

September 20, 2017

Mr. Mike Sanders  
State of Connecticut  
Department of Administrative Services  
Division of Construction Services  
450 Columbus Boulevard  
Hartford, CT 06103

Re: Asbestos Abatement Monitoring Report  
Rainbow House  
Mystic Education Center  
Mystic, Connecticut 06355  
Project RM-17-07  
Building 16951  
ATC Project 2257317019

Dear Mr. Sanders:

Please find enclosed the Compliance Report for Rainbow House, Mystic Education Center, Mystic, Connecticut.

Should you have any questions concerning this report, do not hesitate to contact me at 860 282-9924 ext. 1123.

Sincerely,

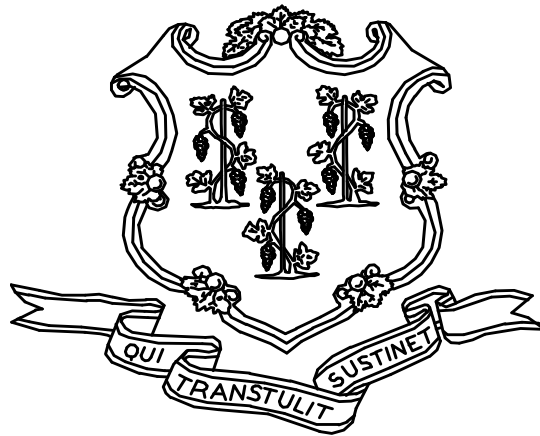
**ATC Group Services LLC**



Edward P. Fennell Jr., P.E.  
Division Manager  
For ATC Group Services LLC  
Direct Line +1 860 282 9924 x1123  
Email: [edward.fennell@atcassociates.com](mailto:edward.fennell@atcassociates.com)  
Encl: Asbestos Abatement Monitoring Report

# COMPLIANCE REPORT

**ASBESTOS ABATEMENT  
RAINBOW HOUSE  
MYSTIC EDUCATION CENTER  
GROTON, CONNECTICUT  
BUILDING 16951  
PROJECT RM-17-07**



**STATE OF CONNECTICUT  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
DIVISION OF CONSTRUCTION SERVICES**

**Prepared by:**

**ATC GROUP SERVICES LLC  
290 ROBERTS STREET - SUITE 301  
EAST HARTFORD, CT 06108**

**ATC PROJECT 2257317019**

**SEPTEMBER 20, 2017**



**CERTIFICATION OF RESULTS**

This report has been prepared for the exclusive use by the State of Connecticut, Department of Administrative Services, Division of Construction Services (CTDCS) and is considered privileged and confidential. Photocopying of this document by parties other than those authorized by the CTDCS, or use of this document for purposes other than it is intended, is prohibited.

Respectfully submitted this 20<sup>th</sup> day of September 2017.

ATC Group Services LLC

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Edward P. Fennell Jr., P.E.  
Building Sciences  
Division Manager

### **EXECUTIVE SUMMARY**

ATC Group Services LLC (ATC) provided Asbestos Project Monitoring and Inspection Services for CTDCS during asbestos abatement of the Rainbow House, Mystic Education Center, Groton, Connecticut. Asbestos abatement work was performed from March 23, 2016 through April 5, 2017.

A.A.I.S. Corporation, an asbestos abatement contractor (“Contractor”) licensed in the State of Connecticut conducted the asbestos abatement. This scope of work included the removal and disposal of flooring and flue patch cement inside the building.

ATC was retained by CTDCS to conduct air testing and inspection services during execution of the asbestos abatement related work. These services included review of Contractor's worker certifications and medical records, interpreting and enforcing the established scope of work, observing Contractor work practices, performing visual inspections of abatement work areas, performing project air monitoring as per project specifications and assembling project documentation.

Subsequent to removal activities ATC visually inspected the work area. The work was considered complete when there was no visible residue remaining in the work area and air clearance testing for re-occupancy had been conducted. Also note that the windows to the building were not removed due to security issues with the building

Based on our observations of the work performed throughout this project and the air monitoring results, the removal was performed in accordance with applicable federal, state and local regulations. At project completion, air-monitoring results indicated that concentrations of airborne fibers were less than the concentration recommended by the Environmental Protection Agency (EPA) and the State of Connecticut, Department of Public Health (CTDPH) for re-occupancy of an abated space.

Per our contract, this report was distributed to the following individual(s):

Mr. Mike Sanders, CTDCS

**COMPLIANCE REPORT  
MYSTIC EDUCATION CENTER  
MYSTIC, CONNECTICUT**

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CLIENT: State of Connecticut  
Department of Administrative Services  
Division of Construction Services  
450 Columbus Boulevard  
Hartford, CT 06103

PROJECT NAME &  
LOCATION: Rainbow House  
Mystic Education Center  
240 Oral School Road  
Mystic, Connecticut

DATE(S) OF WORK: March 23, 2017 through April 5, 2017

ABATEMENT  
CONTRACTOR: A.A.I.S. Corporation  
802 Boston Post Road  
West Haven, CT 06106  
(203) 932-2992

CONSULTANT: ATC Group Services LLC  
290 Roberts Street, Suite 301  
East Hartford, Connecticut 06108  
(860) 282-9924, Fax (860) 282-9926

ATC REPRESENTATIVE(S): Edward Fennell, Project Manager/Project Designer  
John Coletti, Project Monitor

## **1.0     INTRODUCTION**

ATC Group Services LLC (ATC) provided Asbestos Testing and Inspection Services for CTDCS during the removal of at Rainbow House, Mystic Education Center, Groton, Connecticut. Asbestos abatement work was performed March 23, 2016, through April 5, 2017.

## **2.0     SCOPE OF WORK**

### **2.1     Contractor: A.A.I.S. Corporation**

A.A.I.S.'s scope of work included the removal of flooring and flue patch cement, inside the building. The exterior caulking and glazing will be removed at a later time.

### **2.2     Consultant: ATC Group Services LLC**

ATC was retained by the CTDCS to provide monitoring and oversight of the abatement work. During the abatement project ATC:

- Reviewed Contractor worker certification documents
- Interpreted the project scope of work as needed by the Contractor
- Observed the Contractor's work practices and performance
- Performed visual inspections of the abatement area after asbestos abatement
- Assembled and submitted project documentation
- Performed post-abatement re-occupancy air clearance testing.

## **3.0     PROJECT DESCRIPTION**

This project included removal and disposal of flooring and flue patch cement inside the building. The ATC project monitor maintained daily documentation of the work as it progressed. Consultant Qualifications can be found under Appendix C. Daily construction reports and inspection forms have been arranged chronologically and are located in Appendix A. Post abatement re-occupancy (clearance) air testing results are located in Appendix B.

### **3.1     Worker and Contractor Certification Documents:**

ATC Group Services LLC reviewed the contractor's documentation relative to the following certifications, licensing, training and administrative record-keeping requirements.

1. Medical records current to within one year
2. Respirator fit tests current to within one year
3. Training current to within one year
4. Notifications to Federal and State agencies
5. Contractor License
6. Landfill/Waste Documentation
7. Other project correspondence

Abatement worker certifications can be found in Appendix D.

### **3.2 Engineering Controls**

ATC observed proper use of engineering controls and use of High Efficiency Particulate Air (HEPA)-filtered mechanical equipment. Wet methods were utilized during removal work. Cleanup of surrounding area was performed by HEPA vacuuming and wet wiping surfaces.

### **3.3 Work Procedures:**

Asbestos-containing materials were wetted and removed manually as well as mechanically. Asbestos removal, including gross removal, was performed in accordance with United States Department of Labor Occupational Safety and Health Agency (OSHA) regulation 29 CFR 1926.1101. Asbestos abatement was also performed in accordance with CTDPH regulations Sections 19a-332a-1 through 19a-332a-16.

### **3.4 Worker Protection:**

Personnel who entered the regulated work area were observed to be wearing disposable protective clothing with integral hoods and foot coverings, and half-face negative pressure respirators or full face positive pressure air purifying respirators equipped with HEPA filter cartridges.

### **3.5 Decontamination:**

A.A.I.S utilized wet wiping techniques on equipment and materials. Inspections conducted by the ATC project monitor revealed acceptable decontamination procedures being followed by A.A.I.S.'s personnel.

- HEPA vacuumed their protective clothing
- Doffed a dirty outer suit
- Exited the work area through the contiguous decontamination area
- Decontaminated as outlined above
- Removing and disposing of protective clothing
- Removing respirator
- Rinsing and washing respirator

### **3.6 Disposal:**

The removed ACM was double wrapped in 6-mil polyethylene bags for transportation and disposal at the approved disposal facility. Waste manifest documentation is included in Appendix I.

## **4.0 AIR MONITORING**

In accordance with USEPA and CTDPH Regulations for asbestos abatement, Phase Contrast Microscopy (PCM) analysis is used to analyze post-abatement re-occupancy clearance air samples for containment work areas in which the quantity of materials abated is less than 1,500 square feet or 500 linear feet.

The following table summarizes post-abatement re-occupancy clearance results:



**COMPLIANCE REPORT  
MYSTIC EDUCATION CENTER  
MYSTIC, CONNECTICUT**

<b>Work Area</b>	<b>Pre- Abatement Inspection Date</b>	<b>Final Visual Inspection Date</b>	<b>Final PCM Air Clearance Date</b>	<b>Final TEM Air Clearance Date</b>
Sun Room	N/A	4/3/2017	4/3/2017	N/A
Kitchen	N/A	4/5/2017	4/5/2017	N/A
Basement	N/A	4/5/2017	N/A	N/A

#### **4.1 PCM Sample Collection**

Phase Contrast Microscopy (PCM) samples were collected on 25-millimeter (mm) mixed-cellulose ester membrane filters (0.8-micron pore size). The filters were pre-assembled by the manufacturer in conductive, three-stage cassettes with extension cowls.

