

# Appendix C

## Asbestos Containing Material Removal Closeout Reports

# Project Monitor Closeout Report

QuES&T, Inc. – ACM Project Monitor



Quality Environmental Solutions & Technologies, Inc.

**PROJECT CLOSEOUT**

**EARTH RESOURCES TECHNOLOGY, INC  
EXTERIOR NON-FRIABLE & FRIABLE ACM DEBRIS  
CLEANUP & REMOVALS  
1550 BALMER ROAD  
YOUNGSTOWN, NEW YORK  
ATTN: SEAN CARNEY**

**PREPARED BY**

**QUALITY ENVIRONMENTAL SOLUTIONS  
& TECHNOLOGIES, INC.  
1376 ROUTE 9  
WAPPINGERS FALLS, NEW YORK**





Quality Environmental Solutions & Technologies, Inc.

**COMPANY LICENSE (S) &  
LABORATORY CERTIFICATIONS**



NEW YORK STATE DEPARTMENT OF LABOR

DIVISION OF SAFETY AND HEALTH  
LICENSE AND CERTIFICATE UNIT  
STATE CAMPUS BUILDING 12  
ALBANY, NY 12240

ASBESTOS HANDLING LICENSE

Quality Environmental Solutions & Technologies, Inc.  
1376 Route 9  
Wappinger Falls, NY 12590

FILE NUMBER: 99-0018  
LICENSE NUMBER: 29085  
LICENSE CLASS: RESTRICTED  
DATE OF ISSUE: 01/27/2009  
EXPIRATION DATE: 01/31/2010

Duly Authorized Representative - Lawrence J. Holzapfel

This license has been issued in accordance with applicable provisions of Article 30 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.



Maureen A. Cox, Director  
FOR THE COMMISSIONER OF LABOR

NEW YORK STATE DEPARTMENT OF HEALTH  
WADSWORTH CENTER  
RICHARD F. DAINES, M.D.



Expires 12:01 AM April 01, 2010  
Issued April 01, 2009

**CERTIFICATE OF APPROVAL FOR LABORATORY SERVICE**

*Issued in accordance with and pursuant to section 502 Public Health Law of New York State*

**MR. PAUL E. STASCAVAGE**  
**EAS INC - EASTERN ANALYTICAL SERVICES INC**  
**4 WESTCHESTER PLAZA**  
**ELMSFORD, NY 10523-1610**

**NY Lab Id No: 10851**  
**EPA Lab Code: NY00909**

*is hereby APPROVED as an Environmental Laboratory for the category*  
**ENVIRONMENTAL ANALYSES AIR AND EMISSIONS**  
*All approved subcategories and/or analytes are listed below:*

**Metals I**

Lead, Total NIOSH 7082

**Miscellaneous Air**

Asbestos 40 CFR 763 APX A No. III  
NIOSH 7402  
YAMATE, AGARWAL GIBB

Fibers NIOSH 7400 A RULES

Radon Charcoal canister

**Serial No.: 39091**

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted. Valid certificates have a raised seal. Continued accreditation depends on successful ongoing participation in the Program. Consumers are urged to call (518) 485-5570 to verify laboratory's accreditation status.

STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



MUST BE CARRIED ON ASBESTOS PROJECTS



IF FOUND RETURN TO:  
NYS DOL - L&C UNIT  
ROOM 161A BUILDING 12  
STATE OFFICE CAMPUS  
ALBANY NY 12240



New York State Department of Labor  
David A. Paterson, *Governor*  
M. Patricia Smith, *Commissioner*

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May 27, 2009

QUEST  
1376 Rte 9  
Wappingers Falls, NY 12590

RE: File No. 09-0453

Dear Sir/Madam:

**STATE OF NEW YORK  
DEPARTMENT OF LABOR  
DIVISION OF SAFETY AND HEALTH**

The attached is a copy of Decision, dated, 5/26/2009, which I have compared with the original filed in this office and which I DO HEREBY CERTIFY to be a correct transcript of the text of the said original.

If you are aggrieved by this decision you may appeal within 60 days from its issuance to the Industrial Board of Appeals as provided by Section 101 of the Labor Law. Your appeal should be addressed to the Industrial Board of Appeals, Empire State Plaza, Agency Building 2, 20<sup>th</sup> Floor, Albany, New York, 12223 as prescribed by its Rules and Procedure, a copy of which may be obtained upon request.

WITNESS my hand and the seal of the  
NYS Department of Labor, at the City of  
Albany, this *27th* day of *May*,  
Two thousand nine

A black rectangular redaction box covering the signature area.

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Christopher Alonge, P.E.  
Associate Safety and Health Engineer  
Engineering Services Unit

ES

STATE OF NEW YORK  
DEPARTMENT OF LABOR  
STATE OFFICE BUILDING CAMPUS  
ALBANY, NEW YORK 12240-0100

Variance Petition

of  
QUEST  
Petitioner's Agent on Behalf of

U.S. A.C.E. Baltimore District  
Petitioner

in re

Premises: Former Acid Neutralization Building  
1550 Balmer Road  
Youngstown, NY 14174

**Exterior Non-Friable and Friable ACM Debris  
Cleanup and Removals**

File No. 09-0453

DECISION

Cases 1- 8

ICR 56

The Petitioner, pursuant to Section 30 of the Labor Law, having filed Petition No. 09-0453 on May 26, 2009 with the Commissioner of Labor for a variance from the provisions of Industrial Code Rule 56 as hereinafter cited on the grounds that there are practical difficulties or unnecessary hardship in carrying out the provisions of said Rule; and the Commissioner of Labor having reviewed the submission of the petitioner dated May19, 2009; and

Upon considering the merits of the alleged practical difficulties or unnecessary hardship and upon the record herein, the Commissioner of Labor does hereby take the following actions:

Case No. 1	ICR 56-7.5
Case No. 2	ICR 56-7.8
Case No. 3	ICR 56-7.10 (c)
Case No. 4	ICR 56-7.11(a-e)

Case No. 5	ICR 56-8.2 (b)
Case No. 6	ICR 56-8.9
Case No. 7	ICR 56-9.1(a-f)
Case No. 8	ICR 56-9.2 (d) (1)

VARIANCE GRANTED. The Petitioner's proposal for cleanup and removal of damaged non-friable ACM transite and friable ACM debris at the subject premises in accordance with the attached 15-page stamped copy of the Petitioner's submittal, is accepted; subject to the Conditions noted below:

### THE CONDITIONS

1. As written with modifications noted.
2. Usage of this variance is limited to those asbestos removals identified in this variance or as outlined in the Petitioner's proposal.

In addition to the conditions required by the above specific variances, the Petitioner shall also comply with the following general conditions:

### GENERAL CONDITIONS

1. A copy of this DECISION and the Petitioner's proposals shall be conspicuously displayed at the entrance to the personal decontamination enclosure.
2. This DECISION shall apply only to the removal of asbestos-containing materials from the aforementioned areas of the subject premises.
3. The Petitioner shall comply with all other applicable provisions of Industrial Code Rule 56-1 through 56-12.
4. The NYS Department of Labor Engineering Service Unit retains full authority to interpret this variance for compliance herewith and for compliance with Labor Law Article 30. Any deviation to the conditions leading to this variance shall render this variance Null and Void pursuant to 12NYCRR 56-12.2. Any questions regarding the conditions supporting the need for this variance and/or regarding compliance hereto must be directed to the Engineering Services Unit for clarification.

5. This DECISION shall terminate on May 31, 2011.

Date: May 26, 2009

M. PATRICIA SMITH  
COMMISSIONER OF LABOR

By

Christopher G. Alonge, P.E.  
Associate Safety and Health Engineer

PREPARED BY: Edward A. Smith, P.E.  
Senior Safety and Health Engineer

REVIEWED BY: Christopher G. Alonge, P.E.  
Associate Safety and Health Engineer

Note: Add a separate typed or printed page for each work area and work procedure. Sign and date each page.

8. **Work Area Description Table:** Attach additional tables and scale drawings of work area and pictures, as needed,

Work Area Designation	Exterior or Interior	Work/Room Area Dimensions	Type of Asbestos Containing Material (ACM)	Quantity of ACM	Condition of ACM (level of damage)	Friability of ACM (non-friable or friable)	Type of Containment (full, 2-layer tent, single layer tent, open-air, etc.)
ANB	EXT	1300 SF	TRANS & TSI	Debris 45LF/10SF	DAM & SIG DAM	FRIABLE	TENT - 2 layer MOB. CONTAINMENT

9. **ICR 56 Relief Sought:** List the individual sections of ICR 56 for which relief is sought, for each work area or method used. Provide sufficient detail in an attachment. **SEE ATTACHED**

10. **Hardship Description:** What is the hardship, (e.g. Limited room for decons, exhaust ducts must be longer than 25 feet, all surfaces are contaminated and cannot be plasticized) for each work area or method used? Provide sufficient detail in an attachment. Include condemnation letter or EPA Approval letter if applicable. **SEE ATTACHED**

11. **Proposed Abatement Method Description for each work area or method used.** Include scale drawings and pictures as necessary. Lack of sufficient detail will delay issuance of variance decision.  
 a. Will proposed abatement methods render non-friable ACM material friable? Yes No  
 b. What proposed abatement method, increased engineering controls and detailed procedures will be used to compensate for the relief being sought? (1.e, Increased negative air rate, negative pressure glovebag, negative pressure glovebox, high temperature glovebag, intact component removal, etc.) Include sufficiently detailed procedures to complete the proposed work, **SEE ATTACHED**

### Project Designer Certification

I request that the Commissioner of Labor issue a variance from the requirements of Industrial Code Rule (ICR) 56. This request is based on the information in this application and the attached documents.

**I certify that the information contained in this petition is true and accurate.**

I understand that if a variance is granted it may be withdrawn by the Commissioner:

- if any of the information provided in this petition is found to be inaccurate or
- if there are violations of Article 30 of the New York State Labor Law or New York State regulations.

I give the Commissioner of Labor permission to provide all of my companies records for Unemployment Insurance (U.I.) reports and contributions to employees of the New York State Department of Labor. This includes information about withholding, wage reporting, U.I. returns, U.I. registration, New Hires, and all records of U.I. delinquencies. This information may only be used for government purposes regarding the licensing and certification of this company as required by Article 30 of the New York State Labor Law and the regulations of the New York State Department of Labor, and for monitoring the company's compliance with Article 30 and ICR 56.

- 12 a. Project designer name (print): Vincent R. Lander  
 b. Project Design Asbestos Contractor firm name: Quality Environmental Solutions & Technologies, Inc.  
 c. Street: 1376 Route 9  
 d. City: Wappingers Falls e. State: NY, f. Zip: 12590 g. Phone: (845) 298-6031  
 h. Designer certificate number: 88-00504 i. Expiration Date: 07/31/2008  
 j. Design Firm Asbestos Contractor License No: [REDACTED] k. License Date: 01/31/2009  
 13 a. Project designer signature: [REDACTED] b. Date: 5, 19, 09

# QuES&T

Quality Environmental Solutions & Technologies, Inc.

May 15, 2009

Mr. Chris Alonge, P.E.  
Engineering Services Unit  
NYS Department of Labor  
State Campus, Bldg. 12, Room 154  
Albany, New York 12240

Dear Mr. Alonge,

Attached is a petition for variance relating to 1) clean-up of non-friable asbestos containing transite materials and suspect pipe insulation from on top of a concrete floor slab and 2) removal of remaining damaged thermal system insulation from an abandoned outdoor field site within a secured facility at the Former Lake Ontario Ordnance Works, Niagara County, NY. This Work area is part of a clean-up program defined by the Owner to provide a safe environment for subsequent site work. The project involves the cleanup and disposal of exposed friable and/or non-friable ACM that has been observed within the footprint of the former Acid Neutralization Building.

The Building was partially demolished in 1999. The roof, structural members, concrete slab/foundation and abandoned piping remain. The rubble from the partial demolition remains on site. Both suspect friable ACM (pipe insulation) and non-friable ACM (transite panels) were identified, by others, within the rubble observed on the concrete floor slab. Approximately 45 linear ft of damaged suspect friable ACM pipe insulation remains on exposed piping and approximately 10 square ft of suspect ACM was noted mixed within the rubble that remains on the concrete slab and within the footprint of the Acid Neutralization Building. The asbestos project will be limited to removal of residual pipe insulation/fittings and cleanup of debris remaining on top of the concrete floor slab.

QuES&T Project No. 09-5174

Page 2 of 14

The proposed procedure incorporates the use of wet methods and manual procedures for collection and disposal of visible suspect debris. Removal of residual thermal insulation on exposed piping will be removed utilizing double layer negative pressure tents. Air monitoring will be performed in compliance with ICR 56-4. As such, use of this procedure will 1) not expose removal workers or the general public to elevated levels of asbestos fibers, 2) address practical operational problems in safe conduct of this project and 3) alleviate unnecessary financial hardship to the Owner.

If you require additional information regarding this submittal, please contact me. Thank you for your consideration regarding this matter.

Sincerely,



Vincent R. Lander  
President

**ENVIRONMENTAL CONSULTING AND TRAINING**

**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

**Project Site:**

The Acid Neutralization Building was partially demolished in 1999. The rubble from the partial demolition remains on site. Both suspect friable ACM (pipe insulation) and non-friable ACM (transite panels) were identified, by others, within the rubble. Approximately 45 linear ft of damaged suspect friable ACM pipe insulation remains on exposed piping and approximately 10 square ft of suspect ACM was noted mixed within the rubble that remains on the concrete slab and within the footprint of the Acid Neutralization Building.

**Nature of Work:**

The project involves the cleanup and disposal of exposed friable and/or non-friable ACM that has been observed within the footprint of the former Acid Neutralization Building.

The Building was partially demolished in 1999. The roof, structural members, concrete slab/foundation and abandoned piping remain. The rubble from the partial demolition remains on site. Both suspect friable ACM (pipe insulation) and non-friable ACM (transite panels) were identified, by others, within the rubble observed on the concrete floor slab. Approximately 45 linear ft of damaged suspect friable ACM pipe insulation remains on exposed piping and approximately 10 square ft of suspect ACM was noted mixed within the rubble that remains within the footprint of the Acid Neutralization Building. The asbestos project will be limited to removal of residual pipe insulation/fittings and cleanup of debris remaining on top of the concrete floor slab.

The project involves the cleanup and disposal of friable and/or non-friable ACM that has been observed within an abandoned outdoor field site at the former Acid Neutralization Building.

This work is being performed by a licensed NYS asbestos contractor using trained and certified workers. A pre-job safety meeting will be held with the contractor to review acceptable work practices and the contents of the approved job specific variance.

The asbestos work areas will be vacated during removal/cleanup of ACM. Only certified asbestos workers shall be permitted within work areas where removal of ACM is being conducted.

The work is scheduled to be performed outdoors. Therefore, concern exists with inclement weather and duration of the enclosures.

**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

**Applicable Sections:**

56-7.5  
56-7.8  
56-7.10(c)  
56-7.11(a) through (e)  
56-8.2(b)  
56-8.9  
56-9.1 (a) through (f)  
56-9.2(d)

**SPECIFIC VARIANCE**

1. The vacation of each work area and warning signs shall comply with ICR-56-7.4(a).
2. The regulated abatement area shall be considered to be the interior of the modified tent enclosure. Access to the regulated abatement work area will be restricted in conformance with ICR-56-7.4(b). Uncertified persons shall not be permitted within the demarcated perimeter area.
3. The entire perimeter of the former Acid Neutralization Building footprint shall be enclosed within a barrier or fence (example: orange construction fence or snow fence) near the edge of the concrete floor slab. Signage in accordance with the requirements of ICR 56-7.4(c) shall be posted on the exterior side of the work area barrier/fence warning the public of the asbestos hazard.
4. The exterior of the building will be enclosed in a two layer water-tight poly shroud to establish a modified tent enclosure. One layer may consist of either a 6-mil reinforced fire-retardant poly or a large reinforced tarp. The interior layer shall consist of minimum 6-mil fire-retardant poly. Seams in the water-tight poly shroud shall overlap a minimum of 18". Interior seams in the shroud will be sealed with tape.
5. The modified tent enclosure shall be adequately supported and reinforced to withstand local environmental conditions. Existing non-ACM structural components (i.e. structural steel, concrete structural supports, railings) may be used to secure the shroud. Metal framing may be installed on non-ACM concrete surfaces, using ramsets in conjunction with local HEPA ventilation, to provide additional support in openings. Vertical and horizontal surfaces shall be thoroughly cleaned, using HEPA vacuuming or wet wiping, prior to covering any exposed surfaces.

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FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

6. HEPA equipped vacuums will be utilized to provide local HEPA ventilation during pre-cleaning and installation of critical barriers.
7. Pre-cleaning shall consist of cleaning of surfaces over which isolation barriers will be installed. Loose material on exposed surfaces over which isolation barriers will be installed shall be wetted thoroughly with amended water prior to disturbance and/or HEPA vacuumed. Methods that raise dust, such as dry sweeping or vacuuming with equipment not equipped with HEPA filters, shall be prohibited.
8. Large pieces of debris on the floor that may inhibit the installation of isolation barriers, the negative pressure system equipment or the movement of personnel on a floor will be removed and either containerized for proper disposal or, if non-porous material, may be staged for cleaning and salvage during subsequent abatement activities.
9. HEPA vacuuming or wet wiping of surfaces throughout the enclosed work area to clean dust, to remove debris that inhibited installation of isolation barriers and ventilation equipment as described above, and the removal of installed building components/materials will be performed within a HEPA-filtered negative pressure enclosure.
10. All openings and penetrations to the exterior of the work area shall be sealed in accordance with Industrial Code Rule 56-7.11(a). Small openings around piping/conduit may be sealed using caulk and fire-retardant expandable foam. Floor drains and openings in the floor shall be covered with a rigid barrier, caulked and sealed with two layers of 6-mil ploy.
11. All gross debris in the work area shall be considered asbestos contaminated material. Prior to disturbance or removal from the work area all porous and suspect debris shall be adequately wetted with amended water. Adequately wetted waste shall then be properly packaged and labeled for disposal as ACM waste. Items that may puncture or tear the plastic bags or sheeting shall be placed in a hard wall container.
12. Negative air pressure ventilation in the work area shall be established in accordance with Industrial Code Rule 56-7.8. *at EACH*

*\*EAS*

**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

13. Negative air units shall be turned on prior to disturbance of ACM and shall run continuously during the full work shift when Phase II B activities are being conducted. At the conclusion of each work shift, the negative ventilation units shall continue to operate for a minimum of 30 minutes after the abatement crew completes disturbance activities within the containment.
14. With the negative ventilation equipment operational the abatement supervisor shall inspect the regulated abatement area containment and verify the effectiveness of all isolation barriers in conformance with ICR 56-8.2(f).
15. Upon completing the required inspection, the regulated abatement area shall be evacuated of all persons, the negative ventilation units shall be turned off and the regulated abatement area shall be sealed air tight.
16. ACM waste shall be properly double bagged or wrapped & sealed with a minimum of two layers of 6-mil poly and duct tape to create leak tight containers. Disposal of properly packaged ACM waste shall be by legal methods.
17. Non-porous salvage items may be decontaminated and released as specified in Industrial Code Rule 56-11.4(b)(1).

**56-7.5**

We are asking for exemption from this section based on the project being a clean-up of existing ACM debris from a remote outdoor site with no utilities.

We propose to do the following:

1. All persons shall enter or exit the regulated abatement work area through an airlock attached to the regulated abatement area.
2. A decon area consistent with the requirements of 29 CFR 1926.1101(j)(2)(i) shall be established adjacent to the airlock and utilized. The Contractor shall establish an equipment room or area that is adjacent to the regulated area for the decontamination of employees and their equipment which is contaminated with asbestos which shall consist of an area covered by an impermeable drop cloth on the floor or horizontal working surface.

**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

3. The area must be of sufficient size so as to accommodate cleaning of equipment and removing personal protective equipment without spreading contamination beyond the area. (as determined by visible accumulations).
4. The exterior surfaces of work clothing must be cleaned within the work area, utilizing a HEPA vacuum, just prior to exiting the work area and before work clothing is removed. All equipment and surfaces of containers filled with ACM must be HEPA vacuumed and wet-wiped prior to removing them from the equipment room or regulated abatement area.
5. The employer shall ensure that employees enter and exit the regulated area through the equipment room or area.
6. Asbestos materials shall be wetted frequently with amended water. Sufficient time shall be allowed for penetration to occur prior to removal. All friable materials shall be saturated. All non-hygroscopic asbestos material shall be thoroughly wetted and periodically misted to be maintained wet.

**56-7.8(a)(1)**

We are asking for exemption from this section based on the project being a clean-up of existing ACM debris from a remote outdoor site with no utilities. The work is scheduled to be performed outdoors. Electrical power for the project will be provided by generators, raising issues with overnight maintenance and concerns with fire safety.

**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

**56-7.10(c)****56-7.11(a) through (e)**

The project involves cleanup of suspect ACM debris and removal of damaged ACM pipe insulation from within a remote site at a secure facility. Therefore, we presume that the suspect debris may contain asbestos and cleanup of debris present in the removal area will require disturbance of asbestos during pre-cleaning activities. Installation of poly on floor, wall and ceiling surfaces will restrict access to the building surfaces which require cleaning.

1. Personal protective equipment as required by ICR 56- 7.5(d)(1) shall be provided and used by all persons within the work area.
2. Entry/exit of all persons shall be through one designated entrance and comply with the requirements of ICR 56-7.5(d)(2) through (6).
3. Only persons who are directly involved with the project and who have the required certification shall be permitted within the work area.
4. All gross debris in the work area shall be considered asbestos contaminated material. Prior to disturbance or removal from the work area all porous and suspect debris shall be adequately wetted with amended water. Adequately wetted waste shall then be properly packaged and labeled for disposal as ACM waste. Items that may puncture or tear the plastic bags or sheeting shall be placed in a hard wall container.
5. ACM waste shall be properly double bagged or wrapped & sealed with a minimum of two layers of 6-mil poly and duct tape to create leak tight containers. Disposal of properly packaged ACM waste shall be by legal methods.
6. Non-porous salvage items may be decontaminated and released as specified in Industrial Code Rule 56-11.4(b)(1).

**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

7. Barrier tapes and signs shall be erected around the perimeter of the proposed clean-up area. The barrier tape and signs shall be erected to demarcate the work area and shall extend around exterior of the regulated abatement area. The regulated work area shall be considered the interior of the contained work area from which the asbestos containing materials are actively being removed.
8. Loose material on the floor shall be wet thoroughly with amended water prior to disturbance.
  - a. Non-friable ACM or ACM contaminated hard surface debris shall be thoroughly wetted with amended water prior to disturbance and maintained wet until placed into the disposal container.
  - b. Suspect ACM contaminated porous materials shall be thoroughly wetted with amended water and placed directly into an approved leak tight container and properly labeled for disposal. Bagged materials will be segregated and labeled for proper disposal as ACM waste.
9. A non-fire-resistant reinforced tarp may be used for the outermost layer of the exterior work area shroud. However, no smoking shall be permitted within 25 feet of any area in which non-fire- retardant polyethylene is used.
10. Fire resistant polyethylene shall be used with all other plasticizing.

**56-8.2(b)**

We are asking for exemption from this section based on the project being a clean-up of existing ACM debris from a remote outdoor site with no utilities. The work is scheduled to be performed outdoors. Therefore, concern exists with inclement weather and duration of the enclosures. Electrical power for the project will be provided by generators, raising issues with overnight maintenance and concerns with fire safety.

1. Air monitoring shall be conducted daily along the perimeter of the work area. Two samples shall be collected down wind within 10' of the work area perimeter. One sample shall be taken up wind within 10' of the work area perimeter.
2. If air sampling results indicate any airborne asbestos fiber concentration(s) at or above 0.01 fibers per cubic centimeter, or the background level, whichever is greater, work shall be stopped immediately and methods shall be altered to reduce the airborne asbestos fiber concentration(s) to the aforementioned level.

**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

3. All gross debris in the work area shall be considered asbestos contaminated material. Prior to disturbance or removal from the work area all porous and suspect debris shall be adequately wetted with amended water. Adequately wetted waste shall then be properly packaged and labeled for disposal as ACM waste. Items that may puncture or tear the plastic bags or sheeting shall be placed in a hard wall container.
4. Materials being removed shall be periodically misted with amended water.
5. All materials shall be removed using manual methods, to the extent practicable.
6. The job supervisor shall periodically inspect the work area to verify integrity of the isolation barriers. Barriers shall be inspected twice each working ~~day~~ *shift* \* EAS
7. ACM waste shall be properly double bagged or wrapped & sealed with a minimum of two layers of 6-mil poly and duct tape to create leak tight containers. Disposal of properly packaged ACM waste shall be by legal methods.
8. Upon completing removal of asbestos containing materials, all interior surfaces shall be thoroughly HEPA vacuumed and or wet wiped. All standing water shall be collected by HEPA vacuuming or mopping the area. The use of a modified negative pressure tent precludes the removal of plastic sheeting layers during multiple cleanings. Therefore, one thorough cleaning shall suffice.
9. After the work area has been rendered free of visible residues and prior to Clearance Air Monitoring, a thin coat of an encapsulating agent shall be applied to any interior plasticized surfaces of the negative pressure work area. In no event shall encapsulant be applied to any surface which was the subject of removal or other remediation activities prior to obtaining satisfactory clearance air monitoring results.
10. The Contractor shall observe, at a minimum, a 4 hour settling/drying periods after abatement. Once the minimum settling/drying period has elapsed, an authorized and qualified individual; independent of the removal project, (i.e.: the Project Monitor ~~or Design Engineer~~); shall determine if the surfaces in the work area are dry. Once the work area has been inspected and found to be dry, aggressive clearances may be performed. \* EAS

**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

**GENERAL CONDITIONS**

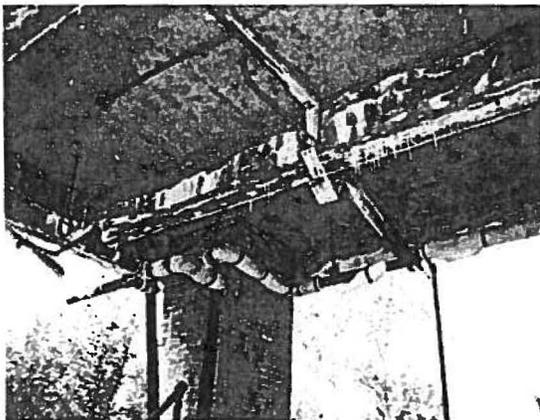
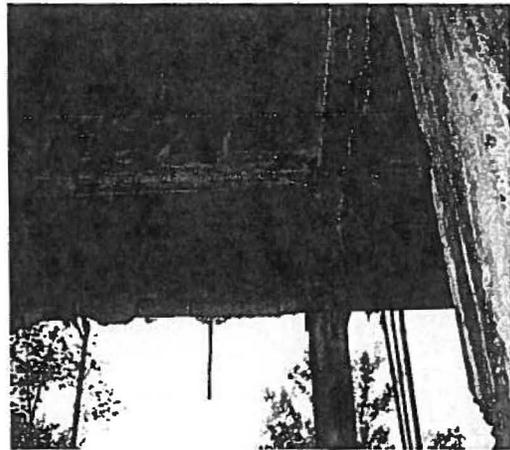
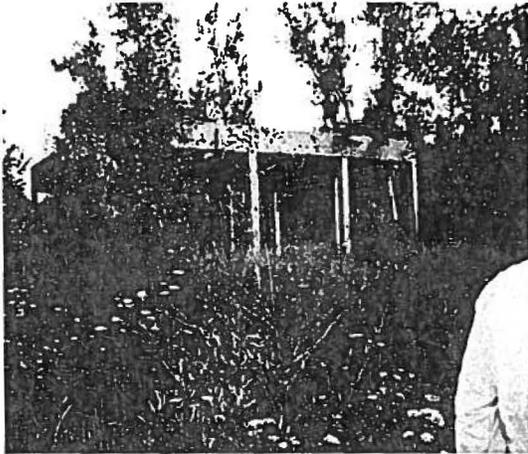
1. A copy of this SITE SPECIFIC VARIANCE shall be conspicuously posted at the entrance to the personal decontamination enclosure.
2. All other provisions of Industrial Code Rule 56 shall be complied.
3. Daily air monitoring shall be performed each working day. If work is temporarily suspended for this project, over a holiday or weekend, air monitoring will not be required under this site specific variance.
4. If air monitoring is not conducted during non-work holiday or weekend times, no one except certified asbestos personnel are to be allowed in the affected areas.

