Appendix J

PERIMETER AIR MONITORING LOGS

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Test Pits for Gas Pipe

Easthampton, MA
Date: 9/21/10
Scope: Parameter Air Monitoring

PROJECT NO:

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS092110 - 1	South	9/21/2010	0	100	538	0.00	0.000	0.009
CAS092110 - 2	West	9/21/2010	1	100	473	1.27	0.001	0.010
CAS092110 - 3	East	9/21/2010	1	100	495	1.27	0.001	0.010
CAS092110 - 4	North	9/21/2010	0	100	488	0.00	0.000	0.010
CAS092110 - 8	Blank #1	9/21/2010	0	100				
CAS092110 - 9	Blank #2	9/21/2010	0	100				
CAS092110 - 10	10% recount (02)	9/21/2010	1	100	473	1.27	0.001	0.010

QC Checks: CS

Analyst Name: Chris A. Streeter

Analyst Signature: Chris A. Streeter

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Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Erosion Control Installation

Easthampton, MA
Date: 9/29/10
Scope: Perimeter Air Monitoring

PROJECT NO:

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS092910 - 1	North	9/29/2010	0	100	1103	0.00	0.000	0.004
CAS092910 - 2	East	9/29/2010	0	100	1138	0.00	0.000	0.004
CAS092910 - 3	South	9/29/2010	0	100	1092	0.00	0.000	0.004
CAS092910 - 4	West	9/29/2010	0	100	1126	0.00	0.000	0.004
CAS092910 - 5	Blank #1	9/29/2010	0	100				
CAS092910 - 6	Blank #2	9/29/2010	0	100				
CAS092910 - 7	10% recount (02)	9/29/2010	0	100	1138	0.00	0.000	0.004

QC Checks: CS

Analyst Name: Chris A. Streeter

Analyst Signature: Chris A. Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Tree Removal

Easthampton, MA
Date: 10/4/10
Scope: Perimeter Air Monitoring

PROJECT NO:

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS100410 - 1	North	10/4/2010	0	100	924	0.00	0.000	0.005
CAS100410 - 2	East	10/4/2010	0	100	902	0.00	0.000	0.005
CAS100410 - 3	South	10/4/2010	0	100	883	0.00	0.000	0.006
CAS100410 - 4	West	10/4/2010	0	100	907	0.00	0.000	0.005
CAS100410 - 5	Blank #1	10/4/2010	0	100				
CAS100410 - 6	Blank #2	10/4/2010	0	100				
CAS100410 - 7	10% recount (01)	10/4/2010	0	100	924	0.00	0.000	0.005

QC Checks: CS

Analyst Name: Chris A. Streeter

Analyst Signature: Chris A. Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Tree Removal
PROJECT NO: 2112-01-02

Easthampton, MA
Date: 10/5/10
Scope: Perimeter Air Monitoring

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS100510 - 1	North	10/5/2010	0	100	1115	0.00	0.000	0.004
CAS100510 - 2	South	10/5/2010	1	100	1080	1.27	0.000	0.005
CAS100510 - 3	East	10/5/2010	0	100	1092	0.00	0.000	0.004
CAS100510 - 4	West	10/5/2010	2	100	1107	2.55	0.001	0.004
CAS100510 - 5	Blank #1	10/5/2010	0	100				
CAS100510 - 6	Blank #2	10/5/2010	1	100				
CAS100510 - 7	10% recount (04)	10/5/2010	1	100	1107	1.27	0.000	0.004

QC Checks: CS

Analyst Name: Chris A. Streeter

Analyst Signature: Chris A. Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Rail Road Tie Removal
PROJECT NO: 2112-01-02

Easthampton, MA
Date: 10/6/10
Scope: Perimeter Air Monitoring

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS100610 - 1	North	10/6/2010	0	100	1029	0.00	0.000	0.005
CAS100610 - 2	East	10/6/2010	0	100	1006	0.00	0.000	0.005
CAS100610 - 3	South	10/6/2010	0	100	1019	0.00	0.000	0.005
CAS100610 - 4	West	10/6/2010	0	100	1027	0.00	0.000	0.005
CAS100610 - 5	Blank #1	10/6/2010	0	100				
CAS100610 - 6	Blank #2	10/6/2010	0	100				
CAS100610 - 7	10% recount (01)	10/6/2010	0	100	1029	0.00	0.000	0.005

QC Checks: _____

Analyst Name: Chris A. Streeter

Analyst Signature: _____

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton, MA
Date: 10/7/10
Scope: Perimeter Air Monitoring

Rail Road Tie Removal and Decon Pad Installation
PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS100710 - 1	North	10/7/2010	3	100	1104	3.82	0.001	0.004
CAS100710 - 2	West	10/7/2010	2	100	1122	2.55	0.001	0.004
CAS100710 - 3	South	10/7/2010	3	100	1075	3.82	0.001	0.005
CAS100710 - 4	West	10/7/2010	4	100	1087	5.10	0.002	0.005
CAS100710 - 5	Blank #1	10/7/2010	0	100				
CAS100710 - 6	Blank #2	10/7/2010	0	100				
CAS100710 - 7	10% recount (04)	10/7/2010	3	100	1087	3.82	0.001	0.005

QC Checks: CS

Analyst Name: Chris A. Streeter

Analyst Signature: Chris A. Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Test Pits and Decon Pad Installation

Easthampton, MA
Date: 10/8/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS100810 - 1	North	10/8/2010	2	100	1008	2.55	0.001	0.005
CAS100810 - 2	West	10/8/2010	1	100	987	1.27	0.000	0.005
CAS100810 - 3	South	10/8/2010	1	100	1029	1.27	0.000	0.005
CAS100810 - 4	West	10/8/2010	2	100	1008	2.55	0.001	0.005
CAS100810 - 5	Blank #1	10/8/2010	0	100				
CAS100810 - 6	Blank #2	10/8/2010	0	100				
CAS100810 - 7	10% recount (01)	10/8/2010	2	100	1008	2.55	0.001	0.005

QC Checks: _____

Analyst Name: Chris A. Streeter

Analyst Signature: _____

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 WEMELCO WAY

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Excavation - DOS Parcel
PROJECT NO: 2112-01-02

Easthampton MA.
Date: 10/12/10
Scope: Perimeter Air Monitoring

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS101210 - 1	North	10/12/2010	2.5	100	1127	3.18	0.001	0.004
CAS101210 - 2	West	10/12/2010	1	100	1094	1.27	0.000	0.004
CAS101210 - 3	South	10/12/2010	4	100	1091	5.10	0.002	0.004
CAS101210 - 4	West	10/12/2010	2	100	1100	2.55	0.001	0.004
CAS101210 - 5	Blank #1	10/12/2010	0	100				
CAS101210 - 6	Blank #2	10/12/2010	0	100				
CAS101210 - 7	10% recount (03)	10/12/2010	3	100	1008	3.82	0.001	0.005

QC Checks: CS.

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way
Easthampton MA.

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Date: 10/14/10
Scope: Perimeter Air Monitoring
Fence Removal

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS101410 - 1	North	10/14/2010	12.5	100	1140	15.92	0.005	0.004
CAS101410 - 2	West	10/14/2010	3	100	1164	3.82	0.001	0.004
CAS101410 - 3	South	10/14/2010	4	100	1164	5.10	0.002	0.004
CAS101410 - 4	East	10/14/2010	6	100	1114	7.64	0.003	0.004
CAS101410 - 5	Blank #1	10/14/2010	0	100				
CAS101410 - 6	Blank #2	10/14/2010	2	100				
CAS101410 - 7	10% recount (01)	10/14/2010	10	100	1140	12.74	0.004	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way
Easthampton MA.

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Date: 10/18/10
Scope: Perimeter Air Monitoring
Area "D" Excavation

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS101810 - 1	North	10/18/2010	5	100	1105	6.37	0.002	0.004
CAS101810 - 2	West	10/18/2010	3	100	1130	3.82	0.001	0.004
CAS101810 - 3	South	10/18/2010	5	100	1130	6.37	0.002	0.004
CAS101810 - 4	East	10/18/2010	3	100	1133	3.82	0.001	0.004
CAS101810 - 5	Blank #1	10/18/2010	0	100				
CAS101810 - 6	Blank #2	10/18/2010	0	100				
CAS101810 - 7	10% recount (03)	10/18/2010	4	100	1140	5.10	0.002	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton MA.
Date: 10/19/10
Scope: Perimeter Air Monitoring

Area "D" Excavation Con't
PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS101910 - 1	North	10/19/2010	1	100	1066	1.27	0.000	0.005
CAS101910 - 2	West	10/19/2010	1	100	1066	1.27	0.000	0.005
CAS101910 - 3	South	10/19/2010	0	100	1044	0.00	0.000	0.005
CAS101910 - 4	East	10/19/2010	1	100	1076	1.27	0.000	0.005
CAS101910 - 5	Blank #1	10/19/2010	0	100				
CAS101910 - 6	Blank #2	10/19/2010	0	100				
CAS101910 - 7	10% recount (02)	10/19/2010	0	100	1140	0.00	0.000	0.004

QC Checks: _____

Analyst Name: Chris Streeter

Analyst Signature: _____

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton MA.
Date: 10/20/10
Scope: Perimeter Air Monitoring

Rail Road Tie Removal
PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS102010 - 1	North	10/20/2010	3	100	1183	3.82	0.001	0.004
CAS102010 - 2	West	10/20/2010	5	100	1183	6.37	0.002	0.004
CAS102010 - 3	South	10/20/2010	2	100	1186	2.55	0.001	0.004
CAS102010 - 4	East	10/20/2010	4	100	1237	5.10	0.002	0.004
CAS102010 - 5	Blank #1	10/20/2010	0	100				
CAS102010 - 6	Blank #2	10/20/2010	0	100				
CAS102010 - 7	10% recount (02)	10/20/2010	7	100	1140	8.92	0.003	0.004

QC Checks: CJ

Analyst Name: Chris Streeter

Analyst Signature: Chris A. Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton MA.
Date: 10/21/10
Scope: Perimeter Air Monitoring
Rail Road Tie Removal

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS102110 - 1	North	10/21/2010	0	100	1058	0.00	0.000	0.005
CAS102110 - 2	West	10/21/2010	1	100	1080	1.27	0.000	0.005
CAS102110 - 3	South	10/21/2010	0	100	1078	0.00	0.000	0.005
CAS102110 - 4	East	10/21/2010	0	100	1056	0.00	0.000	0.005
CAS102110 - 5	Blank #1	10/21/2010	0	100				
CAS102110 - 6	Blank #2	10/21/2010	0	100				
CAS102110 - 7	10% recount (02)	10/21/2010	0	100	1080	0.00	0.000	0.005

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A. Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way
Easthampton MA.

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Date: 10/22/10
Scope: Perimeter Air Monitoring

Rail Road Tie Removal
PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS102210 - 1	North	10/22/2010	1	100	1029	1.27	0.000	0.005
CAS102210 - 2	West	10/22/2010	0	100	1034	0.00	0.000	0.005
CAS102210 - 3	South	10/22/2010	0	100	1013	0.00	0.000	0.005
CAS102210 - 4	East	10/22/2010	1	100	1034	1.27	0.000	0.005
CAS102210 - 5	Blank #1	10/22/2010	0	100				
CAS102210 - 6	Blank #2	10/22/2010	0	100				
CAS102210 - 7	10% recount (04)	10/22/2010	0	100	1080	0.00	0.000	0.005

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way
Easthampton MA.