The PCM sampling and analytical method was used for re-occupancy clearance testing where applicable.

Flow rates were recorded at the beginning and at the end of the sampling period using a rotometer calibrated against a Gilian Instrument Corporation primary flow calibrator (Giliberator). All air samples were collected open-faced and positioned at breathing zone height (approximately five feet above the floor) with the exposed portion of the cassette facing downward.

#### **4.2 PCM Analysis Methodology**

PCM samples were analyzed according to the National Institute for Occupational Safety and Health (NIOSH) 7400 Method ("A" counting rules) for area samples. The method can be found in the NIOSH Manual of Analytical Methods. The 10 fibers per 100 fields lower limit of quantification is retained from the original P&CAM 239 method published by NIOSH. The overall precision is 11.5% to 13% in the 80 to 100 fiber range using the "A" Counting Rules. All air sample reports are calculated with blank corrections and checked and reviewed twice. Unused portions of samples are archived after three months unless client requests special handling.

#### **4.3 PCM Laboratory Equipment**

Laboratory analysis was accomplished utilizing a phase contrast microscope equipped with a phase contrast condenser. Size and fiber counts were done at 400X magnification. Microscopes are calibrated with an HSE/NPL test slide after being set up and whenever movement of the microscope may disrupt calibration. The microscopy field area (MFA), defined by the Walton-Beckett graticule is 0.00785 mm<sup>2</sup>.

#### **4.4 PCM Sample Results**

PCM Re-Occupancy Clearance Results - All five PCM re-occupancy clearance samples for both containment areas were found to be less than the CTDPH clearance criteria of 0.010 fibers/cc in each work area tested.

**5.0     CONCLUSIONS**

Based on our field observations and air monitoring results collected during the work, the required scope for the asbestos removal was completed in accordance with applicable federal, state, and local regulations. At the end of abatement activities in the work area, air-monitoring data indicated that concentrations of airborne fibers were less than the concentration recommended by the Environmental Protection Agency, the State of Connecticut and the contract specification for re-occupancy following asbestos abatement.

**APPENDIX A**

**Project Monitor Daily Site Reports, Daily Site Logs, and Inspection Forms**

## DAILY SITE REPORT

Project Name: <u>MEC RAINBOW HOWE</u>		Date: <u>4/3/17 MONDAY</u>																																				
Project #: <u>225-7312019</u>		Project Monitor: <u>JOHN COLLETT</u>																																				
Client: <u>CT DES</u>		Project Manager: <u>ED FENNEL</u>																																				
Project Support	Contractor Name: <u>A.A. / S.</u>		License # <u>000011</u> Project Supvs <u>1</u> Workers <u>2</u>																																			
	Contractor Certifications <input type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved <input type="checkbox"/> Deficiencies Noted & Not Resolved <input type="checkbox"/> N/A																																					
	Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If Yes: Start Date <u>3/23/17</u> End Date <u>4/2/17</u> New <input type="checkbox"/> Revised <input type="checkbox"/>																																					
Shift Scope	Waste Hauler <u>TRANSWASTE</u> Disposal Facility Name <u>MINERVA</u> Facility Location <u>WAYNEBURG</u>																																					
	Pipe Insulation <input type="checkbox"/>	Floor Tile <input checked="" type="checkbox"/>	Ceiling Tile <input type="checkbox"/>																																			
	Fitting Insulation <input type="checkbox"/>	Mastic <input checked="" type="checkbox"/>	Chute Daubs <input type="checkbox"/>																																			
	Boiler Insulation <input type="checkbox"/>	Floor Sheeting <input type="checkbox"/>	Cove Base/Adhesive <input type="checkbox"/>																																			
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Shift Activity	Boiler Rope Gasketing <input type="checkbox"/>	Gypsum Board <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>																																			
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	Eqpt/Mat'l Mobilization <input type="checkbox"/>	Final Cleaning <input type="checkbox"/>	Waste Load-Out <input type="checkbox"/>																																			
	Work Area Preparation <input type="checkbox"/>	Encapsulation <input type="checkbox"/>	Eq/Mat'l Demobilization <input type="checkbox"/>																																			
	ACM Removal <input type="checkbox"/>	Teardown/Cleanup <input type="checkbox"/>	Local Removal <input type="checkbox"/>																																			
Work Area	Containment size: <u>300 SF</u>																																					
	Barriers: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input type="checkbox"/> Poly Drapes <input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____																																					
PPE	Integrity: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Wetting Agent <u>WATER</u> Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																																					
	Respiratory Protection: <input checked="" type="checkbox"/> 1/2 Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA																																					
Safety & Health	Body Protection: <input checked="" type="checkbox"/> Hooded Suit <input type="checkbox"/> Boots <input type="checkbox"/> Hardhat <input checked="" type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection																																					
	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.																																					
OSHA Monitoring	<table border="0" style="width:100%;"> <tr> <td>EMERGENCY (N/A <input type="checkbox"/>)</td> <td>ELECTRICAL (N/A <input type="checkbox"/>)</td> <td>SCAFFOLDING (N/A <input checked="" type="checkbox"/>)</td> <td>LADDERS (N/A <input checked="" type="checkbox"/>)</td> <td>CLEANLINESS (N/A <input type="checkbox"/>)</td> </tr> <tr> <td>Acceptable <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td> <td>GFCI <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td> <td>Load Limit <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>Properly Used <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>General Housekeeping <input checked="" type="checkbox"/> A <input type="checkbox"/> U</td> </tr> <tr> <td>Communication <input checked="" type="checkbox"/></td> <td>Adequate <input checked="" type="checkbox"/></td> <td>Posted <input type="checkbox"/></td> <td>Acceptable <input type="checkbox"/></td> <td>Bag Accumulation <input checked="" type="checkbox"/></td> </tr> <tr> <td>Unblocked/Marked <input checked="" type="checkbox"/></td> <td>Power <input checked="" type="checkbox"/></td> <td>Minimum 4x <input type="checkbox"/></td> <td>Rungs <input type="checkbox"/></td> <td>Standing Water <input checked="" type="checkbox"/></td> </tr> <tr> <td>Emergency/Fire Exit <input checked="" type="checkbox"/></td> <td>Ground Prong <input checked="" type="checkbox"/></td> <td>Intended Load <input type="checkbox"/></td> <td>Kick-Out <input type="checkbox"/></td> <td></td> </tr> <tr> <td>First Aid Kit <input checked="" type="checkbox"/></td> <td>Sound Ext. <input type="checkbox"/></td> <td>Toe Board <input type="checkbox"/></td> <td>Protection/Steady <input type="checkbox"/></td> <td></td> </tr> <tr> <td>MSDS' Available <input checked="" type="checkbox"/></td> <td>Insulation <input type="checkbox"/></td> <td>Side Rail <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>			EMERGENCY (N/A <input type="checkbox"/> )	ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input checked="" type="checkbox"/> )	LADDERS (N/A <input checked="" type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )	Acceptable <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	GFCI <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Load Limit <input type="checkbox"/> Y <input type="checkbox"/> N	Properly Used <input type="checkbox"/> Y <input type="checkbox"/> N	General Housekeeping <input checked="" type="checkbox"/> A <input type="checkbox"/> U	Communication <input checked="" type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Posted <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Bag Accumulation <input checked="" type="checkbox"/>	Unblocked/Marked <input checked="" type="checkbox"/>	Power <input checked="" type="checkbox"/>	Minimum 4x <input type="checkbox"/>	Rungs <input type="checkbox"/>	Standing Water <input checked="" type="checkbox"/>	Emergency/Fire Exit <input checked="" type="checkbox"/>	Ground Prong <input checked="" type="checkbox"/>	Intended Load <input type="checkbox"/>	Kick-Out <input type="checkbox"/>		First Aid Kit <input checked="" type="checkbox"/>	Sound Ext. <input type="checkbox"/>	Toe Board <input type="checkbox"/>	Protection/Steady <input type="checkbox"/>		MSDS' Available <input checked="" type="checkbox"/>	Insulation <input type="checkbox"/>	Side Rail <input type="checkbox"/>		
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Equipment Calibrated <input type="checkbox"/>	Blanks 2 / 10% <input type="checkbox"/>																																					
Project Monitoring	Contractor's Competent Person: <u>OSCAR HERNANDEZ</u>																																					
	Total Time in Containment <u>20 MIN</u> Respiratory Protection <u>1/2 FACE</u> # Air Samples Run <u>5</u> Manometer Reading <u>-</u>																																					
Notes	Cardno ATC Representative Signature <u>[Signature]</u> Cert. # <u>000396</u> Time On-Site/ Off-Site <u>8 / 11:30</u>																																					
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Project Name: RAINBOW HOUSE Date: 4/3/11 MONDAY  
Project #: 2257311 019 Project Monitor: JOHN COLETTA  
Client: CT DES Project Manager: ED PENNELL

[illegible]

ATC Representative Signature 

Title *14*

Cert. # 0003 SK

## FINAL INSPECTION / TEARDOWN FORM

Project Name: NEC - RAINBOW HOUSE Date: 4/3/11 MONDAY  
 Project #: 2007312 DIA Project Monitor: JOHN COLLETTA  
 Client: CT DCJ Project Manager: ED FENNEL

### FINAL INSPECTION

Work Area(s) Inspected: SUN ROOM + DINING ROOM (EAST)

Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

Information	In accordance with all applicable rules, regulations and specifications, the Project Monitor and Contractor hereby certify that they have visually inspected all surfaces of the Work Area (including pipes, beams, ledges, walls, ceiling, floor, decontamination unit, equipment, sheet plastic, etc.), and have found no ACM debris. The Work Area is dry and there is no pooling of water.		
	<u>JOHN COLLETTA</u> Project Monitor	<u>4/3/11</u> Date	<u>OSCAR HERNANDEZ</u> Contractor Supervisor