**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

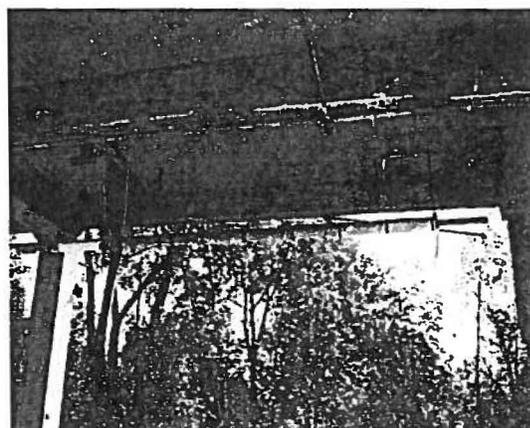
**ATTACHMENT 1.**

**WORK AREA SITE PHOTOGRAPHS**

**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**



**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**





Quality Environmental Solutions & Technologies, Inc.

## PROJECT LOGS



QUALITY ENVIRONMENTAL SOLUTIONS & TECHNOLOGIES

DAILY PROJECT LOG

Technician: RYAN GRIFFIN

Date: 07/20/09

Work Site: FORMER ACID NEUTRALIZATION BLDG Encl:

Type of Removal: EXT. FRIABLE AND NON DEBRIS Project #: 5333

PROJECT ID: 25728351

Activity:

- 0730 RYAN GRIFFIN AND VINCENT LANDER (QUEST) ON SITE. MEET WITH SEAN CARNEY (ERT, INC. PROJECT MONITOR), MICHAEL BULL (METRO ENVIRONMENTAL PROJECT MONITOR), AND METRO ENVIRONMENTAL CREW. WE SURVEY SITE AND GO OVER SCOPE OF WORK. REGULATED ABATEMENT WORK AREA CONSISTS OF A CONCRETE SLAB WITH CONCRETE COLUMNS SUPPORTING A ROOF. APPROXIMATELY 45 LINEAR FEET OF FRIABLE ACM PIPE INSULATION REMAINING ON EXPOSED PIPING, AND APPROXIMATELY 10 SQUARE FEET OF ACM MIXED IN WITH RUBBLE LEFT ON THE CONCRETE SLAB. CREW WILL DRAPE AN INNER LAYER OF POLY AND AN OUTER LAYER OF REINFORCED POLY FROM THE ROOF OF FORMER BUILDING. POLY WILL BE SEALED TO SERVE AS NEGATIVE PRESSURE TENT ENCLOSURE.
- 0830 METRO ENVIRONMENTAL CREW BEGINS SETTING UP ORANGE CONSTRUCTION FENCE AROUND PERIMETER OF CONCRETE SLAB, WITH APPROPRIATE SIGNAGE DISPLAYED ON OUTSIDE. CONSTRUCTION OF POLY WALLS BEGINS, ALONG WITH CONSTRUCTION OF ATTACHED AIRLOCK.
- 1100 THREE PUMPS UP AND RUNNING FOR WORK AREA PREPARATION. TWO PUMPS RUNNING DOWN WIND OF ABATEMENT WORK AREA, ONE PUMP RUNNING UP WIND, ALL WITHIN 10 FEET OF WORK ARE PERIMETER. PUMPS RUNNING AT 5 LPM.
- 1130 VINNY (QUEST) OFFSITE.
- 1330 TWO POLY WALLS CONSTRUCTED AND ATTACHED TO TWO SIDES OF REGULATED ABATEMENT WORK AREA.
- 1430 TWO REMAINING POLY WALLS CONSTRUCTED, NOT YET ATTACHED TO REGULATED WORK AREA.
- 1500 THREE WORK AREA PREP SAMPLES COLLECTED. QUEST AND METRO ENVIRONMENTAL OFFSITE.
- 1530 SAMPLES DROPPED OFF AT ISLECHEM, LLC LAB.

QUALITY ENVIRONMENTAL SOLUTIONS & TECHNOLOGIES

DAILY PROJECT LOG

Technician: RYAN GRIFFIN

Date: 07/21/09

Work Site: FORMER ACID NEUTRALIZATION BLDG Encl:

Type of Removal: EXT. FRIABLE AND NON DEBRIS Project #: 5333

PROJECT ID: 25728351

Activity:

0700 QUEST AND METRO ENVIRONMENTAL ONSITE.

0730 CREW FINISHES ATTACHMENT OF FIRST TWO POLY WALLS TO STRUCTURE. TWO CREW MEMBERS BEGIN INSTALLATION OF CRITICALS OVER GRATES IN FLOOR AND HOLE IN ROOF. PUMPS UP AND RUNNING, THREE WORK AREA PREP SAMPLES: TWO DOWNWIND AND 1 UP WIND ALL WITHIN TEN FEET OF REGULATED ABATEMENT WORK AREA. PUMPS RUNNING AT 3.5 LPM.

0745 DISCUSS SCOPE OF WORK FOR THE DAY WITH JEFF (SUPERVISOR). WORK AREA PREP WILL BE COMPLETE TODAY. TENT ENCLOSURE COMPLETE ALL CRITICALS INSTALLED, NEGATIVE AIR SETUP.

0830 TENT ENCLOSURE 75% COMPLETE. CRITICALS OVER GRATES IN FLOOR COMPLETE.

0900 I CHECK ON PUMPS, EVERYTHING GOOD.

0910 THREE NEGATIVE AIR MACHINES BROUGHT INTO WORK AREA, TWO WILL BE USED AND ONE FOR BACK UP. SCAFFOLD ERECTED IN THE WORK AREA TO BE USED FOR ABATEMENT OF INTACT PIPE INSULATION.

1015 INTERIOR SEAMS OF TENT SEALED WITH DUCT TAPE, FINAL SIDE OF ENCLOSURE SECURED. TENT ENCLOSURE 100% COMPLETE, EVERYTHING'S GOOD.

1115 I CHECK ON PUMPS, EVERYTHING'S GOOD.

1150 NEGATIVE AIR MACHINES INSTALLED IN TENT ENCLOSURE.

1215 CHECK ON PUMPS, EVERYTHING GOOD.

1300 CREW BEGINS CLEANING UP PERIMETER OF BUILDING AND PACKING UP EQUIPMENT.

1330 I COLLECT THREE WORK ARE PREP SAMPLES. QUEST AND METRO ENVIRONMENTAL OFFSITE.

1400 SAMPLES DROPPED OFF AT ISLECHEM, LLC LAB.

QUALITY ENVIRONMENTAL SOLUTIONS & TECHNOLOGIES

DAILY PROJECT LOG

Technician: RYAN GRIFFIN

Date: 07/22/09

Work Site: FORMER ACID NEUTRALIZATION BLDG Encl:

Type of Removal: FRIABLE AND NONFRIABLE DEBRIS Project #: 5333

PROJECT ID: 25728351

Activity:

0700 QUEST AND METRO ENVIRONMENTAL ONSITE.

0710 GENERATOR MOVED TO RUN NEGATIVE AIR MACHINES. NEGATIVE AIR MACHINES UP AND RUNNING. JEFF (SUPERVISOR) AND I DISCUSS SCOPE OF WORK FOR THE DAY. REMOVAL IS TO BEGIN. JEFF ADVISES CREW TO USE PLENTY OF WATER WHEN DOING GROSS REMOVAL.

0730 PUMPS UP AND RUNNING QT 3.5 LPM. DAILY SAMPLES ARE RUNNING (2 DOWNWIND AND 1 UPWIND) WITHIN TEN FEET OF WORK AREA. CREW DONS PPE AND ENTERS WORK AREA TO BEGIN REMOVAL. JEFF (SUPERVISOR) TELLS CREW TO WEAR TWO SUITS, HEPA VAC THE OUTER SUIT BEFORE EXITING WORK AREA, EXIT WORK AREA, REMOVE OTHER SUIT IN DECON.

0800 MICHAEL BULL (METRO ENVIRONMENTAL PROJECT MANAGER) IS ONSITE. INFORMS US DUMPSTER FOR ACM DEBRIS WILL BE ON SITE THIS MORNING. PROGRESS OF ABATEMENT GOOD. MICHAEL HOPES CLEARANCE SAMPLES WILL BE RUN THURSDAY (7/23/09) AFTERNOON OR EVENING, WITH BREAKDOWN OF SITE OCCURRING ON FRIDAY MORNING (7/24/09).

0900 MICHAEL BULL OFFSITE.

0920 I CHECK ON PUMPS, EVERYTHING GOOD.

0930 I DON PPE AND ENTER WORK AREA TO CHECK ON PROGRESS.

0950 I EXIT WORK AREA, EVERYTHING'S GOOD. FLOOR ABOUT 8% ABATED. APPROXIMATELY 30-35 BAGS OF ACM.

1000 SPOKE WITH SEAN (CONTACT) ABOUT REMOVAL OF PIPES FROM BUILDING. ONCE ABATEMENT IS COMPLETE AND FINAL CLEARANCE AIR SAMPLES HAVE PASSED, ABATEMENT CREW WILL REMOVE SMALLER PIPES (AFTER BREAKDOWN OF TENT ENCLOSURE). LARGER PIPES, WHICH ARE TOO HEAVY FOR CREW TO REMOVE, WILL REMAIN AND BE REMOVED AT A LATER DATE WITH HEAVY EQUIPMENT.

1145 DUMPSTER ONSITE.

1200 TWO CREW MEMBERS EXIT WORK AREA AND POLY THE INSIDE OF THE DUMPSTER.

1210 I DON PPE AND ENTER WORK AREA TO CHECK ON PROGRESS, EVERYTHING GOOD. DEBRIS ON FLOOR IS COMPLETELY ABATED AND BAGGED. APPROXIMATELY 120-130 BAGS. ONLY 10 FEET OF PIPE INSULATION LEFT TO REMOVE. ABATEMENT WILL BE COMPLETE TODAY.

1305 CREW EXITS WORK AREA. ABATEMENT IS COMPLETE. TOMORROW THE CREW WILL BAG OUT AND CLEAN THE FLOOR, PIPES, AND POLY.

1330 THREE DAILY SAMPLES COLLECTED. QUEST AND METRO  
ENVIRONMENTAL OFFSITE.

1400 I DROP OFF SAMPLES AT ISLECHEM, LLC LAB.

QUALITY ENVIRONMENTAL SOLUTIONS & TECHNOLOGIES

DAILY PROJECT LOG

Technician: RYAN GRIFFIN

Date: 07/23/09

Work Site: FORMER ACID NEUTRALIZATION BLDG Encl:

Type of Removal: FRIABLE AND NONFRIABLE ACM DEBRIS Project #: 5333

PROJECT ID: 25728351

Activity:

- 0700 QUEST AND METRO ENVIRONMENTAL ONSITE, ERT ONSITE.
- 0730 PUMPS UP AND RUNNING FOR DAILY AIR SAMPLES. TWO PUMPS RUNNING DOWNWIND OF WORK AREA AND 1 PUMP RUNNING UPWIND OF WORK AREA, ALL WITHIN 10 FEET OF TENT ENCLOSURE. PUMPS RUNNING AT 5 LPM. CREW DONS PPE AND ENTERS WORK AREA, NEGATIVE AIR MACHINES UP AND RUNNING.
- 0745 CREW BEGINS BAGGING OUT. APPROXIMATELY 120-130 BAGS. WHEN COMPLETE, THEY WILL BEGIN FINAL CLEANING OF PIPES, FLOOR, AND POLY TENT ENCLOSURE.
- 0800 SPOKE WITH MIKE (ERT). TOLD HIM CREW WILL BE BAGGING OUT AND DOING FINAL CLEANING TODAY. TOLD HIM WE WERE PUMPING WATER OUT OF HOLDING TANKS TO USE FOR CLEANING OF WORK AREA. HE TOLD ME THAT WATER IS CONTAMINATED AND CANNOT BE USED, EVEN THOUGH SEAN (CONTACT) TOLD US YESTERDAY THAT IT COULD BE USED BECAUSE IT WAS ONLY RAIN WATER AND IT WAS CLEAN. MIKE (ERT) SPOKE TO SEAN OVER THE PHONE AND TOLD ME THAT SEAN SAID HE HAD NEVER TOLD US TO USE THAT WATER, THERE MUST HAVE BEEN A MISCOMMUNICATION.
- 0840 JEFF (SUPERVISOR) AND MIKE (ERT) GO GET WATER TO BE USED FOR CLEANING. 55 GALLON DRUM FILLED.
- 0920 SPOKE WITH MIKE (ERT) ABOUT CLEARANCE AIR SAMPLES. TOLD HIM I WILL DO VISUAL INSPECTION WHEN CLEANING IS COMPLETE. THEN I WILL COME BACK ON SITE AFTER FOUR HOUR WAITING PERIOD TO RUN CLEARANCE SAMPLES. ONCE I DROP SAMPLES OFF AT ISLECHEM, THEY WILL CALL ME WITH THE RESULTS ASAP, AND I WILL CALL MIKE (ERT) AND JEFF (SUPERVISOR).
- 1000 I DON PPE AND ENTER WORK AREA. APPROXIMATELY 40 BAGS LEFT IN WORK AREA. TWO CREW MEMBERS REMOVING SECTIONS OF PIPE. PIPE IS BEING WRAPPED IN TWO LAYERS OF POLY AND SEALED AND PUT IN DUMPSTER. DUE TO HEAVY RAIN TODAY, ROOF IS LEAKING VERY BADLY. SOME SPOTS ON FLOOR HAVE 2-3" OF STANDING RAIN WATER.
- 1045 I CHECK ON PUMPS, EVERYTHING'S GOOD.
- 1100 TALK TO JEFF (SUPERVISOR) CONCERNING THEIR PROGRESS DUE TO THE HEAVY RAIN AND HEAVILY LEAKING ROOF. TOLD HIM THERE CANNOT BE ANY POOLS OF STANDING WATER LEFT WHEN I VISUALLY INSPECT IT. HE DOES NOT BELIEVE THEY WILL BE DONE WITH THE CLEANING TODAY. AS FAST AS THE CREW IS HEPA VACUUMING AND SOAKING UP THE WATER, ITS LEAKING IN. IF THEY DON'T FINISH TODAY, WE WILL BE BACK TOMORROW MORNING (FRI 7/24/09) TO

FINISH CLEANING, WAIT FOUR HOUR WAITING PERIOD, AND THEN I WILL RUN SAMPLES. JEFF DOESN'T FEEL THERE IS ANY WAY OF STOPPING THE ROOF FROM LEAKING; EITHER BY CAULKING IT OF POLYING IT.

1145 CREW CONTINUES TO HEPA VAC AND SOAK UP POOLS OF WATER. ALL THE REMOVABLE PIPE IS REMOVED, POLYED, AND PLACED IN THE DUMPSTER. TWO CREW MEMBERS ARE CLEANING THE LARGER PIPE WHICH IS TOO BIG TO BE REMOVED BY HAND.

1230 CREW CONTINUES TO HEPA VAC THE FLOOR. ALL REMOVING PIPE HAS BEEN WET CLEANED. ALL POLY TENT WALLS HAVE BEEN WET CLEANED. ALL THAT REMAINS IS THE POOLS OF WATER FROM THE RAIN ON THE FLOORS.

1300 CREW EXITS WORK AREA. I DO VISUAL INSPECTION OF WORK AREA WITH JEFF (SUPERVISOR). "IN ACCORDANCE WITH ICR-56-9.1 (D) AND ASTM E 1368, THE PROJECT MONITOR HEREBY CERTIFIES THAT HE/SHE HAS VISUALLY INSPECTED THE WORK AREA (ALL SURFACES INCLUDING PIPE, BEAMS, LEDGES, WALLS, CEILING AND FLOOR, DECONTAMINATION UNIT, SHEET PLASTIC, ETC.) ACCOMPANIED BY THE ASBESTOS SUPERVISOR, AND HAS OBSERVED THE SCOPE OF THE ABATEMENT AS PER THE PROVIDED CONTRACTED DOCUMENTS, TO BE COMPLETE AND NO VISIBLE DUST, DEBRIS OR RESIDUE IS APPARENT ON ANY SURFACE WITHIN THE WORK AREA."

1305 I COLLECT THREE DAILY SAMPLES.

1310 MIKE (ERT) INFORMS ME THAT HE SAW JEFF (SUPERVISOR) ENTER WORK AREA WITHOUT PPE OR RESPIRATOR.

1315 I TELL JEFF NOT TO ENTER WORK AREA WITHOUT PROPER PPE AND RESPIRATOR.

1330 QUEST AND METRO ENVIRONMENTAL OFFSITE.

1400 I DROP DAILY AIR SAMPLES OFF AT ISLECHEM, LLC LAB.

QUALITY ENVIRONMENTAL SOLUTIONS & TECHNOLOGIES

DAILY PROJECT LOG

Technician: RYAN GRIFFIN

Date: 07/24/09

Work Site: FORMER ACID NEUTRALIZATION BLDG Encl:

Type of Removal: FRIABLE AND NONFRIABLE ACM DEBRIS Project #: 5333

PROJECT ID: 25728351

Activity:

0700 QUEST, METRO ENVIRONMENTAL, AND MIKE (ERT) ONSITE. DISCUSS SCOPE OF WORK FOR THE DAY WITH JEFF (SUPERVISOR) AND MIKE (ERT). ALL THE WORK THAT REMAINS INSIDE THE WORK AREA IS SOAKING UP AND HEPA VACUUMING UP THE RAIN WATER OFF THE FLOOR. ONCE ALL THE PUDDLES OF RAIN WATER ARE GONE, I WILL RUN CLEARANCE AIR SAMPLES. FIVE INSIDE THE WORK AREA AND 5 OUTSIDE THE WORK AREA.

0715 CREW DONS PPE AND ENTERS WORK AREA.

0745 I GET FIVE OIB PUMPS SET UP FOR CLEARANCES.

0815 I DON PPE AND ENTER WORK AREA TO CHECK PROGRESS.

EVERYTHING'S GOOD. APPROXIMATELY 1/2 TO 2/3 OF RAIN WATER HEPA VACUUMED. THERE WAS NOTHING ON THE FLOOR WHEN I WAS IN THE WORK AREA.

0900 SPOKE WITH MIKE (ERT) ABOUT PROGRESS OF WORK. TOLD HIM WORK AREA WAS 2/3 DRY. WE SHOULD HAVE CLEARANCE SAMPLE RESULTS BY MID AFTERNOON TODAY. BREAKDOWN WILL BE MONDAY 9/27/09).

0945 CREW EXITS WORK AREA.

1010 5 IIB CLEARANCE SAMPLES UP AND RUNNING AT 15 LPM FOR ONE HOUR.

1026 5 OIB CLEARANCE SAMPLES UP AND RUNNING AT 15 LPM FOR ONE HOUR. DOL ON SITE (MARK VODER).

1050 DOL OFFSITE. EVERYTHING'S GOOD. SITE LOOKS GOOD, ALL PAPERWORK IN ORDER.

1110 I COLLECT 5 IIB CLEARANCE SAMPLES.

1126 I COLLECT 5 OIB CLEARANCE SAMPLES.

1135 I LEAVE JOB SITE TO DROP OFF SAMPLES AT ISLECHEM.

1150 DROP OFF CLEARANCE SAMPLES AT ISLECHEM, SHOULD TAKE ONE HOUR TO GET THE RESULTS.

1235 BACK ONSITE.

1245 CALL FROM ISLECHEM; ALL CLEARANCE SAMPLES BELOW 0.010.

1300 QUEST, METRO ENVIRONMENTAL AND MIKE (ERT) OFFSITE. METRO ENVIRONMENTAL WILL BREAKDOWN SITE MONDAY 7/27/09.

## QUALITY ENVIRONMENTAL SOLUTIONS &amp; TECHNOLOGIES, INC.

## DAILY PROJECT LOG

Technician: Ryan Griffin Date: 7/20/09Work Site: Former Acid Neutralization Building Encl: \_\_\_\_\_Removal Type: Exterior Friable + Non-Friable Debris Client Proj #: Q09-5333NYS PROJECT NOTIFICATION NUMBER 257 28 351

Activity:

0700

0730 - Ryan Griffin and Vincent Lander (QUEST) on site. Meet with Sean Carney (ERT, Inc Project Monitor), Michael Bull (Metro Environmental Project Monitor), and Metro Environmental crew. We survey site and go over scope of work. Regulated abatement work area consists of a concrete slab with concrete columns supporting a roof. Approximately 45 linear feet of friable ACM pipe insulation remaining on exposed piping, and approximately 10 square feet of ACM mixed in with rubble left on the concrete slab. Crew will drape an inner layer of poly and an outer layer of reinforced poly from the roof of former building. Poly will be sealed to serve as negative pressure tent enclosure.

0830 - Metro Environmental crew begins setting up orange construction fence around perimeter of concrete slab, with appropriate signage displayed on outside. Construction of poly walls begins, along with construction of attached air lock.

1100 - 3 pumps up and running for work area preparation, 2 pumps running down wind of abatement work area, 1 pump running upwind, all within 10' of work area perimeter

- Pumps running at 5 LPM.

1130

QUALITY ENVIRONMENTAL SOLUTIONS & TECHNOLOGIES, INC.

DAILY PROJECT LOG

Technician: Ryan Griffin Date: 7/20/09

Work Site: Former Acid Neutralization Building Encl: \_\_\_\_\_

Removal Type: Exterior Friable + Non-Friable ACM Client Proj #: 409-5333

NYS PROJECT NOTIFICATION NUMBER 257 28 351

Activity:

1330 - 2 poly walls constructed and attached to 2 sides of regulated abatement work area.

1430 - 2 remaining poly walls constructed, not yet attached to regulated work area.

1500 - 3 work area prep samples collected

- QufST + Metro Environmental off site

1530 - Samples dropped off at Islechem, LLC Lab

QUALITY ENVIRONMENTAL SOLUTIONS & TECHNOLOGIES, INC.

DAILY PROJECT LOG

Technician: Ryan Griffin Date: 7/21/09

Work Site: Former Acid Neutralization Building Encl: \_\_\_\_\_

Removal Type: Exterior Friable + Non-Friable ACM Client Proj #: R09-5333

NYS PROJECT NOTIFICATION NUMBER 257 28 351

Activity:

0700 - QUEST + Metro Environmental on site

0730 - Crew finishes attachment of first 2 poly walls to structure. 2 crew members begin installation of criticals over grates in floor and hole in roof.

- Pumps up and running. 3 work area prep samples → 2 downwind and 1 upwind, all within 10' of regulated abatement work area. Pumps running at 3.5 LPM

0745 - Discuss scope of work for the day with Jeff (supervisor). Work area prep will be complete today - Tent enclosure complete, all criticals installed, negative air setup.

0830 - Tent enclosure 75% complete. Criticals over grates in floor complete.

0900 - I check on pumps - everything good

0910 - 3 negative air machines brought into work area, 2 will be used and 1 for backup. Scaffold erected in the work area to be used for abatement of intact pipe insulation

1015 - Interior seams of tent sealed with duct tape, final side of enclosure secured - Tent enclosure 100% complete - Everything good.

1115 - I check on pumps - everything good

1150 - Negative air machines installed in tent enclosure



## QUALITY ENVIRONMENTAL SOLUTIONS &amp; TECHNOLOGIES, INC.

## DAILY PROJECT LOG

Technician: Ryan Griffin Date: 7/22/09Work Site: Former Acid Neutralization Building Encl: \_\_\_\_\_Removal Type: Friable + Non-Friable ACM Client Proj #: Q09-5333NYS PROJECT NOTIFICATION NUMBER 257 28 351

## Activity:

0700 - QuEST + Metro Environmental on site0710 - Generator moved to ~~start~~<sup>PG</sup> run negative air machines.

- Negative air machines up and running

- Jeff (supervisor) and I discuss scope of work for the day. Removal to begin - Jeff advises crew to use plenty of water when doing gross removal.

0730 - Pumps up and running at 3.5 LPM - daily samples running (2 downwind and 1 upwind) within 10' of work area.

- Crew dons PPE and enters work area to begin removal. Jeff (supervisor) tells crew to wear 2 suits, HEPA vac the outer suit before exiting work area, ~~exit work area~~<sup>PG</sup>, and remove ~~in~~ exit work area, remove other suit on decon.

0800 - Michael Bull (Metro Environmental Project Manager) on site. Informs us dumpster for ACM debris will be on site this morning. Progress of abatement good. Michael hopes clearance samples will be run Thursday (7/23) afternoon or evening, with breakdown of the site occurring on Friday morning (7/24).

0900 - Michael Bull offsite

0920 - I check on pumps - everything good.

0930 - I don PPE and enter work area to check on progress

0950 - I exit work area - everything good. Floor about 80% abated.