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
ACS Removal Areas "A" & "B"

Date: 10/25/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS102510 - 1	North	10/25/2010	0	100	1116	0.00	0.000	0.004
CAS102510 - 2	West	10/25/2010	1	100	1149	1.27	0.000	0.004
CAS102510 - 3	South	10/25/2010	0	100	1147	0.00	0.000	0.004
CAS102510 - 4	East	10/25/2010	0	100	1149	0.00	0.000	0.004
CAS102510 - 5	Blank #1	10/25/2010	0	100				
CAS102510 - 6	Blank #2	10/25/2010	0	100				
CAS102510 - 7	10% recount (02)	10/25/2010	0	100	1080	0.00	0.000	0.005

QC Checks: _____

Analyst Name: Chris Streeter

Analyst Signature: Chris Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
ACS Removal Areas "C"
PROJECT NO: 2112-01-02

Easthampton MA.
Date: 10/26/10
Scope: Perimeter Air Monitoring

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS102610 - 1	North	10/26/2010	4	100	1140	5.10	0.002	0.004
CAS102610 - 2	West	10/26/2010	3	100	1144	3.82	0.001	0.004
CAS102610 - 3	South	10/26/2010	5	100	1126	6.37	0.002	0.004
CAS102610 - 4	East	10/26/2010	4	100	1112	5.10	0.002	0.004
CAS102610 - 5	Blank #1	10/26/2010	1	100				
CAS102610 - 6	Blank #2	10/26/2010	2	100				
CAS102610 - 7	10% recount (03)	10/26/2010	6	100	1126	7.64	0.003	0.004

QC Checks: ES

Analyst Name: Chris Streeter

Analyst Signature: Chris Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way
Easthampton MA.

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
ACS Removal Areas "C"

Date: 10/27/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS102710 - 1	North	10/27/2010	0	100	1125	0.00	0.000	0.004
CAS102710 - 2	West	10/27/2010	0	100	1100	0.00	0.000	0.004
CAS102710 - 3	South	10/27/2010	0	100	1120	0.00	0.000	0.004
CAS102710 - 4	East	10/27/2010	0	100	1078	0.00	0.000	0.005
CAS102710 - 5	Blank #1	10/27/2010	0	100				
CAS102710 - 6	Blank #2	10/27/2010	0	100				
CAS102710 - 7	10% recount (01)	10/27/2010	0	100	1125	0.00	0.000	0.004

QC Checks: _____

Analyst Name: Chris Streeter

Analyst Signature: _____

O'Reilly, Talbot & Okun Associates, Inc. - 293 Bridge Street, Suite 500 - Springfield, MA 01103
Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
ACS Removal Area "C" Pipeline Easement

Easthampton MA.
Date: 10/28/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS102810 - 1	North	10/28/2010	2	100	1139	2.55	0.001	0.004
CAS102810 - 2	West	10/28/2010	4	100	1097	5.10	0.002	0.004
CAS102810 - 3	South	10/28/2010	4.5	100	1105	5.73	0.002	0.004
CAS102810 - 4	East	10/28/2010	2	100	1083	2.55	0.001	0.005
CAS102810 - 5	Blank #1	10/28/2010	0	100				
CAS102810 - 6	Blank #2	10/28/2010	0	100				
CAS102810 - 7	10% recount (03)	10/28/2010	4	100	1125	5.10	0.002	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris Streeter

O'Reilly, Talbot & Okun Associates, Inc. - 293 Bridge Street, Suite 500 - Springfield, MA 01103
Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way
Easthampton MA.

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
ACS Removal Area DOS "3"

Date: 10/29/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS102910 - 1	North	10/29/2010	2	100	1138	2.55	0.001	0.004
CAS102910 - 2	West	10/29/2010	1	100	1140	1.27	0.000	0.004
CAS102910 - 3	South	10/29/2010	0	100	1100	0.00	0.000	0.004
CAS102910 - 4	East	10/29/2010	0	100	1083	0.00	0.000	0.005
CAS102910 - 5	Blank #1	10/29/2010	0	100				
CAS102910 - 6	Blank #2	10/29/2010	0	100				
CAS102910 - 7	10% recount (03)	10/29/2010	3	100	1125	3.82	0.001	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Rail Road Excavation Western End

Easthampton MA.
Date: 11/1/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS110110 - 1	North	11/1/2010	0	100	1138	0.00	0.000	0.004
CAS111010 - 2	West	11/1/2010	1.5	100	1140	1.91	0.001	0.004
CAS110110 - 3	South	11/1/2010	2	100	1100	2.55	0.001	0.004
CAS110110 - 4	East	11/1/2010	1	100	1083	1.27	0.000	0.005
CAS110110 - 5	Blank #1	11/1/2010	0	100				
CAS110110 - 6	Blank #2	11/1/2010	0	100				
CAS110110 - 7	10% recount (03)	11/1/2010	2.5	100	1125	3.18	0.001	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris Streeter

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Phase Contrast Microscopy (PCM) Fiber Count

NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Rail Road Excavation Western/Center

Easthampton MA.
Date: 11/2/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS110210 - 1	North	11/2/2010	2	100	1150	2.55	0.001	0.004
CAS110210 - 2	West	11/2/2010	2	100	1095	2.55	0.001	0.004
CAS102110 - 3	South	11/2/2010	4	100	1125	5.10	0.002	0.004
CAS110210 - 4	East	11/2/2010	4	100	1105	5.10	0.002	0.004
CAS110210 - 5	Blank #1	11/2/2010	0	100				
CAS110210 - 6	Blank #2	11/2/2010	1	100				
CAS110210 - 7	10% recount (04)	11/2/2010	4	100	1125	5.10	0.002	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris Streeter

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Phase Contrast Microscopy (PCM) Fiber Count

NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Rail Road Excavation Center

Easthampton MA.
Date: 11/3/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS110310 - 1	North	11/3/2010	0	100	1139	0.00	0.000	0.004
CAS110310 - 2	West	11/3/2010	0	100	1168	0.00	0.000	0.004
CAS103110 - 3	South	11/3/2010	1	100	1163	1.27	0.000	0.004
CAS110310 - 4	East	11/3/2010	0	100	1163	0.00	0.000	0.004
CAS110310 - 5	Blank #1	11/3/2010	0	100				
CAS110310 - 6	Blank #2	11/3/2010	0	100				
CAS110310 - 7	10% recount (04)	11/3/2010	0	100	1163	0.00	0.000	0.004

QC Checks: CS.

Analyst Name: Chris Streeter

Analyst Signature: Chris A. Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Rail Road Excavation Center

Easthampton MA.
Date: 11/4/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS110410 - 1	North	11/4/2010	0	100	1139	0.00	0.000	0.004
CAS110410 - 2	West	11/4/2010	0	100	1093	0.00	0.000	0.004
CAS104110 - 3	South	11/4/2010	0	100	1105	0.00	0.000	0.004
CAS110410 - 4	East	11/4/2010	0	100	1105	0.00	0.000	0.004
CAS110410 - 5	Blank #1	11/4/2010	0	100				
CAS110410 - 6	Blank #2	11/4/2010	0	100				
CAS110410 - 7	10% recount (04)	11/4/2010	0	100	1105	0.00	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phase Contrast Microscopy (PCM) Fiber Count

NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Rail Road Excavation Center

Easthampton MA.
Date: 11/5/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS110510 - 1	North	11/5/2010	0	100	1127	0.00	0.000	0.004
CAS110510 - 2	West	11/5/2010	1	100	1099	1.27	0.000	0.004
CAS105110 - 3	South	11/5/2010	1	100	1145	1.27	0.000	0.004
CAS110510 - 4	East	11/5/2010	1	100	1145	1.27	0.000	0.004
CAS110510 - 5	Blank #1	11/5/2010	0	100				
CAS110510 - 6	Blank #2	11/5/2010	0	100				
CAS110510 - 7	10% recount (02)	11/5/2010	0	100	1145	0.00	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phase Contrast Microscopy (PCM) Fiber Count

NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Rail Road Excavation Eastern

Easthampton MA.
Date: 11/8/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS110810 - 1	North	11/8/2010	2	100	1090	2.55	0.001	0.004
CAS110810 - 2	West	11/8/2010	1	100	1120	1.27	0.000	0.004
CAS108110 - 3	South	11/8/2010	0	100	1118	0.00	0.000	0.004
CAS110810 - 4	East	11/8/2010	0	100	1118	0.00	0.000	0.004
CAS110810 - 5	Blank #1	11/8/2010	0	100				
CAS110810 - 6	Blank #2	11/8/2010	1	100				
CAS110810 - 7	10% recount (01)	11/8/2010	0	100	1090	0.00	0.000	0.004

QC Checks: OS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phase Contrast Microscopy (PCM) Fiber Count

NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton MA.
Date: 11/9/10
Scope: Perimeter Air Monitoring

Concrete Pad and Rail Road Excavation Center
PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS110910 - 1	North	11/9/2010	2	100	1201	2.55	0.001	0.004
CAS110910 - 2	West	11/9/2010	1.5	100	1159	1.91	0.001	0.004
CAS110910 - 3	South	11/9/2010	3	100	1179	3.82	0.001	0.004
CAS110910 - 4	East	11/9/2010	2	100	1181	2.55	0.001	0.004
CAS110910 - 5	Blank #1	11/9/2010	0	100				
CAS110910 - 6	Blank #2	11/9/2010	0	100				
CAS110910 - 7	10% recount (03)	11/9/2010	5	100	1090	6.37	0.002	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris Streeter

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Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton MA.
Date: 11/10/10
Scope: Perimeter Air Monitoring

Rail Road Excavation Center and Placement Fabric Work
PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS111010 - 1	North	11/10/2010	1	100	1200	1.27	0.000	0.004
CAS111010 - 2	West	11/10/2010	0	100	1223	0.00	0.000	0.004
CAS111010 - 3	South	11/10/2010	9.5	100	1223	12.10	0.004	0.004
CAS111010 - 4	East	11/10/2010	3	100	1195	3.82	0.001	0.004
CAS111010 - 5	Blank #1	11/10/2010	0	100				
CAS111010 - 6	Blank #2	11/10/2010	0	100				
CAS111010 - 7	10% recount (03)	11/10/2010	12	100	1090	15.29	0.005	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton MA.
Date: 11/11/10
Scope: Perimeter Air Monitoring
Grading/Placement Fabric Work

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS111110 - 1	North	11/11/2010	0	100	1213	0.00	0.000	0.004
CAS111110 - 2	West	11/11/2010	0	100	1208	0.00	0.000	0.004
CAS111110 - 3	South	11/11/2010	2	100	1213	2.55	0.001	0.004
CAS111110 - 4	East	11/11/2010	1	100	1179	1.27	0.000	0.004
CAS111110 - 5	Blank #1	11/11/2010	0	100				
CAS111110 - 6	Blank #2	11/11/2010	0	100				
CAS111110 - 7	10% recount (03)	11/11/2010	1	100	1090	1.27	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count

NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton MA.
Date: 11/12/10
Scope: Perimeter Air Monitoring

Access Road Placement/Pipeline

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS111210 - 1	North	11/12/2010	1	100	1139	1.27	0.000	0.004
CAS111210 - 2	West	11/12/2010	0	100	1139	0.00	0.000	0.004
CAS111210 - 3	South	11/12/2010	1	100	1153	1.27	0.000	0.004
CAS111210 - 4	East	11/12/2010	1	100	1153	1.27	0.000	0.004
CAS111210 - 5	Blank #1	11/12/2010	0	100				
CAS111210 - 6	Blank #2	11/12/2010	0	100				
CAS111210 - 7	10% recount (01)	11/12/2010	0	100	1090	0.00	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count

NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton MA.
Date: 11/15/10
Scope: Perimeter Air Monitoring

Access Road Placement/Pipeline
PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS111510 - 1	North	11/15/2010	0	100	1274	0.00	0.000	0.004
CAS111510 - 2	West	11/15/2010	0	100	1252	0.00	0.000	0.004
CAS111510 - 3	South	11/15/2010	2.5	100	1279	3.18	0.001	0.004
CAS111510 - 4	East	11/15/2010	1	100	1305	1.27	0.000	0.004
CAS111510 - 5	Blank #1	11/15/2010	0	100				
CAS111510 - 6	Blank #2	11/15/2010	1	100				
CAS111510 - 7	10% recount (03)	11/15/2010	1	100	1090	1.27	0.000	0.004

QC Checks: CJ

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Pipeline Excavation - Southern

Easthampton MA.
Date: 11/16/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS111610 - 1	North	11/16/2010	0	100	1348	0.00	0.000	0.004
CAS111610 - 2	West	11/16/2010	0	100	1335	0.00	0.000	0.004
CAS111610 - 3	South	11/16/2010	0	100	1311	0.00	0.000	0.004
CAS111610 - 4	East	11/16/2010	0	100	1308	0.00	0.000	0.004
CAS111610 - 5	Blank #1	11/16/2010	0	100				
CAS111610 - 6	Blank #2	11/16/2010	0	100				
CAS111610 - 7	10% recount (023)	11/16/2010	0	100	1090	0.00	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Pipeline Excavation - Center

Easthampton MA.
Date: 11/17/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS111710 - 1	North	11/17/2010	0	100	1282	0.00	0.000	0.004
CAS111710 - 2	West	11/17/2010	0	100	1296	0.00	0.000	0.004
CAS111710 - 3	South	11/17/2010	1	100	1279	1.27	0.000	0.004
CAS111710 - 4	East	11/17/2010	1	100	1313	1.27	0.000	0.004
CAS111710 - 5	Blank #1	11/17/2010	0	100				
CAS111710 - 6	Blank #2	11/17/2010	0	100				
CAS111710 - 7	10% recount (04)	11/17/2010	0	100	1296	0.00	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Pipeline Excavation - North

Easthampton MA.
Date: 11/18/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2112-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS111810 - 1	North	11/18/2010	1	100	1326	1.27	0.000	0.004
CAS111810 - 2	West	11/18/2010	1	100	1330	1.27	0.000	0.004
CAS111810 - 3	South	11/18/2010	2.5	100	1294	3.18	0.001	0.004
CAS111810 - 4	East	11/18/2010	2	100	1267	2.55	0.001	0.004
CAS111810 - 5	Blank #1	11/18/2010	1	100				
CAS111810 - 6	Blank #2	11/18/2010	0	100				
CAS111810 - 7	10% recount (03)	11/18/2010	4	100	1296	5.10	0.002	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

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Phase Contrast Microscopy (PCM) Fiber Count

NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton MA.
Date: 11/19/10
Scope: Perimeter Air Monitoring

Placement Area Fabric Installation - Southern

PROJECT NO: 2118-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS111910 - 1	North	11/19/2010	1	100	1286	1.27	0.000	0.004
CAS111910 - 2	West	11/19/2010	0	100	1274	0.00	0.000	0.004
CAS111910 - 3	South	11/19/2010	0	100	1283	0.00	0.000	0.004
CAS111910 - 4	East	11/19/2010	1	100	1267	1.27	0.000	0.004
CAS111910 - 5	Blank #1	11/19/2010	0	100				
CAS111910 - 6	Blank #2	11/19/2010	0	100				
CAS111910 - 7	10% recount (04)	11/19/2010	0	100	1267	0.00	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A. Streeter

O'Reilly, Talbot & Okun Associates, Inc. - 293 Bridge Street, Suite 500 - Springfield, MA 01103
Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way
Easthampton MA.

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965
Placement Area Fabric Installation

Date: 11/22/10
Scope: Perimeter Air Monitoring

PROJECT NO: 2118-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS112210 - 1	North	11/22/2010	0	100	1152	0.00	0.000	0.004
CAS112210 - 2	West	11/22/2010	0	100	1183	0.00	0.000	0.004
CAS112210 - 3	South	11/22/2010	0	100	1175	0.00	0.000	0.004
CAS112210 - 4	East	11/22/2010	0	100	1175	0.00	0.000	0.004
CAS112210 - 5	Blank #1	11/22/2010	0	100				
CAS112210 - 6	Blank #2	11/22/2010	0	100				
CAS112210 - 7	10% recount (03)	11/22/2010	0	100	1175	0.00	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A. Streeter

O'Reilly, Talbot & Okun Associates, Inc. - 293 Bridge Street, Suite 500 - Springfield, MA 01103
Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way
Easthampton MA.

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Date: 11/23/10
Scope: Perimeter Air Monitoring
Placement Area Fabric Installation

PROJECT NO: 2118-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS112310 - 1	North	11/23/2010	0	100	1168	0.00	0.000	0.004
CAS112310 - 2	West	11/23/2010	1	100	1153	1.27	0.000	0.004
CAS112310 - 3	South	11/23/2010	0	100	1138	0.00	0.000	0.004
CAS112310 - 4	East	11/23/2010	1	100	1128	1.27	0.000	0.004
CAS112310 - 5	Blank #1	11/23/2010	1	100				
CAS112310 - 6	Blank #2	11/23/2010	0	100				
CAS112310 - 7	10% recount (02)	11/23/2010	0	100	1153	0.00	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter
Analyst Signature: Chris A Streeter

O'Reilly, Talbot & Okun Associates, Inc. - 293 Bridge Street, Suite 500 - Springfield, MA 01103
Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Easthampton MA.
Date: 11/24/10
Scope: Perimeter Air Monitoring

Placement Area Fabric Installation and Bridge Construction
PROJECT NO: 2118-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS112410 - 1	North	11/24/2010	0	100	1174	0.00	0.000	0.004
CAS112410 - 2	West	11/24/2010	0	100	1188	0.00	0.000	0.004
CAS112410 - 3	South	11/24/2010	0	100	1175	0.00	0.000	0.004
CAS112410 - 4	East	11/24/2010	0	100	1165	0.00	0.000	0.004
CAS112410 - 5	Blank #1	11/24/2010	0	100				
CAS112410 - 6	Blank #2	11/24/2010	0	100				
CAS112410 - 7	10% recount (01)	11/24/2010	0	100	1153	0.00	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A. Streeter

O'Reilly, Talbot & Okun Associates, Inc. - 293 Bridge Street, Suite 500 - Springfield, MA 01103
Phone: (413) 788-6222 - Fax (413) 788-8830

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way
Easthampton MA.

CLIENT: BGL Corp.
ADDRESS: 65 Shopping Court
Agawam MA
PHONE: 413-786-1954
FAX: 413-786-9965

Date: 11/29/10
Scope: Perimeter Air Monitoring
Placement Area Fabric Installation

PROJECT NO: 2118-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS112910 - 1	North	11/29/2010	1	100	1164	1.27	0.000	0.004
CAS112910 - 2	West	11/29/2010	0	100	1169	0.00	0.000	0.004
CAS112910 - 3	South	11/29/2010	2	100	1156	2.55	0.001	0.004
CAS112910 - 4	East	11/29/2010	0	100	1111	0.00	0.000	0.004
CAS112910 - 5	Blank #1	11/29/2010	0	100				
CAS112910 - 6	Blank #2	11/29/2010	0	100				
CAS112910 - 7	10% recount (02)	11/29/2010	1	100	1169	1.27	0.000	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

O'Reilly, Talbot & Okun Associates, Inc. - 293 Bridge Street, Suite 500 - Springfield, MA 01103
Phone: (413) 788-6222 - Fax (413) 788-8830

ABIDE DOCUMENTATION REPORT
19 WEMELCO WAY
EASTHAMPTON, MA

abide
environmental contracting ▪ restoration ▪ bio-recovery

April 6, 2011

Mr. Robert Kirchherr
O'Reilly, Talbot & Okun Associates
293 Bridge Street, Ste. 500
Springfield, MA 01103

RE: **Documentation Report for Abide, Inc. Project #** 10345
Building Name: Former Zonolite Building, 19 Wemelco Way, Easthampton, MA
Abatement Date(s): 12/6/10-01/19/11; offsite 1/3/11-1/6/11 & 1/10/11-1/12/11
Amount of Waste Generated (in Cubic Yards): 23.0 CY

Dear Mr. Kirchherr:

Enclosed please find the abatement documentation report for the above referenced project. This report includes all necessary documentation as required by applicable state and federal regulations.

This documentation report includes the original waste manifest(s) for this project. Please store these records in a safe place.

If you have any questions, or need any further information, please do not hesitate to contact our office. Thank you.

Sincerely,

Maria Tilli
MJT

Maria Tilli
President
MT/mjt

p.o. box 886 | east longmeadow, ma 01028 | phone 413.525.0644 | fax 413.525.0678 | www.abideinc.com
Abide, Inc. is SOMWBA certified by the Commonwealth of Massachusetts, Department of Business and Technology.

10345
2nd Notification

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100116154 $850 fee
Decal Number
Original: 347433
Rev #1: 355771
Rev #2: 358212
Rev #3: 359725
Rev #4: 359825
Rev #5: 360103
Rev #6: 360176
Rev #7: 360594

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

INSTRUCTIONS

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

A. Asbestos Abatement Description

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

   b. Provide blanket decal number if applicable: _____ Blanket Decal Number

2. Facility Location:

FORMER ZONOLITE BUILDING	19 WEMELCO WAY
a. Name of Facility	b. Street Address
Easthampton	MA
c. City/Town	d. State
01027	4137886222
e. Zip Code	f. Telephone Number

3. Worksite Location:

19 WEMELCO WAY, EASTH	FMR ZONOLI			
a. Building Name/Building Location	b. Building #	c. Wing	d. Floor	e. Room

4. Is the facility occupied? ☐ Yes ☑ No

5. Asbestos Contractor:

ABIDE INC	483 SHAKER ROAD
a. Name	b. Address
EAST LONGMEADOW	01028
c. City/Town	d. Zip Code
4135250644	
e. Telephone Number	
AC000254	
f. DOS License Number	
g. Contract Type: ☐ Written ☑ Verbal	
ROBERT KIRCHHERR/O'REILLY, TALBOT &	SR. SAFETY & INDUSTRIAL HYGIENE SPECI
h. Facility Contact Person	i. Contact Person's Title
6. CHRISTOPHER J. COOPEE	AS070247
a. Name of On-Site Supervisor/Foreman	b. Supervisor/Foreman DOS Certification Number
7. TBA	N/A
a. Name of Project Monitor	b. Project Monitor DOS Certification Number
8. TBA	N/A
a. Name of Asbestos Analytical Lab	b. Asbestos Analytical Lab DOS Certification Number
9. 12/6/2010 Offsite 1/3-1/6/11	~~12/24/2010~~ ~~1/14/11~~ 1/19/11
a. Project Start Date (mm/dd/yyyy)	b. End Date (mm/ dd/ yyyy)
7AM-5PM Onsite 1/7/11 12pm-3pm	
c. Work hours Mon-Fri.	d. Work hours Sat-Sun.