Notes	<u>180 SF OF RED FLOORING</u>
	<u>REMOVED FROM SUN ROOM</u>

100 SF OF JOINT COMP. REMOVED

### TEARDOWN

Work Area(s) Torn Down: \_\_\_\_\_

Cleanliness	All poly has been removed from facility structures and bagged as asbestos waste	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	All equipment, tools, materials, supplies, and waste have been removed	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Spray glue and/or tape residue has been adequately cleaned from facility structures	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Furniture and/or other materials removed from the work area pre-abatement have been returned	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Notes	

## DAILY SITE REPORT

Project Name: <u>M.E.C. RAINBOW HOUSE</u>		Date: <u>4/15/17 WEDNESDAY</u>																																			
Project #: <u>2257319019</u>		Project Monitor: <u>JOHN COLLETT</u>																																			
Client: <u>ET DCS</u>		Project Manager: <u>ED FENNEL</u>																																			
Project Support	Contractor Name: <u>A.A.I.S.</u>		License #: <u>000017</u>																																		
	Contractor Certifications <input type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved <input type="checkbox"/> Deficiencies Noted & Not Resolved <input type="checkbox"/> N/A		Project Supvs: <u>1</u> Workers: <u>5</u>																																		
	Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If Yes: Start Date <u>3/13/17</u> End Date <u>4/2/17</u> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/>																																				
Shift Scope	Waste Hauler: <u>TRANSWASTE</u> Disposal Facility Name: <u>MINERVA</u> Facility Location: <u>WAYNESBORO, VA</u>																																				
	Pipe Insulation <input type="checkbox"/>	Floor Tile <input checked="" type="checkbox"/>	Ceiling Tile <input type="checkbox"/>																																		
	Fitting Insulation <input type="checkbox"/>	Mastic <input type="checkbox"/>	Glue Daubs <input type="checkbox"/>																																		
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	Boiler Rope Gasketing <input type="checkbox"/>	Gypsum Board <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>																																		
Shift Activity	Breeching Insulation <input type="checkbox"/>	Joint Compound <input type="checkbox"/>	Waterproofing <input type="checkbox"/>																																		
	Eqpt/Mat'l Mobilization <input type="checkbox"/>	Final Cleaning <input type="checkbox"/>	Waste Load-Out <input type="checkbox"/>																																		
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Work Area	ACM Removal <input type="checkbox"/>	Teardown/Cleanup <input type="checkbox"/>	Local Removal <input type="checkbox"/>																																		
	Containment size: <u>180 SF</u>																																				
PPE	Barriers: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes <input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____																																				
	Integrity: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Wetting Agent: <u>WATER</u> Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																																				
Safety & Health	Respiratory Protection: <input checked="" type="checkbox"/> 1/2 Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA																																				
	Body Protection: <input type="checkbox"/> Hooded Suit <input checked="" type="checkbox"/> Boots <input type="checkbox"/> Hardhat <input type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection																																				
	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.																																				
	<table border="0" style="width:100%;"> <tr> <td><u>EMERGENCY</u> (N/A <input type="checkbox"/>)</td> <td><u>ELECTRICAL</u> (N/A <input type="checkbox"/>)</td> <td><u>SCAFFOLDING</u> (N/A <input type="checkbox"/>)</td> <td><u>LADDERS</u> (N/A <input checked="" type="checkbox"/>)</td> <td><u>CLEANLINESS</u> (N/A <input type="checkbox"/>)</td> </tr> <tr> <td>Acceptable <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td> <td>GFCI <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td> <td>Load Limit <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>Properly Used <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>General Housekeeping <input checked="" type="checkbox"/> A <input type="checkbox"/> U</td> </tr> <tr> <td>Communication <input checked="" type="checkbox"/></td> <td>Adequate <input checked="" type="checkbox"/></td> <td>Posted <input type="checkbox"/></td> <td>Acceptable <input type="checkbox"/></td> <td>Bag Accumulation <input type="checkbox"/></td> </tr> <tr> <td>Unblocked/Marked <input checked="" type="checkbox"/></td> <td>Power <input checked="" type="checkbox"/></td> <td>Minimum 4x <input type="checkbox"/></td> <td>Rungs <input type="checkbox"/></td> <td>Standing Water <input type="checkbox"/></td> </tr> <tr> <td>Emergency/Fire Exit <input checked="" type="checkbox"/></td> <td>Ground Prong <input checked="" type="checkbox"/></td> <td>Intended Load <input type="checkbox"/></td> <td>Kick-Out <input type="checkbox"/></td> <td></td> </tr> <tr> <td>First Aid Kit <input checked="" type="checkbox"/></td> <td>Sound Ext. <input checked="" type="checkbox"/></td> <td>Toe Board <input type="checkbox"/></td> <td>Protection/Steady <input type="checkbox"/></td> <td></td> </tr> <tr> <td>MSDS' Available <input checked="" type="checkbox"/></td> <td>Insulation <input type="checkbox"/></td> <td>Side Rail <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>			<u>EMERGENCY</u> (N/A <input type="checkbox"/> )	<u>ELECTRICAL</u> (N/A <input type="checkbox"/> )	<u>SCAFFOLDING</u> (N/A <input type="checkbox"/> )	<u>LADDERS</u> (N/A <input checked="" type="checkbox"/> )	<u>CLEANLINESS</u> (N/A <input type="checkbox"/> )	Acceptable <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	GFCI <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Load Limit <input type="checkbox"/> Y <input type="checkbox"/> N	Properly Used <input type="checkbox"/> Y <input type="checkbox"/> N	General Housekeeping <input checked="" type="checkbox"/> A <input type="checkbox"/> U	Communication <input checked="" type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Posted <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Bag Accumulation <input type="checkbox"/>	Unblocked/Marked <input checked="" type="checkbox"/>	Power <input checked="" type="checkbox"/>	Minimum 4x <input type="checkbox"/>	Rungs <input type="checkbox"/>	Standing Water <input type="checkbox"/>	Emergency/Fire Exit <input checked="" type="checkbox"/>	Ground Prong <input checked="" type="checkbox"/>	Intended Load <input type="checkbox"/>	Kick-Out <input type="checkbox"/>		First Aid Kit <input checked="" type="checkbox"/>	Sound Ext. <input checked="" type="checkbox"/>	Toe Board <input type="checkbox"/>	Protection/Steady <input type="checkbox"/>		MSDS' Available <input checked="" type="checkbox"/>	Insulation <input type="checkbox"/>	Side Rail <input type="checkbox"/>	
<u>EMERGENCY</u> (N/A <input type="checkbox"/> )	<u>ELECTRICAL</u> (N/A <input type="checkbox"/> )	<u>SCAFFOLDING</u> (N/A <input type="checkbox"/> )	<u>LADDERS</u> (N/A <input checked="" type="checkbox"/> )	<u>CLEANLINESS</u> (N/A <input type="checkbox"/> )																																	
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OSHA Monitoring	<table border="0" style="width:100%;"> <tr> <td>Full Shift (≥ 8 Hour) Sampling <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>Worker SS# &amp; Task IDs <input type="checkbox"/> Y <input type="checkbox"/> N</td> </tr> <tr> <td>Partial Shift (≤ 8 Hour) Sampling <input type="checkbox"/></td> <td>Previous Shift Results Posted <input type="checkbox"/></td> </tr> <tr> <td>Exc. Limit (30 min.) Sampling <input type="checkbox"/></td> <td>Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/></td> </tr> <tr> <td>Equipment Calibrated <input type="checkbox"/></td> <td>Blanks 2 / 10% <input type="checkbox"/></td> </tr> </table>			Full Shift (≥ 8 Hour) Sampling <input type="checkbox"/> Y <input type="checkbox"/> N	Worker SS# & Task IDs <input type="checkbox"/> Y <input type="checkbox"/> N	Partial Shift (≤ 8 Hour) Sampling <input type="checkbox"/>	Previous Shift Results Posted <input type="checkbox"/>	Exc. Limit (30 min.) Sampling <input type="checkbox"/>	Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/>	Equipment Calibrated <input type="checkbox"/>	Blanks 2 / 10% <input type="checkbox"/>																										
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Equipment Calibrated <input type="checkbox"/>	Blanks 2 / 10% <input type="checkbox"/>																																				
Contractor's Competent Person: <u>OSCAR HERNANDEZ</u>																																					
Project Monitoring	Total Time in Containment: <u>20 min</u> Respiratory Protection: <u>2 FACE</u> # Air Samples Run: <u>13 CM</u> Manometer Reading: <u>—</u>																																				
	Cardno ATC Representative Signature: <u>[Signature]</u> Cert. #: <u>000396</u> Time On-Site/ Off-Site: <u>7/18/17</u>																																				
Notes	Name _____ Time _____ Representing _____ Purpose _____																																				



## DAILY SITE LOG

Page 1 of 1

Project Name: M.E.C. RAINBOW HOUSE Date: 4/5/17 WEDNESDAY  
Project #: 2257317009 Project Monitor: JOHN COLETTA  
Client: CT DES Project Manager: ED FENNEL

[illegible]

ATC Representative Signature

Title

Cert. # 000376



**FINAL INSPECTION / TEARDOWN FORM**

Project Name: MCC RAINBOW HOUSE Date: 4/5/17 WEDNESDAY  
 Project #: 2152317014 Project Monitor: JOHN COLETTA  
 Client: CT DEJ Project Manager: ED FENNELLS

**FINAL INSPECTION**

Work Area(s) Inspected: KITCHEN (1 CONT)

Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Information	In accordance with all applicable rules, regulations and specifications, the Project Monitor and Contractor hereby certify that they have visually inspected all surfaces of the Work Area (including pipes, beams, ledges, walls, ceiling, floor, decontamination unit, equipment, sheet plastic, etc.), and have found no ACM debris. The Work Area is dry and there is no pooling of water.	
	<u>JOHN COLETTA</u> <u>4/5/17</u> <u>OSCAR HERNANDEZ</u> <u>4/5/17</u> Project Monitor Date Contractor Supervisor Date	
Notes	<u>180 SF OF FLOOR TILES REMOVED</u>	