## QUALITY ENVIRONMENTAL SOLUTIONS &amp; TECHNOLOGIES, INC.

## DAILY PROJECT LOG

Technician: Ryan Griffin Date: 7/22/09Work Site: Former Acid Neutralization Building Encl: \_\_\_\_\_Removal Type: Friable + NonFriable ACM Debris Client Proj #: Q09-5333NYS PROJECT NOTIFICATION NUMBER 257 28391

## Activity:

1000 - Spoke with Sean (contact) about removal of pipes from building. Once abatement is complete and final clearance air samples have passed, abatement crew will remove smaller pipes (after breakdown of tent enclosure). Larger pipes, which are too heavy for crew to remove, will remain and be removed at a later date with heavy equipment.

1145 - Dumpster on site

1200 - 2 crew members exit work area and poly the inside of the dumpster.

1210 - I don PPE and enter work area to check on progress. - Everything good.

Debris on floor is completely abated and bagged. Approximately 120-130 bags.

Only 10' of pipe insulation left to remove. Abatement will be complete today.

1305 - Crew exits work area. Abatement is complete. Tomorrow the crew will bag out and clean the floor, pipes, and poly

1330 - 3 daily samples collected

- QuEST + Metro Environmental off site

1400 - I drop samples off at Islechem.

## QUALITY ENVIRONMENTAL SOLUTIONS &amp; TECHNOLOGIES, INC.

## DAILY PROJECT LOG

Technician: Ryan Griffin Date: 7/23/09Work Site: Former Acid Neutralization Building Encl: \_\_\_\_\_Removal Type: Friable + Non-Friable Debris Client Proj #: Q09-5333NYS PROJECT NOTIFICATION NUMBER 257 28 351

## Activity:

0700 - QuEST + Metro Environmental on site, ERT on site

0730 - Pumps up and running for daily air samples. 2 pumps running down wind of work area and 1 pump running upwind of work area, all within 10' of tent enclosure. Pumps running at 5LPM.

- Crew dons PPE and enters work area, negative air machines up and running

0745 - Crew begins bagging out - approximately 120 - 130 bags. When complete, they will begin final cleaning of pipes, floor, and poly tent enclosure

0800 - Spoke with Mike (ERT). Told him crew will be bagging out and doing final cleaning today. Told him we were pumping water out of holding tanks to use for cleaning of work area. He told me that water is contaminated and can not be used, even though Sean (contact) told us yesterday that it could be used because it was only rain water and it was clean.

- Mike (ERT) spoke with Sean over the phone and told me that Sean said he had never told us to use that water, there must have been a miscommunication.

0840 - Jeff (supervisor) and Mike (ERT) go get water to be used for cleaning - 55 gallon drum filled.

0920 - Spoke with Mike (ERT) about clearance air samples. Told him I will do visual inspection when cleaning is complete. Then I will come back on site after 4 hour waiting period to run clearance samples. Once I

## DAILY PROJECT LOG

Technician: Ryan Griffin Date: 7/23/09Work Site: Former Acid Neutralization Building Encl: \_\_\_\_\_Removal Type: Friable + Non-Friable Debris Client Proj #: Q09-5333NYS PROJECT NOTIFICATION NUMBER 257 28 351

## Activity:

ASAP, and I will call Mike (ERT) and Jeff (supervisor).

1000 - I don PPE and enter work area. Approximately 40 bags left in work area.

2 crew members removing sections of pipe. Pipe is being wrapped in 2 layers of poly and sealed and put in dumpster.

- Due to heavy rain today, roof is leaking very badly. Some spots on floor have 2-3" of standing rain water

1045 - I check on pumps - everything good.

1100 - Talk to Jeff (supervisor) concerning their progress due to the heavy rain and heavily leaking roof. Told him there can not be any pools of standing water left when I visually inspect it. He does not believe they will be done with the cleaning today. As fast as the crew is HEPA vacuuming and soaking up the water, it's leaking in. If they don't finish today, we will be back tomorrow morning (Fri 7/24) to finish cleaning, wait 4 hr waiting period, then I will run samples. Jeff doesn't feel there is any way of stopping the roof from leaking - either by caulking it or polying it.

1145 - Crew continues to HEPA vac and soak up pools of water.

- All the removable pipe is removed, polyed, and placed in dumpster.

2 crew members are cleaning the larger pipe which is too big to

DAILY PROJECT LOG

Technician: Ryan Griffin Date: 7/23/09

Work Site: Former Acid Neutralization Building Encl: \_\_\_\_\_

Removal Type: Friable + Non-Friable ACM Debris Client Proj #: Q09-5333

NYS PROJECT NOTIFICATION NUMBER 257 28 351

Activity:

1230 - Crew continues to HEPA Vac floor. All remaining pipe has been wet cleaned. All poly tent walls have been wet cleaned. All that remains is the pools of water from the rain on the floors.

1300 - Crew exits work area

-I do visual inspection of work area with Jeff (supervisor)

Project Monitor Visual Inspection

In accordance with ICR-56-9.1 (d) and ASTM E - 1368, the Project Monitor hereby certifies that he/she has visually inspected the work area (all surfaces including pipes, beams, ledges, walls, ceiling and floor, decontamination unit, sheet plastic, etc.) accompanied by the asbestos supervisor, and has observed the scope of the abatement as per the provided contracted documents, to be complete and no visible dust, debris or residue is apparent on any surface within the work area.

Project Monitor Name: Ryan Griffin   
(Print)

Project Monitor Signature: 

Date: 7/23/09

1305 - I collect 3 daily samples

1310 - Mike (ERT) informs me he saw Jeff (supervisor) enter work area without PPE or respirator.

1315 - I tell Jeff not to enter work area without wearing proper PPE + respirator

1330 - QUEST + Metro Environmental offsite

1400 - I drop daily air samples off at Istechem lab.

## DAILY PROJECT LOG

Technician: Ryan Griffin Date: 7/24/09Work Site: Former Acid Neutralization Building Encl: \_\_\_\_\_Removal Type: Friable + Non-Friable Debris Client Proj #: Q09-5333NYS PROJECT NOTIFICATION NUMBER 257 28 351

## Activity:

0700 - QUEST, Metro Environmental, and Mike (ERT) on site.

- Discuss scope of work for the day with Jeff (supervisor) and Mike (ERT).

All the work that remains inside the work area is soaking up and HEPA vacuuming the rain water off the floor. Once all the puddles of rain water are gone, I will run clearance air samples - 5 inside the work area and 5 outside the work area.

0715 - Crew dons PPE and enters work area.

0745 - I get 5 OIB pumps set up for clearances.

0815 - I don PPE and enter work area to check on progress. - Everything good.

Approximately  $\frac{1}{2}$  -  $\frac{2}{3}$  <sup>of</sup> of rain water HEPA vacuumed. There was some concern about debris washing into the work area from the roof, but there was nothing on the floor when I was in the work area.

0900 - spoke with Mike (ERT) about progress of work. Told him work area was  $\frac{2}{3}$  dry. We should have clearance sample results by mid afternoon today.

Breakdown will be Monday (7/27).

0945 - Crew exits work area.

1010 - 5 OIB clearance samples up and running at 15 LPM for 1 hour.

1026 - 5 OIB clearance samples up and running at 15 LPM for 1 hour.

- DOL on site (Mark Voder)

DAILY PROJECT LOG

Technician: Ryan Griffin Date: 7/24/09

Work Site: Former Acid Neutralization Building Encl: \_\_\_\_\_

Removal Type: Friable + Non-Friable ACM Debris Client Proj #: Q09-5333

NYS PROJECT NOTIFICATION NUMBER 257 28 351

Activity:

1050 - DOL offsite - Everything good - site looks good, All paperwork in order.

1110 - I collect 5 IIB clearance samples

1126 - I collect 5 OIB clearance samples

1135 - I leave job site to drop samples off at Islechem

1150 - Drop clearance samples off at Islechem - Should take 1 hour to get the results

1235 - Back on site

1245 - Call from Islechem - All clearance samples below 0.010.

1300 - QuEST, Metro Environmental, and Mike (ERT) off site

- Metro Environmental will break down site Monday 7/27/09



Quality Environmental Solutions & Technologies, Inc.

## SAMPLE RESULTS



# IsleChem, LLC Analysis Report

Client: Sean Carney  
 Quality Environmental Solutions Technologies, Inc.  
 1550 Balmer Road

Project: Air Samples for Fiber Counting Analysis  
 1550 Balmer Road

Youngstown, NY 14174 USA

Report Date: Wednesday, July 22, 2009

Phase:

Report ID: NY907131.0.17426

PO# / Release# /

Batch: Preparation

Reference #:

Test Method: Filtration / NIOSH 7400 A Rules

Sample Date: Tuesday, July 21, 2009

Report Status: Final

Authorized Signature:

Eric Fischer, Director of Asbestos Testing

Sample ID	Lab Sample # Lab Vessel ID	Location / Description	Sample Volume	Analytical Sensitivity		Sample Results		Analyst Date
				f/mm2	f/cc	f/mm2	f/cc	
<i>The following result table is for 5 samples received by IsleChem LLC on 07/21/2009 submitted by Client</i>								
<i>Also enclosed is the paperwork submitted with the samples.</i>								
5333-01-P01	98648 170270	OIB - Pre-Abatement - OWA	1260 L	7.01	0.0021	<7.01	<0.0021	ML 7/22/2009
5333-01-P02	98649 170271	OIB - Pre-Abatement - OWA	1260 L	7.01	0.0021	<7.01	<0.0021	ML 7/22/2009
5333-01-P03	98650 170272	OIB - Pre-Abatement - OWA	1260 L	7.01	0.0021	<7.01	<0.0021	ML 7/22/2009
5333-01-P04	98651 170273	Blank #1 - Blank	0 L	7.01		<7.01		ML 7/22/2009

## IsleChem, LLC

2801 Long Road  
 Grand Island  
 New York 14072

Tel: (716) 773-8401  
 Fax: (716) 773-8517

Analysis performed on Nikon Labophot Phase Contrast Microscope

NA = Not Analyzed

<X.XX = Less than the quantitation limit

NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907131.0.17426

Page: 1 of 3

Sample ID	Lab Sample # Lab Vessel ID	Location / Description	Sample Volume	Analytical Sensitivity f/mm2	Sample Results f/mm2	Analyst Date
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**General Comments:**

*Technique Specific Disclaimer (PCM)*

- Asbestos testing using Phase Contrast Microscopy (PCM) techniques quantifies all fibers or fiber-like particles measuring five (5) microns in length, having a length to width ratio of 3:1, and are greater than 0.25 microns in diameter. It cannot be assumed that all the fibers counted are asbestos, since every fiber and fiber-like particle meeting the NIOSH dimension criteria must be counted. Additionally the Phase Contrast Microscope has an optical resolution of 0.25 microns in diameter and asbestos fibers can be significantly smaller than 0.25 microns in diameter.
- If the sample(s) represented by these test results were not collected by IsleChem LLC then IsleChem LLC makes no representation regarding the accuracy of the fibers per cubic centimeter (f/cc) calculation presented.
- All NIOSH 7400 final sample results are blank corrected unless field blank samples are not submitted with the sample set.
- Fiber counts above 1300 fibers/mm squared and fiber counts from samples with > 50% of the filter area covered with particulate should be reported as "uncountable" or "probably biased". Other fiber counts outside the 100-1300 fibers/mm squared range should be reported as having "greater than optimal variability" and as being "probably biased".

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**Relative Standard Deviations**

**Intra-Laboratory Ranges:**

5-20 Fibers	26.06
20-50 Fibers	27.94
50-100 Fibers	14.96
>100 Fibers	20.43

**EF-Ranges:**

5-20 Fibers	20.80
20-50 Fibers	26.73
50-100 Fibers	13.16
>100 Fibers	19.85

**FB-Ranges:**

5-20 Fibers	26.66
20-50 Fibers	25.31
50-100 Fibers	18.05
>100 Fibers	16.17

**ML-Ranges:**

5-20 Fibers	23.66
20-50 Fibers	26.72
50-100 Fibers	13.52
>100 Fibers	21.18

**KB-Ranges:**

5-20 Fibers	33.11
20-50 Fibers	33.01
50-100 Fibers	15.09
>100 Fibers	24.54

**IsleChem, LLC**

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New York 14072  
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Fax: (716) 773-8517

Analysis performed on Nikon Labophot Phase Contrast Microscope  
NA = Not Analyzed  
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NYS DOH ELAP ID# 11862  
EPA Lab Code: NY01086

Client: Quality Environmental Solutio  
Project: NY907131.0.17426  
Page: 3 of 3

## IsleChem, LLC Analysis Report

Client: Sean Carney  
 Quality Environmental Solutions Technologies, Inc.  
 1550 Balmer Road

Project: Air Samples for Fiber Counting Analysis  
 Earth Resources Technology, Inc

Youngstown, NY 14174 USA

Report Date: Tuesday, July 21, 2009

Phase:

Report ID: NY907125.0.17412

Batch: Preparation

PO# / Release# /

Test Method: [REDACTED] H 7400 A Rules

Reference #: Q09-5333

Sample Date: Monday, July 20, 2009

Report Status: Final

Authorized Signature: [REDACTED]

Eric Fischer, Director of Asbestos Testing

Sample ID	Lab Sample # Lab Vessel ID	Location / Description	Sample Volume	Analytical Sensitivity		Sample Results		Analyst Date
				f/mm2	f/cc	f/mm2	f/cc	
<i>The following result table is for 5 samples received by IsleChem LLC on 07/21/2009 submitted by Client</i>								
<i>Also enclosed is the paperwork submitted with the samples.</i>								
5333-01-P1	98601 170216	OIB - Pre-Abatement - OWA	1200 L	7.01	0.0022	<7.01	<0.0022	ML 7/21/2009
5333-01-P2	98602 170217	OIB - Pre-Abatement - OWA	1200 L	7.01	0.0022	<7.01	<0.0022	ML 7/21/2009
5333-01-P3	98603 170218	OIB - Pre-Abatement - OWA	1200 L	7.01	0.0022	<7.01	<0.0022	ML 7/21/2009
5333-01-P4	98604 170219	Blank 1 - Blank	0 L	7.01		<7.01		ML 7/21/2009

### IsleChem, LLC

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 Fax: (716) 773-8517

Analysis performed on Nikon Labophot Phase Contrast Microscope

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<X.XX = Less than the quantitation limit

NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907125.0.17412

Page: 1 of 3

Sample ID	Lab Sample # Lab Vessel ID	Location / Description	Sample Volume	Analytical Sensitivity f/mm2	Sample Results f/mm2	Analyst Date
5333-01-P5	98605 170220	Blank 2 - Blank	0 L	7.01	<7.01	ML 7/21/2009

---

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Grand Island

New York 14072

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NYS DOI ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907125.0.17412

Page: 2 of 3

Sample ID	Lab Sample # Lab Vessel ID	Location / Description	Sample Volume	Analytical Sensitivity f/mm2	Sample Results f/mm2	Analyst Date
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**General Comments:**

*Technique Specific Disclaimer (PCM)*

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- Fiber counts above 1300 fibers/mm squared and fiber counts from samples with > 50% of the filter area covered with particulate should be reported as "uncountable" or "probably biased". Other fiber counts outside the 100-1300 fibers/mm squared range should be reported as having "greater than optimal variability" and as being "probably biased".

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50-100 Fibers	18.05
>100 Fibers	16.17

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5-20 Fibers	23.66
20-50 Fibers	26.72
50-100 Fibers	13.52
>100 Fibers	21.18

**KB-Ranges:**

5-20 Fibers	33.11
20-50 Fibers	33.01
50-100 Fibers	15.09
>100 Fibers	24.54

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NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907125.0.17412

Page: 3 of 3

## IsleChem, LLC Analysis Report

Client: Sean Carney  
 Quality Environmental Solutions Technologies, Inc.  
 1550 Balmer Road

Project: Air Samples for Fiber Counting Analysis  
 1550 Balmer Road

Youngstown, NY 14174 USA

Report Date: Wednesday, July 22, 2009

Phase:

Report ID: NY907145.0.17454

PO# / Release# /

Batch: **Environmentals**

Reference #: Q09-5333

Test Method: Fibers in Air by NIOSH 7400 A Rules

Sample Date: **Wednesday, July 22, 2009**

Report Status: **Final**

Authorized Signature: 

Eric Fischer, Director of Asbestos Testing

Sample ID	Lab Sample #	Location / Description	Sample Volume	Analytical Sensitivity		Sample Results		Analyst Date
	Lab Vessel ID			f/mm2	f/cc	f/mm2	f/cc	
<i>The following result table is for 5 samples received by IsleChem LLC on 07/22/2009 submitted by Client</i>								
<i>Also enclosed is the paperwork submitted with the samples.</i>								
5333-01-H01	98738	OIB	1260 L	7.01	0.0021	<7.01	<0.0021	ML 7/22/2009
	170340	- Environmental - OWA						
5333-01-H02	98739	OIB	1260 L	7.01	0.0021	<7.01	<0.0021	ML 7/22/2009
	170341	- Environmental - OWA						
5333-01-H03	98740	OIB	1260 L	7.01	0.0021	<7.01	<0.0021	ML 7/22/2009
	170342	- Environmental - OWA						
5333-01-H04	98741	Blank 1	0 L	7.01		<7.01		ML 7/22/2009
	170343	- Blank						

### IsleChem, LLC

2801 Long Road  
 Grand Island  
 New York 14072

Tel: (716) 773-8401  
 Fax: (716) 773-8517

Analysis performed on Nikon Labophot Phase Contrast Microscope

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<X.XX = Less than the quantitation limit

NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907145.0.17454

Page: 1 of 3

Sample ID	Lab Sample # Lab Vessel ID	Location / Description	Sample Volume	Analytical Sensitivity f/mm2	Sample Results f/mm2	Analyst Date
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**General Comments:**

*Technique Specific Disclaimer (PCM)*

- Asbestos testing using Phase Contrast Microscopy (PCM) techniques quantifies all fibers or fiber-like particles measuring five (5) microns in length, having a length to width ratio of 3:1, and are greater than 0.25 microns in diameter. It cannot be assumed that all the fibers counted are asbestos, since every fiber and fiber-like particle meeting the NIOSH dimension criteria must be counted. Additionally the Phase Contrast Microscope has an optical resolution of 0.25 microns in diameter and asbestos fibers can be significantly smaller than 0.25 microns in diameter.
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- Fiber counts above 1300 fibers/mm squared and fiber counts from samples with > 50% of the filter area covered with particulate should be reported as "uncountable" or "probably biased". Other fiber counts outside the 100-1300 fibers/mm squared range should be reported as having "greater than optimal variability" and as being "probably biased".

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**Relative Standard Deviations**

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50-100 Fibers	14.96
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20-50 Fibers	25.31
50-100 Fibers	18.05
>100 Fibers	16.17

**ML-Ranges:**

5-20 Fibers	23.66
20-50 Fibers	26.72
50-100 Fibers	13.52
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**KB-Ranges:**

5-20 Fibers	33.11
20-50 Fibers	33.01
50-100 Fibers	15.09
>100 Fibers	24.54

**IsleChem, LLC**

2801 Long Road  
Grand Island  
New York 14072

Tel: (716) 773-8401  
Fax: (716) 773-8517

Analysis performed on Nikon Labophot Phase Contrast Microscope

NA = Not Analyzed

<X.XX = Less than the quantitation limit

NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907145.0.17454

Page: 3 of 3

## IsleChem, LLC Analysis Report

Client: Sean Carney  
 Quality Environmental Solutions Technologies, Inc.  
 1550 Balmer Road

Project: Air Samples for Fiber Counting Analysis  
 1550 Balmer Rd

Youngstown, NY 14174 USA

Report Date: Thursday, July 23, 2009

Phase:

Report ID: NY907163.0.17473

PO# / Release# /

Batch: **Environmentals**

Reference #: Q09-5333

Test Method: Fibers in Air by NIOSH 7400 A Rules

Sample Date: **Thursday, July 23, 2009**

Report Status: **Final**

Authorized Signature: 

Eric Fischer, Director of Asbestos Testing

Sample ID	Lab Sample #	Location / Description	Sample Volume	Analytical Sensitivity		Sample Results		Analyst Date
	Lab Vessel ID			f/mm2	f/cc	f/mm2	f/cc	
<i>The following result table is for 5 samples received by IsleChem LLC on 07/23/2009 submitted by Client</i>								
<i>Also enclosed is the paperwork submitted with the samples.</i>								
5333-01-H01	98821 170441	OIB - Environmental - OWA	1650 L	7.01	0.0016	<7.01	<0.0016	ML 7/23/2009
5333-01-H02	98822 170442	OIB - Environmental - OWA	1650 L	7.01	0.0016	<7.01	<0.0016	ML 7/23/2009
5333-01-H03	98823 170443	OIB - Environmental - OWA	1650 L	7.01	0.0016	<7.01	<0.0016	ML 7/23/2009
5333-01-H04	98824 170444	Blank 1 - Blank	0 L	7.01		<7.01		ML 7/23/2009

### IsleChem, LLC

2801 Long Road  
 Grand Island  
 New York 14072

Tel: (716) 773-8401  
 Fax: (716) 773-8517

Analysis performed on Nikon Labophot Phase Contrast Microscope

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NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907163.0.17473

Page: 1 of 3

Sample ID	Lab Sample # Lab Vessel ID	Location / Description	Sample Volume	Analytical Sensitivity f/mm2	Sample Results f/mm2	Analyst Date
5333-01-H05	98825 170445	Blank 2 - Blank	0 L	7.01	<7.01	ML 7/23/2009

**IsleChem, LLC**

2801 Long Road  
Grand Island

New York 14072

Tel: (716) 773-8401

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NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907163.0.17473

Page: 2 of 3

Sample ID	Lab Sample # Lab Vessel ID	Location / Description	Sample Volume	Analytical Sensitivity f/mm2	Sample Results f/mm2	Analyst Date
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General Comments:

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**KB-Ranges:**

5-20 Fibers	33.11
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50-100 Fibers	15.09
>100 Fibers	24.54

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NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907163.0.17473

Page: 3 of 3

## IsleChem, LLC Analysis Report

Client: Sean Carney  
Quality Environmental Solutions Technologies, Inc.  
1550 Balmer Road

Project: Air Samples for Fiber Counting Analysis  
1550 Balmer Road

Youngstown, NY 14174 USA

Report Date: Friday, July 24, 2009  
Report ID: NY907169.0.17486

Phase:

PO# / Release# /

Batch: Finals

Reference #: Q09-5333

Test Method: Fibers in Air by NIOSH 7400 A Rules

Sample Date: Friday, July 24, 2009

Report Status: Final

Authorized Signature:

Eric Fischer, Director of Asbestos Testing

Sample ID	Lab Sample #	Location / Description	Sample Volume	Analytical Sensitivity		Sample Results		Analyst Date
	Lab Vessel ID			f/mm2	f/cc	f/mm2	f/cc	
<i>The following result table is for 12 samples received by IsleChem LLC on 07/24/2009 submitted by Client</i>								
<i>Also enclosed is the paperwork submitted with the samples.</i>								
5333-01-C01	98910 170513	IIB - Final - IWA	900 L	7.01	0.0030	<7.01	<0.0030	ML 7/24/2009
5333-01-C02	98911 170514	IIB - Final - IWA	900 L	7.01	0.0030	<7.01	<0.0030	ML 7/24/2009
5333-01-C03	98912 170515	IIB - Final - IWA	900 L	7.01	0.0030	<7.01	<0.0030	ML 7/24/2009
5333-01-C04	98913 170516	IIB - Final - IWA	900 L	7.01	0.0030	<7.01	<0.0030	ML 7/24/2009

### IsleChem, LLC

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Grand Island  
New York 14072  
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Analysis performed on Nikon Labophot Phase Contrast Microscope

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NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907169.0.17486

Page: 1 of 3

Sample ID	Lab Sample #	Location / Description	Sample Volume	Analytical Sensitivity		Sample Results		Analyst Date
	Lab Vessel ID			f/mm2	f/cc	f/mm2	f/cc	
5333-01-C05	98914	IIB	900 L	7.01	0.0030	<7.01	<0.0030	ML 7/24/2009
	170517	- Final - IWA						
5333-01-C06	98915	OIB	900 L	7.01	0.0030	<7.01	<0.0030	ML 7/24/2009
	170518	- Final - OWA						
5333-01-C07	98916	OIB	900 L	7.01	0.0030	<7.01	<0.0030	ML 7/24/2009
	170519	- Final - OWA						
5333-01-C08	98917	OIB	900 L	7.01	0.0030	<7.01	<0.0030	ML 7/24/2009
	170520	- Final - OWA						
5333-01-C09	98918	OIB	900 L	7.01	0.0030	<7.01	<0.0030	ML 7/24/2009
	170521	- Final - OWA						
5333-01-C10	98919	OIB	900 L	7.01	0.0030	<7.01	<0.0030	ML 7/24/2009
	170522	- Final - OWA						
5333-01-C11	98920	Blank 1	0 L	7.01		<7.01		ML 7/24/2009
	170523	- Blank						
5333-01-C12	98921	Blank 2	0 L	7.01		<7.01		ML 7/24/2009
	170524	- Blank						

**IsleChem, LLC**

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NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

Client: Quality Environmental Solutio

Project: NY907169.0.17486

Page: 2 of 3

Sample ID	Lab Sample # Lab Vessel ID	Location / Description	Sample Volume	Analytical Sensitivity f/mm2	Sample Results f/mim2	Analyst Date
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General Comments:

*Technique Specific Disclaimer (PCM)*

- Asbestos testing using Phase Contrast Microscopy (PCM) techniques quantifies all fibers or fiber-like particles measuring five (5) microns in length, having a length to width ratio of 3:1, and are greater than 0.25 microns in diameter. It cannot be assumed that all the fibers counted are asbestos, since every fiber and fiber-like particle meeting the NIOSH dimension criteria must be counted. Additionally the Phase Contrast Microscope has an optical resolution of 0.25 microns in diameter and asbestos fibers can be significantly smaller than 0.25 microns in diameter.
- If the sample(s) represented by these test results were not collected by IsleChem LLC then IsleChem LLC makes no representation regarding the accuracy of the fibers per cubic centimeter (f/cc) calculation presented.
- All NIOSH 7400 final sample results are blank corrected unless field blank samples are not submitted with the sample set.
- Fiber counts above 1300 fibers/mm squared and fiber counts from samples with > 50% of the filter area covered with particulate should be reported as "uncountable" or "probably biased". Other fiber counts outside the 100-1300 fibers/mm squared range should be reported as having "greater than optimal variability" and as being "probably biased".