10. a. What type of project is this? Offsite 1/10/11-1/12/11

    ☐ Demolition ☑ Renovation
    ☐ Repair ☐ Other, please specify: _____ b. Describe

11. a. Check abatement procedures:

    ☐ Glove bag ☐ Encapsulation
    ☐ Enclosure ☐ Disposal only
    ☑ Cleanup ☐ Other, specify: _____
    ☐ Full containment b. Describe

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

ANF001100201

10345 (2nd)

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100116154
Decal Number

A. Asbestos Abatement Description (cont.)

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

	Lin. ft.	Sq. ft.		Lin. ft.	Sq. ft.
a. Total pipes or ducts (linear ft): 0			b. Total other surfaces (square ft): 18000		
c. Boiler, breaching, duct, tank surface coatings			d. Insulating cement		
e. Corrugated or layered paper pipe insulation			f. Trowel/Sprayer coatings		
g. Spray-on fireproofing			h. Transite board, wall board		
i. Cloths, woven fabrics			j. Other, please specify:		18000
k. Thermal, solid core pipe insulation			l. Specify: VERMICULITE		

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

REMOTE AND/OR CONTIGUOUS THREE STAGE DECONTAMINATION UNIT W/SHOWER

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

ACM ADEQUATELY WETTED, DOUBLE BAGGED, SEALED AND LABELED

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

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

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

B. Facility Description

1. Current or prior use of facility: FORMER ZONOLITE BUILDING

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

3.
a. Facility Owner Name: OLDON LIMITED PARTNERSHIP	b. Address: 19 WEMELCO WAY
c. City/Town: EASTHAMPTON	d. Zip Code: 01027
e. Telephone Number (area code and extension): 413-788-6222	

4.
a. Name of Facility Owner's On-Site Manager: ROBERT KIRCHHERR/O'REILLY, TALBOT &	b. On-Site Manager Address: 293 BRIDGE STREET, STE. 500
c. City/Town: SPRINGFIELD	d. Zip Code: 01103
e. Telephone Number (area code and extension): 413-788-6222	

ANF001100202

10345 (2nd)

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100116154
Decal Number

B. Facility Description (cont.)

5. N/A
a. Name of General Contractor

b. Address

c. City/Town

d. Zip Code

e. Telephone Number (area code and extension)

f. Contractor's Worker's Comp. Insurer

g. Policy Number

h. Exp. Date (mm/dd/yyyy)

6. What is the size of this facility?

18,000
a. Square Feet

1
b. Number of floors

C. Asbestos Transportation and Disposal

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

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

ABIDE, INC.
a. Name of Transporter

P.O. BOX 886
b. Address

EAST LONGMEADOW
c. City/Town

01028
d. Zip Code

4135250644
e. Telephone Number

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

TRANSWASTE, INC.
a. Name of Transporter

173 PICKERING STREET
b. Address

PORTLAND, CT
c. City/Town

06480
d. Zip Code

8603421220
e. Telephone Number

3. N/A
a. Refuse Transfer Station and Owner

b. Address

c. City/Town

d. Zip Code

e. Telephone Number

4. BFI IMPERIAL LANDFILL
a. Final Disposal Site Location Name

b. Final Disposal Site Location Owner's Name

PO BOX 47-11 BOGGS ROAD
c. Final Disposal Site Address

IMPERIAL
d. City/Town

PA
e. State

15126
f. Zip Code

g. Telephone Number

D. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI
a. Name

Maria Tilli
b. Authorized Signature

PRESIDENT
c. Position/Title

11/5/2010
d. Date (mm/dd/yyyy)

4135250644
e. Telephone Number

ABIDE, INC.
f. Representing

P.O. BOX 886
g. Address

EAST LONGMEADOW
h. City/Town

01028
i. Zip Code

Original. 347433
Rev. #1: 355771. Change end date to 1/14/11.
Rev. #2: 358212 - Offsite 1/3-1/7/11.
Rev. #3: 359725. Onsite 1/7/11, 12pm-3pm.
Rev. #4: 359825. Offsite 1/10/11.
Rev. #5: 360163 - Offsite 1/11/11.
Rev. #6. 360176 - Offsite 1/12/11
Rev. #7: 360594 - Change end date to 1/19/11.

ANF001100200 3

1345

1345

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100116154
Decal Number

Rev. # 1
Mod # 2
Trans id: 355771

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

tab

return

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

12/6/2010
1. Original Start Date (mm/dd/yyyy)

12/24/2010
2. Original End Date (mm/dd/yyyy)

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

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

D. Revised Project Dates

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

1/14/2011
2. Revised End Date Date (mm/dd/yyyy)

E. Other Project Revisions

F. Revision History

Rev. #1

'0345

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

100116154
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	12/16/2010 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW, MA 7. City/Town	01028 8. Zip Code

10345
2nd Notification

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100116154
Decal Number

Rev. #2. 358.212

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

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

12/6/2010
1. Original Start Date (mm/dd/yyyy)

12/24/2010
2. Original End Date (mm/dd/yyyy)

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

1/14/2011
4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

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

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

E. Other Project Revisions

OFFSITE 1/3/11-1/7/11

F. Revision History

EDEP: 12/16/2010 01:01:10 PM

10345
and Notification

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

100116154
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	12/31/2010 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW 7. City/Town	01028 8. Zip Code

Rev #2

10345

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100116154
Decal Number

Rev. # 3. 359725

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

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

12/6/2010
1. Original Start Date (mm/dd/yyyy)

12/24/2010
2. Original End Date (mm/dd/yyyy)

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

1/14/2011
4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

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

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

E. Other Project Revisions

ONSITE 1/7/11, 12PM-3PM

F. Revision History

EDEP: 12/16/2010 01:01:10 PM EDEP: 12/31/2010 12:00:49 PM OTHERPROREV: OFFSITE 1/3/11-1/7/11

10345

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

100116154
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	1/7/2011 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW 7. City/Town	01028 8. Zip Code

Rev #3

10345
2nd Not.

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100116154
Decal Number

Rev. #4 359825

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

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

12/6/2010
1. Original Start Date (mm/dd/yyyy)

12/24/2010
2. Original End Date (mm/dd/yyyy)

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

1/14/2011
4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

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

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

E. Other Project Revisions

OFFSITE 1/10/11.

F. Revision History

EDEP: 12/16/2010 01:01:10 PM EDEP: 12/31/2010 12:00:49 PM OTHERPROREV: OFFSITE 1/3/11-1/7/11 EDEP: 01/07/2011 04:39:50 PM OTHERPROREV: ONSITE 1/7/11, 12PM-3PM

10345
and Not.

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

100116154
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	1/10/2011 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW 7. City/Town	01028 8. Zip Code

Rev. #4

10345 did Not.

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100116154
Decal Number

Rev #5 360103

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

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

12/6/2010
1. Original Start Date (mm/dd/yyyy)

12/24/2010
2. Original End Date (mm/dd/yyyy)

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

1/14/2011
4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

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

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

E. Other Project Revisions

OFFSITE 1/11/11

F. Revision History

EDEP: 12/16/2010 01:01:10 PM EDEP: 12/31/2010 12:00:49 PM OTHERPROREV: OFFSITE 1/3/11-1/7/11 EDEP: 01/07/2011 04:39:50 PM OTHERPROREV: ONSITE 1/7/11, 12PM-3PM EDEP: 01/10/2011 10:30:29 AM OTHERPROREV: OFFSITE 1/10/11.

10345
and Dot

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

100116154
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	1/11/2011 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW 7. City/Town	01028 8. Zip Code

Rev #5

10345
2nd Not.

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100116154
Decal Number
Rev. #6: 360176

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

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

12/6/2010
1. Original Start Date (mm/dd/yyyy)

12/24/2010
2. Original End Date (mm/dd/yyyy)

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

1/14/2011
4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

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

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

E. Other Project Revisions

OFFSITE 1/12/11

F. Revision History

EDEP: 12/16/2010 01:01:10 PM EDEP: 12/31/2010 12:00:49 PM OTHERPROREV: OFFSITE 1/3/11-1/7/11 EDEP: 01/07/2011 04:39:50 PM OTHERPROREV: ONSITE 1/7/11, 12PM-3PM EDEP: 01/10/2011 10:30:29 AM OTHERPROREV: OFFSITE 1/10/11. EDEP: 01/11/2011 11:30:41 AM OTHERPROREV: OFFSITE 1/11/11

10345 2nd Not.

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

100116154
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	1/11/2011 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW 7. City/Town	01028 8. Zip Code

Rev. #6

10345
2nd Not.

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100116154
Decal Number

Rev #7: 360594

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

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

12/6/2010
1. Original Start Date (mm/dd/yyyy)

12/24/2010
2. Original End Date (mm/dd/yyyy)

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

1/14/2011
4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

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

1/19/2011
2. Revised End Date Date (mm/dd/yyyy)

E. Other Project Revisions

F. Revision History

EDEP: 12/16/2010 01:01:10 PM EDEP: 12/31/2010 12:00:49 PM OTHERPROREV: OFFSITE 1/3/11-1/7/11 EDEP: 01/07/2011 04:39:50 PM OTHERPROREV: ONSITE 1/7/11, 12PM-3PM EDEP: 01/10/2011 10:30:29 AM OTHERPROREV: OFFSITE 1/10/11. EDEP: 01/11/2011 11:30:41 AM OTHERPROREV: OFFSITE 1/11/11 EDEP: 01/11/2011 02:00:31 PM OTHERPROREV: OFFSITE 1/12/11

10345
2nd Not.

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

100116154
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	1/13/2011 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW 7. City/Town	01028 8. Zip Code

Rev. #7

371162

159037

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

E.P.A. AGENCY

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

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

EMERGENCY RESPONSE TELEPHONE
#1-800-750-3460

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 10345 P.O. # _____
Contractor Abide, Inc.
Address P.O. Box 8816
City East Longmeadow State MA Zip 01028
Telephone Number 413-525-0644
Date Container Del. _____ Date of Pickup _____
Type of Container 100CY
VOLUME 2.5 CY Friable ☒ Non-Friable ☐
MUST BE IN CUBIC YARDS
Bag ☒ 20 Drum ☐ Wrapped ☒ 4 Other ☒
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
Oldon Limited Partnership
Address 19 Wemelco Way
City Easthampton, MA State 01027 Zip
Phone Number 413-788-6222

GENERATING LOCATION
Former Zonolite Building
Address Same as above
City State Zip
Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.
Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE _____

Transporter 1: Abide, Inc. (Name) 483 Shaker Rd., East Longmeadow, MA 01028 (Address) 413-525-0644 (Telephone #)
Driver: _____ (Signature) Registration #: MA/N18-393 (State / #) Date: 12/9/10
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: _____ (Signature) Registration #: 39969 CT (State / #) Date: 12/15/10
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
(Name) (Address) (Telephone #)
Driver: _____ (Signature) Registration #: _____ (State / #) Date: _____
Acknowledgement of receipt of materials.

