8		
Rene Hurtado	2859	8		
Fredy Saucedo	8452	8		
Reyna Perez	8153	8		
Chris Parinetti		2		
report #4				

FOREMAN SIGNATURE EC

CALLED IN AT THIS TIME	TIME	DATE

DAILY LOG

PROJECT Carter Hall DAY Thurs DATE 4/16/15

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA

TIME	COMMENTS
7-	on Site - Sign in - Suit up & Begin With ACM Demo (TSI - FIR Tile - Mastic - etc) Remove flr Tile & Put in Drums (2 men) Remove Piping With friable TSI Elbows & insulation.
8:56	Shower out for Break
9-	Break
9:15	Back on tasks of ACM Demo.
11:58	Showerd out for lunch
12:35	Continue With ACM demo & removal in Hallway, Bathrooms, & landings.
3-	shower out - Turn off lights - unplug Cords lock up - Turn off Water
3:30	off Site

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER Chowler Hall. 135542 DAY Thurs DATE 4/16/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

NAME	SS#	REG	OT	DT
Darwin Calvopina-Torres	0873	8		
Fredy Saenz	8433	8		
Reyna Perez	8153	8		
Rene Hernandez	2852	8		
report #4				

FOREMAN SIGNATURE _____

TIME	DATE
2:59 Pm	4/16/15.

CALLED IN AT THIS TIME

DAILY LOG

PROJECT Carter Hall DAY Fri. DATE 4/17/15

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA Hall + Class Rms + Bath Rms

TIME	COMMENTS
7—	on Site - Sign in — Suit up & Continue With ACM FIR Tile, Elbows & TSI
7:05	Dive ⇒ abate ACM Containing Materials Bag up as Demoed.
9—	Shower out for Break.
9:15	Break
9:30	Continue With tasks of ACM demo
11—	Barrel up Str tile, Bag up all other ACM.
12—	Shower out for lunch
12:40	Continue with task of ACM demo & Clean up as removed.
3:—	Shower out. Turn off light Water & unplug all unnessery Cords. ⇒ lock up Boxes & Doors
3:30	off Site

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER Crocker Hall 155042 DAY Fri DATE 4/17/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

NAME	SS#	REG	OT	DT
Darwin Calvopina-Bonilla	0813	5		
Fred Saucedo	5433	5		
Rene Hernandez	2859	5		
Chris Perinthi		4		
report #4				

FOREMAN SIGNATURE _____

	TIME	DATE
CALLED IN AT THIS TIME	3:09	04/17/15.

DAILY LOG

PROJECT Crowter Hall 155042 DAY Mon DATE 4-20-15

ADDRESS 240 Coal School Rd. Mystic

WORK AREA Gym

TIME	COMMENTS
7 am	Shift begins, get Bags and Barrells to the Bag-out
/	area. Put Masonry into 30 yder using Skidder.
8 am	Begin Bag out - Barrells and Bags.
9	Break.
9 30	Continue to Remove tile and Mastic.
10 00	Continue to Remove tile and Mastic.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER Crowder Hall. 15504.2 DAY Mon DATE 4/20/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

NAME	SS#	REG	OT	DT
Reyna Perez	8153			
Rene Medranda	2859			
Fredy Cervantes	8433			
Dennis Clemmer	6151			
Ed Braga	8308			
Ed Braga JR	0632			

FOREMAN SIGNATURE _____

CALLED IN AT THIS TIME	TIME	DATE

DAILY LOG

PROJECT Crowder Hall DAY Tues DATE 4/21/15

ADDRESS 240 oral School Rd.

WORK AREA

TIME	COMMENTS
7-	on site - Sign in - Continue With Gross Remediation remain
7:10	Dive - Small Bag out
7:25	order lumber + Supplies Thru Roy.
9-	Shower out for Break - Warehouse truck on site unload first
9:20	Break
9:35	Back onto tasks 2 men Cleaning E/bowls 1 man on Corners 2 men on Cleanup.
10:30	Corners finished - begin Vacuming firs
12:10	Shower out for lunch.
12:30	lunch
1-	Back on task of Cleaning and Washing down tent, send in towels. Vac. firs
3:10	Shower out - Turn off lights - unplug tools lock up Tool Boxes
3:30	off Site

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER Crosier Hall → 15042 DAY Tues DATE 4/21/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139	8		
	[illegible]	6151	7		
	Ed Braga Jr.	0652	8		
	Fredy Sued	5455	8		
	Reyna Perez	9153	8		
	Ed Braga	8308	8		
	(A)				

FOREMAN SIGNATURE E.C.

CALLED IN AT THIS TIME	TIME	DATE
	8:17	4/22/15

DAILY LOG

PROJECT Crowter Hall DAY Wens DATE 4/22/15

ADDRESS 240 Old School Rd. Mystic CT

WORK AREA

TIME	COMMENTS
7-	on Site – Sign in – Finish final Cleaning and Spot Cleaning.
7:15	all in.
7:45	Final Visual
8:30	lock down – Visual Good. → 2 men Poly Windows in Gym for Safe demo of CMU wall – all Workers
9—	shower out → 2 men Poly Storage Rm off of Gym – 1 Person on Safety Watch f/ Water.
9:30	Break
9:45	Continue with all Tasks CMU Wall demo & Poly of Storage Rm.
11—	Remove Window Sash (remove screw & stops so as not to disturb dem chalk)
12—	lunch
12:30	Back on tasks of Poly & CMU demo.
2:30	Poly finished – Men (2) Pick up all tools & unlnk decon (PCM air clearance Passed.)
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER 155041 DAY Wens DATE 4/22/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139	8		
	Dennis OConnor	6151	7		
	Ed Braga	8308	8		
	Reyna Perez	8153	8		
	Fredy Salto	8433	8		
	Ed Braga JR	0632	8		

FOREMAN SIGNATURE EC

CALLED IN AT THIS TIME

TIME	DATE
7:39	4/24/15

DAILY LOG

PROJECT Crowley Hall DAY Thurs DATE 4/23/15

ADDRESS 240 Coal School Rd. Mystic CT.

WORK AREA

TIME	COMMENTS
7-	on Site Sign in- 2 men in lift demo CMU/ Fabricator Wall to access gym for lift loading- 2 men on poly in Gym - 1 person on Safety Watch.
9:30	Break
9:45	Continue With Tasks. Poly & Wall demo
11-	2 men to Durant Hall to secure doors & Windows
12-	lunch
12:30	Durant Secure all men back on tasks of Gym poly & Wall demo
2-	Wall demo'd Move CMU & Secure opening With Plywood. Move deep trailers Away from building to parking lot for placement of 2 Cons.
3:15	pick up tools, unplug lights - lock up
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER _____ 155042 DAY Thurs DATE 4/23/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139	8		
	Fredy Davila	8437	8		
	Reyna Perez	8153	8		
	Dennis O'Connor	6151	7		
	Ed Braga	8308	8		
	Ed Braga Jr	0632	8		

FOREMAN SIGNATURE _____

CALLED IN AT THIS TIME

TIME	DATE
7:42	4/24/15

DAILY LOG

PROJECT Crowter Hall DAY Fri DATE 4/24/15

ADDRESS 240 Old School Rd. Mystic CT.

WORK AREA

TIME	COMMENTS
7-	on site - Sign in - level off Area with Material where 2 Cans are to be placed.
8:30	2 men in lift Framing Wall opening to be able to Hang reinforced poly
9:30	break
9:45	Hang poly @ Wall opening with Furring Strips
10:30	Begin Tear down of Tent #1
12:30	lunch.
1-	Continue with Tear down, Bag up as taken down.
3:15	pick up - lock up.
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER _____ 15504 DAY Fri DATE 7/24/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cur	0139	8		
	Ed Braga Jr	0632	8		
	Ed Braga	8308	8		

FOREMAN SIGNATURE EC

TIME	DATE
8:15	4/27/15

CALLED IN AT THIS TIME

DAILY LOG

PROJECT Crowter Hall DAY Mon DATE 4/27/15

ADDRESS 240 and School Rd Mystic CT

WORK AREA

TIME	COMMENTS
7-	~~on~~ on Site - Sign in - 3 men finish tear down and bag up of Poly - 2 men in Gym prep.
8:30	Gather tools & lumber to begin Temp Garage for gym live load.
9:30	Break
9:45	Back on tasks of Gym Poly & Temp Garage. (34'x18')
12:30	lunch.
1-	Continue with tasks of Gym prep & Temp Garage.
3:15	Board up opening - Pick up tools - lock up building
3:30	off Site

FOREMAN'S SIGNATURE

PAGE____ OF____

JOB NAME & NUMBER _____ 15504.2 DAY Mon DATE 4/27/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139	8		
	Reyna Perez	8153	8		
	Fredy Socuca	5433	8		
	Ed Braga JR	0632	8		
	Dennis Oconnor	6151	7		
	Ed Braga	8308	8		
	#5				
	(A)				

FOREMAN SIGNATURE E. C.

	TIME	DATE
CALLED IN AT THIS TIME	7:41	4/30/15

DAILY LOG

PROJECT Courter Hall DAY Tues DATE 4/28/15

ADDRESS 240 Coal School Rd. Mystic CT.

WORK AREA

TIME	COMMENTS
7-	on site - Sign in - Continue With Prep of Gym and Temp Garage.
7:45	Larry Corona on Site (electrician)
9-	Break
9:15	Cont With Gym. E.C. set up to begin Poly on Temp Garage - ie: Harness - lift inspection - tools needed.
10:40	FD & JR on site With #4 Truck and Fencing to block off Driveway of Thru Traffic.
12-	lunch
12:30	Continue Poly of Temp Garage - Put Hard barriers in Windows of Gym for Hepa exhaust. Mr. P. To order Signs for Fencing.
2:30	#4 Truck in route back to Wharehouse / flood Gym With Water / replace Hard barriers
3:15	Pick up tools / lock up boxes / secure building
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER 15504.2 DAY Tues DATE 4/28/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

NAME	SS#	REG	OT	DT
Erik S. Cyr	0139	8		
Reyna Perez	9153	8		
Fredy Saucedo	5453	8		
Ed Braga Jr	0632	8		
Ed Braga	8308	8		
Larry Corona				

FOREMAN SIGNATURE E.C.

	TIME	DATE
CALLED IN AT THIS TIME	7:47	4/30/15

DAILY LOG

PROJECT Crowley Hall DAY Wed 5 DATE 4/29/15

ADDRESS 240 Coal School Rd. Mystic CT.