*General Disclaimer*

- The test results are submitted pursuant to IsleChem LLC's current terms and conditions of sale, including the company's standard warranty and limitation of liability provisions. No responsibility or liability is assumed for the manner in which the results are used or interpreted.
- This report is issued for the benefit of and may be relied upon by the client named above. The client bears full responsibility for deciding the level of testing for sample submitted to IsleChem LLC.
- These results pertain only to the items tested.
- This report shall not be reproduced except in full.
- If the sample(s) represented by these test results were not collected by IsleChem LLC then the test results are limited to the reported values determined by the analytical testing process. IsleChem LLC makes no representation regarding the number of samples submitted, sample's collection technique, condition, volume, times, homogeneity or any other aspect of the sample(s) prior to IsleChem LLC taking possession of the sample(s) and the influence it may have on the results.
- Unless notified in writing to return the samples covered by this report, IsleChem LLC will store what remains of the sample(s), if anything, for a period of 60 days before discarding, unless otherwise required by law. A shipping and handling fee will be charged for the return of any sample(s).

**Relative Standard Deviations**

**Intra-Laboratory Ranges:**

**EF-Ranges:**

**FB-Ranges:**

**ML-Ranges:**

**KB-Ranges:**

5-20 Fibers	26.06	5-20 Fibers	20.80	5-20 Fibers	26.66	5-20 Fibers	23.66	5-20 Fibers	33.11
20-50 Fibers	27.94	20-50 Fibers	26.73	20-50 Fibers	25.31	20-50 Fibers	26.72	20-50 Fibers	33.01
50-100 Fibers	14.96	50-100 Fibers	13.16	50-100 Fibers	18.05	50-100 Fibers	13.52	50-100 Fibers	15.09
>100 Fibers	20.43	>100 Fibers	19.85	>100 Fibers	16.17	>100 Fibers	21.18	>100 Fibers	24.54

**IsleChem, LLC**

2801 Long Road  
Grand Island

New York 14072

Tel: (716) 773-8401

Fax: (716) 773-8517

Analysis performed on Nikon Labophot Phase Contrast Microscope

NA = Not Analyzed

<X.XX = Less than the quantitation limit

NYS DOH ELAP ID# 11862

EPA Lab Code: NY01086

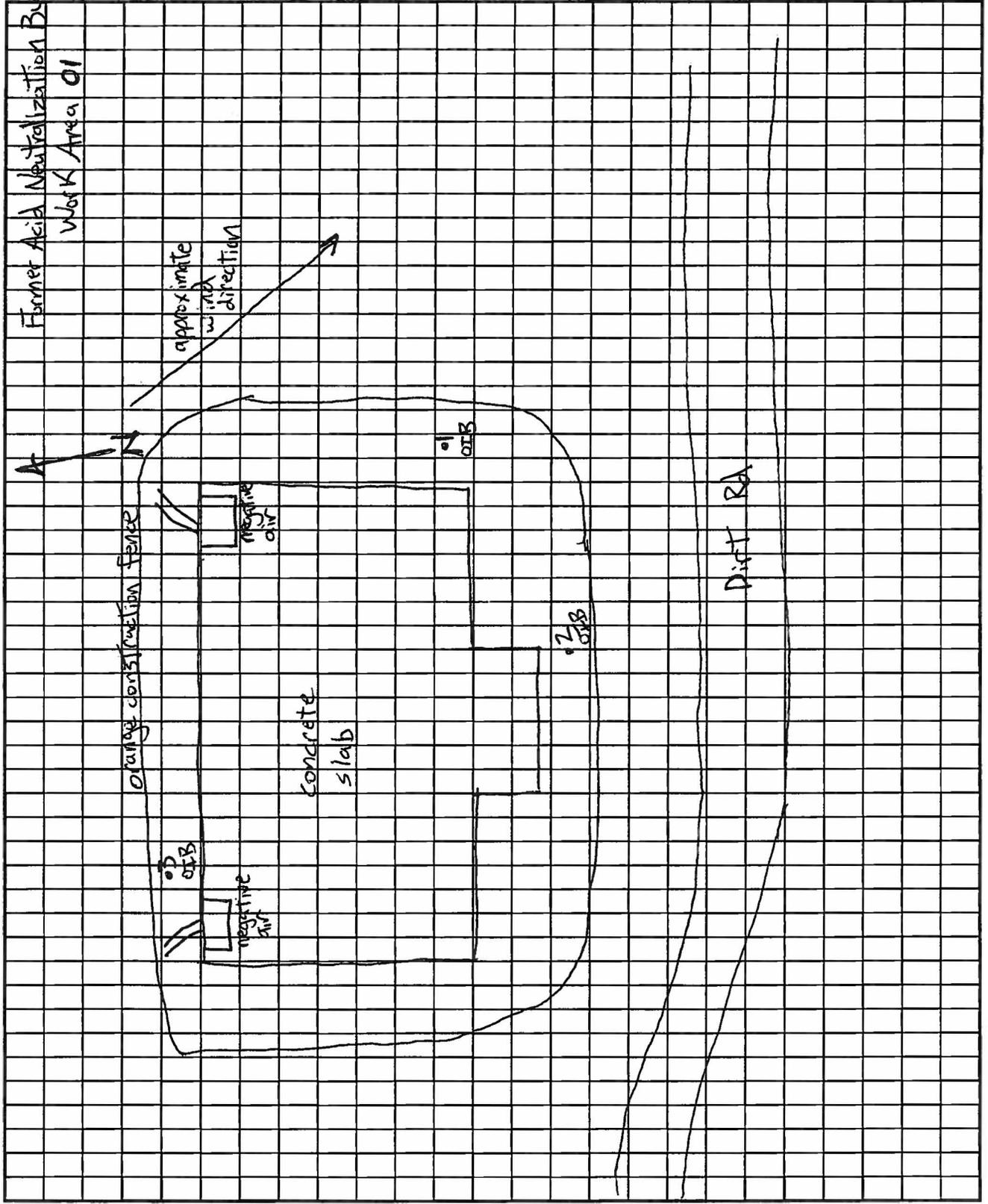
Client: Quality Environmental Solutio

Project: NY907169.0.17486

Page: 3 of 3



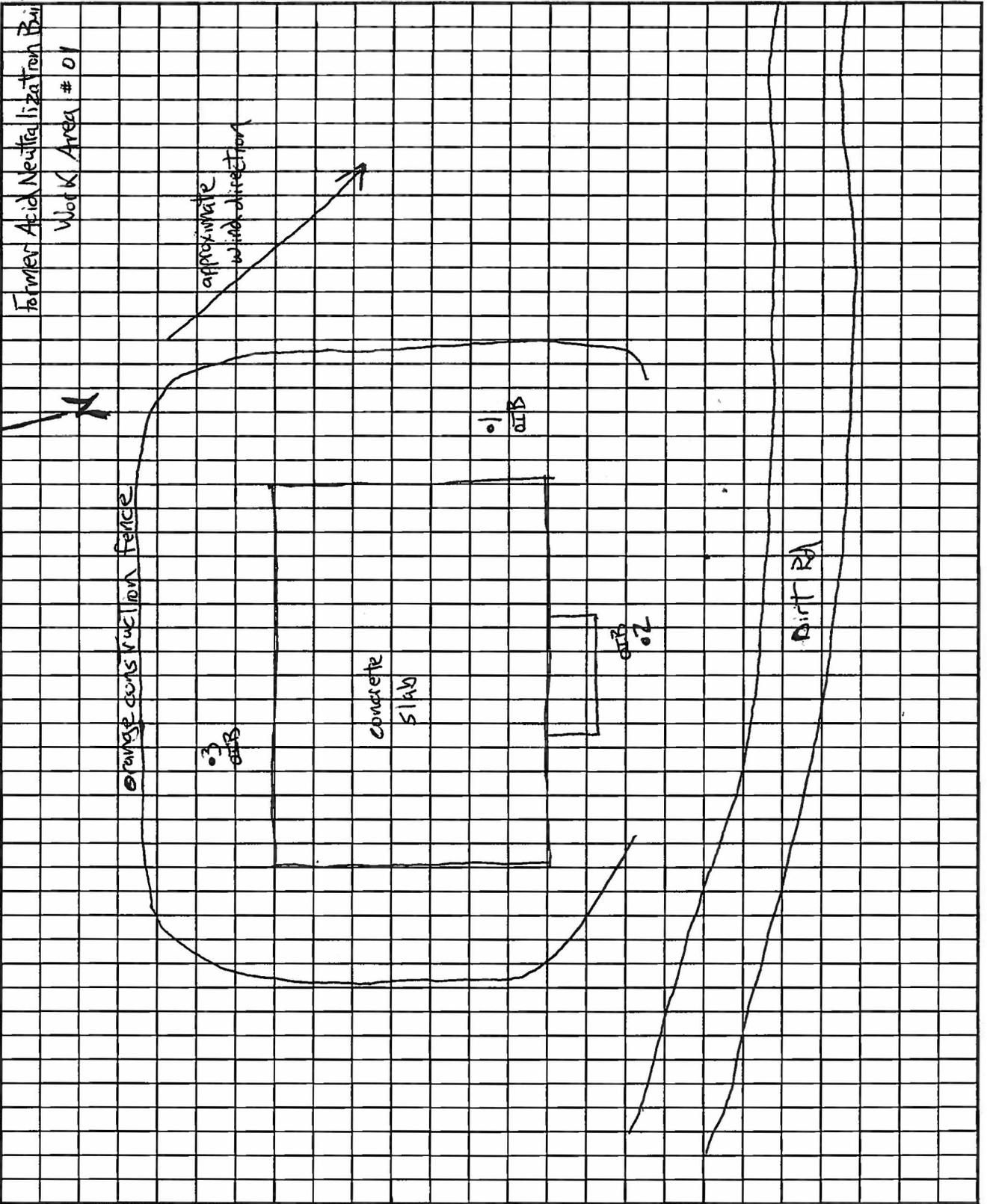
WORK SITE SKETCH  
(SHOW PUMP LOCATIONS, WALLS, LARGE FIXED OBJECTS, AND DIRECTION WHERE POSSIBLE)



Former Acid Neutralization Building  
Work Area 01

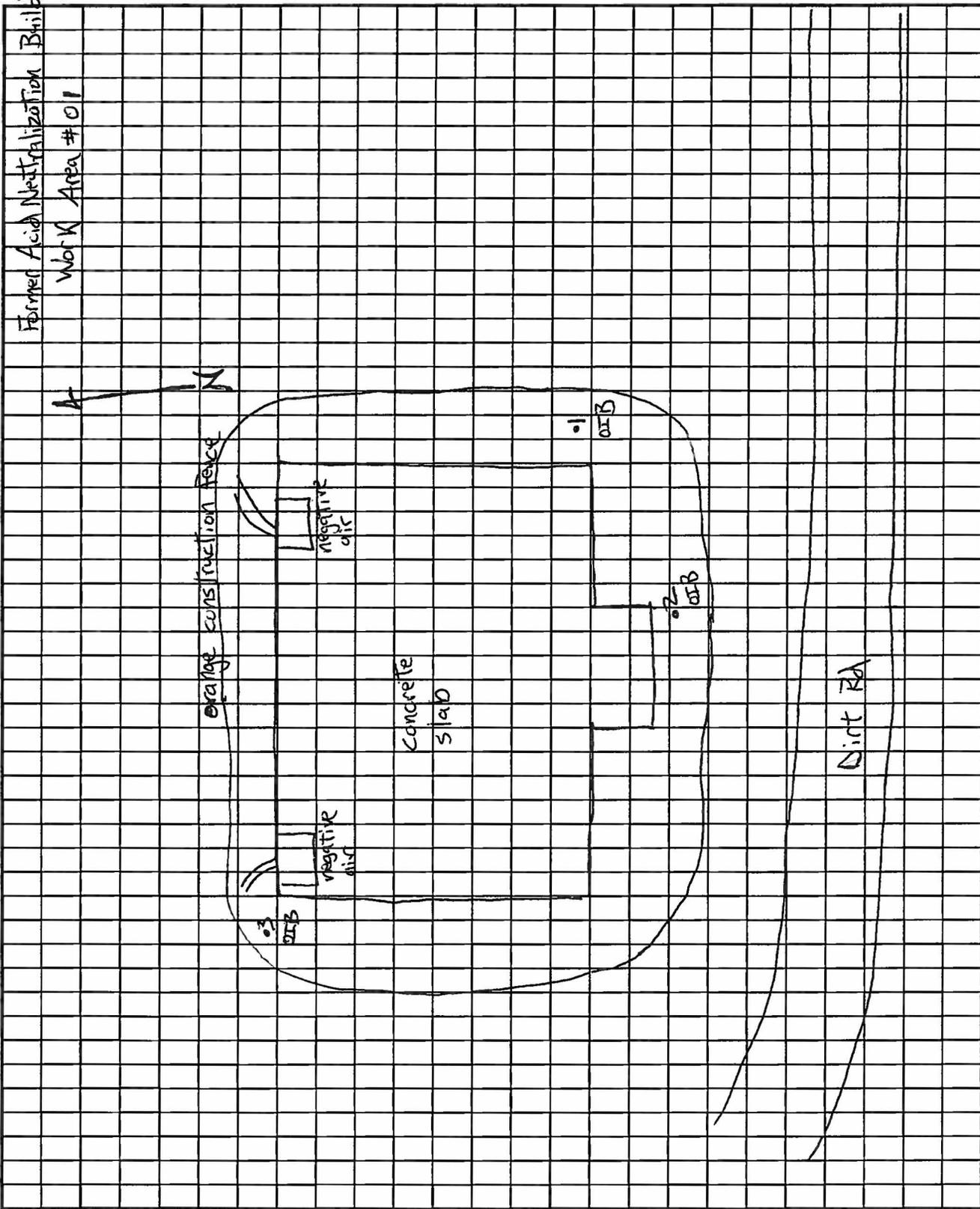


WORK SITE SKETCH  
(SHOW PUMP LOCATIONS, WALLS, LARGE FIXED OBJECTS, AND DIRECTION WHERE POSSIBLE)





WORK SITE SKETCH  
(SHOW PUMP LOCATIONS, WALLS, LARGE FIXED OBJECTS, AND DIRECTION WHERE POSSIBLE)



Former Acid Neutralization Building

Work Area # 01

QUALITY ENVIRONMENTAL SOLUTIONS TECHNOLOGIES, INC.  
 ASBESTOS AIR MONITORING REPORT

N4907163.0.17473

CLIENT: Earth Resources Technology, Inc  
 ADDRESS 10810 Guilford Road Annapolis Junction, MD 20701  
 PHONE: 301-323-1444 FAX: 301-361-0659  
 QuES&T PROJECT #: Q09-5333  
 PROJECT NOTIFICATION #: 257 28 351

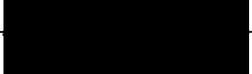
ONSITE CONTACT: Sean Carney  
 PROJECT ADDRESS: 1550 Balmer Road, Youngstown NY 14174  
 BLDG. Exterior FLOOR 1<sup>st</sup> ROOM Exterior WORK AREA 01  
 PHONE 301-323-1444 FAX: 301-361-0659

ANALYSIS PROTOCOL	TURN AROUND	MCE FILTER	ROTOMETER	AIR MONITORING		SAMPLE LOCATIONS				
TEM AHERA <input type="radio"/>	RUSH <input type="radio"/>	25 mm <input checked="" type="radio"/>	ID #: <u>QR-306</u>	BACKGROUND <input type="radio"/>	IIB INSIDE ISOLATION BARRIER	OWE OUTSIDE WASTE ENCLOSURE				
	24 HOUR <input checked="" type="radio"/>	37 mm <input type="radio"/>		WORK AREA PREP <input type="radio"/>	ODE OUTSIDE DECON ENCLOSURE	EOB ENVIRONMENTAL OUTSIDE BLDG				
TEM/EPA <input type="radio"/>	48 HOUR <input type="radio"/>	0.45 <input type="radio"/>	CAL. DUE: <u>9/5/09</u>	ASBESTOS HANDLING <input checked="" type="radio"/>	VDR VENTILATION DUCT RUN	EIB ENVIRONMENTAL INSIDE BLDG				
	72 HOUR <input type="radio"/>	0.8 <input checked="" type="radio"/>		CLEARANCE <input type="radio"/>	EXH HEPA EXHAUST	BLANK 1&2 FIELD BLANKS				
PCM <input checked="" type="radio"/>			SAMPLE LOT #: <u>T3 2466 08302</u>	ENVIRONMENTAL <input type="radio"/>	OIB OUTSIDE ISOLATION BARRIER	BLANK 3 LAB BLANK				
LOG #	SAMPLE #	PUMP #	LOCATION	FLOW RATE	START/STOP	AVERAGE	TIME START/STOP		VOLUME	F/FLD
170441	5333-01-H01	W271	OIB	5	5	5	0730	1300	1650	
170442	5333-01-H02	Q220	OIB	5	5	5	0731	1301	1650	
170443	5333-01-H03	Q182	OIB	5	5	5	0732	1302	1650	

LOG #	170444	SAMPLE #	5333-01-H04	BLANK 1
LOG #	170445	SAMPLE #	5333-01-H05	BLANK 2
LOG #		SAMPLE #		BLANK 3

MAP OF SAMPLE LOCATION(S) ON BACK

CHAIN OF CUSTODY

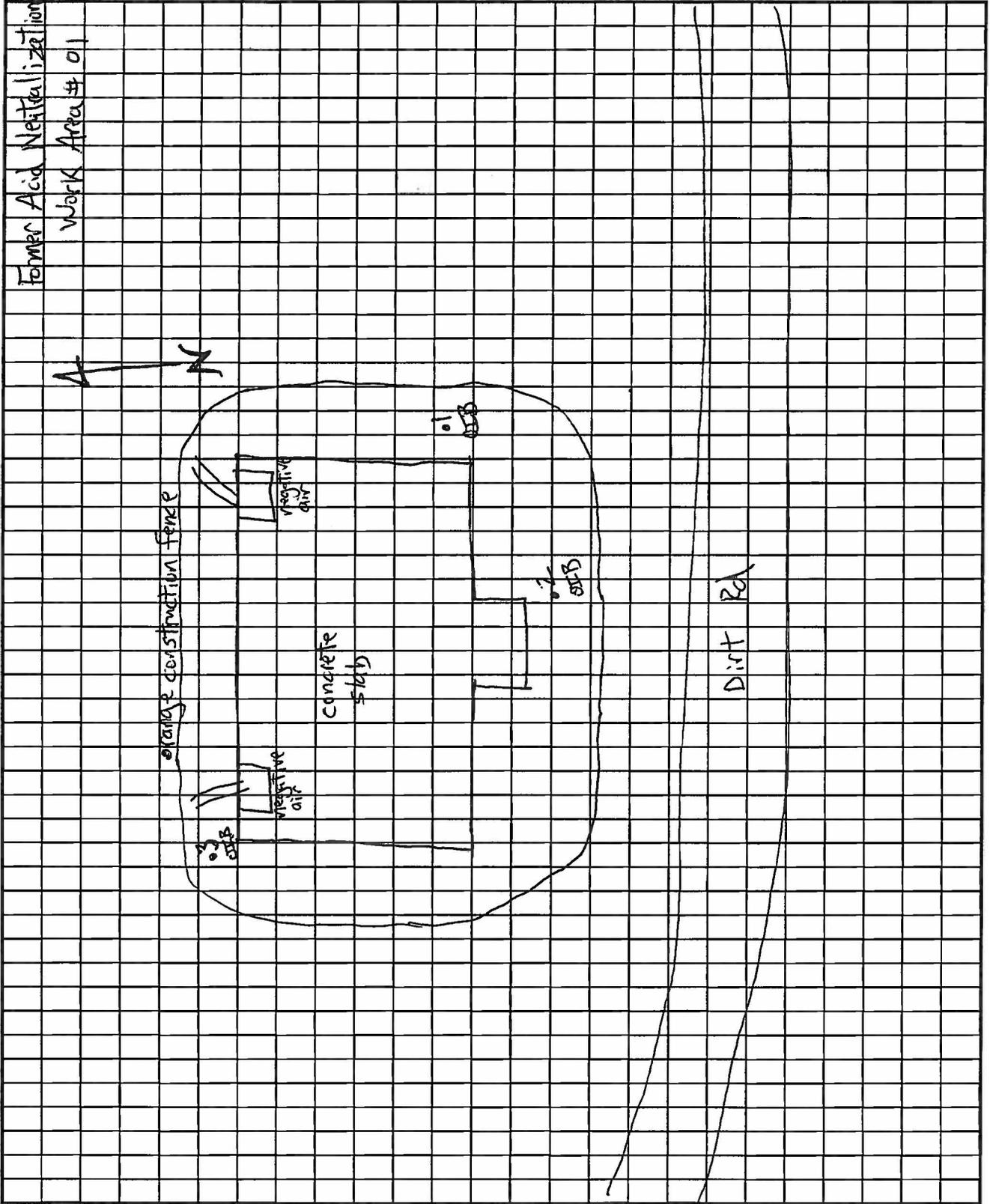
SAMPLED/REMITTED BY: (Print Name) Ryan Griffin  
 (Signature)   
 RECEIVED BY: 

Date: 7/23/09  
 DATE: 7/23/09  
2:15 PM

ANALYZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

WORK SITE SKETCH  
(SHOW PUMP LOCATIONS, WALLS, LARGE FIXED OBJECTS, AND DIRECTION WHERE POSSIBLE)



Former Acid Neutralization Building  
Work Area # 01

QUALITY ENVIRONMENTAL SOLUTIONS TECHNOLOGIES, INC.  
ASBESTOS AIR MONITORING REPORT

CLIENT: Earth Resources Technology, Inc  
 ADDRESS 10810 Guilford Road Annapolis Junction, MD 20701  
 PHONE: 301-323-1444 FAX: 301-361-0659  
 QuES&T PROJECT #: Q09-5333  
 PROJECT NOTIFICATION #: 257 28 351

ONSITE CONTACT: Sean Carney  
 PROJECT ADDRESS: 1550 Balmer Road, Youngstown NY 14174  
 BLDG. Exterior FLOOR 1st ROOM Exterior WORK AREA 01  
 PHONE 301-323-1444 FAX: 301-361-0659

ANALYSIS PROTOCOL	TURN AROUND	MCE FILTER	ROTOMETER	AIR MONITORING	SAMPLE LOCATIONS	
TEM AHERA <input type="radio"/>	RUSH <input checked="" type="radio"/>	25 mm <input checked="" type="radio"/>	ID #: <u>QR-306</u>	BACKGROUND <input type="radio"/>	IIB INSIDE ISOLATION BARRIER	OWE OUTSIDE WASTE ENCLOSURE
TEM/EPA <input type="radio"/>	24 HOUR <input type="radio"/>	37 mm <input type="radio"/>	CAL. DUE: <u>9/5/09</u>	WORK AREA PREP <input type="radio"/>	ODE OUTSIDE DECON ENCLOSURE	EOB ENVIRONMENTAL OUTSIDE BLDG
PCM <input checked="" type="radio"/>	48 HOUR <input type="radio"/>	0.45 <input type="radio"/>	SAMPLE LOT #: <u>T8 2466 08302</u>	ASBESTOS HANDLING <input type="radio"/>	VDR VENTILATION DUCT RUN	EIB ENVIRONMENTAL INSIDE BLDG
	72 HOUR <input type="radio"/>	0.8 <input checked="" type="radio"/>		CLEARANCE <input checked="" type="radio"/>	EXH HEPA EXHAUST	BLANK 1&2 FIELD BLANKS
				ENVIRONMENTAL <input type="radio"/>	OIB OUTSIDE ISOLATION BARRIER	BLANK 3 LAB BLANK

LOG #	SAMPLE #	PUMP #	LOCATION	FLOW RATE START/STOP		AVERAGE	TIME START/STOP		VOLUME	F/FLD
170513	5333-01-C01	Q360	IIB	15	15	15	1010	1110	900	
170514	5333-01-C02	Q111	IIB	15	15	15	1011	1111	900	
170515	5333-01-C03	Q118	IIB	15	15	15	1012	1112	900	
170516	5333-01-C04	Q323	IIB	15	15	15	1013	1113	900	
170517	5333-01-C05	Q143	IIB	15	15	15	1014	1114	900	
170518	5333-01-C06	W271	OIB	15	15	15	1026	1126	900	
170519	5333-01-C07	Q182	OIB	15	15	15	1027	1127	900	
170520	5333-01-C08	Q220	OIB	15	15	15	1028	1128	900	
170521	5333-01-C09	Q83	OIB	15	15	15	1029	1129	900	
170522	5333-01-C10	A75	OIB	15	15	15	1030	1130	900	
170523	SAMPLE #	5333-01-C11	BLANK 1							
170524	SAMPLE #	5333-01-C12	BLANK 2							
	SAMPLE #		BLANK 3							

MAP OF SAMPLE LOCATION(S) ON BACK

CHAIN OF CUSTODY  
 SAMPLED/REMITTED BY: (Print Name) Ryan Griffin

Date: 7/24/09

RECEIVED BY: 

Date: 7/24/09  
11:55 Am

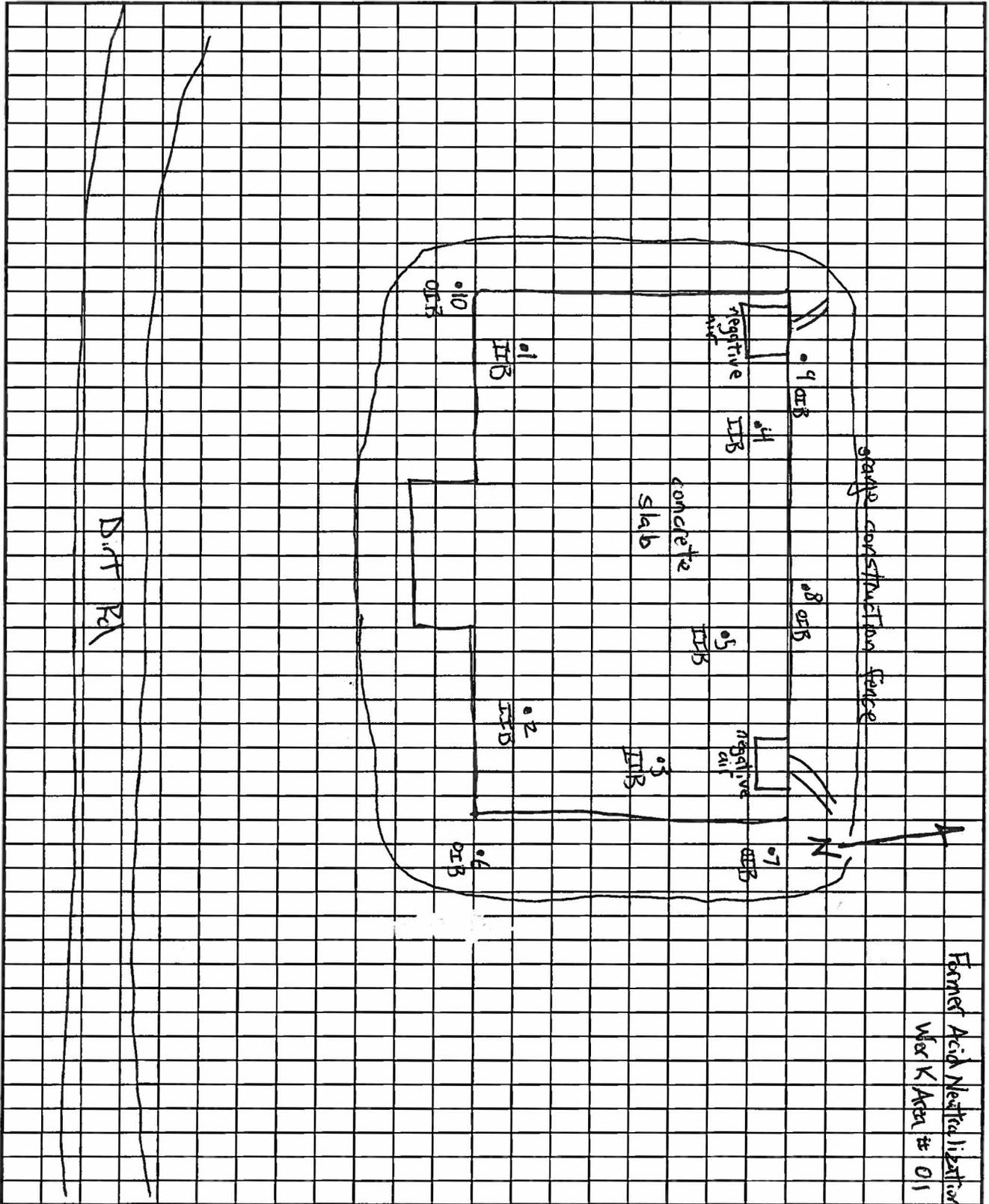
ANALYZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: 

# WORK SITE SKETCH

(SHOW PUMP LOCATIONS, WALLS, LARGE FIXED OBJECTS, AND DIRECTION WHERE POSSIBLE)



# ACM Cleanup Closeout Report

Metro Environmental - ACM Contractor

**Job#** 09-073

**Address:** Former LOOW Waste Water Treatment Plant

## **Table of Contents**

Introductory Letter

License

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OSHA Personal Air Sampling

Waste Manifest

Daily Project Job Logs

Daily Entry/Exit Logs

Employee Information

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## Introductory Letter

September 3, 2009

Earth Resources Technology, Inc.  
10810 Guilford Road, Suite 105  
Annapolis Junction, Maryland 20701

Re: Asbestos Abatement of the Former LOOW Waste Water Treatment Plant,  
1550 Balmer Road, Youngstown, New York.