**TEARDOWN**

Work Area(s) Torn Down: \_\_\_\_\_

Cleanliness	All poly has been removed from facility structures and bagged as asbestos waste	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	All equipment, tools, materials, supplies, and waste have been removed	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Spray glue and/or tape residue has been adequately cleaned from facility structures	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Furniture and/or other materials removed from the work area pre-abatement have been returned	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Notes		

**FINAL INSPECTION / TEARDOWN FORM**

Project Name: MCC - RAINBOW HOUSE Date: 4/5/17  
Project #: 2257317019 Project Monitor: JOHN COLETTA  
Client: CT DCS Project Manager: ED PENNELL

**FINAL INSPECTION**

Work Area(s) Inspected: BASEMENT AREA

Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Information	In accordance with all applicable rules, regulations and specifications, the Project Monitor and Contractor hereby certify that they have visually inspected all surfaces of the Work Area (including pipes, beams, ledges, walls, ceiling, floor, decontamination unit, equipment, sheet plastic, etc.), and have found no ACM debris. The Work Area is dry and there is no pooling of water.	
	<u>JOHN COLETTA</u> <u>4/5/17</u> <u>OSCAR HERNANDEZ</u> <u>4/5/17</u> Project Monitor Date Contractor Supervisor Date	
Notes	<u>2 JK OF BLUE PATCH REMOVED</u> <u>By GLOVE BAG</u>	

**TEARDOWN**

Work Area(s) Torn Down: \_\_\_\_\_

Cleanliness	All poly has been removed from facility structures and bagged as asbestos waste	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	All equipment, tools, materials, supplies, and waste have been removed	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Spray glue and/or tape residue has been adequately cleaned from facility structures	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Furniture and/or other materials removed from the work area pre-abatement have been returned	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Notes	   	

**APPENDIX B**

**Post-Abatement Re-Occupancy Clearance Air Testing Results**



## AIR SAMPLE LOG

290 Roberts Street, Suite 301  
East Hartford, CT 06108  
(860) 282-9924 Fax: (860) 282-9826

Project Name: RAINBOW HOUSE Collection Date: 4/3/17 Date of Analysis: 4/3/17  
Project No./Task No.: 2257317 019 Project Monitor: JOHN COLLETT Method of Analysis: NIOSH 7400  
Client: CT DCJ Project Manager: EP FENNELL Reference Slide: RS 101  
Site: RAINBOW HOUSE Rotometer Number: 012406 Microscope Make/Model/No.: OLY 01161  
Work Area: MAIN FLOOR REAR Analyst Signature: [Signature]  
Work Area: SUN ROOM - ENTRY (PINK - 607) Date of QA/QC: \_\_\_\_\_

Sample #	Location or Worker Name / ID# / Task	Sample Type (1-10)	Pump On hh:mm	Pump Off hh:mm	Time (Mins) [A]	Rotometer Flow Rate (LPM)		Volume (Liters) A * B = [C]	LOD (2.7 / C)	Actual Count (F/Flds)	Adjusted Count * (F/Flds)	Result * (F/C)	Analyst ID
						On	Off						
01017	Field Blank									0/100	-	0.00	JA
2	Sesler Bigg									0/100	-	0.00	
C1	REAR ROOM (left)	6	821	952	91	13.77	13.77	125.77	0.0022	12/100	-	0.0048	
C2	(front right)		821	952	91	13.77	13.77	125.77	0.0022	6/100	-	0.0024	
C3	(side area)		822	953	91	13.77	13.77	125.77	0.0022	9/100	-	0.0036	
V57	(entr. left)		822	953	91	13.77	13.77	125.77	0.0022	11/100	-	0.0044	
V58	(right)		822	953	91	13.77	13.77	125.77	0.0022	6/100	-	0.0024	
C4	Field QA/QC Analysis								Initial Result:	11/100	QA/QC Result:	13/100	JA
	Lab QA/QC Analysis								Initial Result:		QA/QC Result:		

\* If Adjusted Count is less than or equal to 5 Fibers/100 Fields, then report Result as < LOD

Work Phase: 1) Area Background 3) Asbestos Removal 5) Glove Bag 7) Personal Air Sample 9) Other Associated Work  
2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out 10) NID/NEA

Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: \_\_\_\_\_ Center PC condenser: \_\_\_\_\_ Align Phase Ring: \_\_\_\_\_  
Ocular Adjustment: \_\_\_\_\_

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M  
White - File Yellow - QA/QC Pink - Archive

# AIR SAMPLE LOG

**290 Roberts Street, Suite 301  
East Hartford, CT 06108  
(860) 282-9924 Fax: (860) 282-9826**

Project Name: RAIMBOW HOUSE  
Project No./Task No.: 2257312009  
Client: CT PCS  
Site: RAIMBOW HOUSE  
Work Area: [ KITCHEN  
Work Area: AREA

Collection Date: 4/5/17  
Project Monitor: JOHN COLLETT  
Project Manager: ED FENNEL  
Rotometer Number: 01406

QA/QC Analyst:

Date of Analysis: 4/5/17  
Method of Analysis: NIOSH 7400  
Reference Slide: RS 101  
Microscope Make/Model/No.: OLY OLYMP  
Analyst Signature: [Signature]  
Date of QA/QC: \_\_\_\_\_

Sample #	Location or Worker Name / ID# / Task	Sample Type	Pump On hh:mm	Pump Off hh:mm	Time (Mins)	Rotometer Flow Rate (LPM)			Volume (Liters)	LOD (2.7 / C)	Actual Count (F/Flds)	Adjusted Count * (F/Flds)	Result * (F/CC)	Analyst ID
						On	Off	Ave [B]						
040517	Field Blank	(1-10)			[A]				A * B = [C]		0/100	—	0.00	JA
2	Sealed Blank										0/100	—	0.00	
C1	INJIOS CONTAMINANT	6	722	855	97	13.47	13.47	13.47	1306.55	0.0024	7/100	—	0.0024	
C2			722	855	97	13.47	13.47	13.47	1306.55	0.0021	8/100	—	0.0030	
C3			722	855	97	13.47	13.47	13.47	1306.55	0.0021	13/100	—	0.0049	
C4			723	900	97	13.47	13.47	13.47	1306.55	0.0021	8/100	—	0.0030	
C5			723	900	97	13.71	13.47	13.47	1306.55	0.0024	11/100	—	0.0041	
C5	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.								Initial Result:	11/100	QA/QC Result:	5/100	JA
	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician								Initial Result:		QA/QC Result:		

\* If Adjusted Count is less than or equal to 5 Fibers/100 Fields, then report **Result** as  $< LOD$

Work Phase: 1) Area Background 3) Asbestos Removal 5) Glove Bag  
2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance

7) Personal Air Sample  
8) Waste Load-Out  
9) Other Associated Work  
10) NID/NEA

Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_  
Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: \_\_\_\_\_

Received By: \_\_\_\_\_ Align Phase Ring:  
 Sensor: \_\_\_\_\_

Date: \_\_\_\_\_  
Ocular Adjustment: \_\_\_\_\_

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M  
White – File Yellow – QA/QC Pink – Archive

**APPENDIX C**

**Project Monitor License and Certification**

1003586 01 AV 0.373 \*\*AUTO HB 2 1665 06374-194422 -C01-P03591-1



JOHN A. COLETTI  
22 TOPER RD  
PLAINFIELD CT 06374-1944



Dear JOHN A. COLETTI,

Attached you will find your validated certificate for the coming year. Should you have any questions about your certificate renewal, please do not hesitate to write or call:

Department of Public Health  
P.O. Box 340308  
M.S.#12MQA  
Hartford, CT 06134-0308

(860) 509-7603  
oplc.dph@ct.gov  
www.ct.gov/dph/license

Sincerely,

RAUL PINO, MD, MPH, COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH

EMPLOYER'S COPY

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
JOHN A. COLETTI

VALIDATION NO. 03-494785

CERTIFICATE NO. 000396

CURRENT THROUGH 06/30/17

PROFESSION  
ASBESTOS CONSULTANT-PROJECT MONITOR

SIGNATURE COMMISSIONER

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS CERTIFIED  
BY THIS DEPARTMENT AS A

ASBESTOS CONSULTANT-PROJECT MONITOR

JOHN A. COLETTI

CERTIFICATE NO. 000396

CURRENT THROUGH 06/30/17

VALIDATION NO. 03-494785

SIGNATURE COMMISSIONER

INSTRUCTIONS:

1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current then-renewal certification in order to retain employment or privileges. The employer's card is to be presented to the employee and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

WALLET CARD

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
JOHN A. COLETTI

VALIDATION NO. 03-494785

CERTIFICATE NO. 000396

CURRENT THROUGH 06/30/17

PROFESSION  
ASBESTOS CONSULTANT-PROJECT MONITOR

SIGNATURE COMMISSIONER

# CERTIFICATE OF ACHIEVEMENT

*This certifies that*

**John Coletti**

*has successfully completed the*

## 8-Hour Asbestos Project Monitor Refresher Training Course

*conducted by*

ATC Group Services LLC  
73 William Franks Drive  
West Springfield, MA 01089  
(413) 781-0070

*Thomas Dion*

Principal Instructor: Thomas Dion  
September 14, 2016  
Date of Course

September 14, 2017  
Expiration Date

*Gregory Morsch*

Regional Manager: Gregory Morsch  
PMR-2117  
Certificate Number

September 14, 2016  
Examination Date





## Physician's Written Opinion

### Respirator Clearance

Name: John Coletti	Date: 3.20.17	Social Security Number: XXX-XX-6275
<b>MEDICAL RECOMMENDATIONS FOR RESPIRATOR USE</b>		
<p>On this date, CORE Health Networks has examined the above employee according to OSHA 1910.134 Federal Regulation pertaining to respiratory protection and make the following statements:</p> <p><input checked="" type="checkbox"/> No limitations have been placed on use of a respirator <input type="checkbox"/> Medically not able to wear a respirator <input type="checkbox"/> May wear a respirator for escape only <input type="checkbox"/> These limitations have been placed on the use of a respirator</p> <p><input checked="" type="checkbox"/> A copy of this document has been provided to the employee <input type="checkbox"/> A follow-up evaluation is to be scheduled on _____</p>		

A handwritten signature in black ink, appearing to read "W. Nassetta".