Site ☐: Modern Landfill	Site ☒: BFI Imperial Landfill	Site ☐: Hakes Landfill	Site ☐:
Address: 4400 Mount Pisgah Rd.	Address: 11 Boggs Road	Address: 4376 Manning Ridge Rd.	Address:
York, PA 17402	Imperial, PA 15126	Painted Post, NY 14870	
Phone: 717-246-4615	Phone: 724-695-0900/L15Y75028	Phone: 607-937-6044	Phone:

Certification of receipt of materials covered by this manifest.
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature _____ Receipt Date 12/22/10

COPY 1 - GENERATOR

371762

159038

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

E.P.A. AGENCY

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

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

EMERGENCY RESPONSE TELEPHONE
#1-800-750-3460

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 10345 P.O. #
Contractor Abide, Inc.
Address P.O. Box 886
City East Longmeadow State MA Zip 01028
Telephone Number 413-525-0644
Date Container Del. Date of Pickup
Type of Container 100 CY
VOLUME 4.0 **CY** Friable ☒ Non-Friable ☐
MUST BE IN CUBIC YARDS
Bag ☒ 40 Drum ☐ Wrapped ☐ Other ☐
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
Oldon Limited Partnership
Address 19 Wemelco Way
City Easthampton, MA State 01027 Zip
Phone Number 413-788-6222

GENERATING LOCATION
Former Zonolite Building
Address Same as above
City State Zip
Phone Number

certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150
Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE

Transporter 1: Abide, Inc. 483 Shaker Rd., East Longmeadow, MA 01028 413-525-0644
Name Address Telephone #
Driver: Signature Registration #: MA/N18-393 State / # Date: 12/10/10
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: Signature Registration #: 39969ACT State / # Date: 12/15/10
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #
Driver: Signature Registration #: State / # Date:
Acknowledgement of receipt of materials.

Site ☐:	Modern Landfill	Site ☒:	BFI Imperial Landfill	Site ☐:	Hakes Landfill	Site ☐:	
Address:	4400 Mount Pisgah Rd.	Address:	11 Boggs Road	Address:	4376 Manning Ridge Rd.	Address:	
	York, PA 17402		Imperial, PA 15126		Painted Post, NY 14870		
Phone:	717-246-4615	Phone:	724-695-0900/L15Y75028	Phone:	607-937-6044	Phone:	

583 10 0665

Certification of receipt of materials covered by this manifest.

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

Name of Authorized Agent Signature Receipt Date 12/22/10

COPY 1 - GENERATOR

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

E.P.A. AGENCY

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

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

159206

EMERGENCY RESPONSE TELEPHONE
#1-800-750-3460

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 10345 P.O. # _____
Contractor Abide, Inc.
Address P.O. Box 886
City East Longmeadow State MA Zip 01028
Telephone Number 413-525-0644
Date Container Del. _____ Date of Pickup _____
Type of Container 100 cy
VOLUME 8.5 **CY** Friable ☒ Non-Friable ☒
MUST BE IN CUBIC YARDS
Bag ☒ 107 Drum ☐ Wrapped ☒ 4 Other ☐
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
Oldon Limited Partnership
Address 19 Wehmelco Way
City Easthampton State MA Zip 01027
Phone Number 413-788-6222

GENERATING LOCATION
Former Zonolite Building
Address Same as above
City State Zip
Phone Number

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

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE Fred Lafortune

Transporter 1: Abide, Inc., 483 Shaker Rd., East Longmeadow, MA 01028 413-525-0644
Name Address Telephone #
Driver: Fred Lafortune Signature Registration #: MA / N18393 State / # Date: 12-16-2010
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: D. Williams Signature Registration #: 399699A CT State / # Date: 1/14/11
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #
Driver: _____ Signature Registration #: _____ State / # Date: _____
Acknowledgement of receipt of materials.

Site ☐: **Modern Landfill**	Site ☑: **BFI Imperial Landfill**	Site ☐: **Hakes Landfill**	Site ☐:
Address: **4400 Mount Pisgah Rd.**	Address: **11 Boggs Road**	Address: **4376 Manning Ridge Rd.**	Address:
York, PA 17402	**Imperial, PA 15126**	**Painted Post, NY 14870**	
Phone: **717-246-4615**	Phone: **724-695-0900/L15Y75028**	Phone: **607-937-6044**	Phone:

Certification of receipt of materials covered by this manifest.

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

Name of Authorized Agent _____ Signature _____ Receipt Date 1/8/11

COPY 1 - GENERATOR

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

E.P.A. AGENCY

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

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

159207

EMERGENCY RESPONSE TELEPHONE
#1-800-750-3460

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 10345 P.O. # _____
Contractor Abide, Inc.
Address P.O. Box 886
City East Longmeadow State MA Zip 01028
Telephone Number 413-525-0644
Date Container Del. _____ Date of Pickup _____
Type of Container 100 cy
VOLUME 3.0 CY Friable ☒ Non-Friable ☒
MUST BE IN CUBIC YARDS
Bag ☐ Drum ☐ Wrapped ☒ 3 ← Other ☒
RQ, ASBESTOS, 9, NA2212, PG III gaylord Boxes

GENERATOR/BUILDING OWNER
Oldon Limited Partnership
Address 19 Wemelco Way
City Easthampton State MA Zip 01027
Phone Number 413-788-6222

GENERATING LOCATION
Former Zonolite Building
Address same as above
City State Zip
Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.
Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE Fred Lafortune

Transporter 1: Abide, Inc; 483 Shaker Rd; East Longmeadow, MA 01028 413-525-0644
Name Address Telephone #
Driver: Fred Lafortune Registration #: MA / N18393 Date: 12-30-2016
Signature State / #
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: D. Williams Registration #: 399669A CT Date: 1/16/11
Signature State / #
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #
Driver: _____ Registration #: _____ Date: _____
Signature State / #
Acknowledgement of receipt of materials.

Site ☐: Modern Landfill	Site ☑: BFI Imperial Landfill	Site ☐: Hakes Landfill	Site ☐:
Address: 4400 Mount Pisgah Rd.	Address: 11 Boggs Road	Address: 4376 Manning Ridge Rd.	Address.
York, PA 17402	Imperial, PA 15126	Painted Post, NY 14870	
Phone: 717-246-4615	Phone: 724-695-0900/L15Y75028	Phone: 607-937-6044	Phone:

Certification of receipt of materials covered by this manifest.
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature _____ Receipt Date 1/18/11

COPY 1 - GENERATOR

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

E.P.A. AGENCY

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

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

159042

EMERGENCY RESPONSE TELEPHONE
#1-800-750-3460

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 10345 P.O. #
Contractor Abide, Inc.
Address P.O. Box 886
City East Longmeadow State MA Zip 01028
Telephone Number 413-525-0644
Date Container Del. Date of Pickup
Type of Container 100 cy
VOLUME 2.0 CY Friable ☒ Non-Friable ☒
MUST BE IN CUBIC YARDS
Bag ☐ Drum ☐ Wrapped ☒ 2 Gaylords Other ☒
RQ, ASBESTOS, 9, NA2212, PG-III

GENERATOR/BUILDING OWNER
Oldon Limited Partnership
Address 19 Wemelco Way
City Easthampton, State MA Zip 01027
Phone Number 413-788-6222

GENERATING LOCATION
Former Zonolite Building
Address
City State Zip
Phone Number
(same as above)

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.
Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE

Transporter 1: Abide, Inc, 483 Shaker Rd; East Longmeadow, MA 01028 413-525-0644
Name Address Telephone #
Driver: Signature Registration #: MA / N18-393 State / # Date: 12-21-2010
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: D. Williams Signature Registration #: 399469A CT State / # Date: 1/14/11
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #
Driver: Signature Registration #: State / # Date:
Acknowledgement of receipt of materials.

Site ☐: Modern Landfill	Site ☒: BFI Imperial Landfill	Site ☐: Hakes Landfill	Site ☐:
Address: 4400 Mount Pisgah Rd.	Address: 11 Boggs Road	Address: 4376 Manning Ridge Rd.	Address:
York, PA 17402	Imperial, PA 15126	Painted Post, NY 14870	
Phone: 717-246-4615	Phone: 724-695-0900/L15Y75028	Phone: 607-937-6044	Phone:

Certification of receipt of materials covered by this manifest.
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent Signature Receipt Date 1/8/11

COPY 1 GENERATOR

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

E.P.A. AGENCY

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

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

159045

EMERGENCY RESPONSE TELEPHONE
#1-800-750-3460

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 10345 P.O. # _____
Contractor Abide, Inc.
Address P.O. Box 886
City East Longmeadow State MA Zip 01028
Telephone Number 413-525-0644
Date Container Del. _____ Date of Pickup _____
Type of Container 100 cy
VOLUME 3.0 CY Friable ☒ Non-Friable ☒
MUST BE IN CUBIC YARDS
Bag ☐ Drum ☐ Wrapped ☒ Other ☒
RQ, ASBESTOS, 9, NA2212, PG III 3 gaylords

GENERATOR/BUILDING OWNER
Olden Limited Partnership
Address 19 Wemelco Way
City Easthampton, MA State Zip 01027
Phone Number 413-788-6222

GENERATING LOCATION
Former Zonolite Building
Address
City (Same as above) State Zip
Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.
Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE _____

Transporter 1: Abide, Inc., 483 Shaker Rd; East Longmeadow, MA 01028 413-525-0644
Name Address Telephone #
Driver: _____ Registration #: MA / N18393 Date: 12-22-10
Signature State / #
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: D. Williams Registration #: 399604 A CT Date: 1/14/11
Signature State / #
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #
Driver: _____ Registration #: _____ Date: _____
Signature State / #
Acknowledgement of receipt of materials.

Site ☐: Modern Landfill	Site ☒: BFI Imperial Landfill	Site ☐: Hakes Landfill	Site ☐:
Address: 4400 Mount Pisgah Rd.	Address: 11 Boggs Road	Address: 4376 Manning Ridge Rd.	Address:
York, PA 17402	Imperial, PA 15126	Painted Post, NY 14870	
Phone: 717-246-4615	Phone: 724-695-0900/L15Y75028	Phone: 607-937-6044	Phone:

Certification of receipt of materials covered by this manifest.

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

Name of Authorized Agent _____ Signature _____ Receipt Date 1/8/11

COPY 1 - GENERATOR

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: FRED LaFortune

JOB #: 10345

JOB NAME: O'Reilly, Talbot + Okun Assoc.

DATE: 12-6-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
Fred LaFortune	FRED LaFORTUNE	AS070546	7:00		3:30
Fred Schnitzke	Fred Schnitzke	AS000085	7:00		3:30
Charles Bushell	CHARLES BUSHELL	AW003701	7:00		3:30
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

7:00 Crew on site
Crew meets with Chris walk through work area
crew unloads truck with supplys and equip. Crew starts to prep office area.
12:00 Lunch
12:30 Crew starts to wipe down office area. last generator won't start getting power from outside. Temp. power for lights + Neg Air power keeps tripping.
3:00 Area has been wiped down. will Vac in the morning with new generator for power.
3:30 Crew off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: FRED LaFontaine

JOB #: 10345

JOB NAME: O.T.O.

DATE: 12-7-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	FRED LaFontaine	A5005546	7:00 / 1:30		10:00 / 3:30
	CHARLES BUSHER	AW00330	7:00		3:30
	FRED Schutte	A5000085	7:00		3:30
	Greg Lindsey	A5000073	11:24	inspection	2:30
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

7:00 Crew on site
Unload water tanks + generator
7:20 Crew cleans in to Vac work area
9:00 Chris from OTO on site for visual. working up on loft starting to prep that area
9:00 OTO finish with visual area needs more work. Crew back inside reclearing
10:00 Supervisor off site workers continue to clean
12:00 - 10:30 Lunch
1:30 Supervisor Returns. Area still not clean enough for OTO. Greg Lindsey on site for inspection

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred LaFontaine

JOB #: 10345

JOB NAME: OTO.