To Whom It May Concern:

Enclosed is a copy of the records for the asbestos abatement project completed by Metro Contracting and Environmental, Inc. on July 27, 2009 at the Former LOOW Waste Water Treatment Plant, 1550 Balmer Road, Youngstown, New York.

As required by Article 30, Section 904 of the New York State Labor Law and Section 56-3.4 of the New York State Code Rule 56 (asbestos), Metro Contracting and Environmental, Inc will maintain a copy of these records for the next thirty years.

Please feel free to call us if we may clarify anything or be of further assistance to you.

Respectfully Submitted,  
METRO ENVIRONMENTAL

  
Jason B. Hibbard,  
Project Manager

dm

License

**NEW YORK STATE - DEPARTMENT OF LABOR**

DIVISION OF SAFETY AND HEALTH  
LICENSE AND CERTIFICATE UNIT  
STATE CAMPUS BUILDING 12  
ALBANY, NY 12240

**ASBESTOS HANDLING LICENSE**

Metro Contracting & Environmental, Inc.  
2939 Lockport Road  
Niagara Falls, NY 14305

FILE NUMBER: 99-0111  
LICENSE NUMBER: 29409  
LICENSE CLASS: FULL  
DATE OF ISSUE: 01/16/2009  
EXPIRATION DATE: 02/28/2010

Duly Authorized Representative – Harold G. Hibbard:

This license has been issued in accordance with applicable provisions of Article 30 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.

Maureen A. Cox, Director  
FOR THE COMMISSIONER OF LABOR

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## Notifications



### Asbestos Project Notification

<b>Project Reference Number:</b> 25728351	<b>Type:</b> Initial Notification
<b>Status:</b> Notification Received	<b>Notification Received:</b> 7/2/2009
<b>Payment Status:</b> PAID	<b>Number of amendments:</b> 0
<b>Notification Entered By:</b> Metro Contracting & Environmental, Inc.	

<b>Contractor Information</b>	
FEIN:161540853	
<b>Metro Contracting &amp; Environmental, Inc.</b>	<b>Mailing Address</b>
2939 Lockport Road	
Niagara Falls NY 14305	
Asbestos License Number: 29409	
<b>Duly Authorized Representative</b>	
Harold G Hibbard, Officer	
<b>Phone Number:</b>	716-285-9280
<b>E-mail Address:</b>	hhibbard@metroenvironmental.com

<b>Project Information</b>
<b>Project Start Date:</b> 7/13/2009
<b>Project End Date:</b> 7/24/2009
<b>Project Location County:</b> Niagara

<b>Project Location</b>
<b>Building Name:</b> Former Acid Neutralization Building
<b>Room or Location:</b>
<b>Bridge ID#:</b>
<b>Address Line 1:</b> 1550 Balmer Road
<b>Address Line 2:</b>
<b>City Town or Village:</b> Youngstown
<b>State:</b> New York
<b>Zip Code:</b> 14174

<b>Building Information</b>
<b>Current Use:</b> Vacant
<b>Prior Use:</b> Industrial
<b>Approximate Year Built:</b> 0
<b>Size(sq.ft):</b> 800
<b>Is this fee exempt project?:</b> NO
<b>Reason:</b>

<b>Building Representative/Site Contact</b>	
Name: Sean Carney	
Phone Number: 301-323-1444	
E-mail Address:	
Cell Phone Number:	

<b>Phase Details</b>				
Phase #	Phase Start Date	Phase End Date	Phase Location	Phase Scope

<b>Sub-Contractor Details</b>	
Name:	Asbestos License Number:

<b>Night/Weekend/Shift Work Details</b>
---

<b>Party for Whom Work is being Performed</b>			
First Name:	Sean	Last Name:	Carney
Organization:	US Army Corps of Engineers Buffalo District		
Apt./Suite:		Address Line 1:	1776 Niagara Street
Address Line 2:		City Town or Village:	Buffalo
Province:		State:	NY
Zip Code:	14207	Country:	United States
Contract Dollar Amount:			

<b>Variance Information</b>
Individual Variance Petition Number: 09-0453

<b>Procedures and Type of Equipment and Ventilation Systems Used</b>
Per Site Specific Variance

<b>Air Monitoring Firm</b>	
Name:	Asbestos License Number:
Quality Environmental Solutions & Technologies, Inc.	29085

<b>Laboratory Performing Analysis</b>	
Name:	ELAP Registration Number:
Eastern Analytical Services	10851

<b>Type of Asbestos Work</b>			
Pipe Related:	Yes	Siding:	No
Clean up:	No	Vessel covering:	No
Caulking/mastic:	No	Spray-on insulation:	No
Roofing/flashing:	No	VAT:	No
Demolition:	No	Demolition Ref#:	
Other-specify:	Traniste		

**Waste Transporter**

Name: Waste Management  
 NYS DEC or EPA Permit Number: 9A-047  
 Phone Number: 716-496-5000  
 Apt./Suite:  
 Address Line 1: 10860 Olean Road  
 Address Line 2:  
 City Town or Village: Chaffee  
 Province:  
 State: NY  
 Zip Code: 14030  
 Country: United States

**Landfill**

Name: CID Waste Management Landfill, Inc.  
 Phone Number: 716-496-5000  
 Apt./Suite:  
 Address Line 1: 10860 Olean Road  
 Address Line 2:  
 City Town or Village: Chaffee  
 Province:  
 State: NY  
 Zip Code: 14030  
 Country: United States

**Type and Amount of Asbestos Containing Material**

Friable linear feet:	45	Friable square feet:	800
Non-friable linear feet:	0	Non-friable square feet:	20

**Fee**

Total linear feet: 45.0  
 Total square feet: 820.0  
 Total Fee: 1000.0

**Project Fee Schedule**

If the notification was submitted prior to 4/7/09, the actual project fee is one half of the amount shown on the fee schedule

Linear Feet:	Fee	Square Feet:	Fee
0 - 259 feet:	\$0	0 - 159 feet:	\$0
260 - 429 feet:	\$200	160 - 259 feet:	\$200
430 - 824 feet:	\$400	260 - 499 feet:	\$400
825 - 1649 feet:	\$1000	500 - 999 feet:	\$1000
1650 or more feet:	\$2000	1000 or more feet:	\$2000

**Remarks**

**U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #
--------------------	----------	---------------	----------------

Type of Notification (check one):     Original     Revised     Canceled

**II. Facility Description**  
 Building Name: Former Acid Neutralization Building  
 Address: 1550 Balmer Road  
 City: Youngstown    State: New York    Zip Code: 14174    County: Niagara  
 Site Location : Same  
 Building Size (square feet): 800    # of Floors: 1    Age in Years: \_\_\_\_\_  
 Present Use: Vacant    Prior Use: Industrial (Neutralization Building)

**III. Type of Operation** (check one):     Demo     Ordered Demo     Renovation     Emergency Renovation     Fire Training

**IV. Is Asbestos Present?** (check one):     Yes     No

**V. Facility Information**  
 Owner Name: Town of Lewiston  
 Address: 5970 Miller Road  
 City: Niagara Falls    State: New York    Zip Code: 14304  
 Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_  
 Removal Contractor Name: Metro Contracting & Environmental, Inc.  
 Address: 2939 Lockport Road  
 City: Niagara Falls    State: New York    Zip Code: 14305  
 Contact: P. Michael Bull    Telephone: (716) 285-9280    Fax: (716) 285-9301  
 Other Operator (demolition/general): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:**  
  
 Work to be performed as per Site Specific Variance 09-0453

**VII. Approximate Amount of Asbestos Materials:**

	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	45 LF Pipe	0	0	0	0
Surface Area (square feet)	800 Site Clean Up	20 Sq Transite	0	0	0
Facility Components (cubic feet)	0	0	0	0	0

**VIII. Scheduled Dates Demolition or Renovation:**    Start: 07/13/09    Complete: 07/24/09

**IX. Dates for Asbestos Removal (MM/DD/YY)**    Start: 07/13/09    Complete: 07/24/09

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	8:00 - 4:00	8:00 - 4:00	8:00 - 4:00	8:00 - 4:00	8:00 - 4:00		

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:

Work to be Performed as per Site Specific Variance 09-0453

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Wet Methods

XII. Waste Transporter #1

Name: Waste Management
Address: 10860 Olean Road
City: Chaffee State: New York Zip Code: 14030
Contact: Telephone: (716) 496-5000

Waste Transporter #2

Name:
Address:
City: State: Zip Code:
Contact: Telephone: ( )

XIII. Waste Disposal

Name: CID Waste Management Landfill, Inc.
Address: 10860 Olean Road
City: Chaffee State: New York Zip Code: 14030
Contact: Telephone: (716) 496-5000

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

- 1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: Title:
3. Authority of Order (Citation of Code):
4. Date of Order (MM/DD/YY): Date Ordered to Begin

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

- 1. Date and Hour of the Emergency:
2. Description of the Sudden, Unexpected Event:
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Cease work, Consult with Owners Consultant

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.

Signature of Owner/Operator: [Redacted] Date: 07/02/09 P. Michael Bull Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.

Signature of Owner/Operator: [Redacted] Date: 07/02/09 P. Michael Bull Type or Print Name and Title



New York State Department of Labor  
David A. Paterson, Governor  
M. Patricia Smith, Commissioner

[Redacted]

May 27, 2009

QUEST  
1376 Rte 9  
Wappingers Falls, NY 12590

RE: File No. 09-0453

Dear Sir/Madam:

**STATE OF NEW YORK  
DEPARTMENT OF LABOR  
DIVISION OF SAFETY AND HEALTH**

The attached is a copy of Decision, dated, 5/26/2009, which I have compared with the original filed in this office and which I DO HEREBY CERTIFY to be a correct transcript of the text of the said original.

If you are aggrieved by this decision you may appeal within 60 days from its issuance to the Industrial Board of Appeals as provided by Section 101 of the Labor Law. Your appeal should be addressed to the Industrial Board of Appeals, Empire State Plaza, Agency Building 2, 20<sup>th</sup> Floor, Albany, New York, 12223 as prescribed by its Rules and Procedure, a copy of which may be obtained upon request.

WITNESS my hand and the seal of the  
NYS Department of Labor, at the City of  
Albany, this 27<sup>th</sup> day of May  
Two thousand nine

[Redacted Signature]

Christopher Alonge, P.E.  
Associate Safety and Health Engineer  
Engineering Services Unit

ES

STATE OF NEW YORK  
DEPARTMENT OF LABOR  
STATE OFFICE BUILDING CAMPUS  
ALBANY, NEW YORK 12240-0100

Variance Petition

of  
QUEST

Petitioner's Agent on Behalf of

U.S. A.C.E. Baltimore District  
Petitioner

in re

Premises: Former Acid Neutralization Building  
1550 Balmer Road  
Youngstown, NY 14174

**Exterior Non-Friable and Friable ACM Debris  
Cleanup and Removals**

File No. 09-0453

DECISION

Cases 1- 8

ICR 56

The Petitioner, pursuant to Section 30 of the Labor Law, having filed Petition No. 09-0453 on May 26, 2009 with the Commissioner of Labor for a variance from the provisions of Industrial Code Rule 56 as hereinafter cited on the grounds that there are practical difficulties or unnecessary hardship in carrying out the provisions of said Rule; and the Commissioner of Labor having reviewed the submission of the petitioner dated May 19, 2009; and

Upon considering the merits of the alleged practical difficulties or unnecessary hardship and upon the record herein, the Commissioner of Labor does hereby take the following actions:

Case No. 1	ICR 56-7.5
Case No. 2	ICR 56-7.8
Case No. 3	ICR 56-7.10 (c)
Case No. 4	ICR 56-7.11(a-e)

Case No. 5  
Case No. 6  
Case No. 7  
Case No. 8

ICR 56-8.2 (b)  
ICR 56-8.9  
ICR 56-9.1(a-f)  
ICR 56-9.2 (d) (1)

**VARIANCE GRANTED.** The Petitioner's proposal for cleanup and removal of damaged non-friable ACM transite and friable ACM debris at the subject premises in accordance with the attached 15-page stamped copy of the Petitioner's submittal, is accepted; subject to the Conditions noted below:

### THE CONDITIONS

1. As written with modifications noted.
2. Usage of this variance is limited to those asbestos removals identified in this variance or as outlined in the Petitioner's proposal.

In addition to the conditions required by the above specific variances, the Petitioner shall also comply with the following general conditions:

### GENERAL CONDITIONS

1. A copy of this DECISION and the Petitioner's proposals shall be conspicuously displayed at the entrance to the personal decontamination enclosure.
2. This DECISION shall apply only to the removal of asbestos-containing materials from the aforementioned areas of the subject premises.
3. The Petitioner shall comply with all other applicable provisions of Industrial Code Rule 56-1 through 56-12.
4. The NYS Department of Labor Engineering Service Unit retains full authority to interpret this variance for compliance herewith and for compliance with Labor Law Article 30. Any deviation to the conditions leading to this variance shall render this variance Null and Void pursuant to 12NYCRR 56-12.2. Any questions regarding the conditions supporting the need for this variance and/or regarding compliance hereto must be directed to the Engineering Services Unit for clarification.

5. This DECISION shall terminate on May 31, 2011.

Date: May 26, 2009

**M. PATRICIA SMITH  
COMMISSIONER OF LABOR**

By

**Christopher G. Alonge, P.E.  
Associate Safety and Health Engineer**

**PREPARED BY: Edward A. Smith, P.E.  
Senior Safety and Health Engineer**

**REVIEWED BY: Christopher G. Alonge, P.E.  
Associate Safety and Health Engineer**

Note: Add a separate typed or printed page for each work area and work procedure. Sign and date each page.

8. **Work Area Description Table:** Attach additional tables and scale drawings of work area and pictures, as needed.

Work Area Designation	Exterior or Interior	Work/Room Area Dimensions	Type of Asbestos Containing Material (ACM)	Quantity of ACM	Condition of ACM (level of damage)	Friability of ACM (non-friable or friable)	Type of Containment (full, 2-layer tent, single layer tent, open-air, etc.)
AWB	EXT	1300 SF	TRANSF TSE	Approx 454/100SF	Small Sig Dam	Friable	TENT - 2 Layer MO. Containment

9. **ICR 56 Relief Sought:** List the individual sections of ICR 56 for which relief is sought, for each work area or method used. Provide sufficient detail in an attachment. **SEE ATTACHED**

10. **Hardship Description:** What is the hardship, (e.g. Limited room for decons, exhaust ducts must be longer than 25 feet, all surfaces are contaminated and cannot be plasticized) for each work area or method used? Provide sufficient detail in an attachment. Include condemnation letter or EPA Approval letter if applicable. **SEE ATTACHED**

11. **Proposed Abatement Method Description for each work area or method used.** Include scale drawings and pictures as necessary. Lack of sufficient detail will delay issuance of variance decision.

a. Will proposed abatement methods render non-friable ACM material friable?  Yes  No

b. What proposed abatement method, increased engineering controls and detailed procedures will be used to compensate for the relief being sought? (1.e, Increased negative air rate, negative pressure glovebag, negative pressure glovebox, high temperature glovebag, intact component removal, etc.) Include sufficiently detailed procedures to complete the proposed work, **SEE ATTACHED**

### Project Designer Certification

I request that the Commissioner of Labor Issue a variance from the requirements of Industrial Code Rule (ICR) 56. This request is based on the information in this application and the attached documents.

I certify that the information contained in this petition is true and accurate.

I understand that if a variance is granted it may be withdrawn by the Commissioner:

- if any of the information provided in this petition is found to be inaccurate or
- if there are violations of Article 30 of the New York State Labor Law or New York State regulations.

I give the Commissioner of Labor permission to provide all of my companies records for Unemployment Insurance (U.I.) reports and contributions to employees of the New York State Department of Labor. This includes information about withholding, wage reporting, U.I. returns, U.I. registration, New Hires, and all records of U.I. delinquencies. This information may only be used for government purposes regarding the licensing and certification of this company as required by Article 30 of the New York State Labor Law and the regulations of the New York State Department of Labor, and for monitoring the company's compliance with Article 30 and ICR 56.

- 12 a. Project designer name (print): Vincent R. Lander
- b. Project Design Asbestos Contractor firm name: Quality Environmental Solutions & Technologies, Inc.
- c. Street: 1376 Route 9
- d. City: Wappingers Falls e. State: NY, f. Zip: 12590 g. Phone: (845) 298-6031
- h. Designer certificate number: 88-00504 i. Expiration Date: 07/31/2008
- j. Design Firm Asbestos Contractor Registration Date: 01/31/2009
- 13 a. Project designer signature: \_\_\_\_\_ b. Date: 5, 19, 09

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# QuES&T

Quality Environmental Solutions & Technologies, Inc.

May 15, 2009

Mr. Chris Alonge, P.E.  
Engineering Services Unit  
NYS Department of Labor  
State Campus, Bldg. 12, Room 154  
Albany, New York 12240

Dear Mr. Alonge,

Attached is a petition for variance relating to 1) clean-up of non-friable asbestos containing transite materials and suspect pipe insulation from on top of a concrete floor slab and 2) removal of remaining damaged thermal system insulation from an abandoned outdoor field site within a secured facility at the Former Lake Ontario Ordnance Works, Niagara County, NY. This Work area is part of a clean-up program defined by the Owner to provide a safe environment for subsequent site work. The project involves the cleanup and disposal of exposed friable and/or non-friable ACM that has been observed within the footprint of the former Acid Neutralization Building.

The Building was partially demolished in 1999. The roof, structural members, concrete slab/foundation and abandoned piping remain. The rubble from the partial demolition remains on site. Both suspect friable ACM (pipe insulation) and non-friable ACM (transite panels) were identified, by others, within the rubble observed on the concrete floor slab. Approximately 45 linear ft of damaged suspect friable ACM pipe insulation remains on exposed piping and approximately 10 square ft of suspect ACM was noted mixed within the rubble that remains on the concrete slab and within the footprint of the Acid Neutralization Building. The asbestos project will be limited to removal of residual pipe insulation/fittings and cleanup of debris remaining on top of the concrete floor slab.

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The proposed procedure incorporates the use of wet methods and manual procedures for collection and disposal of visible suspect debris. Removal of residual thermal insulation on exposed piping will be removed utilizing double layer negative pressure tents. Air monitoring will be performed in compliance with ICR 56-4. As such, use of this procedure will 1) not expose removal workers or the general public to elevated levels of asbestos fibers, 2) address practical operational problems in safe conduct of this project and 3) alleviate unnecessary financial hardship to the Owner.

If you require additional information regarding this submittal, please contact me. Thank you for your consideration regarding this matter.

Sincerely,



Vincent R. Lander  
President

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**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

**Project Site:**

The Acid Neutralization Building was partially demolished in 1999. The rubble from the partial demolition remains on site. Both suspect friable ACM (pipe insulation) and non-friable ACM (transite panels) were identified, by others, within the rubble. Approximately 45 linear ft of damaged suspect friable ACM pipe insulation remains on exposed piping and approximately 10 square ft of suspect ACM was noted mixed within the rubble that remains on the concrete slab and within the footprint of the Acid Neutralization Building.

**Nature of Work:**

The project involves the cleanup and disposal of exposed friable and/or non-friable ACM that has been observed within the footprint of the former Acid Neutralization Building.

The Building was partially demolished in 1999. The roof, structural members, concrete slab/foundation and abandoned piping remain. The rubble from the partial demolition remains on site. Both suspect friable ACM (pipe insulation) and non-friable ACM (transite panels) were identified, by others, within the rubble observed on the concrete floor slab. Approximately 45 linear ft of damaged suspect friable ACM pipe insulation remains on exposed piping and approximately 10 square ft of suspect ACM was noted mixed within the rubble that remains within the footprint of the Acid Neutralization Building. The asbestos project will be limited to removal of residual pipe insulation/fittings and cleanup of debris remaining on top of the concrete floor slab.

The project involves the cleanup and disposal of friable and/or non-friable ACM that has been observed within an abandoned outdoor field site at the former Acid Neutralization Building.

This work is being performed by a licensed NYS asbestos contractor using trained and certified workers. A pre-job safety meeting will be held with the contractor to review acceptable work practices and the contents of the approved job specific variance.

The asbestos work areas will be vacated during removal/cleanup of ACM. Only certified asbestos workers shall be permitted within work areas where removal of ACM is being conducted.

The work is scheduled to be performed outdoors. Therefore, concern exists with inclement weather and duration of the enclosures.

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**PETITION FOR VARIANCE**  
**CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS**  
**FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

**Applicable Sections:**

56-7.5  
56-7.8  
56-7.10(c)  
56-7.11(a) through (e)  
56-8.2(b)  
56-8.9  
56-9.1 (a) through (f)  
56-9.2(d)

**SPECIFIC VARIANCE**

1. The vacation of each work area and warning signs shall comply with ICR-56-7.4(a).
2. The regulated abatement area shall be considered to be the interior of the modified tent enclosure. Access to the regulated abatement work area will be restricted in conformance with ICR-56-7.4(b). Uncertified persons shall not be permitted within the demarcated perimeter area.
3. The entire perimeter of the former Acid Neutralization Building footprint shall be enclosed within a barrier or fence (example: orange construction fence or snow fence) near the edge of the concrete floor slab. Signage in accordance with the requirements of ICR 56-7.4(c) shall be posted on the exterior side of the work area barrier/fence warning the public of the asbestos hazard.
4. The exterior of the building will be enclosed in a two layer water-tight poly shroud to establish a modified tent enclosure. One layer may consist of either a 6-mil reinforced fire-retardant poly or a large reinforced tarp. The interior layer shall consist of minimum 6-mil fire-retardant poly. Seams in the water-tight poly shroud shall overlap a minimum of 18". Interior seams in the shroud will be sealed with tape.
5. The modified tent enclosure shall be adequately supported and reinforced to withstand local environmental conditions. Existing non-ACM structural components (i.e. structural steel, concrete structural supports, railings) may be used to secure the shroud. Metal framing may be installed on non-ACM concrete surfaces, using ramsets in conjunction with local HEPA ventilation, to provide additional support in openings. Vertical and horizontal surfaces shall be thoroughly cleaned, using HEPA vacuuming or wet wiping, prior to covering any exposed surfaces.

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**PETITION FOR VARIANCE****CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

6. HEPA equipped vacuums will be utilized to provide local HEPA ventilation during pre-cleaning and installation of critical barriers.
7. Pre-cleaning shall consist of cleaning of surfaces over which isolation barriers will be installed. Loose material on exposed surfaces over which isolation barriers will be installed shall be wetted thoroughly with amended water prior to disturbance and/or HEPA vacuumed. Methods that raise dust, such as dry sweeping or vacuuming with equipment not equipped with HEPA filters, shall be prohibited.
8. Large pieces of debris on the floor that may inhibit the installation of isolation barriers, the negative pressure system equipment or the movement of personnel on a floor will be removed and either containerized for proper disposal or, if non-porous material, may be staged for cleaning and salvage during subsequent abatement activities.
9. HEPA vacuuming or wet wiping of surfaces throughout the enclosed work area to clean dust, to remove debris that inhibited installation of isolation barriers and ventilation equipment as described above, and the removal of installed building components/materials will be performed within a HEPA-filtered negative pressure enclosure.
10. All openings and penetrations to the exterior of the work area shall be sealed in accordance with Industrial Code Rule 56-7.11(a). Small openings around piping/conduit may be sealed using caulk and fire-retardant expandable foam. Floor drains and openings in the floor shall be covered with a rigid barrier, caulked and sealed with two layers of 6-mil ploy.
11. All gross debris in the work area shall be considered asbestos contaminated material. Prior to disturbance or removal from the work area all porous and suspect debris shall be adequately wetted with amended water. Adequately wetted waste shall then be properly packaged and labeled for disposal as ACM waste. Items that may puncture or tear the plastic bags or sheeting shall be placed in a hard wall container.
12. Negative air pressure ventilation in the work area shall be established in accordance with Industrial Code Rule 56-7.8. *at SACH*

X: EAS

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FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

13. Negative air units shall be turned on prior to disturbance of ACM and shall run continuously during the full work shift when Phase II B activities are being conducted. At the conclusion of each work shift, the negative ventilation units shall continue to operate for a minimum of 30 minutes after the abatement crew completes disturbance activities within the containment.
14. With the negative ventilation equipment operational the abatement supervisor shall inspect the regulated abatement area containment and verify the effectiveness of all isolation barriers in conformance with ICR 56-8.2(f).
15. Upon completing the required inspection, the regulated abatement area shall be evacuated of all persons, the negative ventilation units shall be turned off and the regulated abatement area shall be sealed air tight.
16. ACM waste shall be properly double bagged or wrapped & sealed with a minimum of two layers of 6-mil poly and duct tape to create leak tight containers. Disposal of properly packaged ACM waste shall be by legal methods.
17. Non-porous salvage items may be decontaminated and released as specified in Industrial Code Rule 56-11.4(b)(1).