William J. Nassetta, MD, MPH

3.22.2017

Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature



Appendix 27-2

RESPIRATOR FIT TEST & TRAINING RECORD

Employee Name (Please Print): JOHN COLETTI  
Office Location: EAST HARTFORD, CT  
Social Security #: 044-76-6275  
Job Title: INDUSTRIAL HYGIENE TECHNICIAN  
Prescription Glasses Required: Yes ☒ No ☐

Test 1 Respirator Manufacturer/Type/Model/Size: HONEYWELL / 7700-30L / L  
Initial Fit OK:..... Yes ☒ No ☐  
Negative Pressure Test..... Yes ☒ No ☐  
Positive Pressure Test..... Yes ☒ No ☐  
Irritant Smoke Test..... Yes ☒ No ☐  
Sweetener Test..... Yes ☐ No ☐  
Isoamyl Acetate Test..... Yes ☐ No ☐

Test 2 Respirator Manufacturer/Type/Model/Size: \_\_\_\_\_  
Initial Fit OK:..... Yes ☐ No ☐  
Negative Pressure Test..... Yes ☐ No ☐  
Positive Pressure Test..... Yes ☐ No ☐  
Irritant Smoke Test..... Yes ☐ No ☐  
Sweetener Test..... Yes ☐ No ☐  
Isoamyl Acetate Test..... Yes ☐ No ☐

Test 3 Respirator Manufacturer/Type/Model/Size: \_\_\_\_\_  
Initial Fit OK:..... Yes ☐ No ☐  
Negative Pressure Test..... Yes ☐ No ☐  
Positive Pressure Test..... Yes ☐ No ☐  
Irritant Smoke Test..... Yes ☐ No ☐  
Sweetener Test..... Yes ☐ No ☐  
Isoamyl Acetate Test..... Yes ☐ No ☐

Manufacturer/Type/Model/Size of respirator selected and fitted:

HONEYWELL / 7700-30L / L

I understand that I am responsible for and agree to:

- Regular use of my respirator whenever there is a possibility I may be exposed to air contaminants
- Doing a positive/negative pressure fit test whenever I use a cartridge/filter respirator
- Cleaning, inspection and proper storage of my respirator at the end of each workday
- Reporting respirator malfunctions to my supervisor

Training Provided:

- ☐ Respirator Use    ☐ Inspection  
☐ Maintenance    ☐ Cleaning  
☐ Types and Levels of Contaminants  
☐ Emergency Procedures/Drills  
☐ How to fit

John Colletti 10-10-16  
Employee Signature                      Date

[Signature] 10-10-16  
Tester's Signature                      Date

**APPENDIX D**

**Contractor License and Certification**



State of Connecticut

## Lookup Detail View

**Name****Name**

A.A.I.S. CORP

**License Information**

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Contractor	17	08/31/2017	08/19/1994	A.A.I.S. CORP	ACTIVE	None

**Licensure Actions or Pending Charges**

Case Number	Date Case Closed	Documents
2005-2005663	08/03/2006	

Generated on: 1/17/2017 2:47:35 PM



## CONTRACTOR LICENSE AND CERTIFICATION LISTING

Page 1 of 1

Project Name: ME... RAINBOW HOUSE  
Project #: 2257317019  
Client: ET DCS

Project Name: ME... RAINBOW HOUSE  
Project #: 2257317019  
Client: ET DCS

Project Name: ME... RAINBOW HOUSE  
Project #: 2257317019  
Client: ET DCS

NAME	DATE CHECKED BY CARDNO ATC	SOCIAL SECURITY #.	DPH LICENSE #	MEDICAL EXAM CERT. EXPIRATION	TRAINING CERT. EXPIRATION	FIT TEST CERT. EXPIRATION
GILBERTO DELVALLE	4/5/17	-2389	000734	4/2/18	5/5/17	5/5/17
OSCAR HERNANDEZ	4/5/17	-4724	000944	12/15/17	12/13/17	12/15/17
GERMAN RIVERA	4/5/17	-3824	005036	3/31/18	10/23/17	3/31/18
(14)						
JOHN SOLOMON	4/5/17	-6255	000386	3/2/18	9/4/17	10/10/17

**APPENDIX E**

**Contractor Daily Logs**

# DAILY LOG

PROJECT Mystic Ed Rainbow House DAY Thurs DATE 3/23/17

ADDRESS 40 Ors / School Rd

WORK AREA Dining Room


TIME	COMMENTS
7:00	AM Arrived on site truck is here we will unload the truck and go over the work to be done.
8:00	We will start in the Dining room setting up the poly.
9:00	Break After break we will continue with setting up in the Dining room.
10:00	went to the building next store to fill the water bottles up with water for the hot water heater.
12:00	lunch After lunch we will continue setting up in the dining room shower and negative air.
3:00	Containment is ready for tomorrow.
3:15	washing up and putting the tools away

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

175034  
JOB NAME & NUMBER Mystic Ed Rainbow House DAY Thurs DATE 3/23/17

DATE 3/23/17

FOREMAN SIGNATURE 

TIME	DATE
12:30	3/23/17



# DAILY LOG

PROJECT Mystic Id Rainbow House DAY Friday DATE 3/24/16

ADDRESS 40 Old School Rd.

WORK AREA Dining Room

TIME	COMMENTS
7:00	Arrived on site we will turn on the water for the shower and the negative air machine, and start removal.
	We will also be working in the kitchen taking the cabinets out of the way
9:00	Break After break we will continue taking down the sheet rock also working on bagging out.
12:00	Lunch After lunch we will be setting up on the sun porch we will cut the radiators out of the way.

FOREMAN'S SIGNATURE \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

JOB NAME & NUMBER 175034 (A) Mystic Ed Rainbow House DAY Friday DATE 3/24/17

DATE: 3/27/11

*Sh*

DATE \_\_\_\_\_

7:40	3/27/16
------	---------

**DAILY LOG**

PROJECT Mystic Ed Rainbow House DAY Monday DATE 3/27/17

ADDRESS 40 Oral School Rd

WORK AREA ~~Oral~~ Sun Pouch

Mystic Ed Rainbow House

Mandai

3/27/17

40 Orgl School Rd

~~14~~ Son Poursch

[illegible]

PAGE\_\_\_\_\_ OF\_\_\_\_\_

175039  
JOB NAME & NUMBER Mystic Ed Rainbow House DAY Monday DATE 3/27/17

[illegible]

FOREMAN SIGNATURE Bu h

DATE \_\_\_\_\_

7:30	3/28/17
------	---------

Tuesday  
~~Monday~~

Mystic Ed Rainbow House

~~Alfred~~

3/28/12

40 Oral School Rd


Sun Poursch

[illegible]

PAGE\_\_\_\_\_ OF\_\_\_\_\_

3/28/17  
JOB NAME & NUMBER Mystic Ed Rainbow House DAY Tuesday DATE 3/28/17

NAME	SS#	REG	OT	DT
------	-----	-----	----	----

FOREMAN SIGNATURE 

TIME	DATE
2:05	3/30/17

# DAILY LOG

PROJECT Mystic Ed Rainbow House DAY Wed DATE 3/29/17  
 ADDRESS 40 Oral School Rd  
 WORK AREA Dining Room

TIME	COMMENTS
7:00	AM Arrived on site we will be working on taking up the last of the tile
9:00	Break After break we will be working on pulling all the screws and nails out of the floor
12:00	lunch After lunch we will be working on final cleaning the area and wet wiping
3:10	showering out

FOREMAN'S SIGNATURE \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

JOB NAME & NUMBER 178039 (A) MysticEd Rainbow House DAY 3/29/17 DATE Wed.

NAME	SS#	REG	OT	DT
------	-----	-----	----	----

FOREMAN SIGNATURE 

CALLED IN AT THIS TIME

TIME	DATE
2:00	3/30/17



## DAILY LOG

PROJECT Nyske Ed Rainbow House DAY Thur. DATE 3/30/17ADDRESS 40 ~~at~~ Oral DriveWORK AREA Windows

TIME	COMMENTS
2:00	AM we will be working on out side windows where the sun porch is
9:00	Break After break continue on the sun porch window Frame Caulk
11:00	Working on the window on the 2nd floor bathroom window frame Caulk.
12:00	lunch After lunch we will be work on the kitchen windows taking the window glazing and window frame Caulk
3:10	putting the tools away,

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

Mystic Ed Rainbow House DAY Thru.