WORK AREA

TIME	COMMENTS
7-	on site - Sign in - 2 people Build found & set up decon in Bath Rm. Continue poly of Temp Garage for live load.
8-	ATC To Rainbow House to Sample Materials.
9-	Break
9:15	Continue With tasks - Poly finish decon / Continue With Garage Poly.
10:45	Kid from Warehouse on site - Continue With Temp Garage.
12-	lunch
12:30	Continue With load out - Take out unnessary Material from Gym. ie lumber non ACM material - Pick up poly scraps.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER 15342 DAY Wens DATE 4/29/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139	8		
	Fredy Saucedo	5423	8		
	Ed Braga	8308	8		
	Ed Braga Jr	0632	8		
	Reyna Perez	8153	8		

FOREMAN SIGNATURE E.C.

TIME	DATE
7:15	5/1/15

CALLED IN AT THIS TIME

DAILY LOG

PROJECT Courter Hall DAY Thurs DATE 4/30/15

ADDRESS

WORK AREA

TIME	COMMENTS
7-	on Site - Sign in - Finish Poly Prep of live load Area (Temp Garage).
9:30	Coffee
9:45	Continue With task.
11:45	Take out all tools that won't be used inside. Touch up Poly.
12:30	lunch.
1-	Visual (Pre-abatement)
1:30	Good begin ACM non Friable removal. FR Tile + Mastic & Wood-flr.
3-	Shower men out / shut of lights and unplug all tools.
3:15	Pick up lock up.
note:	Waiting for return call from United rentals in regards to Scrubber on John deer skidsteer.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER _____ 15542 DAY Thurs DATE 4/30/13

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139	8		
	Ed Braga	8308	8		
	Reyna Perez	8153	8		
	Ed Braga Jr	0632	8		
	Fredy Saucedo	5455	8		

FOREMAN SIGNATURE E.C.

CALLED IN AT THIS TIME	TIME	DATE
	7:18	5/1/15

DAILY LOG

PROJECT Carter Hall DAY Fri DATE 5/1/15

ADDRESS 240 Oral School Rd.

WORK AREA

TIME	COMMENTS
7-	on site - Sign in - Al Conrad on site to Put track back on - on Skidsteer. Tension both tracks down. Hook up Water
8:30	Al of Site Machine all set - Start removal of Block Wood Floor (Gas meter levels Good O^2 @ 20.6)
8:45	Shower out - Leo + Rocio on site
9-	Coffee.
9:15	Continue with Sr Demo & live load.
10:30	Floor removel continues
12-	lunch
11:30	return to Work demo of Gym floor (meter levels Good O^2 @ 20.9 CO^2 0) No visable emissions detected.
2:30	Change filters in Hepa Machines. Wet down Gym floor & waste load out Area
3:10	Shower out - Turn off lights - lock up.
3:30	off Site
note:	John Deer Skidsteer not equipped with a scrubber/cannot use inside/Can not remove from Work area already Started/

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER 155042 DAY Fri DATE 5/1/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139	8		
	Ed Bracaj Jr	0632	8		
	Jody Dolan	54	8		
	Reyna Perez	8153	8		
	Ed Braga	8308	8		
	Rocio Caballero	2980	8		
#8 on	LEO YANEZ	"	8		

FOREMAN SIGNATURE E.C.

CALLED IN AT THIS TIME	TIME	DATE
	7:46	5/4/15

DAILY LOG

PROJECT Crocker Hall - Gymnasium DAY Mon DATE 5/4/15

ADDRESS 240 Osal School Rd. Mystic CT

WORK AREA

TIME	COMMENTS
7-	on Site/Sign in/Change Hot Water Heater Suit up
7:15	dive - load out flooring into Cans. Remove Paper (Black) Check Containment - No Visable emessions.
9-	Shower out
9:15	Break
9:30	Continue With tasks of loading ACM Cans and remaing paper on Concrete Slab.
11-	Send in Razer Scrapers to Remove Paper.
12:15	Shower out.
12:30	lunch
1-	Continue With tasks of Paper & Gross removal
3:10	Shower out - unplug lights & Tools
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER 15509 DAY Mon DATE 5/4/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

NAME	SS#	REG	OT	DT
Erik S. Cyr	0139	8		
Rocio Cajilema	2980	8		
Ed Bruya	8308	8		
Fredy Sued	5737	8		
Reyna Perez	9153	8		

FOREMAN SIGNATURE E.C

CALLED IN AT THIS TIME	TIME	DATE
	7.39	5/6/15

DAILY LOG

PROJECT Crowter Hall DAY Tues DATE 5/5/15

ADDRESS 240 Coal School Rd. Mystic CT

WORK AREA Gym

TIME	COMMENTS
7—	on Site - Sign in - Vacuum Concrete Sir of
7:15	any loose debris - Send in tools to remove
	Mastic
8:20	Blaster not Working properly / Felicia B &
	Fredy To fix it. Finish Scraping paper
9—	Shower out
9:15	Coffee
9:30	Back on task's edges & Six Blast trax
10—	no wheel inside blastrac Call mr P. Bolt is sheared
	off (Gone) - Continue With edges.
12:15	shower out
12:30	lunch
1—	New Blaster on Site, Put Temp double Pop up and
	Swap out Machines.
1:25	Continue With Mastic & Finish Edges
3:10	Shower out - unplug lights & tools
3:30	off Site

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER 15504.2 DAY Tues DATE 5/5/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139	8		
	Ed Boisjoly	8308	8		
	Reyna Perez	9153	8		
Blast Tech	Fredy Zuleta	5437	8		
	Ed Boisjoly JR	0632	8		

FOREMAN SIGNATURE E.C

CALLED IN AT THIS TIME

TIME	DATE
7:34	5/11/15

DAILY LOG

PROJECT Coaster Hall → Gym DAY Wed DATE 5/6/15

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA

TIME	COMMENTS
7-	on site / sign in / Continue with Blast trac
	Seal up 1 Can of Clean up live load Area
7:15	Dive
8:30	set up 8 Glove Bags in Storage Area.
9-	Shower out
9:15	Coffee
9:30	Finish Glovebag set up / Continue Blastrac.
10-	Remove elbows and Clean pipes.
11-	Glove bags finished. / Clean Corners of Mastic
11:45	Shower out.
12-	lunch
12:30	Continue With Blast track of spot cleaning in
	Gymnasium set up 4 Glove bags on Elbows
	on 1½ in Waterpipe.
3:10	Shower out - Un plug lights / Cords - back up
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER 15504 DAY Wed DATE 5/6/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139	8		
	Ed Braga Jr	0632	8		
	Reynaldo Perez	8153	8		
Blast Hose	Freddy Saucedo	5458	8		
	Ed Braga	8308	8		

FOREMAN SIGNATURE EC

CALLED IN AT THIS TIME

TIME	DATE
1:19	5/8/15

DAILY LOG

PROJECT _____ DAY _____ DATE _____

ADDRESS _____

WORK AREA _____

TIME	COMMENTS
7	on site / Sign in - Spot Clean Mastic / Vacuum
7:15	Dive - final clean - seal can - Clean bagout - Wash and Send out tools / etc
9-	Shower out
9:15	Break
9:30	Backon all Tasks - in Prep for final Visual.
11-	Visual (ATC)
11:40	Visual Good - lock down Gym - Pic test 5/6/15
12-	Shower out for lunch.
12:10	lunch.
12:40	Begin pre-Clean to be able to poly Prep Windows (Criticals) Remove ~~Mastic~~ Covers. Remove fence & Trees in front of Windows
3:15	Pick up tools - unplug cords - lock up Boxes
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER _____ 15502 DAY Thurs DATE 5/7/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cox	0139			
	Ed Braga Jr	0632			
	Walter Bueno	1984			
	Miguel Bueno	5678			
	Ed Braga	8308			
	Reina Perez	8153			
	Fredy Sarabia	8933			

FOREMAN SIGNATURE E.C

CALLED IN AT THIS TIME

TIME	DATE
1:17	5/8/15

DAILY LOG

PROJECT Crouter Hall DAY Fri DATE 5/8/15

ADDRESS 240 Oral school Rd. Mystic CT

WORK AREA Gym & Windows

TIME	COMMENTS
7 -	on Site - Sign in - ATC on site / Prep for Windows
7:10	ATC set up pumps for TEM. Continue with Precleaning and Criticals of Doors & Windows.
9 -	Coffee
9:15	Back on Task
9:30	ATC Pulls Pumps from Gym
11 -	Remove all Ceiling Grid (2 men) Show men How to Use Elect. Tester.
12 -	lunch
12:30	Cont with Window Prep. & HepaVac of Floor.
3:15	Pick up tools - lock up Boxes
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER 155042 DAY Fri DATE 5/8/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0136	8		
	Miguel Bueno	5678	8		
	Regina Perez	8153	8		
	Ed Braga Jr	0632	8		
	Fredy Saveda	5433	8		
	Walter Bueno.	1984	8		
	Ed Braga	8308	8		
	A				

FOREMAN SIGNATURE E.C.

	TIME	DATE
CALLED IN AT THIS TIME	10:21	5/11/15

DAILY LOG

PROJECT Crowder Hall DAY Mon DATE 5/11/15

ADDRESS _____

WORK AREA _____

TIME	COMMENTS
7-	TEM Passed (No fibers detected) Tear down Poly in Gym. Bag up & Put in 100 Yard Trailer
9-	Coffee
9:15	Back on Tear down of Gym & decon.
10-	1 man load Can - Exterior Prep for Chalk abatement.
12-	Northeast Windows good to Abate - Lunch.
12:30	Remove Caulk on Windows.