**56-7.5**

We are asking for exemption from this section based on the project being a clean-up of existing ACM debris from a remote outdoor site with no utilities.

We propose to do the following:

1. All persons shall enter or exit the regulated abatement work area through an airlock attached to the regulated abatement area.
2. A decon area consistent with the requirements of 29 CFR 1926.1101(j)(2)(i) shall be established adjacent to the airlock and utilized. The Contractor shall establish an equipment room or area that is adjacent to the regulated area for the decontamination of employees and their equipment which is contaminated with asbestos which shall consist of an area covered by an impermeable drop cloth on the floor or horizontal working surface.

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3. The area must be of sufficient size so as to accommodate cleaning of equipment and removing personal protective equipment without spreading contamination beyond the area. (as determined by visible accumulations).
4. The exterior surfaces of work clothing must be cleaned within the work area, utilizing a HEPA vacuum, just prior to exiting the work area and before work clothing is removed. All equipment and surfaces of containers filled with ACM must be HEPA vacuumed and wet-wiped prior to removing them from the equipment room or regulated abatement area.
5. The employer shall ensure that employees enter and exit the regulated area through the equipment room or area.
6. Asbestos materials shall be wetted frequently with amended water. Sufficient time shall be allowed for penetration to occur prior to removal. All friable materials shall be saturated. All non-hygroscopic asbestos material shall be thoroughly wetted and periodically misted to be maintained wet.

**56-7.8(a)(1)**

We are asking for exemption from this section based on the project being a clean-up of existing ACM debris from a remote outdoor site with no utilities. The work is scheduled to be performed outdoors. Electrical power for the project will be provided by generators, raising issues with overnight maintenance and concerns with fire safety.

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**56-7.10(c)****56-7.11(a) through (e)**

The project involves cleanup of suspect ACM debris and removal of damaged ACM pipe insulation from within a remote site at a secure facility. Therefore, we presume that the suspect debris may contain asbestos and cleanup of debris present in the removal area will require disturbance of asbestos during pre-cleaning activities. Installation of poly on floor, wall and ceiling surfaces will restrict access to the building surfaces which require cleaning.

1. Personal protective equipment as required by ICR 56- 7.5(d)(1) shall be provided and used by all persons within the work area.
2. Entry/exit of all persons shall be through one designated entrance and comply with the requirements of ICR 56-7.5(d)(2) through (6).
3. Only persons who are directly involved with the project and who have the required certification shall be permitted within the work area.
4. All gross debris in the work area shall be considered asbestos contaminated material. Prior to disturbance or removal from the work area all porous and suspect debris shall be adequately wetted with amended water. Adequately wetted waste shall then be properly packaged and labeled for disposal as ACM waste. Items that may puncture or tear the plastic bags or sheeting shall be placed in a hard wall container.
5. ACM waste shall be properly double bagged or wrapped & sealed with a minimum of two layers of 6-mil poly and duct tape to create leak tight containers. Disposal of properly packaged ACM waste shall be by legal methods.
6. Non-porous salvage items may be decontaminated and released as specified in Industrial Code Rule 56-11.4(b)(1).

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FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

7. Barrier tapes and signs shall be erected around the perimeter of the proposed clean-up area. The barrier tape and signs shall be erected to demarcate the work area and shall extend around exterior of the regulated abatement area. The regulated work area shall be considered the interior of the contained work area from which the asbestos containing materials are actively being removed.
8. Loose material on the floor shall be wet thoroughly with amended water prior to disturbance.
  - a. Non-friable ACM or ACM contaminated hard surface debris shall be thoroughly wetted with amended water prior to disturbance and maintained wet until placed into the disposal container.
  - b. Suspect ACM contaminated porous materials shall be thoroughly wetted with amended water and placed directly into an approved leak tight container and properly labeled for disposal. Bagged materials will be segregated and labeled for proper disposal as ACM waste.
9. A non-fire-resistant reinforced tarp may be used for the outermost layer of the exterior work area shroud. However, no smoking shall be permitted within 25 feet of any area in which non-fire- retardant polyethylene is used.
10. Fire resistant polyethylene shall be used with all other plasticizing.

**56-8.2(b)**

We are asking for exemption from this section based on the project being a clean-up of existing ACM debris from a remote outdoor site with no utilities. The work is scheduled to be performed outdoors. Therefore, concern exists with inclement weather and duration of the enclosures. Electrical power for the project will be provided by generators, raising issues with overnight maintenance and concerns with fire safety.

1. Air monitoring shall be conducted daily along the perimeter of the work area. Two samples shall be collected down wind within 10' of the work area perimeter. One sample shall be taken up wind within 10' of the work area perimeter.
2. If air sampling results indicate any airborne asbestos fiber concentration(s) at or above 0.01 fibers per cubic centimeter, or the background level, whichever is greater, work shall be stopped immediately and methods shall be altered to reduce the airborne asbestos fiber concentration(s) to the aforementioned level.

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FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

- 3. All gross debris in the work area shall be considered asbestos contaminated material. Prior to disturbance or removal from the work area all porous and suspect debris shall be adequately wetted with amended water. Adequately wetted waste shall then be properly packaged and labeled for disposal as ACM waste. Items that may puncture or tear the plastic bags or sheeting shall be placed in a hard wall container.
- 4. Materials being removed shall be periodically misted with amended water.
- 5. All materials shall be removed using manual methods, to the extent practicable.
- 6. The job supervisor shall periodically inspect the work area to verify integrity of the isolation barriers. Barriers shall be inspected twice each working ~~day~~ *shift*
- 7. ACM waste shall be properly double bagged or wrapped & sealed with a minimum of two layers of 6-mil poly and duct tape to create leak tight containers. Disposal of properly packaged ACM waste shall be by legal methods.
- 8. Upon completing removal of asbestos containing materials, all interior surfaces shall be thoroughly HEPA vacuumed and or wet wiped. All standing water shall be collected by HEPA vacuuming or mopping the area. The use of a modified negative pressure tent precludes the removal of plastic sheeting layers during multiple cleanings. Therefore, one thorough cleaning shall suffice.
- 9. After the work area has been rendered free of visible residues and prior to Clearance Air Monitoring, a thin coat of an encapsulating agent shall be applied to any interior plasticized surfaces of the negative pressure work area. In no event shall encapsulant be applied to any surface which was the subject of removal or other remediation activities prior to obtaining satisfactory clearance air monitoring results.
- 10. The Contractor shall observe, at a minimum, a 4 hour settling/drying periods after abatement. Once the minimum settling/drying period has elapsed, an authorized and qualified individual; independent of the removal project, (i.e.: the Project Monitor ~~or Design Engineer~~); shall determine if the surfaces in the work area are dry. Once the work area has been inspected and found to be dry, aggressive clearances may be performed.

*\* EAS*

*\* EAS*

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**PETITION FOR VARIANCE  
CLEAN-UP OF MISCELLANEOUS NON-FRIABLE/FRIABLE ACM DEBRIS  
FORMER LAKE ONTARIO ORDNANCE WORKS, NIAGARA COUNTY, NY**

**GENERAL CONDITIONS**

1. A copy of this SITE SPECIFIC VARIANCE shall be conspicuously posted at the entrance to the personal decontamination enclosure.
2. All other provisions of Industrial Code Rule 56 shall be complied.
3. Daily air monitoring shall be performed each working day. If work is temporarily suspended for this project, over a holiday or weekend, air monitoring will not be required under this site specific variance.
4. If air monitoring is not conducted during non-work holiday or weekend times, no one except certified asbestos personnel are to be allowed in the affected areas.

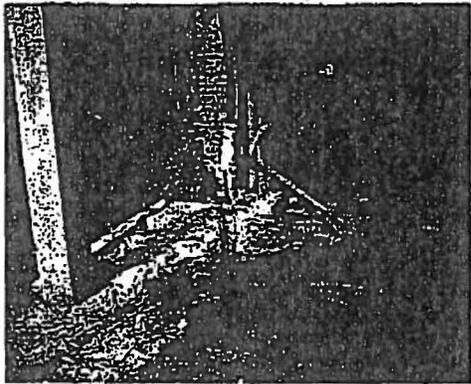
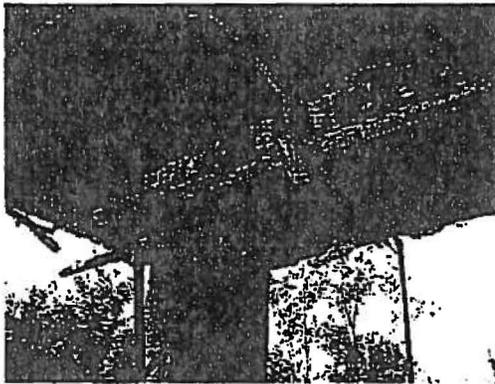
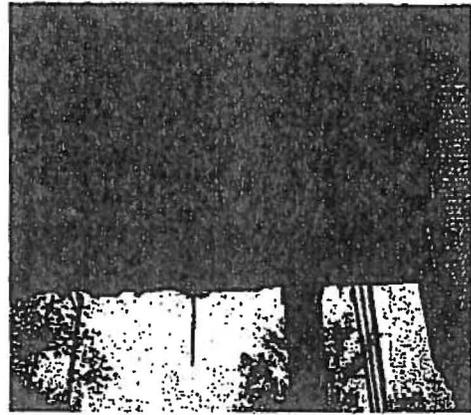
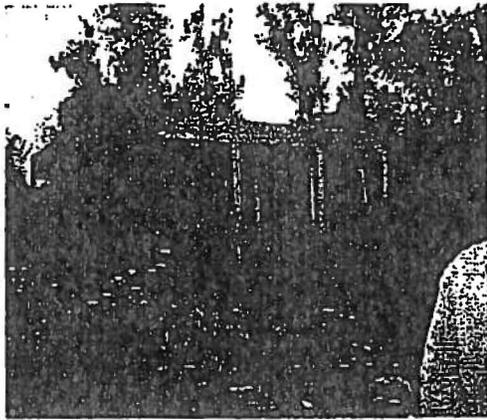
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### Asbestos Project Notification

<b>Project Reference Number:</b> 25728351	<b>Type:</b> Amended Notification
<b>Status:</b> Notification Received	<b>Notification Received:</b> 7/2/2009
<b>Payment Status:</b> PAID	<b>Number of amendments:</b> 1
<b>Notification Entered By:</b> Metro Contracting & Environmental, Inc.	

<b>Contractor Information</b>	
FEIN:161540853	
<b>Metro Contracting &amp; Environmental, Inc.</b>	<b>Mailing Address</b>
2939 Lockport Road	
Niagara Falls NY 14305	
Asbestos License Number: 29409	
<b>Duly Authorized Representative</b>	
Harold G Hibbard, Officer	
<b>Phone Number:</b>	716-285-9280
<b>E-mail Address:</b>	hhibbard@metroenvironmental.com

<b>Project Information</b>	
Project Start Date: 7/20/2009	
Project End Date: 7/28/2009	
Project Location County: Niagara	

<b>Project Location</b>	
Building Name: Former Acid Neutralization Building	
Room or Location:	
Bridge ID#:	
Address Line 1: 1550 Balmer Road	
Address Line 2:	
City Town or Village: Youngstown	
State: New York	
Zip Code: 14174	

<b>Building Information</b>	
Current Use: Vacant	
Prior Use: Industrial	
Approximate Year Built: 0	
Size(sq.ft): 800	
Is this fee exempt project?: NO	
Reason:	

**Building Representative/Site Contact**

Name: Sean Carney  
 Phone Number: 301-323-1444  
 E-mail Address:  
 Cell Phone Number:

**Phase Details**

Phase #	Phase Start Date	Phase End Date	Phase Location	Phase Scope
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**Sub-Contractor Details**

Name: \_\_\_\_\_ Asbestos License Number: \_\_\_\_\_

**Night/Weekend/Shift Work Details****Party for Whom Work is being Performed**

First Name: Sean Last Name: Carney  
 Organization: US Army Corps of Engineers Buffalo District  
 Apt./Suite: \_\_\_\_\_ Address Line 1: 1776 Niagara Street  
 Address Line 2: \_\_\_\_\_ City Town or Village: Buffalo  
 Province: \_\_\_\_\_ State: NY  
 Zip Code: 14207 Country: United States  
 Contract Dollar Amount: \_\_\_\_\_

**Variance Information**

Individual Variance Petition Number: 09-0453

**Procedures and Type of Equipment and Ventilation Systems Used**

Per Site Specific Variance

**Air Monitoring Firm**

Name: \_\_\_\_\_ Asbestos License Number: \_\_\_\_\_  
 Quality Environmental Solutions & Technologies, Inc. 29085

**Laboratory Performing Analysis**

Name: \_\_\_\_\_ ELAP Registration Number: \_\_\_\_\_  
 Eastern Analytical Services 10851

**Type of Asbestos Work**

Pipe Related: Yes Siding: No  
 Clean up: No Vessel covering: No  
 Caulking/mastic: No Spray-on insulation: No  
 Roofing/flashing: No VAT: No  
 Demolition: No Demolition Ref#: \_\_\_\_\_  
 Other-specify: Traniste

**Waste Transporter**

Name: Waste Management  
 NYS DEC or EPA Permit Number: 9A-047  
 Phone Number: 716-496-5000  
 Apt./Suite:  
 Address Line 1: 10860 Olean Road  
 Address Line 2:  
 City Town or Village: Chaffee  
 Province:  
 State: NY  
 Zip Code: 14030  
 Country: United States

**Landfill**

Name: CID Waste Management Landfill, Inc.  
 Phone Number: 716-496-5000  
 Apt./Suite:  
 Address Line 1: 10860 Olean Road  
 Address Line 2:  
 City Town or Village: Chaffee  
 Province:  
 State: NY  
 Zip Code: 14030  
 Country: United States

**Type and Amount of Asbestos Containing Material**

Friable linear feet:	45	Friable square feet:	800
Non-friable linear feet:	0	Non-friable square feet:	20

**Fee**

Total linear feet: 45.0  
 Total square feet: 820.0  
 Total Fee: 1000.0

**Project Fee Schedule**

If the notification was submitted prior to 4/7/09, the actual project fee is one half of the amount shown on the fee schedule

Linear Feet:	Fee	Square Feet:	Fee
0 - 259 feet:	\$0	0 - 159 feet:	\$0
260 - 429 feet:	\$200	160 - 259 feet:	\$200
430 - 824 feet:	\$400	260 - 499 feet:	\$400
825 - 1649 feet:	\$1000	500 - 999 feet:	\$1000
1650 or more feet:	\$2000	1000 or more feet:	\$2000

**Remarks**

Amend: Start & End Dates.

**U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #				
Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
<b>II. Facility Description</b>							
Building Name: <u>Former Acid Neutralization Building</u>							
Address: <u>1550 Balmer Road</u>							
City: <u>Youngstown</u>		State: <u>New York</u>	Zip Code: <u>14174</u> County: <u>Niagara</u>				
Site Location: <u>Same</u>							
Building Size (square feet): <u>800</u>		# of Floors: <u>1</u>	Age in Years: _____				
Present Use: <u>Vacant</u>		Prior Use: <u>Industrial (Neutralization Building)</u>					
<b>III. Type of Operation (check one):</b> <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
<b>IV. Is Asbestos Present? (check one):</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>V. Facility Information</b>							
Owner Name: <u>Town of Lewiston</u>							
Address: <u>5970 Miller Road</u>							
City: <u>Niagara Falls</u>		State: <u>New York</u>	Zip Code: <u>14304</u>				
Contact: _____		Telephone: (____) _____	Fax: _____				
Removal Contractor Name: <u>Metro Contracting &amp; Environmental, Inc.</u>							
Address: <u>2939 Lockport Road</u>							
City: <u>Niagara Falls</u>		State: <u>New York</u>	Zip Code: <u>14305</u>				
Contact: <u>P. Michael Bull</u>		Telephone: <u>(716) 285-9280</u>	Fax: <u>(716) 285-9301</u>				
Other Operator (demolition/general): _____							
Address: _____							
City: _____		State: _____	Zip Code: _____				
Contact: _____		Telephone: (____) _____	Fax: _____				
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b>							
Work to be performed as per Site Specific Variance 09-0453							
<b>VII. Approximate Amount of Asbestos Materials:</b>							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	45 LF Pipe	0	0	0	0		
Surface Area (square feet)	800 Site Clean Up	20 Sq Transite	0	0	0		
Facility Components (cubic feet)	0	0	0	0	0		
<b>VIII. Scheduled Dates Demolition or Renovation:</b> Start: <u>07/13/09</u> <u>07/20/09</u> Complete: <u>07/24/09</u> <u>07/28/09</u>							
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b> Start: <u>07/13/09</u> <u>07/20/09</u> Complete: <u>07/24/09</u> <u>07/28/09</u>							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	8:00 - 4:00	8:00 - 4:00	8:00 - 4:00	8:00 - 4:00	8:00 - 4:00		

**U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION**

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:</b>  Work to be Performed as per Site Specific Variance 09-0453
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b>  Wet Methods
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>Waste Management</u> Address: <u>10860 Olean Road</u> City: <u>Chaffee</u> State: <u>New York</u> Zip Code: <u>14030</u> Contact: _____ Telephone: <u>(716) 496-5000</u>  <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ( ) _____
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>CID Waste Management Landfill, Inc.</u> Address: <u>10860 Olean Road</u> City: <u>Chaffee</u> State: <u>New York</u> Zip Code: <u>14030</u> Contact: _____ Telephone: <u>(716) 496-5000</u>
<b>XIV.</b>	<b>Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)</b> 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____
<b>XV.</b>	<b>Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)</b> 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b>  Cease work, Consult with Owners Consultant
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b>  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%; text-align: center;">                       _____                      Signature of Owner/Operator                 </div> <div style="width: 15%; text-align: center;"> <u>07/02/09</u>                      _____                      Date                 </div> <div style="width: 40%; text-align: center;"> <u>P. Michael Bull</u>                      _____                      Type or Print Name and Title                 </div> </div>
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b>  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%; text-align: center;">                       _____                      Signature of Owner/Operator                 </div> <div style="width: 15%; text-align: center;"> <u>07/02/09</u>                      _____                      Date                 </div> <div style="width: 40%; text-align: center;"> <u>P. Michael Bull</u>                      _____                      Type or Print Name and Title                 </div> </div>

## OSHA Personal Air Sampling

Metro Contracting  
2939 L... Y 14305  
Reviewed by/Authorized Signature

Client Sample #	Lab S	Employee	Volume (L)	Area Analyzed (sq. mm)	Concentration		Analyst/Date
					(f/sq mm)	(f/cc)	
<b>Sampling Date: 7/22/09</b>							
01	310691	-	75	0.785	6.37*	0.0408	GD - 8/11/09
02	310692	-	750	0.785	-	OWP	GD - 8/11/09
<b>Sampling Date: 7/23/09</b>							
03	310693	-	75	-	-	OWP	GD - 8/11/09
04	310694	-	600	0.785	8.92	0.0057	GD - 8/11/09

Key: B- Background P- Pre-abatement E- Environmental G- General Air F- Final

OWP/F- Overloaded With Particulate/ Fiber IS- Invalid Sample SM- Sample Missing NVG- No volume given

\*Below Analytical Sensitivity

Analyst CV: HP - Coefficient of Variance = 1.5962-1.7401 GD - Coefficient of Variance = High- 457 Medium- 0.683 Low- 0.610 RC - Coefficient of Variance = High- 2.934 Medium- 3.649 Low- 3.240

JMD Environmental, Inc. 1815 Love Road, Grand Island, NY 14072 716 773.3400 NIOSH 7400 PCM Olympus CH-2 Microscope NYSDOH ELAP Lab #11861

The results herein are submitted pursuant to JMD, Inc.'s current terms and conditions of sale including the company's standard warranty and limitation of liability provisions. No responsibility or liability is assumed for the manner in which the enclosed results are used or interpreted. These results pertain only to the items tested. JMD Inc assumes no liability for the manner in which samples submitted by clients were collected. Certification by NYS through ELAP does not constitute government endorsement of this testing facility. JMD, Inc. will store what remains of the above samples for a period of 60 days unless notified in writing by the client

Metro Contracting & Environmental, Inc.  
 2939 Lockport Road  
 Niagara Falls, New York 14305  
 (716) 285-9280

Project Name:  
 Address:  
 Job No.  
 Rotometer No.  
 Data Analyzed:  
 Lab ID No.:  
 Analyst:  
 Analysis:

*E.P.T. Inc. at L.O.O.W.  
 1550 Ballmer Rd  
 09-073*

**PERSONAL AIR SAMPLING**

Date	Name	SS#	Activity	Resp Prot	Sample No.	Start Time	Flow Start	Stop Time	Flow Stop	Total Min	Total Volume	F/CC
7-22	Steve Hartman	[REDACTED]	Renov	1/2 Filt	1	7:30	2.5	8:00	2.5	30	75L	5.63 5.018
7-22	" "	[REDACTED]	"	1/2 Filt	2	8:00	2.5	1:00	2.5	300	750L	0
7-23	" "	■	Cleanin	1/2 Filt	3	7:30	2.5	8:00	2.5	30	75L	SWP
7-23	" "	■	"	"	4	8:00	2.5	12:00	2.5	240	600L	7.892 7.0057

310691  
 92  
 93  
 94  
 95

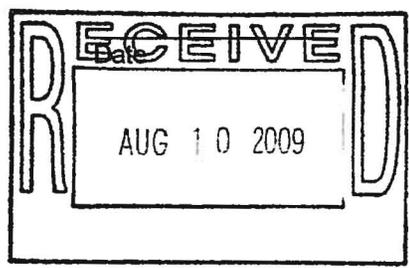
Supervisor: Jeffrey Laub (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ Date 7/23/09 [REDACTED] 8/11/09  
 (Air Monitoring Company-(Print Name) \_\_\_\_\_

Remitted To: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Received By: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

Fax To: (716) 285-9301

white=original yellow=job file pink=job book



---

## Waste Management



10860 Olean Road  
 Chaffee, NY 14030-9799  
 (716) 496-5000  
 (800) 422-4040  
 (716) 496-5500 Fax

Ticket: 940073 Driver: J. FARLEY  
 Ordered by: CSTRASSE  
 Caller: 342-96289 METRO CONTRACTING/CWM  
 1550 BALMER RD  
 MODEL CITY NY 14107  
 Attn.: MIKE  
 Requested by: CS

Date Requested: 08/17/2009  
 Date Dispatched: 08/19/2009

716-523-4224

**RECEIVED**  
 AUG 24 2009

Load Type: DO NOT RETURN  
 Dump Site: FRIABLE ASBESTOS TO BFI

Map Code: Map Grid:

Service	Quantity	P	Yds	Waste Type	Weight	Job	Special Description
40 YD SP WASTE COMPACTOR	1.00	T	40	ASBF			FRIABLE ASBESTOS
DISPOSAL PER TON SP WASTE	1.00	T					

CR: PG 39 I - N 10  
 FRIABLE ASBESTOS  
 ACID REVITALIZATION BLDG  
 MUST CALL MIKE TO MEET YOU AT THE GATE AT MODEL CITY TO TAKE YOU INTO  
 WHERE THE CAN IS - APPT AT 9:00 523-4224  
 L07Y910469

SERVICES ACCEPTED SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE AND PAYMENT AGREED  
 TO BE MADE IN ACCORDANCE WITH THE CONTRACTOR'S CURRENT RATE SCHEDULE.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTAINER REMOVED \_\_\_\_\_ CONTAINER DELIVERED \_\_\_\_\_  
 Waste Management is not responsible for lawn or driveway damage.

4073341

NIAGARA FALLS LANDFILL  
 56th Street & Niagara Falls Blvd  
 Niagara Falls, NY 14304 (716)282-6381  
 203241  
 WASTE MANAGEMENT INC.  
 10860 OLEAN RD  
 CHAFFEE, NY 14030  
 Contract: #L07Y910469

SITE	TICKET	GRID
5B	374620	
WEIGHMASTER		
AS00067 ALBERT S		
DATE IN	TIME IN	
19 August 2009	10:24 am	
DATE OUT	TIME OUT	
19 August 2009	10:59 am	
VEHICLE	ROLL OFF	
WM382	40COM	
REFERENCE	ORIGIN	
0986333	Inbound -NY-NIAGARA	

00 Gross Weight 48,280.00 lb  
 Tare Weight 38,760.00 lb  
 Net Weight 9,520.00 lb

US ARMY ENGINEERING

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
4.76	TN	SW-ASBESTOS-FRIABLE				
1.00	LD	ENVIRONMENTAL FEE				
1.00	LD	FUEL RECOVERY FEE				



# NON-HAZARDOUS WASTE MANIFEST

0986333

Please print or type.

1. Generator's US EPA ID Number		Manifest Document Number		2. Page 1 of	
3. Generator's Name and Mailing Address				5. Generating Location (if different)	
4. Phone ( )				6. Phone ( )	
7. Transporter #1 Company Name			8. US EPA ID Number		9. Transporter #1's Phone
10. Transporter #2 Company Name			11. US EPA ID Number		12. Transporter #2's Phone
13. Designated T/S/D Facility Name and Site Address <i>Allied Niagara Falls NY Landfill 5600 Niagara Falls Boulevard Niagara Falls, NY 14304</i>			14. US EPA ID Number		15. Facility's Phone <i>85-3344</i>
16. Waste Shipping Name and Description <i>Asbestos Waste</i>			17. Allied Waste Approval # and Exp. Date <i>Approval # L07Y 110469</i>		18. Containers
					19. Total Quantity
					20. Unit Wt/Vol
a. Check all descriptions that apply: ( ) Non Friable Asbestos containing material total cubic yards: _____ (X) Friable Asbestos containing material with the					
b. following DOT descriptor					
c. Indicate Percent Components:					
d/o Contractor/Operator					
d/o Address:					
d. d/o Representative and					
d/o Rep. Signature and					
21. Additional Descriptions for Materials Listed Above <i>Responsible Agency: USEPA - Region II</i>					
22. Special Handling Instructions and Additional Information <i>Special Handling Instructions: ppe 24 hr...</i>					
23. GENERATOR'S CERTIFICATION: I certify the materials described on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.					
Printed/Typed Name					Month Day Year
24. Transporter #1: Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>Jersey...</i>				Signature	
				Month Day Year	
25. Transporter #2: Acknowledgement of Receipt of Materials					
Printed/Typed Name				Signature	
				Month Day Year	
26. Discrepancy Indication Space					
27. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest (except as noted in Item 19)					
Printed/Typed Name				Signature	
				Month Day Year <i>8/19/09</i>	

GENERATOR

TRANSPORTER

CILITY

T/

## Daily Project Job Logs

DAILY PROJECT LOG

METRO CONTRACTING ENVIRONMENTAL, INC.