DATE \_\_\_\_\_

3/30/17

# WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

[illegible]

By \_\_\_\_\_

DATE \_\_\_\_\_

10:45	3/31/17
-------	---------

10:45

3/31/17

# DAILY LOG

PROJECT Mystic Ed Rainbow House DAY Friday DATE 3/31/17  
 ADDRESS 40 Oral Drive  
 WORK AREA Kitchen + Basement

TIME	COMMENTS
7:00	AM Arrived on site we will be setting up in the kitchen criticals and 1st layer
9:00	Break After break we will continue with setting up in the kitchen
12:00	Lunch After lunch setting up 2nd layer in the kitchen
3:00	putting the tools away.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

JOB NAME & NUMBER 175039 (A) Mystic-EJ Rainbow House DAY Friday DATE 3/31/17

# WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

[illegible]

FOREMAN SIGNATURE

TIME

DATE \_\_\_\_\_

CALLER IN AT THIS TIME

1:30

3/31/17

# DAILY LOG

PROJECT Mystic Edu. Center 175039 DAY Monday DATE 4-3-17

ADDRESS 240 Oral School Rd. Mystic CT. 06355

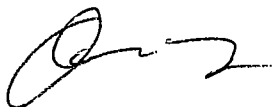
WORK AREA Kitchen, Basement

TIME	COMMENTS
7 <sup>00</sup>	- Access work Area, Crew Begins Removal of Kitchen Flooring To expose Blue Asbestos Floor tile
7 <sup>30</sup>	- Kitchen Flooring Removal stopped, Blue Floor Tile Breaking.
	- Continue Removal in Areas where there is no Floor Tile.
*	Joe Volano Request we schedule Time For site clean up at End of project.
8 <sup>00</sup>	- I.H. on site For clearance of Dining Rm. Black Rock and Sun porch Red Floor Tile.
10 <sup>20</sup>	- Containment Passes Air Test, Crew Moves De-Con
11 <sup>00</sup>	- Crew Moves De-Con
12 <sup>00</sup>	- Lunch
12 <sup>30</sup>	- Crew setting up Micro Trap.
1 <sup>00</sup>	- Crew Removing NON Asbestos layers of Flooring

3<sup>00</sup> - Secure work Area

3<sup>30</sup> - End of Day

FOREMAN'S SIGNATURE



PAGE 1 OF 1

JOB NAME & NUMBER mystic Edu. Rainbow - 175039 DAY Monday DATE 4-3-17

## WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

[illegible]

FOREMAN SIGNATURE

TIME

DATE \_\_\_\_\_

CALLER IN AT THIS TIME


## DAILY LOG

PROJECT Mystic EDU. Center 175039 DAY Tuesday DATE 4-4-17

ADDRESS 240 Oral School Rd. Mystic CT. 06355

WORK AREA Rainbow House

TIME	COMMENTS
7 <sup>00</sup>	- Activate Micro Trap
	- Crew cleaning up <del>NOH</del> Asbestos Flooring
7 <sup>30</sup>	- Activate De-Con, Crew suits up.
7 <sup>40</sup>	- Removal started.
8 <sup>10</sup>	- Crew using chipping Gun. to Remove Floor Tile.
8 <sup>50</sup>	- Crew De-Cons For Break
9 <sup>25</sup>	- Floor Tile Removal Continues.
11 <sup>10</sup>	- FRP Fire Alarm on site to service unit.
11 <sup>30</sup>	- Crew Bags out waste (5 Bags)
12 <sup>00</sup>	- Lunch
12 <sup>45</sup>	- Crew Final cleaning containment
1 <sup>45</sup>	- Crew De-Cons Tools
2 <sup>30</sup>	- Encapsulate Containment
2 <sup>40</sup>	- Crew secures Tools
3 <sup>15</sup>	- Secure work Area
3 <sup>30</sup>	- End of Day

  
FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

JOB NAME & NUMBER Mystic Edu. Rainbow 175039 DAY Tuesday DATE 4-4-17

## WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

[illegible]

FOREMAN SIGNATURE

TIME

DATE \_\_\_\_\_

CALLED IN AT THIS TIME



# DAILY LOG

PROJECT Mystic Edu. Center 175039 DAY Wed DATE 4-5-17

ADDRESS 240 Oral School Rd. Mystic CT.

WORK AREA Rainbow House

TIME	COMMENTS
7 <sup>00</sup> -	Access work area, Activate De-con
7 <sup>20</sup> -	I.H. on site to Run Air Clearance in
	Kitchen
	• Crew Preps at Basement For Chimney
	Flue Glovebag.
9 <sup>30</sup> -	Kitchen Containment Passes Air Test
10 <sup>00</sup> -	Basement Glovebag started
11 <sup>00</sup> -	Glovebag completed, crew Begins Tear
	down of Containment # 1 (Dinning Rm and
	Sun porch)
12 <sup>00</sup> -	Lunch
1 <sup>00</sup> -	I.H. Reviews report, window caulk assumed
	on All windows. A.I.S will remove windows
	and caulk at Time of Demo. Bldg. Security.
3 <sup>00</sup> -	Secure work Area
3 <sup>130</sup>	End of Day

  
FOREMAN'S SIGNATURE

PAGE 1 OF 1

JOB NAME & NUMBER Mystic Educ. Center 175039 DAY Wed DATE 4-5-17

## WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

[illegible]

FOREMAN SIGNATURE

TIME

DATE \_\_\_\_\_

CALLER IN AT THIS TIME

# DAILY LOG

PROJECT Mystic Edu. Center 175039 DAY Thursday DATE 4-6-17

ADDRESS 240 Oral School Rd. Mystic CT.

WORK AREA Rainbow House

TIME	COMMENTS
7 <sup>00</sup>	On site, Crew continues Tear Down
	and clean up.
12 <sup>00</sup>	Lunch
1 <sup>00</sup>	Transfer Waste to Dumpster (14 Bags)
2 <sup>00</sup>	Return Borrowed Equipment
3 <sup>00</sup>	SECURE WORK AREA
3 <sup>30</sup>	End of Day

  
FOREMAN'S SIGNATURE

PAGE 1 OF 1

JOB NAME & NUMBER Mystic Edu. Rainbow 175039 DAY Thursday DATE 4-6-17

## WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

[illegible]

FOREMAN SIGNATURE

TIME

DATE

CALLER IN AT THIS TIME

## DAILY LOG

PROJECT Mystic Edu. 175039 DAY Friday DATE 4-7-17

ADDRESS \_\_\_\_\_

**WORK AREA** \_\_\_\_\_

[illegible]

FOREMAN'S SIGNATURE

PAGE \_\_\_\_\_ OF \_\_\_\_\_

JOB NAME & NUMBER Mystic Edu. Center 175039 DAY Friday DATE 4-7-17

## WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

[illegible]

FOREMAN SIGNATURE \_\_\_\_\_

TIME

CALLER IN AT THIS TIME

--	--

**APPENDIX F**

**Containment Dive Sheets**

JOB Mystic Rd Rainbow House

A.A.I.S. Corp.

LOCATION

Dining room

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Jame Astimbay S.S.# 1209	3/24/17	7:15	8:59	9:22	11:58			
Darwin Caluopang S.S.# 0873	3/24/17	7:20	8:56	9:28	11:56			
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Jame Astimbay

EXCURSION SAMPLE WORN BY: Jame Astimbay

FOREMAN: Frank Camero

AMOUNT AND TYPE OF ASBESTOS REMOVED: Joint compound

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER



JOB Mystic Ed Rainbow House

A.A.I.S. Corp.

Sun porch

LOCATION

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Gilberto Delvalle	3/28/17	7:15	8:58	9:20				
S.S.# 2399								
<del>OSCAR</del> Hernandez	3/28/17	7:18	8:56	9:22				
S.S.# 4724								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Gilberto Delvalle

EXCURSION SAMPLE WORN BY: Gilberto Delvalle

FOREMAN: Frank Cavers

AMOUNT AND TYPE OF ASBESTOS REMOVED: Floor tile

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

A.A.I.S. Corp.

 JOB Mystic Ed Rainbow House LOCATION Dining room

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Oscar Hernandez S.S.# 45724	3/25/17	7:20	8:56	9:22	11:58	12:40	12:58	
C. Delvalle S.S.# 2399	3/25/17	7:21	8:52	9:21	11:59	12:45	3:10	
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Oscar HernandezEXCURSION SAMPLE WORN BY: Oscar HernandezFOREMAN: Frank CamerosAMOUNT AND TYPE OF ASBESTOS REMOVED: Floor tile Gasl cleaning

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

DIVE SHEET

# A.A.I.S. Corp.

JOB Mystic Edu. Rainbow 175039 LOCATION Kitchen Floor Tile

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
G. DeValle	4-4-17	7 <sup>40</sup>	8 <sup>50</sup>	9 <sup>25</sup>	11 <sup>55</sup>	12 <sup>45</sup>	2 <sup>30</sup>	
S.S.#								
G. Rivera		7 <sup>40</sup>	8 <sup>50</sup>	9 <sup>25</sup>	11 <sup>50</sup>	12 <sup>45</sup>	2 <sup>40</sup>	
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: G. Rivera

EXCURSION SAMPLE WORN BY: Same

FOREMAN: Oscar Hernandez

AMOUNT AND TYPE OF ASBESTOS REMOVED: 150 S.F. V.A.T.