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER 1550'2 DAY Mon DATE 5/11/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139			
	Ed Braga	8308			
	Reyna Perez	8153			
	Tim Sevigny	5427			
	Ed Braga Jr	0632			

FOREMAN SIGNATURE Ec

TIME	DATE
3:07	5/12/15

CALLED IN AT THIS TIME

DAILY LOG

PROJECT Crowter Hall DAY Tues DATE 5/12/15

ADDRESS

WORK AREA Windows

TIME	COMMENTS
7-	on site - Sign in - Glue Poly to Windows for Safety
9-	Coffee
9:15	Remove Doors - Put down poly drops & demarcate Work-areas
10-	ACM Window Demo - Board up Room inside where Supplies are located - Call Roy for Supplies. (Silt Fence & Sacs + Snow Fence & Poles)
note:	S.V. to be on site 5/13 to locate Water Supply Line

FOREMAN'S SIGNATURE

PAGE ____ OF ____

JOB NAME & NUMBER 155042 DAY Tues DATE 5/12/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
	Erik S. Cyr	0139			
	Ed Braga	8308			
	Ed Braga Jr	0632			
	Fredy Sauda	5433			
	Reyna Perez	8153			

FOREMAN SIGNATURE E. C

	TIME	DATE
CALLED IN AT THIS TIME	3:06	5/14/15

DAILY LOG

PROJECT Crowter Hall DAY Wed DATE 5/13/15

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA Exterior window Removal West Side

TIME	COMMENTS
7:00	Crew onsite & signed in. getting west side exterior prepped for window removal. Put poly drops (6mil) on the ground in front of windows to be removed. Got ladders saws All etc.. Start removing windows. Joe V & Keith are here scanning the grounds trying to find main feed water line into the building. Dan & Patrick have arrived they are looking over the building in preperation for demo & assisting Joe & Keith. Break. Larry C. (electrician) is here tracking down ~~Roll~~ feed to building
8:00	
8:30	
9:00	
9:15	Crew back removing windows, wrapping them & putting
10:30	them in ACM trailer. A shut off ~~@~~ has been located for the water & Larry has found what he needs for
12:00 12:30	electrical shut down. Lunch - Back from lunch continue window removal & wrap west side of bldg.
3:15	Crew cleaning up work area boarding up opening in gym & bringing all tools back to our office area. Gang boxes
3:30	locked, Crew leaving site for the day

FOREMAN'S SIGNATURE

#155042

JOB NAME & NUMBER Cedarview Hall DAY wed DATE 5/13/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
Ab	Ed Braga	8308	8		
	Ed Braga Jr	0632	8		
	Fredy Sosa	5485	8		
	Adrian Ardon	0876	8		
	Noel Sosa	0192	8		

FOREMAN SIGNATURE

CALLED IN AT THIS TIME	TIME	DATE
	9:30pm	Thur 5/13/15

DAILY LOG

PROJECT Crowley Hall DAY Thur DATE 5/14/15

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA Exterior Windows West Side & Move Equipment & Supplies to Durant

TIME	COMMENTS
7:00	Crew onSite & Signed in. Putting up poly curtains on last section of windows West Side (our office) prep for removal. Dan & Patrick our on site making water disconnect.
9:00/9:15	Break - Back from break two people continue prep on windows & two people going over to Durant Bldg to clear out the broken cabinets, door etc... in the two rooms we will be using as our office & supply area. Larry C. (electrician) is here disconnecting panels boards & power to this bldg
10:30	We are starting to bring our tools, equip & supplies over to Durant. Joe Valano said to take water tank off lift gate truck & use the truck to move equip.
12:00/12:30	Lunch - Back from lunch continue to move our stuff over to Durant, leaving just what we need to remove last section of windows. We will do removal tomorrow. Need to make sure all our stuff is secured over at Durant before we leave this bldg wide open. One of the 30yd ACM cans was pulled Jeff P stopped by.
3:15	Cleaning up & locking up both Bldgs.
3:30	Done for the day Crew leaving Site.

FOREMAN'S SIGNATURE

PAGE 1 OF 1

#155042

JOB NAME & NUMBER Courter Hall DAY Thur DATE 5/14/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
AB	Ed Braga	8308	8		
	Ed Braga Jr	0632	8		
	Fredy Zaldivello	5437	8		
	Reyna Perez	8153	8		

FOREMAN SIGNATURE

	TIME	DATE
CALLED IN AT THIS TIME	9:30 am	Fri 5/15/15

DAILY LOG

PROJECT Crowter Hall DAY Fri DATE 5/15/15

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA West Side Xterior Windows

TIME	COMMENTS
7:00	On site & signed in Starting window removal on West Side, Last section, Adhering to CT Regs regarding exterior removal of ACM, non friable.
9:00/9:15	Break - Back from break continue removal
10:00	& unwrapping windows. Trans waste arrived to remove 2nd 30yd ACM can (gym floor) we stopped to help him. Had to take down more of the poly enclosure we made for dumpsters. Can is leaving site. We are going back to removal
10:30	
12:00/12:30	Lunch - back from lunch finish window removal start
1:30	final clean & scrape caulk. All ACM material has been wrapped or bagged & put in ACM 100yd ~~trailer~~. We are now going to load all remaining tools, supplies & equipment onto truck & bring them over to Durkee Hall for safe storage.
3:30	Done for the day crew leaving site

FOREMAN'S SIGNATURE

PAGE 1 OF 1

#155042

JOB NAME & NUMBER Coos H.S. Hall DAY Fri DATE 5/15/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
Asb	Ed Braga	8308	8		
1	Fredy Saucedo	5433	8		

FOREMAN SIGNATURE

	TIME	DATE
CALLED IN AT THIS TIME	11:00	mon 5/18/15

DAILY LOG

PROJECT Crowter Hall DAY Mon DATE 5/18/15

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA Gym windows - [redacted]

TIME	COMMENTS
7:00	Crew on site & signed in. Dan & Pat as well as Joe V & Keith are here this morning. The plan is to start demo of Crowter Hall. We have to get the remaining odds & ends (fire extinguishers, supplies etc...) out of the building. We also getting to the gym windows.
9:00/9:15	Break - Continue same work.
12:00/12:30	Lunch - Back from lunch bringing items over to Durant Demo continues - We continue misc. clean up & moving items to Durant.
3:30	Done for the day & leaving site

FOREMAN'S SIGNATURE

PAGE 1 OF ____

JOB NAME & NUMBER Cooke Hall DAY Mon DATE 5/18/15

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

	NAME	SS#	REG	OT	DT
EB	Ed Braga	8308	8		
	Ed Braga Jr	0633			

FOREMAN SIGNATURE

	TIME	DATE
CALLED IN AT THIS TIME		Due 5/13/15

APPENDIX F

Containment Dive Sheet

A.A.I.S. Corp.

JOB 155042 LOCATION Crozier Hall

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Darwin Calvopina-Torres S.S.# 0873	4/16/15	7:05	9:00	9:20	11:59	12:39	3:00	
Fredy Saavedra S.S.# 5433		7:06	9:07	9:17	12:05	12:37	3:15	
Reyna Perez S.S.# 8153		7:10	9:00	9:16	11:59	12:35	3:10	
Rene Medranda S.S.# 2852		7:08	9:02	9:18	12:07	12:38	3:17	
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Reyna Perez

EXCURSION SAMPLE WORN BY: Reyna Perez

FOREMAN: Darwin Calvopina-Torres

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Crocker Hall 155042 · LOCATION _____

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Fredy Saravia S.S.# 3433	4/17/15	7:03	9:03	9:19	12:00	12:32 ~~3:06~~	3:06	
Rene Medranda S.S.# [redacted]2852	"	7:05	9:02	9:21	12:01	12:35 ~~3:05~~	3:05	
Darwin Calvopina-Torres S.S.#	"	7:10	9:00	9:20	12:05	12:40 ~~3:00~~	3—	
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Rene Medranda

EXCURSION SAMPLE WORN BY: Rene Medranda·

FOREMAN: Darwin Calvopina-Torres ·

AMOUNT AND TYPE OF ASBESTOS REMOVED: TST - FIR Tile & Mastic

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB _____ LOCATION _____

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Frank Sacco S.S.# 54 33		7:10						
S.S.#								
Wayne Riccitelli S.S.# 8556	4-20-15	8:00AM	8:25					
Ed Green S.S.# 8502	4/20/15	10:00						
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: _____

EXCURSION SAMPLE WORN BY: _____

FOREMAN: _____

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Crowter Hall LOCATION Mystic Oral School

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
E. Cyr S.S.# 0139	4/20/15	6:50	7:05	1:05	1:30			
Fredy Saucedo S.S.# 8433		7:10	9:08	9:30	12:11	12:51	3:19	
Dennis Oconnor S.S.# 6151		7:14	9:04	9:32	12:08	12:52	3:15	
Reyna Perez S.S.# 8153		7:12	9:02	9:29	12:03	12:54	3:10	
Rene Medranta S.S.# 2852		7:11	9:06	9:31	12:06	12:53	3:13	
W. Riccitello (ATC) S.S.# 8336	"	8-	8:25					

PERSONAL SAMPLE WORN BY: F. Saucedo

EXCURSION SAMPLE WORN BY: Same

FOREMAN: E.C.

AMOUNT AND TYPE OF ASBESTOS REMOVED: TSI + FIR Tile

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Center Hall Test #7 LOCATION Oral School

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
E. Cyr S.S.# 0139	4/21/15	6:50	7:02					
D. Oconnor S.S.# 6151	↓	7:11	9:01	9:43	12:15	1:06	3:13	
Ed Braga Jr. S.S.# 0632	↓	7:12	9:08	9:41	12:12	1:09	3:17	
Fredy Saucedo S.S.# 5435	↓	7:09	9:06	9:42	12:20	1:07	3:15	
Reyna Perez S.S.# 8153	↓	7:10	9:04	9:44	12:18	1:08	3:20	
Ed Braga S.S.# 8308	↓	7:08	9:10	9:40	12:23	1:04	3:10	

PERSONAL SAMPLE WORN BY: ED Braga

EXCURSION SAMPLE WORN BY: Same

FOREMAN: EC

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Prentiss Hall LOCATION Mystic Oral School

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
ED Braga S.S.# 8308	4/22/15	7:17	8:40					
Fredy Saucedo S.S.# 8433		7:15	8:15					
Dennis Oconnor S.S.# 6151		7:16	8:45					
Reyna Perez S.S.# 8153		7:14	8:20					
Wayne Riccitelli S.S.# 8336		7:45 AM	8:30	9:00AM	9:15			
Ed Bragga Jr. S.S.#		7:18	8:17					

PERSONAL SAMPLE WORN BY: Reyna Perez

EXCURSION SAMPLE WORN BY: —

FOREMAN: E.C.

AMOUNT AND TYPE OF ASBESTOS REMOVED: Final Cleaning

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Commuter Hall (Gym) LOCATION Mystic

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Fredy Saucedo S.S.# 5733	4/30/15	1:50	3:04					
Ed Braga S.S.# 8308	↓	1:30	3:06					
Reyna Perez S.S.# 8153		1:31	3:12					
Ed Braga Jr. S.S.# 0632		1:35	3—					
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: R. Perez

EXCURSION SAMPLE WORN BY: —

FOREMAN: E.C.