Project Name: Acid Neutralization Boiling Job No. 09-073

Date: 7-20-9 Shift: Supervisor: JEFF LAUB  
Barrier Inspection: First: [check] AM/PM Last: AM/PM

Comments & Corrective Action:

Smoke Test: Time: 700 AM/PM Comments: 130  
Negative Pressure & Exhaust: First: AM/PM Last: AM/PM  
Comments or Corrective Action:

Manometer Reading: First: AM/PM Last: AM/PM

Work area system enclosure cleaned at end of shift? Time: AM/PM

Work Site Safety Inspections: YES  
MSDS: YES  
PEL & STEL Results Posted: YES  
Copy of Regulations on Site: YES  
Project Safety Meeting Held: YES  
Work Certificates at Job Site: YES  
Project Notice Posted: YES  
Variances Posted: YES  
Building Notices Posted: YES  
Asbestos License Posted: YES  
Workers Physicals Current: YES  
Employee Fit Test Current: YES

If any of the following apply circle and detail in Daily Journal:  
Was there an incidental disturbance of ACM or PACM? NO  
Detail corrective action per 56-11.2.

Is there more than one type of ACM in your containment? NO  
If Yes: Document intermediate completions in order of abatement per 56-8.6 (b) (2)

Inspection for final clearance (fill out project monitor certification)

Is project exempt from air monitoring? NO  
If Yes, log daily visual inspection by project monitor.

Have any work areas been torn down today? NO  
If Yes, Complete Supervisors final Inspection Report.

Have any elevated air readings been reported to you today? NO  
If yes, What were results and location of elevated sample(s).  
Be sure to note time of work stoppage, results of barrier and negative air system inspection and summary of corrective action and required cleaning.

Is there an active HVAC system within work area? YES  
If Yes, Time inspected for positive pressurization: 700 AM  
Results and corrective action taken: YES

Has a dumpster been removed from site today? NO

DAILY PROJECT LOG

METRO CONTRACTING ENVIRONMENTAL, INC.

Daily Journal:

unloaded truck set up fence around work area. we placed out side of building with 1<sup>st</sup> layer of reinforced poly. then we had to put 2<sup>nd</sup> layer of 6 mil poly.

No. of bags taken to onsite dumpster \_\_\_\_\_ Metro dumpster \_\_\_\_\_

Supervisor final inspection report: \_\_\_\_\_ Area of completion: \_\_\_\_\_

Type of material removed: \_\_\_\_\_

I have conducted a final inspection of the work area and certify the abatement work to be complete and no debris/residue remains.

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

Project Monitor/Supervisor certification of visual inspection.

I, certify that the scope of the abatement work for the asbestos project is complete, and no visible asbestos debris/residue, pails of liquid, or condensation remain.

JEFF LAUB



Project Supervisor

Signature  
Certification  
No.

Project Monitor

Signature  
Certification  
No.

Company

DAILY PROJECT LOG

METRO CONTRACTING ENVIRONMENTAL, INC.

Project Name: Acid Neutralization Job No. 09-073

Date: 7-21-9 Shift: Supervisor: JEFF LAUB

Barrier Inspection: First: 700 AM/PM Last: 130 AM/PM

Comments & Corrective Action:

Smoke Test: Time: 700 AM/PM Comments:

Negative Pressure & Exhaust: First: AM/PM Last: 130 AM/PM

Comments or Corrective Action:

Manometer Reading: First: AM/PM Last: AM/PM

Work area system enclosure cleaned at end of shift? Time: AM/PM

Work Site Safety Inspections: YES
MSDS: YES
PEL & STEL Results Posted: YES
Copy of Regulations on Site: YES
Project Safety Meeting Held: YES
Work Certificates at Job Site: YES
Project Notice Posted: YES
Variances Posted: YES
Building Notices Posted: YES
Asbestos License Posted: YES
Workers Physicals Current: YES
Employee Fit Test Current: YES

If any of the following apply circle and detail in Daily Journal:
Was there an incidental disturbance of ACM or PACM? NO
Detail corrective action per 56-11.2.

Is there more than one type of ACM in your containment? NO
If Yes: Document intermediate completions in order of abatement per 56-8.6 (b) (2)

Inspection for final clearance (fill out project monitor certification)

Is project exempt from air monitoring? NO
Is Yes, log daily visual inspection by project monitor.

Have any work areas been torn down today? NO
If Yes, Complete Supervisors final Inspection Report.

Have any elevated air readings been reported to you today? NO
If yes, What were results and location of elevated sample(s).
Be sure to note time of work stoppage, results of barrier and negative air system inspection and summary of corrective action and required cleaning.

Is there an active HVAC system within work area? YES
If Yes, Time inspected for positive pressurization: 700 AM
Results and corrective action taken.

Has a dumpster been removed from site today? NO

DAILY PROJECT LOG

METRO CONTRACTING ENVIRONMENTAL, INC.

Daily Journal:

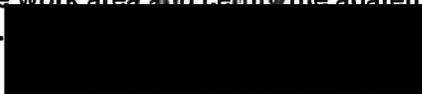
set up air lock for work area  
then finished poleing down the  
outside of the building. we lined the  
dumpster with 10 layers of 6 mil  
poly

No. of bags taken to onsite dumpster      Metro dumpster 170

Supervisor final inspection report:      Area of completion:     

Type of material removed:     

I have conducted a final inspection of the work area and certify the abatement work to be complete and no debris/residue remains.

  
supervisors signature

Project Monitor/Supervisor certification of visual inspection.

I, certify that the scope of the abatement work for the asbestos project is complete, and no visible asbestos debris/residue, pails of liquid, or condensation remain.

JEFF SHAUB  
Project Supervisor  
  
Signature  
Certification No.     

      
Project Monitor  
      
Signature  
Certification No.     

METRO Company

DAILY PROJECT LOG

METRO CONTRACTING ENVIRONMENTAL, INC.

Project Name: Acid Neutralization Build Job No. 09-073

Date: 7-22-9 Shift: \_\_\_\_\_ Supervisor: JEFF LAUB

Barrier Inspection: First: 700 AM/PM Last: 130 AM/PM

Comments & Corrective Action: \_\_\_\_\_

Smoke Test: Time: 700 AM/PM Comments: \_\_\_\_\_

Negative Pressure & Exhaust: First: 700 AM/PM Last: 130 AM/PM

Comments or Corrective Action: \_\_\_\_\_

Manometer Reading: First: \_\_\_\_\_ AM/PM Last: \_\_\_\_\_ AM/PM

Work area system enclosure cleaned at end of shift? \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Work Site Safety Inspections:	<u>YES</u>	Project Notice Posted:	<u>YES</u>
MSDS:	<u>YES</u>	Variations Posted:	<u>YES</u>
PEL & STEL Results Posted:	<u>YES</u>	Building Notices Posted:	<u>YES</u>
Copy of Regulations on Site:	<u>YES</u>	Asbestos License Posted:	<u>YES</u>
Project Safety Meeting Held:	<u>YES</u>	Workers Physicals Current:	<u>YES</u>
Work Certificates at Job Site:	<u>YES</u>	Employee Fit Test Current:	<u>YES</u>

If any of the following apply circle and detail in Daily Journal:  
Was there an incidental disturbance of ACM or PACM? NO  
Detail corrective action per 56-11.2. \_\_\_\_\_

Is there more than one type of ACM in your containment? NO  
If Yes: Document intermediate completions in order of abatement per 56-8.6 (b) (2)

Inspection for final clearance (fill out project monitor certification)

Is project exempt from air monitoring? NO  
If Yes, log daily visual inspection by project monitor.

Have any work areas been torn down today? NO  
If Yes, Complete Supervisors final Inspection Report.

Have any elevated air readings been reported to you today? NO  
If yes, What were results and location of elevated sample(s).  
Be sure to note time of work stoppage, results of barrier and negative air system inspection and summary of corrective action and required cleaning.

Is there an active HVAC system within work area? NO  
If Yes, Time inspected for positive pressurization: \_\_\_\_\_  
Results and corrective action taken. NO

Has a dumpster been removed from site today? NO

DAILY PROJECT LOG

METRO CONTRACTING ENVIRONMENTAL, INC.

Daily Journal:

*we did removal of pipe and debris on floor. then pipe tagged out 306 bags and cleaned work area*

No. of bags taken to onsite dumpster 300 Metro dumpster yes

Supervisor final inspection report: Area of completion: removed  
Type of material removed: pipe and floor debris

I have conducted a final inspection of the work area and certify the abatement work to be complete and no debris/residue remains.



Project Monitor/Supervisor certification of visual inspection.

I, certify that the scope of the abatement work for the asbestos project is complete, and no visible asbestos debris/residue, pails of liquid, or condensation remain.

JEFFREY LAUB

Project Supervisor



No.

Project Monitor

Signature Certification No.

Company

DAILY PROJECT LOG

METRO CONTRACTING ENVIRONMENTAL, INC.

Project Name: Acid Neutralization <sup>Boil-</sup> Job No. 09-073

Date: 7-24-9 Shift: 1st Supervisor: JEFF LAUB

Barrier Inspection: First: 7:00 AM/PM Last:          AM/PM

Comments & Corrective Action:         

Smoke Test: Time:          AM/PM Comments:         

Negative Pressure & Exhaust: First:          AM/PM Last:          AM/PM

Comments or Corrective Action:         

Manometer Reading: First:          AM/PM Last:          AM/PM

Work area system enclosure cleaned at end of shift?          Time:          AM/PM

Work Site Safety Inspections:	<u>YES</u>	Project Notice Posted:	<u>YES</u>
MSDS:	<u>YES</u>	Variances Posted:	<u>YES</u>
PEL & STEL Results Posted:	<u>YES</u>	Building Notices Posted:	<u>YES</u>
Copy of Regulations on Site:	<u>YES</u>	Asbestos License Posted:	<u>YES</u>
Project Safety Meeting Held:	<u>YES</u>	Workers Physicals Current:	<u>YES</u>
Work Certificates at Job Site:	<u>YES</u>	Employee Fit Test Current:	<u>YES</u>

If any of the following apply circle and detail in Daily Journal:  
Was there an incidental disturbance of ACM or PACM? no  
Detail corrective action per 56-11.2.         

Is there more than one type of ACM in your containment? no  
If Yes: Document intermediate completions in order of abatement per 56-8.6 (b) (2)

Inspection for final clearance (fill out project monitor certification)

Is project exempt from air monitoring? no  
If Yes, log daily visual inspection by project monitor.

Have any work areas been torn down today? no  
If Yes, Complete Supervisors final Inspection Report.

Have any elevated air readings been reported to you today? no  
If yes, What were results and location of elevated sample(s).  
Be sure to note time of work stoppage, results of barrier and negative air system inspection and summary of corrective action and required cleaning.

Is there an active HVAC system within work area? no  
If Yes, Time inspected for positive pressurization: no  
Results and corrective action taken.         

Has a dumpster been removed from site today?

DAILY PROJECT LOG

METRO CONTRACTING ENVIRONMENTAL, INC.

Daily Journal:

clean

finished up with final

No. of bags taken to onsite dumpster 20 Metro dumpster YES

Supervisor final inspection report: clean Area of completion: finished

Type of material removed: clean  
I have conducted a final inspection of the work area and certify the abatement work to be complete and no debris/residue remains.



[Signature]

Supervisor's Signature

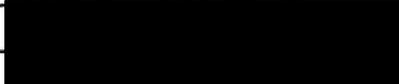
Project Monitor/Supervisor certification of visual inspection.

I, certify that the scope of the abatement work for the asbestos project is complete, and no visible asbestos debris/residue, pails of liquid, or condensation remain.

JEFF LAUB

Project Supervisor

Project Monitor



Signature Certification No.

\_\_\_\_\_

Signature Certification No.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Metro

Company

DAILY PROJECT LOG

METRO CONTRACTING ENVIRONMENTAL, INC.

Project Name: Acid Neutralization Build Job No. 09-073

Date: 7-27-09 Shift: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Barrier Inspection: First: \_\_\_\_\_ AM/PM Last: \_\_\_\_\_ AM/PM

Comments & Corrective Action: \_\_\_\_\_

Smoke Test: Time: \_\_\_\_\_ AM/PM Comments: \_\_\_\_\_

Negative Pressure & Exhaust: First: \_\_\_\_\_ AM/PM Last: \_\_\_\_\_ AM/PM

Comments or Corrective Action: \_\_\_\_\_

Manometer Reading: First: \_\_\_\_\_ AM/PM Last: \_\_\_\_\_ AM/PM

Work area system enclosure cleaned at end of shift? \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Work Site Safety Inspections: <u>yes</u>	Project Notice Posted: <u>yes</u>
MSDS: <u>yes</u>	Variances Posted: <u>yes</u>
PEL & STEL Results Posted: <u>yes</u>	Building Notices Posted: <u>yes</u>
Copy of Regulations on Site: <u>yes</u>	Asbestos License Posted: <u>yes</u>
Project Safety Meeting Held: <u>yes</u>	Workers Physicals Current: <u>yes</u>
Work Certificates at Job Site: <u>yes</u>	Employee Fit Test Current: <u>yes</u>

If any of the following apply circle and detail in Daily Journal:

Was there an incidental disturbance of ACM or PACM? no  
Detail corrective action per 56-11.2. \_\_\_\_\_

Is there more than one type of ACM in your containment? no  
If Yes: Document intermediate completions in order of abatement per 56-8.6 (b) (2)

Inspection for final clearance (fill out project monitor certification)

Is project exempt from air monitoring? no  
If Yes, log daily visual inspection by project monitor.

Have any work areas been torn down today? yes  
If Yes, Complete Supervisors final Inspection Report.

Have any elevated air readings been reported to you today? no  
If yes, What were results and location of elevated sample(s).  
Be sure to note time of work stoppage, results of barrier and negative air system inspection and summary of corrective action and required cleaning.

Is there an active HVAC system within work area? no  
If Yes, Time inspected for positive pressurization: no  
Results and corrective action taken. \_\_\_\_\_

Has a dumpster been removed from site today? no

DAILY PROJECT LOG

METRO CONTRACTING ENVIRONMENTAL, INC.

Daily Journal:

Torn down work area and bagged out 50 bags. we had to fuse some doors getting over holes in the ground.

No. of bags taken to onsite dumpster 50 Metro dumpster yes

Supervisor final inspection report: Area of completion: Tear down

Type of material removed:

I have conducted a final inspection of the work area and certify the abatement work to be complete and no debris/residue remains.

[Redacted Signature]

Supervisors Signature

Project Monitor/Supervisor certification of visual inspection.

I, certify that the scope of the abatement work for the asbestos project is complete, and no visible asbestos debris/residue, pails of liquid, or condensation remain.

JEFFREY LAUR

Project Supervisor

Signature

Certification

No.

Project Monitor

Signature

Certification

No.

Metro

Company

## Daily Entry/Exit Logs













## Employee Information

STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



MUST BE CARRIED ON ASBESTOS PROJECTS



IF FOUND RETURN TO:  
NYSDEL - L&C UNIT  
ROOM 161A BUILDING 12  
STATE OFFICE CAMPUS  
ALBANY NY 12240



COMPREHENSIVE OCCUPATIONAL MEDICAL SERVICES, P.C.  
Gordon C. Steinagle, D.O., M.P.H.

**FIT FOR DUTY STATEMENT**

NAME: Jeffrey Laub SS#: 

DATE OF EXAM: 5/7/09 PHYSICIAN: GORDON C. STEINAGLE, D.O., M.P.H.

EMPLOYER: Metro

**TYPE OF EXAM:**

- ASBESTOS SCREENING (1910.1001)
- AUDIOLOGY EVALUATION (1910.95)
- HAZWOPER (1910.120)
- LEAD SURVEILLANCE (1910.1025)
- RESPIRATOR CLEARANCE (1910.134)
- RETURN TO WORK
- OTHER: \_\_\_\_\_

- The above named individual was found to be:
  - Fit for Duty as per the above standard(s).
  - Not Fit for Duty as per the above standard(s).

- Needs annual asbestos exam and chest x-ray.
- The above named individual has been informed of the synergistic effect of smoking and asbestos exposure in causing lung cancer.
- The above named individual was advised of the need for an annual \_\_\_\_\_ exam and \_\_\_\_\_

**This Fitness for Duty is based on a single medical evaluation, and is not valid if you develop new signs or symptoms. Moreover, new signs or symptoms should prompt urgent evaluation with your private physician.**

No use of positive pressure respirators



5/7/09  
DATE



RESPIRATOR ASSIGNMENT & TRAINING RECORD

Date: 6-10-09

Employee: Jeffrey LAUB Social Security:

Respirator:  Self Contained  Supplied Air  Hepa Filter  
 Powered Air  Chemical Cartridge  Other

Model: North Size: ~~Small~~ Lg. NIOSH Approval No.: \_\_\_\_\_

Limitations:  Beard  Denture  Glasses  None

Explain:

Fitting:  Satisfactory Positive Pressure Test  Satisfactory Isoamyl Acetate Test  Irritant Smoke  
 Satisfactory Negative Pressure Test  Satisfactory Sweetener Test

Maintenance: Cleaning  Daily  Weekly  Other

Respirator Wearers Statement

I understand that the respirator fit test which has just been preformed applies only to the model and size tested, which is listed above. I recognize that air purifying respirators will not supply oxygen. If there is an oxygen deficiency, only air-supplying respirators will provide protection. I understand that I must inspect the respirator each time I wear it and to make sure all parts are present and undamaged. I must perform a positive and negative pressure fit test each time I don the respirator to ensure an adequate seal against my face.

I certify that I have received and passed a medical examination and that I am able to wear a respirator safely. I have been informed of the hazards present and have been trained in the proper work practices, emergency procedures and respirator use.

6-10-09  
Date

6-10-09  
Date

Approved By



CERTIFICATE OF WORKER'S ACKNOWLEDGEMENT

Project Name:

Date:

Project Address:

Contractor's Name: Metro Contracting & Environmental Inc.

Contractor's Asbestos Handling Number: 99-0111

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS, THE CHANGE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the owner for the above project requires that:

1. You be supplied with the proper respirator and be trained in its use
2. You be trained in safe work practices and in the use of equipment found on the job
3. You receive a medical examination.

These things are to have been done at no cost to you. By signing this certification, you are assuring the owner that your employer has met these obligations to you.

RESPIRATORY PROTECTION: I have been trained in the proper use of respirators, and informed of the type of respirator to be used on the above referenced project. I have a copy of the written respiratory protection manual issued by my employer. I have been equipped at no cost with the respirator to be used on the above project.

TRAINING COURSE: I have been trained in the dangers inherent in handling asbestos and breathing asbestos dust, in proper work procedures, and personal and area protective measures. The topics covered in the course included the following:

1. Physical characteristics of asbestos
2. Health hazards associated with asbestos
3. Use of protective equipment
4. Negative air systems
5. Work practices including hands-on or on-job training
6. Personal decontamination procedures
7. Air monitoring, personal and area

MEDICAL EXAMINATION: I have had a medical examination within the past 12 months which has been paid for by my employer. This examination included: health history, pulmonary function tests, and may have included and evaluation of a chest X-ray.

Signature

Printed Name

JOY JEFFREY LAUB

Social Security No

Worker's Asbestos Hand

OSHA

600138573



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

JEFF LAUB

3-29-07

has successfully completed a 30-hour Occupational Safety and Health  
Training Course in

Construction Safety & Health

~~JOE FALCONE~~  
(Trainer)

~~3-29-07~~  
(Date)

STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



MUST BE CARRIED ON ASBESTOS PROJECTS



IF FOUND RETURN TO:  
NYS DOL - L&C UNIT  
ROOM 161A BUILDING 12  
STATE OFFICE CAMPUS  
ALBANY NY 12240

Asbestos Safety Training

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. 539118

To be completed by Trainee

Name of Trainee (print)

Steven Halftown

NYS Dept. of Motor Vehicles ID (DMV ID)<sup>1</sup>

[Redacted]

[Redacted Address]

(Street or PO Box) (City) (State) (Zip Code)

To be completed by Training Sponsor

Provider's Name

BUFFALO LABORERS TRAINING FUND

Telephone Number

716-825-0883

Address 1370 SENECA ST.

Course 1370 SENECA ST.

BUFF NY

Location: BUFFALO NY 14210

Zip Code 14210

Course Title: ASBESTOS REF HANDLER

Initial

Refresher

NYS DOH use only  
 DOH Equivalency<sup>2</sup>

Training Language:  English  Other: \_\_\_\_\_

Exam Grade/Date: 6/17/09 92%

Dates of Training: From: 6/16/09 To: 6/17/09 Expires: 6/17/2010

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director<sup>2</sup>: MARK GRZESKOWIAK

(Print)

(Signature)

621-10<sup>th</sup> Street  
P.O. Box 708  
Niagara Falls, NY 14302-0708  
716-278-4621 - Telephone  
716-278-4069 - Fax

# Occupational Health Care

## Respirator Medical Certification

Name: Steven Haffton

Social Security Number [Redacted]

Employer: Metro Environmental

Position: Asbestos Abatement

Date Evaluated: 6/1/09

The above named individual has on this date undergone a medical evaluation for his or her ability to wear a respirator. The above named employee has been provided a copy of this report. This evaluation included:

- OSHA Respiratory Questionnaire (Mandatory).
- OSHA Respiratory Questionnaire (Mandatory) and Pulmonary Function Testing.
- OSHA Respiratory Questionnaire (Mandatory), Pulmonary Function Testing and Physical Examination.
- A Respirator Fit Test was performed.

Based on this evaluation:

- I have not detected any medical condition that would place the employee at increased risk of material impairment of the employee's health from wearing a respirator for 8 hours.
- The following limitations in the use of respiratory protective equipment exist.
  - Use from 4 - 6 hours maximum.
  - Use from 1 - 3 hours maximum.
  - Use for escape purposes only.
  - Other: \_\_\_\_\_

[Redacted Signature]

Physicians Signature

6/1/09  
Date



RESPIRATOR ASSIGNMENT & TRAINING RECORD

Date: 6/3/9

Employee: Steven Halftown Social Security No. 

Respirator:  Self Contained  Supplied Air  Hepa Filter  
 Powered Air  Chemical Cartridge  Other

Model: 3M Size: Med. NIOSH Approval No.: \_\_\_\_\_

Limitations:  Beard  Denture  Glasses  None

Explain:

Fitting:  Satisfactory Positive Pressure Test  Satisfactory Isoamyl Acetate Test  Irritant Smoke  
 Satisfactory Negative Pressure Test  Satisfactory Sweetener Test

Maintenance: Cleaning  Daily  Weekly  Other

Respirator Wearers Statement

I understand that the respirator fit test which has just been performed applies only to the model and size tested, which is listed above. I recognize that air purifying respirators will not supply oxygen. If there is an oxygen deficiency, only air-supplying respirators will provide protection. I understand that I must inspect the respirator each time I wear it and to make sure all parts are present and undamaged. I must perform a positive and negative pressure fit test each time I don the respirator to ensure an adequate seal against my face.

I certify that I have received and passed a medical examination and that I am able to wear a respirator safely. I have been informed of the hazards present and have been trained in the proper work practices, emergency procedures and respirator use.



6/3/9  
Date

6-3-09  
Date

Approved By

CERTIFICATE OF WORKER'S ACKNOWLEDGEMENT

Project Name:

Date:

Project Address:

Contractor's Name: Metro Contracting & Environmental Inc.

Contractor's Asbestos Handling Number: 99-0111

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS, THE CHANGE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the owner for the above project requires that:

1. You be supplied with the proper respirator and be trained in its use
2. You be trained in safe work practices and in the use of equipment found on the job
3. You receive a medical examination.

These things are to have been done at no cost to you. By signing this certification, you are assuring the owner that your employer has met these obligations to you.

RESPIRATORY PROTECTION: I have been trained in the proper use of respirators, and informed of the type of respirator to be used on the above referenced project. I have a copy of the written respiratory protection manual issued by my employer. I have been equipped at no cost with the respirator to be used on the above project.

TRAINING COURSE: I have been trained in the dangers inherent in handling asbestos and breathing asbestos dust, in proper work procedures, and personal and area protective measures. The topics covered in the course included the following:

1. Physical characteristics of asbestos
2. Health hazards associated with asbestos
3. Use of protective equipment
4. Negative air systems
5. Work practices including hands-on or on-job training
6. Personal decontamination procedures
7. Air monitoring, personal and area

MEDICAL EXAMINATION: I have had a medical examination within the past 12 months which has been paid for by my employer. This examination included: health history, pulmonary function tests, and may have included and evaluation of a chest X-ray.

Signature

Printed Name

Steven Halfstoun

Social Security No

Worker's Asbestos

OSHA

600227362



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

STEVE HALFTOWN

has successfully completed a 30-hour Occupational Safety and Health  
Training Course in

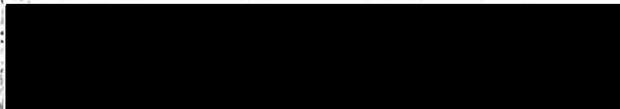
Construction Safety & Health

JOE FALCONE Feb. 20, 2008

(Trainer)

(Date)

OSHA recommends Outreach Training courses as an orientation to occupational safety and health for workers. Participation is voluntary. Workers must receive additional training on specific hazards of their job. This course completion card does not expire.



For further information see our web site at [www.osha.gov/outreach.html](http://www.osha.gov/outreach.html)

STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



MUST BE CARRIED ON ASBESTOS PROJECTS



IF FOUND RETURN TO:  
NYSOL - L&C UNIT  
ROOM 161A BUILDING 12  
STATE OFFICE CAMPUS  
ALBANY NY 12240

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. 530828

To be completed by Trainee

Name of Trainee (print)

Frank A. Baurle

To be completed by Training Sponsor

Provider's Name

TRUST

Telephone Number

716-297-4722

Address

2556 SENECA AV.

Course

SENECA AV.