AMOUNT OF ASBESTOS DISPOSED OF: 5 BAGS        WRAPPED

       DRUMS        OTHER

**APPENDIX G**

**Contractor Personal Air Sampling Logs**

PO# \_\_\_\_\_

## AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

 M.I.L.Y. N. \_\_\_\_\_  
 Faxed \_\_\_\_\_  
 Called \_\_\_\_\_  
 Logged \_\_\_\_\_
Sample Source Mystic Edu. Center Job # 175039Sampled by O H Date Sampled 4-4-17 Customer Name A.A.I.S. Corp.Analyst JOHN COLLARD Date Received 4/6/17 Date Tested 4/6/17

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
44-1 Date: 4-4-17 Mask: 1/2 FACE Name: G. Rivera SS# 3824 Code: 5 Task: VAT	7 <sup>40</sup> 8 <sup>10</sup>	2.0 2.0	60	10/10	(12.7)	0.0817 <u>0.0817</u>	
44-2 Date: 4-4-17 Mask: 1/2 FACE Name: G. Rivera SS# 3824 Code: 1 Task: VAT	8 <sup>10</sup> 2 <sup>40</sup>	2.0 2.0	780	OVERFLOW			
Date: Mask: Name: SS# Code: _____ Task:				0/10	(0.00)		
Date: Mask: Name: SS# Code: _____ Task:				0/10	(0.00)		
Date: Mask: Name: SS# Code: _____ Task:							
Report Reviewed by _____ Date _____				Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Field Blanks {				Reference Slide #: <u>PS 104</u>			
Laboratory Blank							
Project <u>Mystic Edu. Center</u>				Sample Codes:			
Location <u>Rainbow House Kitchen</u>				1-Personal			
Foreman <u>OSCAR Hernandez</u>				2-Work Area			
Superintendent <u>C.P.</u>				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 Mystic Ed Rainbow House Job # 175039Sampled by Frank Camer Date Sampled 3/24/17 Customer Name A.A.I.S. Corp.Analyst JOHN COLETT Date Received 4/5/17 Date Tested 4/6/17

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
1 Date: 3/24/17 Mask: 4/F Name: Jaime Asimboy SS# 1209 Code: 5 Task: sheet rock	7:15 7:45	2.9 2.9	87	34/100	(43)	0.1917	
2 Date: 3/24/17 Mask: 4/F Name: Jaime Asimboy SS# 1209 Code: 1 Task: sheet rock	7:45 12:00	2.9 2.9	739.5	OVERLOADED			
3 Date: 3/24/17 Mask: Name: FB SS# Code: _____ Task:				2/100	2.54		
4 Date: 3/24/17 Mask: Name: LB SS# Code: _____ Task:				0/100	0.00		
 Date: Mask: Name: SS# Code: _____ Task:							

Report Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Blank(s) Received? Y ☒ N ☐Field Blanks \_\_\_\_\_  
Laboratory Blank \_\_\_\_\_ Reference Slide #: MS 101Project Mystic Ed Rainbow House  
Location Dining Room  
Foreman Frank Camer  
Superintendent Chris Perinetti  
Sample Codes:  
1-Personal  
2-Work Area  
3-Outside Area  
4-Final Clearance  
5-ExcursionI, [Signature], 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 Mystic Ed, Rainbow House Job # 175039Sampled by FLamers Date Sampled 3/28/17 Customer Name A.A.I.S. Corp.Analyst JOHN COLETTA Date Received 3/28/17 Date Tested 3/6/17

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
5 Date: 3/28/17 Mask: <u>N95</u> Name: <u>B. Delville</u> SS# <u>2355</u> Code: <u>5</u> Task: <u>Floor tile</u>	7:20 7:50	2.9 2.9	87	6/100	(7.6)	0.0338	
6 Date: 3/28/17 Mask: <u>N95</u> Name: <u>B. Delville</u> SS# <u>2355</u> Code: <u>1</u> Task: <u>Floor tile</u>	7:50 3:00	2.9 2.9	1247	10/100	(12.7)	0.0035	
7 Date: 3/28/17 Mask: <u>N95</u> Name: <u>FD</u> Code: <u>   </u> Task: <u>   </u>				0/100	(0.00)		
8 Date: 3/28/17 Mask: <u>N95</u> Name: <u>LD</u> Code: <u>   </u> Task: <u>   </u>				0/100	(0.00)		
 Date: Mask: Name: SS# Task: Code: 							
Report Reviewed by _____ Date _____				Blank(s) Received? Y <u>   </u> N <u>   </u>			
Field Blanks <u>1</u>				Reference Slide #: <u>RS-101</u>			
Laboratory Blank <u>1</u>							
Project <u>Mystic Ed Rainbow House</u>				Sample Codes:			
Location <u>Sun porch</u>				1-Personal			
Foreman <u>Frank Camers</u>				2-Work Area			
Superintendent <u>Chris Perinetti</u>				3-Outside Area			
				4-Final Clearance			
				5-Excursion			

I, John Coletta, 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 Mystic Ed. Rainbow House Job # 175039

 Sampled by FCamera Date Sampled 3/29/17 Customer Name A.A.I.S. Corp.

 Analyst JOHN COLETTA Date Received 4/3/17 Date Tested 4/6/17

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
9 Date: <u>3/29/17</u> Mask: <u>HE</u> Name: <u>Oscar Hernandez</u> SS# _____ Code: <u>5</u> Task: _____	7:20 7:50	29 29	87	8/100	(10.2)	0.0451	
10 Date: <u>3/29/17</u> Mask: <u>HE</u> Name: <u>Oscar Hernandez</u> SS# _____ Code: <u>1</u> Task: _____	7:50 3:10	29 29	1276	13/100	(16.6)	0.0050	
11 Date: <u>3/29/17</u> Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				0/100	(0.00)		
12 Date: <u>3/29/17</u> Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				0/100	(0.00)		
_____ Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

 Report Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Blank(s) Received? Y ☒ N ☐

 Field Blanks \_\_\_\_\_  
 Laboratory Blank \_\_\_\_\_ Reference Slide #: 125101

 Project Mystic Ed Rainbow House  
 Location Dining Room  
 Foreman Frank Camera  
 Superintendent Chris Perinetti  
 Sample Codes:  
 1-Personal  
 2-Work Area  
 3-Outside Area  
 4-Final Clearance  
 5-Excursion

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



**APPENDIX H**

**State of Connecticut Notification**

175039



**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	<input checked="" type="checkbox"/>	B. BLANKET	<input type="checkbox"/>	C. CANCELLATION/POSTPONED	C <input type="checkbox"/>	P <input type="checkbox"/>
D. REVISED	<input type="checkbox"/>	(ITEMS REVISED)			REVISION #	
E. EMERGENCY	<input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY _____				

**2. ABATEMENT CONTRACTOR**

NAME	AAIS Corporation		LICENSE #	000017
ADDRESS	802 Boston Post Rd., P.O. 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		STATE	CT	ZIP	06106
ADDRESS	450 Columbus Blvd.,					
CITY	Hartford	CONTACT PERSON	Michael Sanders			
PHONE #	(860) 713-5702					

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

ADDRESS	240 Oral School Rd., Former Mystic Educ Center, Rainbow House		
CITY	Mystic	STATE	CT
ZIP	06355		

**5. PROJECT DATES**

5.(A) ABATEMENT START DATE	03/23/17	5.(B) COMPLETION DATE	04/07/17
----------------------------	----------	-----------------------	----------

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**

\* REVISED COST (ONLY FOR REVISIONS)

**7. USE OF FACILITY**

A. SCHOOL (K-12)	<input type="checkbox"/>	B. PUBLIC BUILDING	<input type="checkbox"/>	C. MANUFACTURING	<input type="checkbox"/>	D. OFFICE	<input type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS	<input type="checkbox"/>	I. OTHER	<input checked="" type="checkbox"/>		
(I. SPECIFY) Vacant School Admin Bldg									

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 2,480

NUMBER OF FLOORS 2

AGE 89

## 9. ABATEMENT CLASSIFICATION

RENOVATION

☒

DEMOLITION

☐

ORDERED DEMO

☐

(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

## 10. ABATEMENT TECHNIQUE

A. FULL CONTAINMENT WITH NEGATIVE AIR

☒

B. ALTERNATIVE WORK PRACTICE

☒(PRE-APPROVAL  
REQUIRED)

(IF AWP, Include)

PROJECT DESIGNER &amp; LICENSE #

, DPW Blanket - Scenarios , 2 ,

C. EXTERIOR ABATEMENT

☐

D. SPOT REPAIR (&gt; 25 SF Total)

☐

## 11. ABATEMENT METHOD

A. REMOVAL

☒

B. ENCAPSULATION

☐

C. ENCLOSURE

☐

## 12. TYPE OF DECONTAMINATION SYSTEM

A. CONTIGUOUS

☐

B. REMOTE

☐

C. BOTH

☒

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

## FRIABLE MATERIAL

A. SPRAYED OR TROWELED ON

- Ft.

B. BOILER INSULATIN

- Ft.

C. TANK INSULATION

- Ft.

D. BREECHING INSULATION

- Ft.

E. DUCT INSULATION

- Ft.

F. CEILING TILES

- Ft.

G. OTHER (Specify)

Flue Cement

2 Ft.

- Ft.

- Ft.

- Ft.

## NON-FRIABLE MATERIAL

Category I: I. Floor Covering - Floor Tiles

360 Ft.

Linoleum

- Ft.

J. ROOFING (Specify)

- Ft.

Specify (Flashing/Field/Etc...)

- Ft.

K. GASKETS, PACKINGS

- Ft.

Category II: L. TRANSITE BOARD

- Ft.

M. OTHER (Specify)

Ft.

Window Glazing

15 LF Ft.

Window Caulking

500 LF Ft.

Joint Compound

100 Ft.

- Ft.

H.\* PIPE INSULATION

Use conversion table

TOTAL SQUARE FEET

(Pipe Diameter) "

Linear Feet

X

CF\*

=

Total Square 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.

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 Transwaste, Inc.

ADDRESS 3 Barker Street

CITY, ST, ZIP Wallingford, CT 06492

NAME USA Hauling

ADDRESS 15 Mullen Road

CITY, ST, ZIP Enfield, CT 06082

INDIVIDUAL COMPLETING THIS FORM

Joe Villano, VP Demo

Name &amp; Title

Signature

MAIL COMPLETED FORM TO:

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

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

Check box for applicable AWP scenario.

☐

**1. Scenario 1-Renovation Projects: Friable Thermal System Pipe Insulation**

In lieu of the requirements of Subsection 19a-332a-5(e) of the Regulations of Connecticut State Agencies (RCSA), the Contractor shall isolate the work area from the non-work area using barriers as detailed in Subsection 19a-332a-5(c) of the RCSA. Additionally, a single layer of 6-mil polyethylene sheeting shall be installed by the Contractor 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 shall comprise the ceiling of the airtight enclosure. The thermal system pipe insulation shall then be abated by the Contractor using the glove bag procedure, as detailed in USDOL OSHA Regulation 29 CFR 1926.1101. In conjunction with the glove bag procedure, the Contractor shall also place a single layer of polyethylene sheeting below the pipe insulation being abated to serve as a drop cloth.