AMOUNT AND TYPE OF ASBESTOS REMOVED: 3600 FT

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Crowter Hall LOCATION _____

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Leo S.S.#	5/15	9:25	11:58	12:43	2:17			
Rosio Casilema S.S.# 2980	↓	9:22	11:45	12:42	2:12			
Wayne Riccitelli S.S.# 8336		8:00 AM	8:30 AM					
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: _____

EXCURSION SAMPLE WORN BY: _____

FOREMAN: _____

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Crafter Hall / Gym LOCATION 240 oral school Rd.

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Ed Braga Jr. S.S.# 0632	5/1/15	7:30	8:50	9:24	11:53	12:44	3:16	
Reyna Perez S.S.# 8153		7:15	8:45	9:23	11:47	12:41	3:14	
Fredy Saucedo S.S.# 5433		7:32	8:48	9:20	11:50	12:38	3:11	
Ed. Braga S.S.# 8308		7:12	8:53	9:21	11:56	12:40	3:18	
E. Cyr S.S.# 0139		7:10	8:40	1—	1:45			
Al Conrad. mechanic. S.S.#		7:11	8:25					

PERSONAL SAMPLE WORN BY: E. Braga

EXCURSION SAMPLE WORN BY: "

FOREMAN: E. C.

AMOUNT AND TYPE OF ASBESTOS REMOVED: 3600 ℉

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS X OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Carter Hall (6th FLR) LOCATION _____

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Roccio Cajilema S.S.# 2980	5/4/15	7:18	9:02	9:35	12:19	1:07	3:12	
Ed Braga S.S.# 8308	↓	7:17	9:04	9:31	12:16	1:05	3:16	
Fredy Saucedo S.S.# 5433		7:16	9:06	9:34	12:20	1:06	3:14	
Reyna Perez S.S.# 8153		7:15	9:09	9:32	12:24	1:03	3:19	
E. Cyr S.S.# 0139		7:25	7:40	11:10	11:25			
S.S.#								

PERSONAL SAMPLE WORN BY: Reyna Perez

EXCURSION SAMPLE WORN BY: Same

FOREMAN: me

AMOUNT AND TYPE OF ASBESTOS REMOVED: 300 ft

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS X OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Crowter Hall (Gym) LOCATION _____

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Erik Cyr S.S.# 0139	5/5/15	7:15	7:40	9:40	10:30			
Ed Braga S.S.# 8308	↓	7:17	9—	9:32	12:16	1:20	3:12	
Reyna Perez S.S.# 8153		7:18	9:04	9:34	12:19	1:07	3:17	
Fredy Saucedo S.S.# 5433		7:15	9:11	9:32	12:24	1:04	3:21	
Ed Braga Jr. S.S.# 0632		7:19	9:08	9:35	12:22	1:06	3:15	
Wayne Riccitelli S.S.# 8336		10:00AM	10:20	1:00PM	1:25			

PERSONAL SAMPLE WORN BY: Fredy Saucedo

EXCURSION SAMPLE WORN BY: Sam

FOREMAN: me

AMOUNT AND TYPE OF ASBESTOS REMOVED: 3600# FIR + Mastic

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS X OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Crowter Hall (Gym) LOCATION _____

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Ed Braga Jr. S.S.# 0632	5/6/15	7:16						
Reyna Perez S.S.# 8153		7:20						
Fredy Saucedo S.S.#		7:17						
Ed Braga S.S.# 8306		7:19						
Wayne Riccitelli S.S.# 8336		7:25 AM	7:50	10:15	10:35			
S.S.#								

PERSONAL SAMPLE WORN BY: Ed Braga Jr

EXCURSION SAMPLE WORN BY: Sam

FOREMAN: KR

AMOUNT AND TYPE OF ASBESTOS REMOVED: FIR + Mastic

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS X OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Crowter Hall (Gym) LOCATION _____

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								
Wayne Riccitelli S.S.# 8336	5-7-15	8:00AM	8:35					

PERSONAL SAMPLE WORN BY: _____

EXCURSION SAMPLE WORN BY: _____

FOREMAN: _____

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Crowter Hall Gym LOCATION Mystic Education Center

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Wayne Riccitelli S.S.# 9336	5-9-15	7:10 AM	7:20	9:23 AM	9:35			
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: _____

EXCURSION SAMPLE WORN BY: _____

FOREMAN: Eric CVI

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

APPENDIX G

Contractor Personal Air Sampling Logs

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mail Y_N_
Faxed____
Called___
Logged___

Sample Source Crowter Hall - Mystic Oral School Job # 15S042

Sampled by Darwin Date Sampled 4/16/ Customer Name A.A.I.S. Corp.

Analyst Wayne Date Received 4.21.15 Date Tested _____

Sample #/ Description	Time Start	Time End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 4/16/15 Mask: HF Name: Reyna Perez SS# 8153 Code: 5 Task: TSI - FIR Tile	7:10	7:40	2.6	2.6	78	10/100	12.7	0.06	0.034
Date: Mask: Name: SAme SS# Code: 7 Task:	7:40	3:10	2.6	1.8	1023 ~~792~~ WR	17/100	21.6	0.0084 ~~0.010~~ WR	0.0027 ~~0.003~~ WR
Date: Mask: Name: SS# Code: __ Task:	FB					0/100			
Date: Mask: Name: SS# Code: __ Task:	LB					0/100			
Date: Mask: Name: SS# Code: __ Task:									

Report Reviewed by _____ Date _____ Blank(s) Received? Y ✓ N ____

Field Blanks { ✓ ✓
Laboratory Blank

Reference Slide #:

Project Crowter Hall

Location 240 oral school Rd. Mystic CT

Foreman Darwin

Superintendent J.P

Sample Codes:

1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mail Y__N__
Faxed____
Called___
Logged___

Sample Source Courtney Hall → Mystic Oral School **Job #** 155042

Sampled by Darwin **Date Sampled** 4/17/15 **Customer Name** A.A.I.S. Corp.

Analyst Wayne **Date Received** 4.21.15 **Date Tested** _____

Sample #/ Description	Time Start	Time End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 4/17/15 Mask: H.F Name: Rene Medranda SS# 2852 Code: 5 Task: TST & FIRTile	7:05	7:40	2.6	2.6	78	13/100	16.5	0.981	0.034
Date: Mask: Same Name: SS# Code: 1 Task:	7:40	3:05	2.6	3.0	1,023	20/100	25.4	0.0095	0.0026
Date: Mask: Name: SS# Code: Task:	EB			792	17/100	0/100			
Date: Mask: Name: SS# Code: Task:	LB				0/100	0/100			44.5
Date: Mask: Name: SS# Code: Task:					0/100				

Report Reviewed by _____ Date _____ Blank(s) Received? Y ✓ N ____

Field Blanks { ✓ _____ _____
Laboratory Blank _____ _____

Reference Slide #: ✓

Project Courtney Hall - Mystic Oral School

Location 240 oral school Rd. Mystic CT

Foreman Darwin

Superintendent J. P

Sample Codes:

1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mill Y_N_
Faxed___
Called___
Logged___

Sample Source Crozier Hall – Mystic Oral School **Job #** 155042

Sampled by E.C. **Date Sampled** 4/20/15 **Customer Name** A.A.I.S. Corp.

Analyst Wayne **Date Received** 4.21.15 **Date Tested** _____

Sample #/ Description	Time Start	Time End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 4/20/15 Mask: H.F Name: F. Saucedo SS# 8433 Code: 5 Task: FIR Tile-TST	11–	11:30	2.6	2.6	78	9/100	11.4	0.056	0.034
Date: Mask: Name: Wayne SS# Code: 1 Task:	7:10 11:30	11– 3:19	2.6 2.6	2.6 2.6	598 595	7/100 10/100	8.9 12.7	0.005 0.008 0.0017	0.0045 0.0045
Date: Mask: Name: SS# Code: Task:			78	1023 WN	3/100	16.5 0/100	WN 0.054	WN	
Date: Mask: Name: SS# Code: Task:	FB								
Date: Mask: Name: SS# Code: Task:	LB		1023		20/100	0/100	0.0015	0.0025	
Date: Mask: Name: SS# Code: Task:									

Report Reviewed by _____ Date _____ Blank(s) Received? Y ✓ N ____

Field Blanks { _____ _____
Laboratory Blank _____

Reference Slide #:

Project Crozier Hall – Mystic Oral School

Location 240 oral school Rd. Mystic CT

Foreman E.C.

Superintendent J.P.

Sample Codes:

1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mill. Y__N__
Faxed____
Called___
Logged___

Sample Source Crowter Hall – Mystic Oral School **Job #** 155042

Sampled by E. C. **Date Sampled** 4/21/15 **Customer Name** A.A.I.S. Corp.

Analyst Wayne Ricciteli **Date Received** 4.21.15 **Date Tested** _____

Sample #/ Description	Time Start	Time End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 4/21/15 Mask: H.F Name: E. Braga SS# 8308 Code: 5 Task: FIRTile TST	7:10	7:42	2.4	2.4	72	4/100	5.0	0.027	0.037
Date: Mask: Same Name: SS# Code: 1 Task:	7:42	3:10	2.4	2.4	1,075	7/100	8.9	0.0031	0.0025
Date: Mask: Name: SS# Code: Task:	FB					0/100			
Date: Mask: Name: SS# Code: Task:	LB					0/100			
Date: Mask: Name: SS# Code: Task:									

Report Reviewed by _____ Date _____ Blank(s) Received? Y ✓ N ____

Field Blanks { ✓ ✓ Laboratory Blank

Reference Slide #:

Project Crowter Hall

Location 240 Oral School Rd. Mystic CT

Foreman E. C.

Superintendent J.P

Sample Codes:

1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mail. Y_N_
Faxed___
Called___
Logged___

Sample Source Crowter Hall → Mystic Oral School Job # 155042

Sampled by E.C. Date Sampled 4/22/15 Customer Name A.A.I.S. Corp.

Analyst Wayne Ricciteli Date Received 4-22-15 Date Tested _____

Sample #/ Description	Time Start	Time End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 4/22/15 Mask: H.F. Name: D. Oconnor SS# 6151 Code: 7 Task: ACM	7:16	8:45	2.6	2.6	728	7/100	2.50	0.012	0.034
Date: Mask: Name: SS# Code: Task:	FB				1.07	7/100	3.1		
Date: Mask: Name: SS# Code: Task:	LB					9/100			
Date: Mask: Name: SS# Code: Task:						2/100			
Date: Mask: Name: SS# Code: Task:									

Report Reviewed by _____ Date _____ Blank(s) Received? Y ✓ N ___

Field Blanks { ✓ ✓
Laboratory Blank

Reference Slide #:

Project Crowter Hall

Location 240 Oral School Rd Mystic CT

Foreman E.C.