Location:

NIAGARA FALLS N.Y.

NIAGARA FALLS N.Y.

Zip Code

14305

Course Title: ASBESTOS HANDLER

Initial

Refresher

DOH Equivalency<sup>2</sup>

NYS DOH use only

Training Language:  English  Other: \_\_\_\_\_

Exam Grade/Date: 84 1/27/09

Dates of Training: From: 1/26/09 To: 1/27/09 Expires: 1/27/10

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director: Richard Palladin

(Print)

(Signature)

DOH-2832 (10/03)

<sup>1</sup>Optional Information

<sup>2</sup>DOH Equivalency signed by NYS DOH representative only

SPONSOR

 N I A G A R A F A L L S  
MEMORIAL MEDICAL CENTER

Company Metro Ev. Exam Date 6/27/08

Name Frank Barile S.S.# 

Testing Performed

- Physical Exam
- Asbestos Questionnaire
- Pulmonary Function
- Exposure History
- Chest X-ray
- Respirator Fit Test

Last CXR: 6/23/08

Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Size \_\_\_\_\_

Ability to tolerate a respirator has been determined as:

good -- 8 Hours    ( ) fair -- 4-6 hours    ( ) poor -- 1-3 hours

SMOKERS:

THE PHYSICIAN HAS INFORMED ME OF THE RELATIONSHIP BETWEEN CIGARETTE SMOKING AND ASBESTOS EXPOSURE. I HAVE BEEN ADVISED THAT BY STOPPING SMOKING THE RISK OF LUNG CANCER CAN BE REDUCED.

EMPLOYEE SIGNATURE 

Upon examination, I did not detect any medical condition that would place the employee at an increased risk of impairment from asbestos exposure.

The employee has been informed of the results of his medical examination and of any medical conditions that may result from asbestos exposure.

Additional Comments / Recommendations: \_\_\_\_\_

06/27/08  
Date

  
JOSEPH R. ODDO RPA-C  
LICENSURE # \_\_\_\_\_

621-10<sup>th</sup> Street  
P.O. Box 708  
Niagara Falls, NY 14302-0708  
716-278-4621 - Telephone  
716-278-4069 - Fax

# Occupational Health Care

## Respirator Medical Certification

Name: Frank Barile

Social Security: 

Employer: Wentro Ev.

Position: Laborer

Date Evaluated: 6/27/08

The above named individual has on this date undergone a medical evaluation for his or her ability to wear a respirator. The above named employee has been provided a copy of this report. This evaluation included:

- OSHA Respiratory Questionnaire (Mandatory).
- OSHA Respiratory Questionnaire (Mandatory) and Pulmonary Function Testing.
- OSHA Respiratory Questionnaire (Mandatory), Pulmonary Function Testing and Physical Examination.
- A Respirator Fit Test was performed.

Based on this evaluation:

I have not detected any medical condition which would place the employee at increased risk of material impairment of the employees health from wearing a respirator for 8 hours.

The following limitations in the use of respiratory protective equipment exist.

- Use from 4 - 6 hours maximum.
- Use from 1 - 3 hours maximum.
- Use for escape purposes only.
- Other: \_\_\_\_\_



Physicians Signature

JOSEPH R. ODDO RPA-C  
LICENSE # 006442-1

06/27/08  
Date

 N I A G A R A F A L L S  
MEMORIAL MEDICAL CENTER

Company Metro Exam Date 7/24/09

Name Frank Barile 

Testing Performed

Physical Exam

Asbestos Questionnaire

Pulmonary Function

Exposure History

Chest X-ray

Respirator Fit Test

Last CXR: \_\_\_\_\_

Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Size \_\_\_\_\_

Ability to tolerate a respirator has been determined as:

good - 8 Hours  fair - 4-6 hours ( ) poor - 1-3 hours

**SMOKERS:**

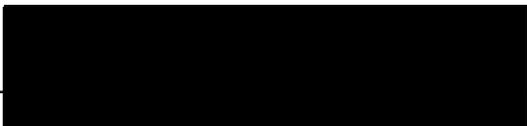
THE PHYSICIAN HAS INFORMED ME OF THE RELATIONSHIP BETWEEN CIGARETTE SMOKING AND ASBESTOS EXPOSURE. I HAVE BEEN ADVISED THAT BY STOPPING SMOKING THE RISK OF LUNG CANCER CAN BE REDUCED.

EMPLOYEE SIGNATURE \_\_\_\_\_

Upon examination, I did not detect any medical condition that would place the employee at an increased risk of impairment from asbestos exposure.

The employee has been informed of the results of his medical examination and of any medical conditions that may result from asbestos exposure.

Additional Comments / Recommendations: \_\_\_\_\_

 \_\_\_\_\_  
Date 7/24/09



RESPIRATOR ASSIGNMENT & TRAINING RECORD

Date: 6-2-09

Employee: FRANK BARILE Social Security No: 

Respirator:  Self Contained  Supplied Air  Hepa Filter  
 Powered Air  Chemical Cartridge  Other

Model: NORTH Size: Med NIOSH Approval No.: \_\_\_\_\_

Limitations:  Beard  Denture  Glasses  None

Explain: \_\_\_\_\_

Fitting:  Satisfactory Positive Pressure Test  Satisfactory Isoamyl Acetate Test  Irritant Smoke  
 Satisfactory Negative Pressure Test  Satisfactory Sweetener Test

Maintenance: Cleaning  Daily  Weekly  Other

Respirator Wearers Statement

I understand that the respirator fit test which has just been preformed applies only to the model and size tested, which is listed above. I recognize that air purifying respirators will not supply oxygen. If there is an oxygen deficiency, only air-supplying respirators will provide protection. I understand that I must inspect the respirator each time I wear it and to make sure all parts are present and undamaged. I must perform a positive and negative pressure fit test each time I don the respirator to ensure an adequate seal against my face.

I certify that I have received and passed a medical examination and that I am able to wear a respirator safely. I have been informed of the hazards present and have been trained in the proper work practices, emergency



6-2-09  
Date

6-2-09  
Date

CERTIFICATE OF WORKER'S ACKNOWLEDGEMENT

Project Name:

Date:

Project Address:

Contractor's Name: Metro Contracting & Environmental Inc.

Contractor's Asbestos Handling Number: 99-0111

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS, THE CHANGE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the owner for the above project requires that:

1. You be supplied with the proper respirator and be trained in its use
2. You be trained in safe work practices and in the use of equipment found on the job
3. You receive a medical examination.

These things are to have been done at no cost to you. By signing this certification, you are assuring the owner that your employer has met these obligations to you.

RESPIRATORY PROTECTION: I have been trained in the proper use of respirators, and informed of the type of respirator to be used on the above referenced project. I have a copy of the written respiratory protection manual issued by my employer. I have been equipped at no cost with the respirator to be used on the above project.

TRAINING COURSE: I have been trained in the dangers inherent in handling asbestos and breathing asbestos dust, in proper work procedures, and personal and area protective measures. The topics covered in the course included the following:

1. Physical characteristics of asbestos
2. Health hazards associated with asbestos
3. Use of protective equipment
4. Negative air systems
5. Work practices including hands-on or on-job training
6. Personal decontamination procedures
7. Air monitoring, personal and area

MEDICAL EXAMINATION: I have had a medical examination within the past 12 months which has been paid for by my employer. This examination included: health history, pulmonary function tests, and may have included and evaluation of a chest X-ray.

Signature

Printed Name

FRANK BARILE

Social

Worker

OSHA

600227082



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

FRANK BURILE

has successfully completed a 30-hour Occupational Safety and Health  
Training Course in

Construction Safety & Health

JOE FALCONE

1-5-08

(Trainer)

(Date)

OSHA recommends Outreach Training courses as an orientation to occupational safety and health for workers. Participation is voluntary. Workers must receive additional training on specific hazards of their job. This course completion card does not expire.

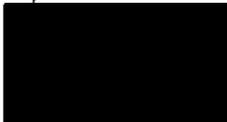


For further information see our web site at [www.osha.gov/outreach.html](http://www.osha.gov/outreach.html)

STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



MUST BE CARRIED ON ASBESTOS PROJECTS



IF FOUND RETURN TO:  
NYSOL - L&C UNIT  
ROOM 161A BUILDING 12  
STATE OFFICE CAMPUS  
ALBANY NY 12240

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. 540915

Name of Trainee (print) [Redacted]

Name of Trainee (print)

CARL E. SCHUL

NYS Dept. of Motor Vehicles-ID (DMV ID)<sup>1</sup> [Redacted]

Provider's Name

TRUST

Telephone Number

716-297-4722

Address

2556 SENECA AV.  
NIAGARA FALLS N.Y.  
14305

Course

SENECA AV.  
NIAGARA FALLS N.Y.

Course Title: ASBESTOS HANDLER

Initial  Refresher

NYS DOH use only  
 DOH Equivalency<sup>2</sup>

Training Language:  English  Other:

Exam Grade/Date: 96 3/13/09

Dates of Training: From: 3/12/09 To: 3/13/09 Expires: 3/13/10

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director<sup>2</sup>: RICHARD PALLALINO

(Print)

(Signature)

CARL SCHUL



Company Metro Exam Date 7 24 09

Name Carl Schul 

Testing Performed

- Physical Exam
- Asbestos Questionnaire
- Pulmonary Function
- Exposure History
- Chest X-ray
- Respirator Fit Test

Last CXR: 4/24/09

Type North Manufacturer \_\_\_\_\_ Size \_\_\_\_\_

Ability to tolerate a respirator has been determined as:

good - 8 Hours    ( ) fair - 4-6 hours    ( ) poor - 1-3 hours

SMOKERS:

THE PHYSICIAN HAS INFORMED ME OF THE RELATIONSHIP BETWEEN CIGARETTE SMOKING AND ASBESTOS EXPOSURE. I HAVE BEEN ADVISED THAT BY STOPPING SMOKING THE RISK OF LUNG CANCER CAN BE REDUCED.

EMPLOYEE SIGNATURE 

Upon examination, I did not detect any medical condition that would place the employee at an increased risk of impairment from asbestos exposure.

The employee has been informed of the results of his medical examination and of any medical conditions that may result from asbestos exposure.

Additional Comments / Recommendations: \_\_\_\_\_

 7/24/09  
Date

# Occupational Health Care

## Respirator Medical Certification

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: Mesa Environments

Position: \_\_\_\_\_

Date Evaluated: 7/24/09

The above named individual has on this date undergone a medical evaluation for his or her ability to wear a respirator. The above named employee has been provided a copy of this report. This evaluation included:

- OSHA Respiratory Questionnaire (Mandatory).
- OSHA Respiratory Questionnaire (Mandatory) and Pulmonary Function Testing.
- OSHA Respiratory Questionnaire (Mandatory), Pulmonary Function Testing and Physical Examination.
- A Respirator Fit Test was performed.

Based on this evaluation:

I have not detected any medical condition that would place the employee at increased risk of material impairment of the employee's health from wearing a respirator for 8 hours.

The following limitations in the use of respiratory protective equipment exist.

- Use from 4 – 6 hours maximum.
- Use from 1 – 3 hours maximum.
- Use for escape purposes only.
- Other: \_\_\_\_\_

\_\_\_\_\_  
Physicians Signature

7/24/09  
Date



RESPIRATOR ASSIGNMENT & TRAINING RECORD

Date: 7-28-09

Employee: Carl Schul Social Security [Redacted]

Respirator: [ ] Self Contained [ ] Supplied Air [X] Hepa Filter
[ ] Powered Air [ ] Chemical Cartridge [ ] Other

Model: North Size: L NIOSH Approval No.: [ ]

Limitations: [ ] Beard [ ] Denture [ ] Glasses [X] None

Explain:

Fitting: [X] Satisfactory Positive Pressure Test [ ] Satisfactory Isoamyl Acetate Test [ ] Irritant Smoke
[X] Satisfactory Negative Pressure Test [ ] Satisfactory Sweetener Test

Maintenance: Cleaning [X] Daily [ ] Weekly [ ] Other

Respirator Wearers Statement

I understand that the respirator fit test which has just been preformed applies only to the model and size tested, which is listed above. I recognize that air purifying respirators will not supply oxygen. If there is an oxygen deficiency, only air-supplying respirators will provide protection. I understand that I must inspect the respirator each time I wear it and to make sure all parts are present and undamaged. I must perform a positive and negative pressure fit test each time I don the respirator to ensure an adequate seal against my face.

I certify that I have received and passed a medical examination and that I am able to wear a respirator safely. I have been informed of the hazards present and have been trained in the proper work practices, emergency procedures and respirator use.

[Redacted Signature]

7-28-09
Date

Approved By

7-28-09
Date



CERTIFICATE OF WORKER'S ACKNOWLEDGEMENT

Project Name:

Date:

Project Address:

Contractor's Name: Metro Contracting & Environmental Inc.

Contractor's Asbestos Handling Number: 99-0111

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS, THE CHANGE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the owner for the above project requires that:

1. You be supplied with the proper respirator and be trained in its use
2. You be trained in safe work practices and in the use of equipment found on the job
3. You receive a medical examination.

These things are to have been done at no cost to you. By signing this certification, you are assuring the owner that your employer has met these obligations to you.

RESPIRATORY PROTECTION: I have been trained in the proper use of respirators, and informed of the type of respirator to be used on the above referenced project. I have a copy of the written respiratory protection manual issued by my employer. I have been equipped at no cost with the respirator to be used on the above project.

TRAINING COURSE: I have been trained in the dangers inherent in handling asbestos and breathing asbestos dust, in proper work procedures, and personal and area protective measures. The topics covered in the course included the following:

1. Physical characteristics of asbestos
2. Health hazards associated with asbestos
3. Use of protective equipment
4. Negative air systems
5. Work practices including hands-on or on-job training
6. Personal decontamination procedures
7. Air monitoring, personal and area

MEDICAL EXAMINATION: I have had a medical examination within the past 12 months which has been paid for by my employer. This examination included: health history, pulmonary function tests, and may have included and evaluation of a chest X-ray.

Signature

[Redacted Signature]

Printed Name

CARL E Schul

Social Security No

[Redacted Social Security Number]

Worker's Asbestos



STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



W  
C  
A  
[Redacted]



[Redacted]  
MUST BE CARRIED ON ASBESTOS PROJECTS



[Redacted] IF FOUND RETURN TO:  
NYS DOL - L&C UNIT  
ROOM 161A BUILDING 12  
STATE OFFICE CAMPUS  
ALBANY NY 12240

OSHA 600227997



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

*William Lewandowski*

has successfully completed a 30-hour Occupational Safety and Health  
Training Course in

Construction Safety & Health

[Redacted]

*8/24/08*  
(Date)

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

529795

Certificate No.

I - To be completed by Trainee

Name of Trainee (print)

NYS Dept. of Motor Vehicles ID, (DMV ID)<sup>1</sup>

William J. Lewandowski

Signature of Trainee

Telephone Number

Date of Birth

II - To be completed by Training Sponsor

Provider's Name

Telephone Number

Buffalo Laborers Training Fund

(716) 825-0893

Address

Course

1370 Seneca Street

Location: 1370 Seneca Street

Buffalo, NY 14210

Zip Code

Course Title: Asbestos Handler

Initial

Refresher

*NYS DOH use only*

DOH Equivalency<sup>2</sup>

Training Language:  English  Other: \_\_\_\_\_

Exam Grade/Date: 99% / 11/14/08

Dates of Training: From: 11/10/08 To: 11/14/08 Expires: 11/14/09

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course.

Training Director:

(Print)

(Signature)

HL-2832 (10/03)

<sup>1</sup>Optional Information

<sup>2</sup>DOH Equivalency signed by NYS DOH representative only

STUDENT



Riverfront Medical Services,® P.C.

Airborne Business Park  
4700 Genesee Street  
Suite 124  
Cheektowaga, New York 14225  
(716) 626-0298  
Fax (716) 626-0245

[Redacted]

Social Security #: [Redacted]

Date: 12.30.08

Employer: HVI

Dear Paula

After conducting a physical evaluation on the above named individual including a:

- review of his/her past medical history
- a pulmonary function test
- a chest x-ray
- Other
- QUESTIONNAIRE *only*

I have determined that he/she is physically and medically qualified to wear respirator protection in accordance with OSHA 1910.134. as described below:

Found fit to use the following respirators

- Filter Respirator (Dust mask)
- Cartridge Respirator - Negative Pressure
- Powered Air-Purifying Respirator (PAPR)
- Supplied Air Respirator
- Self Contained Breathing Apparatus (SCBA)

Comments:

- I have provided the employee with a written recommendation regarding the employee's ability to use a respirator.
- I have not provided the employee with a written recommendation regarding the employee's ability to use a respirator.

[Redacted Signature]

12.30.08  
Date

Riverfront Medical Services P.C.

Riverfront Medical Services,® P.C.

Airborne Business Park  
4700 Genesee Street  
Cheektowaga, New York 14225  
(716) 626-0298  
Fax (716) 626-0245

Re: William Lewandowski

Social Security 

Date: 12.30.08

Employer: LVI

Dear Paula

After conducting a physical examination of the above named individual, including a review of his/her past medical history, laboratory test results (if indicated) and a review of the functional requirements of the job, I have determined that he/she is physically and medically qualified to perform the essential functions for which he/she has applied with the following recommendations.

- No Medical Risk/Restriction:** The examinee is medically qualified to perform the essential functions of the position without accommodation.
- Low Risk/Restriction:** The examinee is medically qualified to perform the essential functions of the position at the time of the examination, but periodic medical follow-up is recommended. (See comments below).
- Moderate Risk/Restriction:** The examinee would be medically qualified to perform the essential functions of the position only if the limitations /restrictions noted below can be accommodated.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



12.30.08  
Date

## RESPIRATOR ASSIGNMENT & TRAINING RECORD

Date: 3-4-09

Employee: Wm. Lewandowski Social Security N 

Respirator:  Self Contained  Supplied Air  Hepa Filter  
 Powered Air  Chemical Cartridge  Other

Model: 7700 Size: M NIOSH Approval No.: \_\_\_\_\_

Limitations:  Beard  Denture  Glasses  None

Explain:

Fitting:  Satisfactory Positive Pressure Test  Satisfactory Isoamyl Acetate Test  Irritant Smoke  
 Satisfactory Negative Pressure Test  Satisfactory Sweetener Test

Maintenance:  Cleaning  Daily  Weekly  Other

### Respirator Wearers Statement

I understand that the respirator fit test which has just been preformed applies only to the model and size tested, which is listed above. I recognize that air purifying respirators will not supply oxygen. If there is an oxygen deficiency, only air-supplying respirators will provide protection. I understand that I must inspect the respirator each time I wear it and to make sure all parts are present and undamaged. I must perform a positive and negative pressure fit test each time I don the respirator to ensure an adequate seal against my face.

I certify that I have received and passed a medical examination and that I am able to wear a respirator safely. I have been informed of the hazards present and have been trained in the proper work practices, emergency procedures and respirator use.



3-4-09  
Date

3-4-09  
Date



CERTIFICATE OF WORKER'S ACKNOWLEDGEMENT

Project Name: Paekdale Ele School

Date: 2-25-09

Project Address: East Aurora N.Y.

Contractor's Name: Metro Contracting & Environmental Inc.

Contractor's Asbestos Handling Number: 99-0111

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Your employer's contract with the owner for the above project requires that:

1. You be supplied with the proper respirator and be trained in its use
2. You be trained in safe work practices and in the use of equipment found on the job
3. You receive a medical examination.

These things are to have been done at no cost to you. By signing this certification, you are assuring the owner that your employer has met these obligations to you.

RESPIRATORY PROTECTION: I have been trained in the proper use of respirators, and informed of the type of respirator to be used on the above referenced project. I have a copy of the written respiratory protection manual issued by my employer. I have been equipped at no cost with the respirator to be used on the above project.

TRAINING COURSE: I have been trained in the dangers inherent in handling asbestos and breathing asbestos dust, in proper work procedures, and personal and area protective measures. The topics covered in the course included the following:

1. Physical characteristics of asbestos
2. Health hazards associated with asbestos
3. Use of protective equipment
4. Negative air systems
5. Work practices including hands-on or on-job training
6. Personal decontamination procedures
7. Air monitoring, personal and area

MEDICAL EXAMINATION: I have had a medical examination within the past 12 months which has been paid for by my employer. This examination included: health history, pulmonary function tests, and may have included and evaluation of a chest X-ray.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

William J. Lewandowski

Social Security No \_\_\_\_\_

Worker's Asbestos Ha \_\_\_\_\_

STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



MUST BE CARRIED ON ASBESTOS PROJECTS



IF FOUND RETURN TO:  
NYSOL - L&C UNIT  
ROOM 161A BUILDING 12  
STATE OFFICE CAMPUS  
ALBANY NY 12240

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

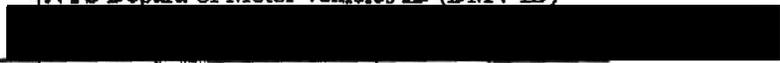
Certificate No. 530836

To be completed by trainee

Name of Trainee (print)

PAUL TIBERI

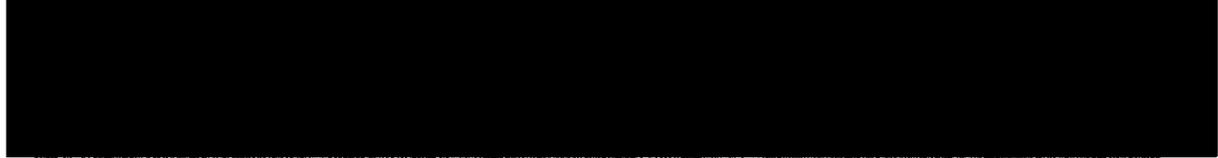
NYS Depart. of Motor Vehicles ID (DMV ID)<sup>1</sup>



Signature of Trainee

Telephone Number

Date of Birth<sup>1</sup>



To be completed by provider

Provider's Name

Trust

Telephone Number

L.H. Education & Training

706-297-4722

Address 2530 SENECA AVE.

Course SENECA AVE.

NIAGARA FALLS N.Y.

Location:

Zip Code 14305

NIAGARA FALLS N.Y.

Course Title: ASBESTOS SUPERVISOR

Initial  Refresher

DOH Equivalency<sup>2</sup> NYS DOH use only

Training Language:  English  Other

Exam Grade/Date: 92 1/30/09

Dates of Training: From: 1/29/09 To: 1/30/09 Expires: 1/30/10

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training

Training Director<sup>2</sup>: Richard Paladino (Print)



 N I A G A R A F A L L S  
MEMORIAL MEDICAL CENTER

Company Metro Environ Exam Date 5/29/09

Name Paul Tibeni 

Testing Performed

Physical Exam

Asbestos Questionnaire

Pulmonary Function

Exposure History

Chest X-ray

Last CXR: \_\_\_\_\_

Respirator Fit Test

Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Size \_\_\_\_\_

Ability to tolerate a respirator has been determined as:

( ) good - 8 Hours  fair - 4-6 hours ( ) poor - 1-3 hours

**SMOKERS:**

THE PHYSICIAN HAS INFORMED ME OF THE RELATIONSHIP BETWEEN CIGARETTE SMOKING AND ASBESTOS EXPOSURE. I HAVE BEEN ADVISED THAT BY STOPPING SMOKING THE RISK OF LUNG CANCER CAN BE REDUCED.

EMPLOYEE SIGNATURE 

Upon examination, I did not detect any medical condition that would place the employee at an increased risk of impairment from asbestos exposure.

The employee has been informed of the results of his medical examination and of any medical conditions that may result from asbestos exposure.

Additional Comments / Recommendations: \_\_\_\_\_

 5/29/09  
Physician Signature Date

621-10<sup>th</sup> Street  
P.O. Box 708  
Niagara Falls, NY 14302-0708  
716-278-4621 – Telephone  
716-278-4069 – Fax

# Occupational Health Care

## Respirator Medical Certification

Name: PAUL TIBERI  
Social Security Number: [REDACTED]  
Employer: Metro Environmental  
Position: Labore  
Date Evaluated: 5/29/09

The above named individual has on this date undergone a medical evaluation for his or her ability to wear a respirator. The above named employee has been provided a copy of this report. This evaluation included:

- OSHA Respiratory Questionnaire (Mandatory).
- OSHA Respiratory Questionnaire (Mandatory) and Pulmonary Function Testing.
- OSHA Respiratory Questionnaire (Mandatory), Pulmonary Function Testing and Physical Examination.
- A Respirator Fit Test was performed.

Based on this evaluation:

- I have not detected any medical condition that would place the employee at increased risk of material impairment of the employee's health from wearing a respirator for 8 hours.
- The following limitations in the use of respiratory protective equipment exist:
  - Use from 4 – 6 hours maximum.
  - Use from 1 – 3 hours maximum.
  - Use for escape purposes only.
  - Other: \_\_\_\_\_

\_\_\_\_\_  
Physicians Signature

5/29/09  
Date



RESPIRATOR ASSIGNMENT & TRAINING RECORD

Date: 6-2-09

Employee: PAUL TIBERI Social Security [REDACTED]

Respirator: [ ] Self Contained [ ] Supplied Air [X] Hepa Filter
[ ] Powered Air [ ] Chemical Cartridge [ ] Other

Model: 3M Size: Lg. NIOSH Approval No.: [ ]

Limitations: [ ] Beard [ ] Denture [ ] Glasses [X] None

Explain:

Fitting: [ ] Satisfactory Positive Pressure Test [ ] Satisfactory Isoamyl Acetate Test [X] Irritant Smoke
[ ] Satisfactory Negative Pressure Test [ ] Satisfactory Sweetener Test

Maintenance: Cleaning [X] Daily [ ] Weekly [ ] Other

Respirator Wearers Statement

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I certify that I have received and passed a medical examination and that I am able to wear a respirator safely. I have been informed of the hazards present and have been trained in the proper work practices, emergency procedures and respirator use.

[REDACTED SIGNATURE]

6-2-09
Date

6-2-09
Date

## CERTIFICATE OF WORKER'S ACKNOWLEDGEMENT

Project Name:

Date:

Project Address:

Contractor's Name: Metro Contracting & Environmental Inc.

Contractor's Asbestos Handling Number: 99-0111

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MEDICAL EXAMINATION: I have had a medical examination within the past 12 months which has been paid for by my employer. This examination included: health history, pulmonary function tests, and may have included and evaluation of a chest X-ray.

Signature

Printed Name

PAUL TIBERI

Social Security

Worker's Asb

OSHA

600227361



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

PAUL TIBERI

has successfully completed a 30-hour Occupational Safety and Health  
Training Course in

Construction Safety & Health

JOE FALCONE  
(Trainer)

Feb. 20, 2008  
(Date)