☒

**2. Scenario 2 - Renovation Projects: Non-friable ACM**

In lieu of the requirements of Subsection 19a-332a-5(e) of the RCSA, the Contractor shall isolate the work area from the non-work area using barriers as detailed in Subsection 19a-332a-5(c) of the RCSA. Additionally, a single layer of 4-mil or 6-mil polyethylene sheeting shall be installed by the Contractor to seal the wall and (if they are not to be abated) the floor surfaces in the contained asbestos work area. Unless written approval by the DPH is otherwise received, this work practice shall only be applicable to the abatement of the following non-friable ACMs: flooring/treading, cove base, mastic/glues, transite/cementitious materials, glue daubs, gaskets, glazing, caulking, putty, and asphalt materials.

☐

**3. Scenario 3 - Demolition, Safe Structure: Friable Thermal System Pipe Insulation:**

In lieu of the requirements of Subsection 19a-332a-5(e) of the RCSA, the Contractor shall isolate the work area from the non-work area by barriers as outlined in Subsection 19a-332a-5(c) of the RCSA. The thermal system pipe insulation shall then be abated by the Contractor using the glove bag procedure as detailed in USDOL OSHA Regulation 29 CFR 1926.1101. In conjunction with the glove bag procedure, the Contractor shall also place a single layer of polyethylene sheeting below the pipe insulation being abated to serve as a drop cloth.

☐

**4. Scenario 4-Demolition, Safe Structure: Non-friable ACM**

In lieu of the requirements of Subsection 19a-332a-5(e) of the RCSA, the Contractor shall isolate the work area from the non-work area using barriers as detailed in Subsection 19a-332a-5(c) of the RCSA. Unless written approval by the DPH is otherwise received, this work practice shall only be applicable to the abatement of the following non-friable ACMs: flooring/treading, cove base, mastic/glues, transite/cementitious materials, glue daubs, gaskets, glazing, caulking, putty, and asphalt materials.

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.  
Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### Environmental Health Section

February 23, 2017

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

Re: Application for Approval of Alternative Work Practice: Various Properties Administered By the CT Department of Administrative Services, Division of Construction Services.

Dear Mr. Fennell:

This letter is in response to an application prepared by you on February 17, 2017, requesting approval of a blanket Alternative Work Practice for the removal of asbestos-containing materials (ACM) associated with the renovation and demolition of various properties under the administration of the CT Department of Administrative Services, Division of Construction Services. This application serves as an extension to a previously approved "blanket" alternative work practice request, and shall be in effect from February 23, 2017 to February 22, 2018.

Based upon the information provided in the application describing the proposed AWP, conditional approval is granted by the Department of Public Health (DPH). As a condition of approval, each DPH licensed Asbestos Abatement Contractor (Contractor) utilizing these approved AWP's shall submit a copy of this approval letter with the asbestos abatement notification form (AANF) submitted for each project. The AANF must clearly reference the AWP scenario(s) to be utilized in performing the project. Further, the AANF shall clearly indicate the quantities and type(s) of asbestos-containing material (ACM) to be removed by each scenario.

Approval is conditionally granted by the DPH for the following scenarios:

#### **Scenario 1 – Renovation Projects: Friable Thermal System Pipe Insulation**

In lieu of the requirements of Subsection 19a-332a-5(e) of the Regulations of Connecticut State Agencies (RCSA), the Contractor shall isolate the work area from the non-work area using barriers as detailed in Subsection 19a-332a-5(c) of the RCSA. Additionally, a single layer of 6-mil polyethylene sheeting shall be installed by the Contractor 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 shall comprise the ceiling of the airtight enclosure. The thermal system pipe insulation shall then be abated by the Contractor using the



Phone: (860) 509-7367 • Fax: (860) 509-7378  
410 Capitol Avenue, MS #51AIR P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

glove bag procedure, as detailed in USDOL OSHA Regulation 29 CFR 1926.1101. In conjunction with the glove bag procedure, the Contractor shall also place a single layer of polyethylene sheeting below the pipe insulation being abated to serve as a drop cloth.

**Scenario 2 -- Renovation Projects: Non-friable ACM**

In lieu of the requirements of Subsection 19a-332a-5(e) of the RCSA, the Contractor shall isolate the work area from the non-work area using barriers as detailed in Subsection 19a-332a-5(c) of the RCSA. Additionally, a single layer of 4-mil or 6-mil polyethylene sheeting shall be installed by the Contractor to seal the wall and (if they are not to be abated) the floor surfaces in the contained asbestos work area. Unless written approval by the DPH is otherwise received, this work practice shall only be applicable to the abatement of the following non-friable ACMs: flooring/treading, cove base, mastic/glues, transite/cementitious materials, glue daubs, gaskets, glazing, caulking, putty, and asphalt materials.

**Scenario 3 -- Demolition, Safe Structure: Friable Thermal System Pipe Insulation:**

In lieu of the requirements of Subsection 19a-332a-5(e) of the RCSA, the Contractor shall isolate the work area from the non-work area by barriers as outlined in Subsection 19a-332a-5(c) of the RCSA. The thermal system pipe insulation shall then be abated by the Contractor using the glove bag procedure as detailed in USDOL OSHA Regulation 29 CFR 1926.1101. In conjunction with the glove bag procedure, the Contractor shall also place a single layer of polyethylene sheeting below the pipe insulation being abated to serve as a drop cloth.

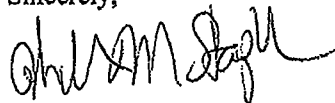
**Scenario 4 -- Demolition, Safe Structure: Non-friable ACM**

In lieu of the requirements of Subsection 19a-332a-5(e) of the RCSA, the Contractor shall isolate the work area from the non-work area using barriers as detailed in Subsection 19a-332a-5(c) of the RCSA. Unless written approval by the DPH is otherwise received, this work practice shall only be applicable to the abatement of the following non-friable ACMs: flooring/treading, cove base, mastic/glues, transite/cementitious materials, glue daubs, gaskets, glazing, caulking, putty, and asphalt materials.

Except as noted in this letter, all other work practices specified in the RCSA are mandatory. This approval is specific to the identified facilities, and does not relieve the Contractor or facility owner from meeting the requirements of any other federal, state, or municipal code or regulation. Additionally, this approval does not address the removal of solvents, petroleum products, or any other controlled or hazardous materials that may, or may not, exist at the subject sites. Guidance from applicable Federal and State regulatory agencies shall be sought regarding any such matters. The DPH reserves the right to rescind this approval should it determine that equivalent means of asbestos emission control are not maintained.

Please contact me directly at 860-509-7370 if you wish to discuss this matter further.

Sincerely,



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

**APPENDIX I**

**Asbestos Disposal & Documentation Form**



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

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

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

# E.P.A. AGENCY

NY GENERATORS

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

415  
# 3332

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

## ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 175039 P.O. # 68837  
Contractor AAIS Corporation  
Address PO Box 26066  
City West Haven State CT Zip 06516  
Telephone Number 203-932-2992  
Date Container Del. 3-22-2017 Date of Pickup 6/14/2017  
Type of Container 40  
**VOLUME** 5.25 **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 450 Columbus Blvd  
City Hartford State CT Zip 06103  
Phone Number 860-713-5702

### GENERATING LOCATION

Mystic Rd Rainbow House  
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: 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 # 49335A CT State / # Date: 6-26-17  
Acknowledgement of receipt of materials.

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

Name Address Telephone #

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

Site <input type="checkbox"/> <u>Modern Landfill</u>	Site <input type="checkbox"/> <u>Minerva Enterprises</u>	Site <input type="checkbox"/> <u>Hakes Landfill</u>	Site <input checked="" type="checkbox"/> <u>WTL</u>
Address: <u>4400 Mount Pisgah Rd.</u>	Address: <u>9000 Minerva S.E.</u>	Address: <u>4376 Manning Ridge Rd.</u>	Address: <u>1500 Hill Lane</u>
<u>York, PA 17402</u>	<u>Waynesburg, OH 44688</u>	<u>Painted Post, NY 14870</u>	<u>Mt Pleasant, PA 17148</u>
Phone: <u>717-246-4615</u>	Phone: <u>330-866-3435</u>	Phone: <u>607-937-6044</u>	Phone: <u>717-769-6977</u>

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.

Name of Authorized Agent *[Signature]* Signature *[Signature]* Receipt Date 6/27/17

GENERATOR



**APPENDIX J**

**Drawings**

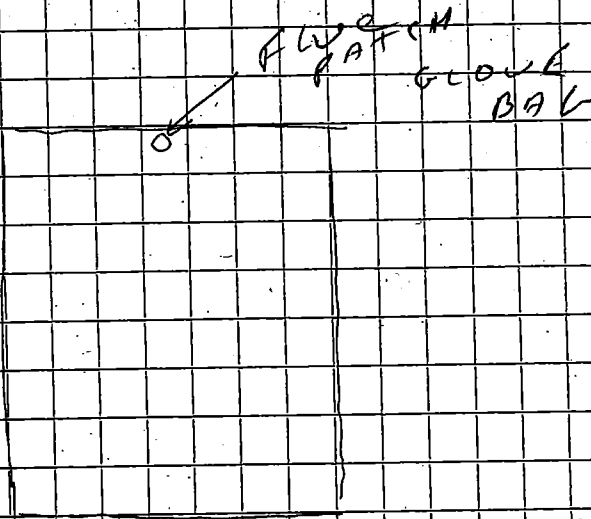
RAINBOW  
HOUSE  
BASEMENT

SHEET NO. OF

JOB NO.

BY DATE

CK DATE



RAINBOW  
HOUSE  
FIRST  
FLOOR

SHEET NO.      OF  
JOB NO.  
BY      DATE  
CK      DATE