Superintendent JP

Sample Codes:

1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mill. Y__N__
Faxed____
Called___
Logged___

Sample Source Crowter Hall/Mystic oral School Gym **Job #** 155042

Sampled by E.C. **Date Sampled** 4/30/15 **Customer Name** A.A.I.S. Corp.

Analyst Wayne Rinaldi **Date Received** 4.30.15 **Date Tested** _____

Sample #/ Description	Time Start	Time End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 4/30/15 Mask: H-F Name: Reyna Perez SS# 8153 Code: 1 Task: F/R+Mystic	1:31	3:12	2.4	2.4	242	15/100	19.1	0.030	0.011
Date: Mask: Name: SS# Code: Task:	FB			1.037		0/100			
Date: Mask: Name: SS# Code: Task:	LB					0/100			
Date: Mask: Name: SS# Code: Task:									
Date: Mask: Name: SS# Code: Task:									

Report Reviewed by _____ Date _____ Blank(s) Received? Y ✓ N____

Field Blanks ✓ ✓
Laboratory Blank

Reference Slide #:

Project Crowter Hall/Mystic oral School Gym

Location 240 oral School Rd. Mystic CT

Foreman E.C

Superintendent J.P

Sample Codes:

1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mail. Y__ N__
Faxed____
Called___
Logged___

Sample Source Courter Hall/Mystic Oral School Gym Job # 155042

Sampled by E.C. Date Sampled 5/1/15 Customer Name A.A.I.S. Corp.

Analyst Wayne Date Received 5-1-15 Date Tested _____

Sample #/ Description	Time Start	Time End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 5/1/15 Mask: H.F Name: E. Braga SS# 8308 Code: 5 Task: FIR + Mastic	7:12	7:45	2.4	2.4	72	4/100	5.09	0.027	0.037
Date: Mask: Name: SS# Code: 1 Task:	7:45	3:18	2.4	2.4	1,087	12/100	15.2	0.0054	0.0024
Date: Mask: Name: SS# Code: Task:	FB					0/100			
Date: Mask: Name: SS# Code: Task:	LB					0/100			
Date: Mask: Name: SS# Code: Task:									

Report Reviewed by _____ Date _____ Blank(s) Received? Y ✓ N ___

Field Blanks { _____ _____
Laboratory Blank _____

Reference Slide #:

Project Courter Hall/Mystic Oral School Gym

Location 240 Oral School Rd. Mystic CT

Foreman E.C.

Superintendent J P

Sample Codes:

1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mill. Y__N__
Faxed____
Called___
Logged___

Sample Source Crouter Hall / Mystic Oral School Job # 155042

Sampled by E.C. Date Sampled 5/4/15 Customer Name A.A.I.S. Corp.

Analyst Wayne Russell Date Received 5-4-15 Date Tested _____

Sample #/ Description	Time Start	Time End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 5/4/15 Mask: H.F. Name: Reyna Perez SS# 8153 Code: 5 Task: F/R + Mystic	7:15	7:50	2.8	2.8	84	7/100	8.9	0.04	0.034
Date: Mask: Name: SS# Code: 1 Task:	7:50	3:14	2.8	2.8	1,257	TO to	Dirty Read		0.0021
Date: Mask: Name: SS# Code: Task:	F/B					0/100			
Date: Mask: Name: SS# Code: Task:	L/B					0/100			
Date: Mask: Name: SS# Code: Task:									

Report Reviewed by _____ Date _____ Blank(s) Received? Y ✓ N____

Field Blanks / Laboratory Blank { / / Reference Slide #:

Project Crouter Hall (Gym)

Location 240 Oral School Rd. Mystic CT

Foreman E.C.

Superintendent J.P.

Sample Codes:
1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mill. Y__N__
Faxed____
Called___
Logged___

Sample Source Crowfer Hall – Mystic Oral School **Job #** 155042

Sampled by E.C. **Date Sampled** 5/5/15 **Customer Name** A.A.I.S. Corp.

Analyst Wayne Rizzuto **Date Received** 5/5/15 **Date Tested** _____

Sample #/ Description	Time Start	Time End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 5/5/15 Mask: HF Name: Fredy Saucedo SS# 5433 Code: 5 Task: FIR+Mastic	7:15	7:45	2.8	2.8	84	5/100	63	0.029	0.034
Date: Mask: Name: Save SS# Code: 1 Task:	7:45	3:21	2.8	2.8	1,276	TO TO	D/H Read		0.0021
Date: Mask: Name: SS# Code: Task:	FB					0/100			
Date: Mask: Name: SS# Code: Task:	LB					0/100			
Date: Mask: Name: SS# Code: Task:									

Report Reviewed by _____ Date _____ Blank(s) Received? Y ✓ N ____

Field Blanks { ✓ ✓ **Laboratory Blank**

Reference Slide #:

Project Crowfer Hall Gym

Location 240 Oral School Rd Mystic CT

Foreman EC

Superintendent SH

Sample Codes:
1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

8

APPENDIX H

State of Connecticut Notification

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

For State Use Only	
Postmark Date	
Check #	
Amount	
Transmittal #	
Record No.	

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

1. TYPE OF NOTIFICATION

A. NEW	X	B. BLANKET		C. CANCELLATION/POSTPONED C	P
D. REVISED		(ITEMS REVISED)		REVISION #	
E. EMERGENCY		DESCRIBE NATURE OF EMERGENCY			

2. ABATEMENT CONTRACTOR

NAME	AAIS Corporation			LICENSE #	000017
ADDRESS	PO BOX 26066				
CITY	West Haven	STATE	CT	ZIP	06516
PHONE #	(203) 932-2992	CONTACT PERSON	Joe Villano		

3. FACILITY (OWNER'S NAME) OWNER/OPERATOR

NAME	State of CT, Dept. of Construction Services				
ADDRESS	165 Capitol Avenue,				
CITY	Hartford	STATE	CT	ZIP	06106
PHONE #	(860) 713-5702	CONTACT PERSON	Michael Sanders		

4. NAME OF FACILITY (FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)

ADDRESS	240 Oral School Rd, (Former Mystic Ed Center, Crouter Hall)				
CITY	Mystic	STATE	CT	ZIP	06355

5. PROJECT DATES

5.(A) ABATEMENT START DATE	03/30/15	5.(B) COMPLETION DATE	04/17/15

TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

NOTIFICATION FEE DUE $100 +1% total asbestos abatement cost

6. TOTAL ABATEMENT PROJECT COST $25,000.00 * REVISED COST (ONLY FOR REVISIONS)

7. USE OF FACILITY

A. SCHOOL (K-12)		B. PUBLIC BUILDING		C. MANUFACTURING		D. OFFICE		E. COLLEGE	
F. COMMERCIAL		G. CHURCH/SYNAGOGUE		H. RESIDENTIAL, # OF DWELLINGS				I. OTHER	X
(I. SPECIFY)	Vacant School								

Phone: (860) 509-7367 / Fax (860) 509-7378
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue, MS #51-AIR
P.O. Box 340308 Hartford, CT 06135
An Equal Opportunity Employer

8. BUILDING DATA

SQUARE FEET: 7,588 | NUMBER OF FLOORS: 1 | AGE: 57

9. ABATEMENT CLASSIFICATION

RENOVATION: [ ] | DEMOLITION: [X] | ORDERED DEMO: [ ]

(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE

A. FULL CONTAINMENT WITH NEGATIVE AIR: [X] | B. ALTERNATIVE WORK PRACTICE: [X] (PRE-APPROVAL REQUIRED)

(IF AWP, include) PROJECT DESIGNER & LICENSE #: , DPW Blanket - Scenarios , , , 4

C. EXTERIOR ABATEMENT: [ ] | D. SPOT REPAIR (> 25 SF Total): [ ]

11. ABATEMENT METHOD

A. REMOVAL: [X] | B. ENCAPSULATION: [ ] | C. ENCLOSURE: [ ]

12. TYPE OF DECONTAMINATION SYSTEM

A. CONTIGUOUS: [ ] | B. REMOTE: [ ] | C. BOTH: [X]

13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED (Reported in Square Feet)

FRIABLE MATERIAL			NON-FRIABLE MATERIAL	
A. SPRAYED OR TROWELED ON	- Ft.	*Category I:* I. Floor Covering - Floor Tiles and Mastic	1,000	Ft.
B. BOILER INSULATION	- Ft.	Linoleum	-	Ft.
C. TANK INSULATION	- Ft.	J. ROOFING (Specify)	-	Ft.
D. BREECHING INSULATION	- Ft.	Specify (Flashing/Field/Etc...)	-	Ft.
E. DUCT INSULATION	- Ft.	K. GASKETS, PACKINGS	-	Ft.
F. CEILING TILES	- Ft.	*Category II:* L. TRANSITE BOARD	-	
G. OTHER (Specify)		M. OTHER (Specify)		Ft.
	- Ft.		-	Ft.
	- Ft.		-	Ft.
	- Ft.		-	Ft.
	- Ft.		-	Ft.

H.* PIPE INSULATION — Use conversion table — TOTAL SQUARE FEET: 78.00

(Pipe Diameter) "	*Linear Feet*		*CF**		*Total Square Ft.*	
2 In	150	Ft. X	0.52	=	78.00	Ft.
In	-	Ft. X		=		Ft.
In	-	Ft. X		=		Ft.
In	-	Ft. X		=		Ft.
In	-	Ft. X		=		Ft.
In	-	Ft. X		=		Ft.
In	-	Ft. X		=		Ft.
In	-	Ft. X		=		Ft.

14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)

NAME	Modern Landfill
ADDRESS	4400 Mount Pisgah Rd.
CITY, ST, ZIP	York, PA 17402
PHONE #	717-246-4615
OWNER/OPERATOR	Jodi

NAME	Hakes Landfill
ADDRESS	4376 Manning Ridge Rd.
CITY, ST, ZIP	Painted Post, NY 14870
PHONE #	607-937-6044
OWNER/OPERATOR	Bonnie

NAME	Minerva Enterprises
ADDRESS	9000 Minerva Rd.
CITY, ST, ZIP	Pike Township, OH 44688
PHONE #	603-330-0217
OWNER/OPERATOR	Steve Chandler

NAME	WMNH, Inc.
ADDRESS	97 Rochester Neck Rd
CITY, ST, ZIP	Gonic, NH 03839
PHONE #	x2108
OWNER/OPERATOR	John Monaco

15. HAULER/WASTE TRANSPORTER

NAME	RTL Enterprises
ADDRESS	173 Pickering Street
CITY, ST, ZIP	Portland , CT 06480

NAME	USA Hauling
ADDRESS	15 Mullen Road
CITY, ST, ZIP	Enfield, CT 06082

NAME	Transwaste, Inc.
ADDRESS	3 Barker Street
CITY, ST, ZIP	Wallingford, CT 16492

INDIVIDUAL COMPLETING THIS FORM: Joe Villano, VP Demo (*Name & Title*) _____ (*Signature*)

MAIL COMPLETED FORM TO:

DPH, ASBESTOS PROGRAM
410 CAPITAL AVE., MS#51 AIR
PO BOX 340308
HARTFORD, CT 06134-0308

Rev. 5/09

State of Connecticut
Department of Public Health
Alternative Work Practice (AWP)
Approval Form

Check box for applicable AWP scenario.