DATE: 12-8-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	Fred LaFontaine	A S020546	7:00		2:00
	D Bourbeau	A S72770	7:00		2:00
	F. Schmitzke	A S000065	7:00		2:00
	CHARLES BUSHELL	A W003701	7:00		2:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A		Off site to Noble	

upervisor's Notes

7:00 Crew on site
Crew unloads truck Water tanks & Generator
No measurement about office area crew continues to prep loft.
12:00 - 12:30 lunch
12:30 Supervisor gets call from Chris Cooper. Supervisor and one worker needs to go to Noble Hospital for emergency job.
1:45 Crew loads truck Generator & Water Tanks
2:00 Off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred Latortune

JOB #: 10345

JOB NAME: O.T.O.

DATE: 12-9-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[signature]	Fred Latortune	A5020546	8:30	On site from Noble	2:30
R. Harris	R. Harris	A512543	8:30 Am		"
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

8:30 On site

Crew on site. Crew came from Noble Hospital finish setting up putting down in place running water tools equip. etc.

Crew starts load truck with waste from BGL and carpet from office work area

2:30 Prep completed ready for morning

Crew loads truck with generator

2:30 Off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred Lafontaine

JOB #: 10345

JOB NAME: O.T.O.

DATE: 12-10-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[illegible]	F. Lafontaine	A30705 46	7:00		3:00
[illegible]	D Bourbeau	A 572770	7:00		
[illegible]	P. Britz	A 572290	7:00		
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

7:00 Crew on site
7:00 Crew starts removing floor panels to get at ACM
Start removing ACM
11:00 Talked with Chris Structure when we take up the plywood at the exterior wall you can see outside the top of the wall downstairs. Chris will talk with Bob K. to see about demoing from downstairs. Crew continues to remove ACM
3:00 No work from Bob K. about the demo Crew off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: FRED LaFontaine

JOB #: 10345

JOB NAME: O.T.O.

DATE: 12-13-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[illegible]	FRED LaFontaine	A5070546	7:00		3:30
[illegible]	Fred Schmidt	A5000885	7		4:30
[illegible]	D. McCorison	A5074287	7		
[illegible]	J Bourbeau	A572770	7:00		
[illegible]	CHARLES BUSHELL	AW003301	7		
[illegible]	John LaBoucan	A570612	8:00		3:30
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

9:00 Crew on site
Crew suits up start removing plywood floor.
9:15 Break
9:15 Crew returns to work John LaBoucan on site
John does criticals in main area

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred LaFontaine

JOB #: 10345

JOB NAME: OTO

DATE: ~~12-11-10~~ 12-14-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	FRED LaFontaine	A S070546	7:00		3:30
	Fred Schultz	A S000085	7:00		
	Devin McCorison	A S074287	7:00		
	CHARLES Bushelle	A W003301	7:00		
	John LaDouceur	A S70612	7:00		
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

7:00 Crew on site

Crew sign in Supervisor inspect containment + has safty meeting with the crew.

8:00 Electrition on site to hook up temp power from outside pole

9:00 Power hooked up no more running generator - Crew takes break

9:15 Lifts on site. Crew returns to work

10:00 Greg Linsday on site with carbon Monoxide alarms

10:30 Greg off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred LaFontaine

JOB #: 10345

JOB NAME: O.T.O.

DATE: 12-15-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	Fred LaFontaine	AS070546	7:00		2:15
	J Bourbeau	AS72270	7:00		
	F. Schnitzke	AS000085	7		
	D. McCorison	AS074287	7		
	CHARLES BUSHEE	AW003301	7:00		
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

7:00 Crew on site
Crew signs in at trailer
7:10 Crew meets at work area, Supervisor inspects containment and has Safty meeting. Crew suits up and starts work.
9:00 - 9:20 Break
9:20 Crew returns, LaFontaine + two workers bag out. Schnitzke + Bourbeau start to fine clean kitchen area.
10:00 Bag out completed all workers fine clean

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: FRED LaFortune

JOB #: 10345

JOB NAME: OTO

DATE: 12-16-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[signature]	FRED LaFortune	AS020546	7:00		3:30
[signature]	D Bourbeau	AS72770	7:00		
[signature]	F. Schnitzke	AS000085	7:00		
[signature]	D. McGovern	AS074287	7		
[signature]	CHARLES BUSHELL	AW00339	7		
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

7:00 Crew on site
Safty was about respiratore. LaFortune checks containment
Crew double suit and continues to fine clean.
9:00 Chris Streeter on site for visual. The crew will take a late Break
9:45 Chris finishes with Visual. Crew comes out for break.
10:30 McGovern + Bushell return to containment to decon out equip not needed + pass out to Bourbeau. Schnitzke hangs criticals at north end
11:00 Crew is at north end pre cleaning

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred Lafortune

JOB #: 10345

JOB NAME: O.T.O.

DATE: 12-17-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	FRED LaFORTUNE	A5070546	7:00		3:00
	Devin McCarison	A 5074287	7		
	D Bourbeau	A 572770	7:00		
	F. Schnitzler	A 5000085	7:00		
	CHARLES BUSHELL	A W003301	7:00		
		A			
		A			
		A			
		A			
		A			
		A			
		A		Wet Wipe	
		A			

upervisor's Notes

7:00 Crew on site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: FRED LaFontaine

JOB #: 10345

JOB NAME: OTO

DATE: 12-20-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[signature]	FRED LaFontaine	A5070546	7:00		3:30
John LaBonceur	John LaBonceur	A570612	7:00		
Charles Bushell	CHARLES BUSHELL	A W00332	7:00		
Pete Baby	Peter Baby	A572290	7:00		
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

7:00 Crew on site
Crew sets up lights + lifts to start remedial clean in the warehouse area.
7:30 Pete + Charles start at northend lower level. John starts at upper level in bay #3
9:00 - 9:10 Break
9:14 Crew continues to clean warehouse
12:00 - 12:30 Lunch

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred LaFontaine

JOB #: 10345

JOB NAME: OTO

DATE: 12-21-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[signature]	Fred LaFontaine	A 5070546	7:00		3:00
[signature]	CHARLES BUSHEE	A W00 3301	7:00		
[signature]	Peter Burby	A 572240	7:00		↓
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

7:00 Crew on site
Crew continues to wet wipe lower level north end.
LaFontaine wet wiping west side north end
9:00 9:15 Break
9:15 Crew continues to wet wipe
2:45 Crew cleans up put lift on charge
3:00 Crew off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred Lafontaine

JOB #: 10345

JOB NAME: OTO

DATE: 12-22-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	Fred Lafontaine	A S020546	7:00		3:30
	John LaDouceur	A S70612	7:00		
	Charles Bushed	A W003301	7:00		
	D Bourbeau	A S72270	7:00		
	D. McCarrison	A S074287	7		
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

7:00 Crew on site
Have a quick talk with crew about cleaning
Crew starts to wetwipe & workers in lower level
& Workers in upper level
9:00 Break
9:15 Crews continue to wipe & hepa vac.
12:00 12:30 Lunch
12:30 3:30 Continue to wet wipe & Hepa Vac

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred Lafortune

JOB #: 10345

JOB NAME: OTO

DATE: 12-23-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	Fred Lafortune	A5070546	700		300
	D Bourbeau	A572770	7:00		
	Dein McCorison	A5074287	7		
	CHARLES BUSHKA	A W003301	700		
	John LaDouceur	A570612	700		
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

700 Crew on site
Crew continues to clean main warehouse area
900 9:15 Break
9:15 Continue to wet wipe + clean
300 Crew off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred LaFortune

JOB #: 10345

JOB NAME: OTO

DATE: 12-24-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
Fred LaFortune	FRED LaFORTUNE	AS070546	7:00		11:00
D Bourbeau	D Bourbeau	A 572770	7:00		
John Laboucevr	John LaBoucevr	AS70612	7:00	Received Papers New Policy	
Dennis McCoison	D. McCoison	AS074287	7		
Divine Hulland	DIVINE HULLAND	A 5041754	7		
Charles Bushell	Charles Bushell	AW003301	7:00	New Policy Reviewed Papers	11:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

7:00 Crew on site
Holland + Bourbeau Vac. floor
LaBoucevr, Bushell + McCoison wet wipe lower level
9:00 9:15 Break
9:15 Crew continue to clean
11:00 Crew off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: FRED LaFontaine

JOB #: 10345

JOB NAME: Former Zonolite Bldg.

DATE: 12-27-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	FRED LaFontaine	A5070546	9:00		3:00
	John LaBonceur	A5 70612	9:00		3:00
	D. BUTTS	A5073674	9:00		3:00
	CHARLES BUSHELL	AW00330	9		3:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

9:00 Crew on site
Crew got a late start today due to bad weather
Butts working in lower area trying to finish
Charles and John continue to wet wipe I beams
10:00 ~ 10:15 Break
12:15 Continue to clean north end. Checked with Chris Streetter about office area. No word yet.
3:00 Crew off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: FRED LaFontaine

JOB #: 10345

JOB NAME: Former Zonolite Bldg.

DATE: 12-28-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[signature]	FRED LaFontaine	AS020546	9:00		11:00
Fred Schmitke	Fred Schmitke	AS000085	7:00		3:00
Charles Bushell	CHARLES BUSHELL	AW003301	7:00		3:00
John LaDouceur	John LaDouceur	AS70612	8:00		3:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

7:00 Crew on site
Crew continues to wet wipe + Hepa Vac North end
8:00 John LaDouceur on site
9:00 9:15 Break
9:15

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

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Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred LaFortune

JOB #: 10345

JOB NAME: Former Zonolite Bldg.

DATE: 12-27-10

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	Fred LaFortune	A5070546	7:00		3:00
	F. Schwarzke	A5000085	7:00		3:00
	CHARLES BUSHELL	AW003301	7:00		3:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
	J. Reesley	AS72259	7:15		2:00
		A			

upervisor's Notes

7:00 Crew on site
7:00 Crew continues to fine clean

Dumpster droped off / Called for scissor lift to be picked up
16140861

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

UPERVISOR'S NAME: Fred LaFortune

JOB NAME: Former Zonolite Bldg.