☐ **1. Renovation Projects - Removal of Friable Asbestos-Containing Material (ACM) Using the Glove-Bag Method**
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the friable asbestos-containing material shall be removed utilizing the glove-bag procedure outlined in 29 CFR 1926.1101, of the Department of Labor, Occupational Safety and Health Administration regulation. In addition to the glove-bag procedure, the work area is to be isolated from the non-work area by establishing an air-tight barrier of 6 mil polyethylene sheeting covering or composing the wall surfaces and covering the floor surface. In areas where the barrier does not extend to the ceiling, the layer of 6 mill polyethylene shall compose the ceiling of the air-tight enclosure.

☐ **2. Renovation Projects - Removal of Non-friable ACM**
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area shall be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). Additionally a single layer of 4 or 6 mil polyethylene sheeting shall be used to seal the wall surfaces of the work area. This scenario is limited to non-friable flooring/treading, cove base, mastic/glue, transite/cementitious materials, glue daubs, gaskets, caulking, putty and asphalt materials unless written approval by DPH is granted.

☐ **3. Demolition Projects, Sound Structure - Removal of Friable ACM Using the Glove-Bag Method**
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area shall be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). The friable asbestos-containing material shall be removed utilizing the glove-bag procedure outlined in 29 CFR 1926.1101, of the Department of Labor, Occupational Safety and Health Administration regulation. Negative pressure ventilation will be established in accordance with Section 19a-332(h). The work area shall be visually inspected and pass the no visible debris criteria of Sections 19a-332a-5(g) and 19a-332a-7(c). In addition, when the building is to be reoccupied by any person prior to demolition, post-abatement reoccupancy air testing shall be performed in accordance with Section 19a-332a-12.

☒ **4. Demolition Projects, Sound Structure - Removal of Non-friable ACM**
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). Negative pressure ventilation will be established in accordance with Section 19a-332a-5(h). This work practice is applicable only for removal of non-friable ACM. For the purposes of this approval, non-friable ACM is limited to non-friable flooring/treading, cove base, mastic/glue, transite/cementitious materials, glue daubs, gaskets, caulking, putty and asphalt materials unless written approval by DPH is granted.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

February 25, 2015

Mr. Edward P. Fennell, Jr., P.E.
Division Manager
Cardno ATC
290 Roberts St, Suite 301
East Hartford, CT 06108

Re: Application for Approval of Alternative Work Practice for Renovation and Demolition of Various Properties Administered By the CT Department of Construction Services, Various Locations Statewide

Dear Mr. Fennell:

This letter is in response to an application from you, prepared February 23, 2015, requesting approval of a blanket alternative work practice for the removal of various asbestos-containing materials (ACM) associated with the renovation and demolition of various properties under the administration of the CT Department of Construction Services. This application requests an extension for another year (February 25, 2015 to February 24, 2016) under a previously approved "blanket" alternative work practice request.

Based upon the information provided in the application describing the proposed alternative work practices, conditional approval is granted by the Department of Public Health (DPH). This conditional approval of the requested variance is granted only as applied to the specific scenarios as stated. **As a condition of approval, each asbestos abatement contractor utilizing these approved alternative work practices will submit a copy of this approval letter with the asbestos abatement notification form submitted for each project site. The notification form or accompanying documentation must clearly reference the AWP scenario(s) to be utilized in performing that abatement. Further, the notification or accompanying documentation must clearly indicate the quantity(ies) and type(s) of asbestos-containing material to be removed by each scenario.**

In each of the following scenarios, the required signs will be posted, in accordance with Subsection 19a-332a-5(a). All scenarios require a post abatement visual inspection by a licensed project monitor, in accordance with Subsections 19a-332a-5(g) and 19a-332a-7(c) prior to encapsulation. Post abatement reoccupancy air testing is mandatory if the building is to be reoccupied by any person for any reason.

Scenario 1 – Renovation Projects: Friable ACM, Glove-Bag Method

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). Additionally, a single layer of 6-mil polyethylene sheeting will be used to seal the wall and floor surfaces in the work area. In areas where this barrier does not extend to the ceiling, the layer of six-mil polyethylene sheeting will compose the ceiling of the airtight

Connecticut Department of Public Health

Phone: (860) 509-7367 • Fax: (860) 509-7378 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

enclosure. The pipe insulation/mudded fitting will be abated using the glove bag procedure, as outlined in 29 CFR 1926.1101. In conjunction with the glove bag procedure, a single layer of polyethylene sheeting will be placed below the pipe insulation to serve as a drop cloth.

Scenario 2 – Renovation Projects: Nonfriable ACM

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). Additionally, a single layer of 4-mil or 6-mil polyethylene sheeting will be used to seal the wall and floor surfaces (if flooring will not be removed) in the work area. In areas where this barrier does not extend to the ceiling, the layer of polyethylene sheeting will compose the ceiling of the airtight enclosure. This work practice is applicable only to nonfriable ACM. Nonfriable ACM is limited to: flooring/treading, cove base, mastic/glues, transite/cementitious materials, glue daubs, gaskets, glazings, caulkings, putty, and asphalt materials, unless written approval by the DPH is granted.

Scenario 3 – Demolition, Sound Structure: Friable ACM

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). The pipe insulation/mudded fitting will be abated using the glove bag procedure, as outlined in 29 CFR 1926.1101. In conjunction with the glove bag procedure, a single layer of polyethylene sheeting will be placed below the pipe insulation to serve as a drop cloth.

Scenario 4 – Demolition, Sound Structure: Nonfriable ACM

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). This work practice is applicable only to nonfriable ACM. Nonfriable ACM is limited to: flooring/treading, cove base, mastic/glues, transite/cementitious materials, glue daubs, gaskets, glazings, caulkings, putty and asphalt materials, unless written approval by the DPH is granted.

Except as noted in this letter, all other work practices specified in the Standards for Asbestos Abatement regulation are mandatory. This approval is specific to the identified facilities and does not relieve the contractor or facility owner from any other federal, state, or municipal regulations. The DPH reserves the right to rescind this approval should it determine that equivalent means of asbestos emission control are not maintained.

This approval does not address the removal of solvents, petroleum products, or any other controlled or hazardous materials that may exist at this site. Guidance from applicable Federal and State regulatory agencies should be sought regarding any such matters.

Please contact this office at (860 509-7367) if you wish to discuss this matter further.

Sincerely,

William M. Stapleton, Jr.
Environmental Sanitarian II
Asbestos Program
Environmental Health Section

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

For State Use Only	
Postmark Date	
Check #	
Amount	
Transmittal #	
Record No.	

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

1. TYPE OF NOTIFICATION

A. NEW		B. BLANKET		C. CANCELLATION/POSTPONED C	P
D. REVISED	X	(ITEMS REVISED) 5(B)		REVISION # 1	
E. EMERGENCY		DESCRIBE NATURE OF EMERGENCY			

2. ABATEMENT CONTRACTOR

NAME	AAIS Corporation	LICENSE # 000017	
ADDRESS	PO BOX 26066		
CITY	West Haven	STATE CT	ZIP 06516
PHONE #	(203) 932-2992	CONTACT PERSON	Joe Villano

3. FACILITY (OWNER'S NAME) OWNER/OPERATOR

NAME	State of CT, Dept. of Construction Services		
ADDRESS	165 Capitol Avenue,		
CITY	Hartford	STATE CT	ZIP 06106
PHONE #	(860) 713-5702	CONTACT PERSON	Michael Sanders

4. NAME OF FACILITY (FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)

ADDRESS	240 Oral School Rd, (Former Mystic Ed Center, Crouter Hall)		
CITY	Mystic	STATE CT	ZIP 06355

5. PROJECT DATES

5.(A) ABATEMENT START DATE	03/30/15	5.(B) COMPLETION DATE	05/15/15

TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

NOTIFICATION FEE DUE — $100 +1% total asbestos abatement cost

6. TOTAL ABATEMENT PROJECT COST $25,000.00 — * REVISED COST (ONLY FOR REVISIONS)

7. USE OF FACILITY

A. SCHOOL (K-12)		B. PUBLIC BUILDING		C. MANUFACTURING		D. OFFICE		E. COLLEGE	
F. COMMERCIAL		G. CHURCH/SYNAGOGUE		H. RESIDENTIAL, # OF DWELLINGS				I. OTHER	X
(I. SPECIFY)	Vacant School								

Phone: (860) 509-7367 / Fax (860) 509-7378
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue, MS #51-AIR
P.O. Box 340308 Hartford, CT 06135
An Equal Opportunity Employer

8. BUILDING DATA

SQUARE FEET: 7,588 | NUMBER OF FLOORS: 1 | AGE: 57

9. ABATEMENT CLASSIFICATION

RENOVATION: | DEMOLITION: X | ORDERED DEMO:
(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE

A. FULL CONTAINMENT WITH NEGATIVE AIR: X | B. ALTERNATIVE WORK PRACTICE: X (PRE-APPROVAL REQUIRED)

(IF AWP, include) PROJECT DESIGNER & LICENSE #: , DPW Blanket - Scenarios , , , 4

C. EXTERIOR ABATEMENT: | D. SPOT REPAIR (> 25 SF Total):

11. ABATEMENT METHOD

A. REMOVAL: X | B. ENCAPSULATION: | C. ENCLOSURE:

12. TYPE OF DECONTAMINATION SYSTEM

A. CONTIGUOUS: | B. REMOTE: | C. BOTH: X

13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED (Reported in Square Feet)

FRIABLE MATERIAL			NON-FRIABLE MATERIAL	
A. SPRAYED OR TROWELED ON	- Ft.	*Category I:* I. Floor Covering - Floor Tiles and Mastic	1,000 Ft.	
B. BOILER INSULATION	- Ft.	Linoleum	- Ft.	
C. TANK INSULATION	- Ft.	J. ROOFING (Specify)	- Ft.	
D. BREECHING INSULATION	- Ft.	Specify (Flashing/Field/Etc...)	- Ft.	
E. DUCT INSULATION	- Ft.	K. GASKETS, PACKINGS	- Ft.	
F. CEILING TILES	- Ft.	*Category II:* L. TRANSITE BOARD	-	
G. OTHER (Specify)		M. OTHER (Specify)	Ft.	
	- Ft.		- Ft.	
	- Ft.		- Ft.	
	- Ft.		- Ft.	
	- Ft.		- Ft.	

H.* PIPE INSULATION — Use conversion table — TOTAL SQUARE FEET: 78.00

(Pipe Diameter) "	*Linear Feet*		*CF**		*Total Square Ft.*
2 In	150 Ft.	X	0.52	=	78.00 Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.

14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)

NAME	Modern Landfill
ADDRESS	4400 Mount Pisgah Rd.
CITY, ST, ZIP	York, PA 17402
PHONE #	717-246-4615
OWNER/OPERATOR	Jodi

NAME	Hakes Landfill
ADDRESS	4376 Manning Ridge Rd.
CITY, ST, ZIP	Painted Post, NY 14870
PHONE #	607-937-6044
OWNER/OPERATOR	Bonnie

NAME	Minerva Enterprises
ADDRESS	9000 Minerva Rd.
CITY, ST, ZIP	Pike Township, OH 44688
PHONE #	603-330-0217
OWNER/OPERATOR	Steve Chandler

NAME	WMNH, Inc.
ADDRESS	97 Rochester Neck Rd
CITY, ST, ZIP	Gonic, NH 03839
PHONE #	x2108
OWNER/OPERATOR	John Monaco

15. HAULER/WASTE TRANSPORTER

NAME	RTL Enterprises
ADDRESS	173 Pickering Street
CITY, ST, ZIP	Portland , CT 06480

NAME	USA Hauling
ADDRESS	15 Mullen Road
CITY, ST, ZIP	Enfield, CT 06082

NAME	Transwaste, Inc.
ADDRESS	3 Barker Street
CITY, ST, ZIP	Wallingford, CT 16492

INDIVIDUAL COMPLETING THIS FORM: Joe Villano, VP Demo *(Name & Title)* _____ *(Signature)*

MAIL COMPLETED FORM TO: DPH, ASBESTOS PROGRAM
410 CAPITAL AVE., MS#51 AIR
PO BOX 340308
HARTFORD, CT 06134-0308

Rev. 5/09

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

For State Use Only	
Postmark Date	
Check #	
Amount	
Transmittal #	
Record No.	

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

1. TYPE OF NOTIFICATION

A. NEW		B. BLANKET		C. CANCELLATION/POSTPONED C	P
D. REVISED	X	(ITEMS REVISED) 13 (H)		REVISION # 2	
E. EMERGENCY		DESCRIBE NATURE OF EMERGENCY			

2. ABATEMENT CONTRACTOR

NAME	AAIS Corporation	LICENSE #	000017
ADDRESS	PO BOX 26066		
CITY	West Haven	STATE CT	ZIP 06516
PHONE #	(203) 932-2992	CONTACT PERSON	Joe Villano

3. FACILITY (OWNER'S NAME) OWNER/OPERATOR

NAME	State of CT, Dept. of Construction Services		
ADDRESS	165 Capitol Avenue,		
CITY	Hartford	STATE CT	ZIP 06106
PHONE #	(860) 713-5702	CONTACT PERSON	Michael Sanders

4. NAME OF FACILITY (FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)

ADDRESS	240 Oral School Rd, (Former Mystic Ed Center, Crouter Hall)		
CITY	Mystic	STATE CT	ZIP 06355

5. PROJECT DATES

5.(A) ABATEMENT START DATE	03/30/15	5.(B) COMPLETION DATE	05/15/15

TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

NOTIFICATION FEE DUE — $100 +1% total asbestos abatement cost

6. TOTAL ABATEMENT PROJECT COST $25,000.00 * REVISED COST (ONLY FOR REVISIONS)

7. USE OF FACILITY

A. SCHOOL (K-12)		B. PUBLIC BUILDING		C. MANUFACTURING		D. OFFICE		E. COLLEGE	
F. COMMERCIAL		G. CHURCH/SYNAGOGUE		H. RESIDENTIAL, # OF DWELLINGS				I. OTHER	X
(I. SPECIFY)	Vacant School								

Phone: (860) 509-7367 / Fax (860) 509-7378
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue, MS #51-AIR
P.O. Box 340308 Hartford, CT 06135
An Equal Opportunity Employer

8. BUILDING DATA

SQUARE FEET: 7,588 | NUMBER OF FLOORS: 1 | AGE: 57

9. ABATEMENT CLASSIFICATION

RENOVATION: [ ] | DEMOLITION: [X] | ORDERED DEMO: [ ]

(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE

A. FULL CONTAINMENT WITH NEGATIVE AIR: [X] | B. ALTERNATIVE WORK PRACTICE: [X] (PRE-APPROVAL REQUIRED)

(IF AWP, include) PROJECT DESIGNER & LICENSE # , DPW Blanket - Scenarios , , , 4

C. EXTERIOR ABATEMENT: [ ] | D. SPOT REPAIR (> 25 SF Total): [ ]

11. ABATEMENT METHOD

A. REMOVAL: [X] | B. ENCAPSULATION: [ ] | C. ENCLOSURE: [ ]

12. TYPE OF DECONTAMINATION SYSTEM

A. CONTIGUOUS: [ ] | B. REMOTE: [ ] | C. BOTH: [X]

13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED (Reported in Square Feet)

FRIABLE MATERIAL			NON-FRIABLE MATERIAL	
A. SPRAYED OR TROWELED ON	- Ft.	*Category I:*	I. Floor Covering - Floor Tiles and Mastic	1,000 Ft.
B. BOILER INSULATION	- Ft.		Linoleum	- Ft.
C. TANK INSULATION	- Ft.		J. ROOFING (Specify)	- Ft.
D. BREECHING INSULATION	- Ft.		Specify (Flashing/Field/Etc...)	- Ft.
E. DUCT INSULATION	- Ft.		K. GASKETS, PACKINGS	- Ft.
F. CEILING TILES	- Ft.	*Category II:*	L. TRANSITE BOARD	-
G. OTHER (Specify)			M. OTHER (Specify)	Ft.
	- Ft.			- Ft.
	- Ft.			- Ft.
	- Ft.			- Ft.
	- Ft.			- Ft.
H.* PIPE INSULATION	Use conversion table		TOTAL SQUARE FEET	78.00

(Pipe Diameter) "	*Linear Feet*		*CF**		*Total Square Ft.*
2 In	150 Ft.	X	0.52	=	78.00 Ft.
1 In	200 Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.

14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)

NAME	Modern Landfill
ADDRESS	4400 Mount Pisgah Rd.
CITY, ST, ZIP	York, PA 17402
PHONE #	717-246-4615
OWNER/OPERATOR	Jodi

NAME	Hakes Landfill
ADDRESS	4376 Manning Ridge Rd.
CITY, ST, ZIP	Painted Post, NY 14870
PHONE #	607-937-6044
OWNER/OPERATOR	Bonnie

NAME	Minerva Enterprises
ADDRESS	9000 Minerva Rd.
CITY, ST, ZIP	Pike Township, OH 44688
PHONE #	603-330-0217
OWNER/OPERATOR	Steve Chandler

NAME	WMNH, Inc.
ADDRESS	97 Rochester Neck Rd
CITY, ST, ZIP	Gonic, NH 03839
PHONE #	x2108
OWNER/OPERATOR	John Monaco

15. HAULER/WASTE TRANSPORTER

NAME	RTL Enterprises
ADDRESS	173 Pickering Street
CITY, ST, ZIP	Portland , CT 06480

NAME	USA Hauling
ADDRESS	15 Mullen Road
CITY, ST, ZIP	Enfield, CT 06082

NAME	Transwaste, Inc.
ADDRESS	3 Barker Street
CITY, ST, ZIP	Wallingford, CT 16492

INDIVIDUAL COMPLETING THIS FORM: Joe Villano, VP Demo (*Name & Title*) _____ (*Signature*)

MAIL COMPLETED FORM TO: DPH, ASBESTOS PROGRAM
410 CAPITAL AVE., MS#51 AIR
PO BOX 340308
HARTFORD, CT 06134-0308

Rev. 5/09

APPENDIX I

Asbestos Disposal & Documentation Forms

#2

PRE43510

2671

3 Barker Drive • Wallingford, CT 06492
(203) 269-8300 • Fax: (203) 269-8600

E.P.A. AGENCY

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

EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS

EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 637-3000

EMERGENCY RESPONSE TELEPHONE
#203-269-8300

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 155042 P.O. # 67178

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 4.24.2015 Date of Pickup 5-15-2015

Type of Container 30 Yard

VOLUME 30 CY Friable ☐ Non-Friable ☑
MUST BE IN CUBIC YARDS

Bag ☐ Drum ☐ Wrapped ☐ Other ☑

RQ, NA2212, ASBESTOS, 9, PG III

GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services

Address 165 Capitol Ave

City Hartford State CT Zip 06106

Phone Number 860 713 5703

GENERATING LOCATION

Crocker Hall Mystic Educ Center

Address 240 Oral School Road

City Mystic State CT Zip 06355

Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.
Shipper'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 government regulations.

AUTHORIZED SIGNATURE [signature]

Transporter 1:
Name Address Telephone #

Driver: _____ Registration #: _____ Date: _____
Signature State / #
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Driver: Bill Roach Registration #: 57230A CT Date: 5-14-15
Signature State / #
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #

Driver: _____ Registration #: _____ Date: _____
Signature State / #
Acknowledgement of receipt of materials.

Site ☐:	Modern Landfill	Site ☐:	Minerva Enterprises	Site ☒:	Hakes Landfill	Site ☐:	
Address:	4400 Mount Pisgah Rd.	Address:	9000 Minerva S.E.	Address:	4376 Manning Ridge Rd.	Address:	
	York, PA 17402		Waynesburg, OH 44688		Painted Post, NY 14870		
Phone:	717-246-4615	Phone:	330-866-3435	Phone:	607-937-6044	Phone:	

Certification of receipt of materials covered by this manifest.