JOB #: 10345

DATE: 12-30-10

GNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[signature]	Fred LaFortune	A50705466	7:00	finish Cleaning load Dumpster	3:00
[signature]	Fred Schmitek	A50000085	7:00		3:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

'pervisor's Notes

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Chris Cooper

JOB #: 10345

JOB NAME: OTO - Former Zonolite Building

DATE: 1/7/11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
Chris Cy	C. COOPEE	A S702 47	8:00	Check containments site secure	9:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

SUPERVISOR'S NAME: Fred LaFontaine

Form 2A

JOB NAME: Former Zonolite Building

JOB #: 10345

DATE: 1-13-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[illegible]	Fred LaFontaine	A50705416	11:00	Drop off equip	1:00
[illegible]	Peter Bunty	A572240	11:00		1:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

11:00 On site
Mobilize equip.
1:00 Off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: FRED LaFortune

JOB NAME: Former Zonolite Building

JOB #: 10345

DATE: 1-14-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[signature]	FRED LaFortune	A 50705-46	7:00		1:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

7:00 On site
Prep area for monday morning start
1:00 Off site ready for monday

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: (FRED) LaFortune

JOB NAME: Former Zenolite Building

JOB #: 10348

DATE: 1-17-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
Fred LaFortune	FRED LaFortune	A5070546	7:00		3:00
Charles Bushell	CHARLES BUSHELL	A W003301	7:00		↓
Peter Burby	Peter Burby	A S72290	7:00		↓
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

7:00 Crew on site
Start taken molding + Trim work off take off all panelling
Start demo sheet rock walls + bag insulation
3:00 Crew off site

2

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

UPERVISOR'S NAME: Fred LaFontaine

JOB NAME: Farmer Zonolite Building

JOB #: 10345

DATE: 1-18-11

GNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[illegible]	Fred LaFontaine	AS070546	7:00		12:00
[illegible]	D Bourbeau	AS72776	7:00		
[illegible]	Peter Bubby	AS72290	7:00		
[illegible]	D. BUTTS	AS073674	7:00		
[illegible]	CHARLES BUSHELL	AW00330	7:00		
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

upervisor's Notes

7:00 Crew on site
Chris Coopee stops by to check up on job
Crew starts to pull panelyn off walls
12:00 Crew off site due to weather

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Chris Cooper

JOB #: 10345

JOB NAME: OTO - Former Zonolite Building

DATE: 1/19/11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
Chris Cooper	C. COOPER	AS70247	NOON	MEET w/ Bob K. TO LOOK at extra work	2:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

Control No: 29256

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL SAFETY

19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114

ASBESTOS CONTRACTOR LICENSE

ABIDE, INC.
483 SHAKER ROAD P.O. BOX 886
EAST LONGMEADOW MA 01028

LICENSE: **AC000254** EXPIRES: **Monday, February 14, 2011**

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

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

Laura M. Marlin

LAURA M. MARLIN, COMMISSIONER

CERTIFICATE OF ACHIEVEMENT

This certifies that

Fred LaFortune

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide,
East Longmeadow, MA.

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

Principal Instructor

January 5, 2010
Date of Course

January 5, 2011
Expiration Date

Regional Manager

SAR-9345
Certificate Number

January 5, 2010
Examination Date

CERTIFICATE OF ACHIEVEMENT

This certifies that

Fred LaFortune

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

Gregory J. Moosch
Regional Manager

January 3, 2011
Date of Course

SAR-9859
Certificate Number

January 3, 2012
Expiration Date

January 3, 2011
Examination Date

Commonwealth of Massachusetts

Division of Occupational Safety

Heather E. Rowe, Acting Commissioner

Asbestos Supervisor

FREDERICK LAFORTUNE III

Eff. Date 05/25/10

Exp. Date 05/24/11

AS070546

Member of O.D.A.E.S.

SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Fred Schnitzke

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide,
East Longmeadow, MA.

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

Edward Kolodziej
Principal Instructor

Gregory J. Morsch
Regional Manager

January 5, 2010
Date of Course

SAR-9343
Certificate Number

January 5, 2011
Expiration Date

January 5, 2010
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Rowe, Acting Commissioner

Asbestos Supervisor

FREDERICK SCHNITZKE

Eff. Date 07/06/10
Exp. Date 07/05/11
AS000085
Member of C.O.N.E.S.
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies thatc

Charles Bushell

has successfully completed the

8 Hour Asbestos Worker/Handler Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

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

Gregory J. Morsch
Principal Instructor

Gregory J. Morsch
Regional Manager

March 24, 2010
Date of Course

WAR-5590
Certificate Number

March 24, 2011
Expiration Date

March 24, 2010
Examination Date

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

Asbestos Worker

CHARLES BUSHELL

Eff. Date 05/11/10
Exp. Date 05/10/11
AW003301
Member of C C N E S
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Greg Lindsay

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide,
East Longmeadow, MA.

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

Principal Instructor

Regional Manager

January 5, 2010
Date of Course

SAR-9338
Certificate Number

January 5, 2011
Expiration Date

January 5, 2010
Examination Date

Commonwealth of Massachusetts

Division of Occupational Safety

Laura M. Martin, Commissioner

Asbestos Supervisor

GREGORY A. LINDSAY

Eff. Date 04/13/10

Exp. Date 04/12/11

AS070173

Member of O.C.C.U.E.S.

SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Donald Bourbeau

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763
conducted by

Training held at Abide,
East Longmeadow, MA.

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

Principal Instructor

January 5, 2010
Date of Course

January 5, 2011
Expiration Date

Regional Manager

SAR-9348
Certificate Number

January 5, 2010
Examination Date

CERTIFICATE OF ACHIEVEMENT

This certifies that

Donald Bourbeau

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

Gregory J. Marsch
Regional Manager

January 3, 2011
Date of Course

SAR-9863
Certificate Number

January 3, 2012
Expiration Date

January 3, 2011
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Rowe, Acting Commissioner
Asbestos Supervisor

DONALD BOURBEAU

Eff. Date 06/01/10
Exp. Date 05/31/11
AS072770
Member of C C N E S
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Robert Harris

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide,
East Longmeadow, MA.

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

Edward Kolodziej
Principal Instructor

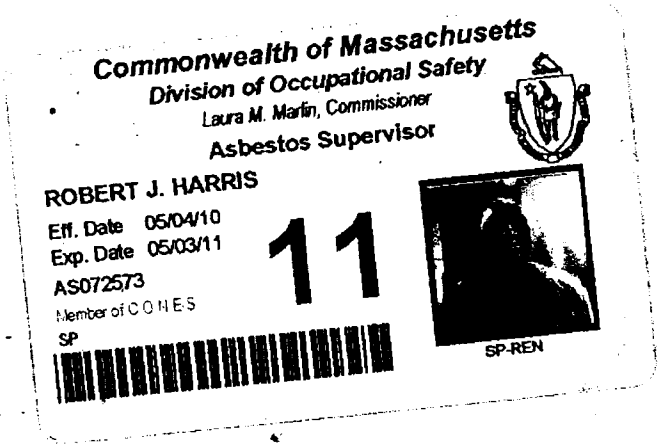
Gregory J. Morsch
Regional Manager

January 5, 2010
Date of Course

SAR-9339
Certificate Number

January 5, 2011
Expiration Date

January 5, 2010
Examination Date



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

ROBERT J. HARRIS
Eff. Date 05/04/10
Exp. Date 05/03/11
AS072573
Member of C O N E S
SP

11

SP-REN

This is to certify that

Peter Burby

has attended and passed the examination for the course

Asbestos Supervisor/Contractor Refresher

and has completed the requisite training for Asbestos Accreditation under TSCA Title II.

Conducted by

Environmental Compliance Services, Inc.

588 Silver Street
Agawam, MA 01001
(413) 789-3530
Visit us on the web at www.ECSConsult.com

Daniel Knapik, CET
Director of Training and Education Services

Hours of Training:	**8.0**
Date(s) of Training:	**February 17, 2010**
Expiration Date:	**February 17, 2011**
Certificate Number:	**80068.10.02-135**
Location:	**Agawam, MA**

CERTIFICATE OF ACHIEVEMENT

This certifies that

Peter Burby

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

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

Edward Kobolowski
Principal Instructor

Gregory J. Morach
Regional Manager

January 28, 2011
Date of Course

SAR-9948
Certificate Number

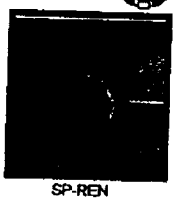
January 28, 2012
Expiration Date

January 28, 2011
Examination Date

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

PETER M. BURBY
Eff. Date 03/30/10
Exp. Date 03/29/11
AS072290
Member of C.O.N.E.S
SP

11



SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Devin McCorison

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide,
East Longmeadow, MA.

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

Principal Instructor

January 5, 2010
Date of Course

January 5, 2011
Expiration Date

Regional Manager

SAR-9342
Certificate Number

January 5, 2010
Examination Date

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

Asbestos Supervisor

DEVIN T. MCCORISON

Eff. Date 04/20/10
Exp. Date 04/19/11
AS074287
Member of DOLWES
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

John A. LaDouceur

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide,
East Longmeadow, MA.

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

Principal Instructor

Regional Manager

January 5, 2010
Date of Course

SAR-9349
Certificate Number

January 5, 2011
Expiration Date

January 5, 2010
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Rowe, Acting Commissioner
Asbestos Supervisor

JOHN LADOUCEUR

Eff. Date 07/27/10
Exp. Date 07/26/11
AS070612
Member of C.O.N.E.S.
SP

11

[redacted]

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Divine Holland

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

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

Marc Santiago
Principal Instructor

Gregory J. Morsch
Regional Manager

November 19, 2010
Date of Course

SAR-9796
Certificate Number

November 19, 2011
Expiration Date

November 19, 2010
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Rowe, Acting Commissioner

Asbestos Supervisor

DIVINE HOLLAND

Eff. Date 11/23/10
Exp. Date 11/22/11
AS001574
Member of C.O.N.E.S.
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Jashidi Pressley

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide,
East Longmeadow, MA.

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

Principal Instructor

January 5, 2010
Date of Course

January 5, 2011
Expiration Date

Regional Manager

SAR-9341
Certificate Number

January 5, 2010
Examination Date

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

Asbestos Supervisor

JASHIDI PRESSLEY

Eff. Date 03/30/10
Exp. Date 03/29/11
AS072259
Member of D.O.S.H.E.S
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Chris Coopee

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

Gregory J. Nowak
Regional Manager

January 3, 2011
Date of Course

SAR-9870
Certificate Number

January 3, 2012
Expiration Date

January 3, 2011
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Rowe, Acting Commissioner

Asbestos Supervisor

CHRISTOPHER J. COOPEE

Eff. Date 06/01/10
Exp. Date 05/31/11
AS070247
Member of C.O.N.E.S
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Dan Butts

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

Gregory J. Morsch
Regional Manager

January 3, 2011
Date of Course

SAR-9860
Certificate Number

January 3, 2012
Expiration Date

January 3, 2011
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Rowe, Acting Commissioner

Asbestos Supervisor

DAN BUTTS

Eff. Date 10/12/10
Exp. Date 10/11/11
AS073674
Member of C.O.N.E.S.
SP

11

[redacted]
SP-REN

abide
environmental contracting ▪ restoration ▪ bio-recovery

July 22, 2011

O'Reilly, Talbot & Okun Associates
Attn: Robert Kirchherr
293 Bridge Street, Ste. 500
Springfield, MA 01103

RE: **Documentation Report for Abide, Inc. Project #** 11028
Building Name: Former Zonolite Building, 19 Wemelco Way, Easthampton, MA
Abatement Date(s): 1/20 - 2/7/2011
Amount of Waste Generated (in Cubic Yards): 18.00 CY

Dear Mr. Kirchherr:

Enclosed please find the abatement documentation report for the above referenced project. This report includes all necessary documentation as required by applicable state and federal regulations.

This documentation report includes the original waste manifest(s) for this project. Please store these records in a safe place.

If you have any questions, or need any further information, please do not hesitate to contact our office. Thank you.

Sincerely,

Maria Tilli
JC

Maria Tilli
President
MT/JC

p.o. box 886 | east longmeadow, ma 01028 | phone 413.525.0644 | fax 413.525.0678 | www.abideinc.com
Abide, Inc. is SOMWBA certified by the Commonwealth of Massachusetts, Department of Business and Technology.