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

Shelley — [signature] — 5/15/15

Name of Authorized Agent Signature Receipt Date

GENERATOR

Thru - - -

New London

PR122825

2672

Barker Drive • Wallingford, CT 06492
(203) 269-8300 • Fax: (203) 269-8600

E.P.A. AGENCY

CT, MA, RI, VT, NH, ME GENERATORS
EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS
EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 637-3000

EMERGENCY RESPONSE TELEPHONE
#203-269-8300

ASBESTOS DISPOSAL & DOCUMENTATION FORM

TK#

Job Number 155042 P.O. # 67178

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 4.24.2015 Date of Pickup 5-15-2015

Type of Container 30 Yard

VOLUME 30 CY Friable ☐ Non-Friable ☑
MUST BE IN CUBIC YARDS

Bag ☐ Drum ☐ Wrapped ☐ Other ☑

RQ ~~ASBESTOS, NOS~~, PG III

GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services

Address 165 Capitol Ave

City Hartford State CT Zip 06106

Phone Number 860 713 5702

GENERATING LOCATION

Crocker Hall Mystic Educ. Center

Address 240 Oral School Road

City Mystic State CT Zip 06355

Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper'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 government regulations.

AUTHORIZED SIGNATURE _____

Transporter 1: _____
Name Address Telephone #

Driver: _____ Registration #: _____ Date: _____
Signature State / # Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Driver: Mike Gauthier Registration #: 45392A CT Date: 5-15-15
Signature State / # Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #

Driver: _____ Registration #: _____ Date: _____
Signature State / # Acknowledgement of receipt of materials.

Site ☐: Modern Landfill	Site ☐: Minerva Enterprises	Site ☒: Hakes Landfill	Site ☐:
Address: 4400 Mount Pisgah Rd.	Address: 9000 Minerva S.E.	Address: 4376 Manning Ridge Rd.	Address:
York, PA 17402	Waynesburg, OH 44688	Painted Post, NY 14870	
Phone: 717-246-4615	Phone: 330-866-3435	Phone: 607-937-6044	Phone:

Certification of receipt of materials covered by this manifest.

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

Shelley _____ _____ 5/18/15

Name of Authorized Agent Signature Receipt Date

New London

PR138

2697

3 Barker Drive • Wallingford, CT 06492
(203) 269-8300 • Fax: (203) 269-8600

E.P.A. AGENCY

CT, MA, RI, VT, NH, ME GENERATORS
EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS
EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 637-3000

EMERGENCY RESPONSE TELEPHONE
#203-269-8300

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 155042 P.O. # 67178
Contractor AAIS Corporation
Address PO Box 26066
City West Haven State CT Zip 06516
Telephone Number 203-932-2992
Date Container Del. 5-15-2015 Date of Pickup 6-5-2015
Type of Container 30 Yard
VOLUME 30 **CY** Friable ☐ Non-Friable ☑
MUST BE IN CUBIC YARDS
Bag ☐ Drum ☐ Wrapped ☐ Other ☑
~~RQ, NA2212, ASBESTOS, 9, PG III~~

GENERATOR/BUILDING OWNER
State of CT Dept of Construction Services
Address 165 Capitol Ave
City Hartford State CT Zip 06106
Phone Number 860 713 5702

GENERATING LOCATION
Crocker Hall Mystic Ed Center
Address 240 Oral School Road
City Mystic State CT Zip 06355
Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.
Shipper'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 government regulations.

AUTHORIZED SIGNATURE _____

Transporter 1: _____
Name Address Telephone #

Driver: _____ Registration #: _____ Date: _____
Signature State / #
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Driver: Charlie Knowles Registration #: 564758 CT Date: 6-8-15
Signature State / #
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #

Driver: _____ Registration #: _____ Date: _____
Signature State / #
Acknowledgement of receipt of materials.

Site ☐: Modern Landfill	Site ☐: Minerva Enterprises	Site ☒: Hakes Landfill	Site ☐:
Address: 4400 Mount Pisgah Rd.	Address: 9000 Minerva S.E.	Address: 4376 Manning Ridge Rd.	Address:
York, PA 17402	Waynesburg, OH 44688	Painted Post, NY 14870	
Phone: 717-246-4615	Phone: 330-866-3435	Phone: 607-937-6044	Phone:

Certification of receipt of materials covered by this manifest.

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

Shelley _____ _____ 6/9/15
Name of Authorized Agent Signature Receipt Date

GENERATOR

New London

PR156

2699

3 Barker Drive • Wallingford, CT 06492
(203) 269-8300 • Fax: (203) 269-8600

E.P.A. AGENCY

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

EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS

EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 637-3000

EMERGENCY RESPONSE TELEPHONE #203-269-8300

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 155042 P.O. # 67178

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del 5-18-2015 Date of Pickup 6-15-2015

Type of Container 30 yard

VOLUME 30 **CY** Friable ☐ Non-Friable ☑

MUST BE IN CUBIC YARDS

Bag ☐ Drum ☐ Wrapped ☐ Other ☑

~~RQ, NA2212, ASBESTOS, 9, PG III~~

GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services

Address 165 Capitol Ave

City Hartford State CT Zip 06106

Phone Number 860 713 5702

GENERATING LOCATION

Crocker Hall Mystic Ed Center

Address 240 Coal School Road

City Mystic State CT Zip 06355

Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper'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 government regulations.

AUTHORIZED SIGNATURE [signature]

Transporter 1:

Name Address Telephone #

Driver: Signature Registration #: State / # Date:

Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Driver: [signature] Signature Registration #: 51423A CT State / # Date: 6/15/15

Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Name Address Telephone #

Driver: Mike Gauthier Signature Registration #: 45292A CT State / # Date: 6·17·15

Acknowledgement of receipt of materials.

Site ☐: Modern Landfill	Site ☐: Minerva Enterprises	Site ☑: Hakes Landfill	Site ☐:
Address: 4400 Mount Pisgah Rd.	Address: 9000 Minerva S.E.	Address: 4376 Manning Ridge Rd.	Address:
York, PA 17402	Waynesburg, OH 44688	Painted Post, NY 14870	
Phone: 717-246-4615	Phone: 330-866-3435	Phone: 607-937-6044	Phone:

Certification of receipt of materials covered by this manifest.

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

Shelley — Name of Authorized Agent

[signature] — Signature

6/18/15 — Receipt Date

GENERATOR

Barker Drive • Wallingford, CT 06492
03) 269-8300 • Fax: (203) 269-8600

New London

E.P.A. AGENCY

CT, MA, RI, VT, NH, ME GENERATORS
EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS
EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 637-3000

PR143
2698

EMERGENCY RESPONSE TELEPHONE
#203-269-8300

K#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

ob Number 15042 P.O. # 67178

ontractor AAIS Corporation

ddress PO Box 26066

ity West Haven State CT Zip 06516

elephone Number 203-932-2992

ate Container Del 5-18-2015 Date of Pickup 6-5-2015

ype of Container 30 Yard

OLUME 30 CY Friable ☐ Non-Friable ☑
MUST BE IN CUBIC YARDS

ag ☐ Drum ☐ Wrapped ☐ Other ☑
~~RQ, NA2212, ASBESTOS, 9, PGIII~~

GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services
Address 165 Capitol Ave
City Hartford State CT Zip 06106
Phone Number 860 713 5702

GENERATING LOCATION

Craven Hall Mystic Ed Center
Address 240 Oral School Road
City Mystic State CT Zip 06355
Phone Number

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AUTHORIZED SIGNATURE [signature]

ransporter 1: _____ (Name) _____ (Address) _____ (Telephone #)

river: _____ (Signature) Registration #: _____ (State / #) Date: _____
Acknowledgement of receipt of materials.

ransporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

river: Bill Roach (Signature) Registration #: 57230A CT (State / #) Date: 6.16.15
Acknowledgement of receipt of materials.

ransporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300 (Name / Address / Telephone #)

river: _____ (Signature) Registration #: _____ (State / #) Date: _____
Acknowledgement of receipt of materials.

ite ☐: Modern Landfill	Site ☐: Minerva Enterprises	Site ☒: Hakes Landfill	Site ☐:
ddress: 4400 Mount Pisgah Rd.	Address: 9000 Minerva S.E.	Address: 4376 Manning Ridge Rd.	Address:
York, PA 17402	Waynesburg, OH 44688	Painted Post, NY 14870	
hone: 717-246-4615	Phone: 330-866-3435	Phone: 607-937-6044	Phone:

Certification of receipt of materials covered by this manifest.

hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. 6/17/15

TRANS WASTE

3 Barker Drive • Wallingford, CT 06492
(203) 269-8300 • Fax: (203) 269-8600

E.P.A. AGENCY

CT, MA, RI, VT, NH, ME GENERATORS
EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS
EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 637-3000

2726

EMERGENCY RESPONSE TELEPHONE #203-269-8300

TK# 314962

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 155042 P.O. # 67178
Contractor AAIS Corporation
Address PO Box 26066
City West Haven State CT Zip 06516
Telephone Number 203-932-2992
Date Container Del 6-5-2015 Date of Pickup 6-15-2015
Type of Container 30 Yard
VOLUME 30 **CY** Friable ☐ Non-Friable ☑
MUST BE IN CUBIC YARDS
Bag ☐ Drum ☐ Wrapped ☐ Other ☑
RQ, NA2212, ASBESTOS, 9, PG III

GENERATOR/BUILDING OWNER
State of CT Dept of Construction Services
Address 165 Capitol Ave
City Hartford State CT Zip 06106
Phone Number 8607135702

GENERATING LOCATION
Crocker Hall Mystic Ed Center
Address 240 Oral School Road
City Mystic State CT Zip 06355
Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.
Shipper'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 government regulations.

AUTHORIZED SIGNATURE [signature]

Transporter 1: _____
Name Address Telephone #
Driver: _____ Registration #: _____ Date: _____
Signature State / #
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: [signature] Registration #: 5142364 Date: 6/15/15
Signature State / #
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #
Driver: [signature] Registration #: 49,663-A Date: 6/18/15
Signature State / #
Acknowledgement of receipt of materials.

Site ☐:	Modern Landfill	Site ☑:	Minerva Enterprises	Site ☐:	Hakes Landfill	Site ☐:	
Address:	4400 Mount Pisgah Rd.	Address:	9000 Minerva S.E.	Address:	4376 Manning Ridge Rd.	Address:	
	York, PA 17402		Waynesburg, OH 44688		Painted Post, NY 14870		
Phone:	717-246-4615	Phone:	330-866-3435	Phone:	607-937-6044	Phone:	

Certification of receipt of materials covered by this manifest.

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

K Collins [signature] 6-19-15
Name of Authorized Agent Signature Receipt Date

GENERATOR

APPENDIX J

Drawings

Crouter Hall

61-22573-0021 T-21029