11028

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

11028
100119212 #85.a
Decal Number
TRACKS ID #359738
Rev.#1: 362884
Rev#2: 362947
Rev.#3: 363287
Rev.#4: 364191

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

INSTRUCTIONS

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

A. Asbestos Abatement Description

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

   b. Provide blanket decal number if applicable: _____ Blanket Decal Number

2. Facility Location:

FORMER ZONOLITE BUILDING	19 WEMELCO WAY
a. Name of Facility	b. Street Address

Easthampton	MA	01027	4137886222
c. City/Town	d. State	e. Zip Code	f. Telephone Number

3. Worksite Location:

ZONOLITE;19 WEMELCO W	THRUOUT		SOUTH/NOR	OFFICE
a. Building Name/Building Location	b. Building #	c. Wing	d. Floor	e. Room

4. Is the facility occupied? ☐ Yes ☑ No

5. Asbestos Contractor:

ABIDE INC	483 SHAKER ROAD
a. Name	b. Address

EAST LONGMEADOW	01028	4135250644
c. City/Town	d. Zip Code	e. Telephone Number

AC000254	g. Contract Type: ☐ Written ☑ Verbal
f. DOS License Number	
ROBERT KIRCHHERR	PROJECT MANAGER
h. Facility Contact Person	i. Contact Person's Title

6. CHRISTOPHER J. COOPEE — a. Name of On-Site Supervisor/Foreman
   AS070247 — b. Supervisor/Foreman DOS Certification Number

7. TBA — a. Name of Project Monitor
   N/A — b. Project Monitor DOS Certification Number

8. TBA — a. Name of Asbestos Analytical Lab
   N/A — b. Asbestos Analytical Lab DOS Certification Number

9. 1/20/2011 offsite 1/28/11, 2/1-2/11 — a. Project Start Date (mm/dd/yyyy)
   ~~1/28/2011~~ ~~2/4/11~~ 2/7/11 — b. End Date (mm/dd/yyyy)
   7AM-5PM — c. Work hours Mon-Fri.
   d. Work hours Sat-Sun.

10. a. What type of project is this?

    ☑ Demolition ☑ Renovation
    ☐ Repair ☐ Other, please specify: _____ b. Describe

11. a. Check abatement procedures:

    ☐ Glove bag ☐ Encapsulation
    ☐ Enclosure ☐ Disposal only
    ☐ Cleanup ☐ Other, specify: _____ b. Describe
    ☑ Full containment

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

ANF001 10 02 001

11028

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100119212
Decal Number

A. Asbestos Abatement Description (cont.)

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

0		2000			
a. Total pipes or ducts (linear ft)		b. Total other surfaces (square ft)			
c. Boiler, breaching, duct, tank surface coatings	Lin. ft.	Sq. ft.	d. Insulating cement	Lin. ft.	Sq. ft.
e. Corrugated or layered paper pipe insulation	Lin. ft.	Sq. ft.	f. Trowel/Sprayer coatings	Lin. ft.	Sq. ft.
g. Spray-on fireproofing	Lin. ft.	Sq. ft.	h. Transite board, wall board	Lin. ft.	Sq. ft.
i. Cloths, woven fabrics	Lin. ft.	Sq. ft.	j. Other, please specify:	Lin. ft.	2000 Sq. ft.
k. Thermal, solid core pipe insulation	Lin. ft.	Sq. ft.	VAT/MSTC/VMCL l. Specify		

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

REMOTE AND/OR CONTIGUOUS THREE CHAMBER DECONTAMINATION UNIT WITH SHOWER

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

ACM ADEQUATELY WETTED, DOUBLE BAGGED, SEALED AND LABELED

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

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

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

B. Facility Description

1. Current or prior use of facility: FORMER WAREHOUSE

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

3.

OLDON LIMITED PARTNERSHIP a. Facility Owner Name		19 WEMELCO WAY b. Address
EASTHAMPTON, MA c. City/Town	01027 d. Zip Code	413-788-6222 e. Telephone Number (area code and extension)

4.

ROBERT KIRCHHERR, O'REILLY, TALBOT & a. Name of Facility Owner's On-Site Manager		293 BRIDGE ST; SUITE #500 b. On-Site Manager Address
SPRINGFIELD, MA c. City/Town	01103 d. Zip Code	413-788-6222 e. Telephone Number (area code and extension)

ANF001002

110278

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100119212
Decal Number

B. Facility Description (cont.)

5. N/A
a. Name of General Contractor

b. Address

c. City/Town

d. Zip Code

e. Telephone Number (area code and extension)

f. Contractor's Worker's Comp. Insurer

g. Policy Number

h. Exp. Date (mm/dd/yyyy)

6. What is the size of this facility?

18,000
a. Square Feet

1
b. Number of floors

C. Asbestos Transportation and Disposal

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

ABIDE, INC.
a. Name of Transporter

P.O. BOX 886
b. Address

EAST LONGMEADOW, MA
c. City/Town

01028
d. Zip Code

4135250644
e. Telephone Number

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

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

TRANSWASTE, INC.
a. Name of Transporter

173 PICKERING STREET
b. Address

PORTLAND, CT
c. City/Town

06480
d. Zip Code

2032698300
e. Telephone Number

3. N/A
a. Refuse Transfer Station and Owner

b. Address

c. City/Town

d. Zip Code

e. Telephone Number

4. BFI IMPERIAL LANDFILL
a. Final Disposal Site Location Name

b. Final Disposal Site Location Owner's Name

PO BOX 47-11 BOGGS ROAD
c. Final Disposal Site Address

IMPERIAL
d. City/Town

PA
e. State

15126
f. Zip Code

g. Telephone Number

D. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI
a. Name

Maria Tilli
b. Authorized Signature

PRESIDENT
c. Position/Title

1/7/2011
d. Date (mm/dd/yyyy)

4135250644
e. Telephone Number

ABIDE, INC.
f. Representing

P.O. BOX 886
g. Address

EAST LONGMEADOW, M
h. City/Town

01028
i. Zip Code

Original: 359738
Rev. #1: 362884 - Change end date to 2/9/11.
Rev. #2: 362947 Offsite 1/28/11.
Rev. #3: 363887 Offsite 2/1-2/2/11.
Rev. #4: 364191 - Change end date to 2/7/11.

ANF001100203

11028

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100119212
Decal Number

Rev.#1. 362224

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

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

1/20/2011
1. Original Start Date (mm/dd/yyyy)

1/28/2011
2. Original End Date (mm/dd/yyyy)

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

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

D. Revised Project Dates

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

2/4/2011
2. Revised End Date Date (mm/dd/yyyy)

E. Other Project Revisions

F. Revision History

11028

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

100119212
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	1/26/2011 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW 7. City/Town	01028 8. Zip Code

Rev. #1

11028

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100119212
Decal Number

Rev.#2: 362947

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

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

1/20/2011
1. Original Start Date (mm/dd/yyyy)

1/28/2011
2. Original End Date (mm/dd/yyyy)

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

2/4/2011
4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

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

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

E. Other Project Revisions

OFFSITE 1/28/11.

F. Revision History

EDEP: 01/26/2011 02:30:58 PM

11028

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

100119212
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	1/26/2011 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW 7. City/Town	01028 8. Zip Code

Rev. #2

11028

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100119212
Decal Number

Rev. #3 363287

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

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

1/20/2011
1. Original Start Date (mm/dd/yyyy)

1/28/2011
2. Original End Date (mm/dd/yyyy)

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

2/4/2011
4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

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

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

E. Other Project Revisions

OFFSITE 2/1-2/2/11

F. Revision History

EDEP: 01/26/2011 02:30:58 PM EDEP: 01/26/2011 04:01:11 PM OTHERPROREV: OFFSITE 1/28/11.

11028

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

100119212
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	2/1/2011 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW 7. City/Town	01028 8. Zip Code

Rev #3

11028

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

100119212
Decal Number

Rev. #4: 364191

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

INSTRUCTIONS

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

A. Facility Location

FORMER ZONOLITE BUILDING
1. Name of Facility

19 WEMELCO WAY
2. Street Address

EASTHAMPTON
3. City

MA
4. State

5. Zip Code

4137886222
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

1/20/2011
1. Original Start Date (mm/dd/yyyy)

1/28/2011
2. Original End Date (mm/dd/yyyy)

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

2/4/2011
4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

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

2/7/2011
2. Revised End Date Date (mm/dd/yyyy)

E. Other Project Revisions

F. Revision History

EDEP: 01/26/2011 02:30:58 PM EDEP: 01/26/2011 04:01:11 PM OTHERPROREV: OFFSITE 1/28/11. EDEP: 02/01/2011 12:00:43 PM OTHERPROREV: OFFSITE 2/1-2/2/11

11028

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

100119212
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

MARIA TILLI 1. Name	Maria Tilli Authorized Signature
PRESIDENT 2. Position/Title	2/3/2011 3. Date (mm/dd/yyyy)
ABIDE, INC. 4. Representing	4135250644 5. Telephone
P.O. BOX 886 6. Address	
EAST LONGMEADOW 7. City/Town	01028 8. Zip Code

Rev. #4

1035

159084

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

E.P.A. AGENCY

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

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

EMERGENCY RESPONSE TELEPHONE
#1-800-750-3460

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 11028 P.O. #
Contractor Abide, Inc.
Address P.O. Box 886
City East Longmeadow State MA Zip 01028
Telephone Number 413-525-0644
Date Container Del. Date of Pickup
Type of Container 100 cy
VOLUME 5.0 **CY** Friable ☒ Non-Friable ☒
MUST BE IN CUBIC YARDS
Bag ☒ 64 Drum ☐ Wrapped ☐ Other ☐
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
Oldon Limited Partnership
Address 19 Wemelco Way
City Easthampton, State MA Zip 01027
Phone Number 413-788-6222

GENERATING LOCATION
Address Former Zonolite Building 19 Wemelco Way
City Easthampton, State MA Zip
Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150
Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations

AUTHORIZED SIGNATURE

Transporter 1: Abide, Inc; 483 Shaker Rd; East Long., MA 01028 413-525-0644
Name Address Telephone #
Driver: Signature Registration #: MA / N18-393 Date: 1-21-2011
State / #
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: David Williams Signature Registration #: 39969A CT State / # Date: 2-18-11
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #
Driver: Signature Registration #: State / # Date:
Acknowledgement of receipt of materials.

Site ☐:	Modern Landfill	Site ☒:	BFI Imperial Landfill	Site ☐:	Hakes Landfill	Site ☐:	
Address:	4400 Mount Pisgah Rd.	Address:	11 Boggs Road	Address:	4376 Manning Ridge Rd.	Address:	
	York, PA 17402		Imperial, PA 15126		Painted Post, NY 14870		
Phone:	717-246-4615	Phone:	724-695-0900/L~~15Y75028~~ 508310 16458	Phone:	607-937-6044	Phone:	

Certification of receipt of materials covered by this manifest.

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

Name of Authorized Agent Signature Receipt Date

COPY 1 GENERATOR

1035

159088

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

E.P.A. AGENCY

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

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

EMERGENCY RESPONSE TELEPHONE
#1-800-750-3460

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 11028 P.O. # _____
Contractor Abide, Inc.
Address P.O. Box 886
City East Longmeadow State MA Zip 01028
Telephone Number 413-525-0644
Date Container Del. _____ Date of Pickup _____
Type of Container 100 cy
VOLUME 3.0 **CY** Friable ☒ Non-Friable ☒
MUST BE IN CUBIC YARDS
Bag ☒ 5 Drum ☒ 9 Wrapped ☐ Other ☐
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
Oldon Limited Partnership
Address 19 Wemelco Way
City Easthampton, State MA Zip 01027
Phone Number 413-788-6222

GENERATING LOCATION
Former Zonolite
Address 19 Wemelco Way
City Easthampton, State MA Zip
Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.
Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE _____

Transporter 1: Abide, Inc. (Name) 483 Shaker Rd. East Long. MA 01028 (Address) 413-525-0644 (Telephone #)
Driver: _____ (Signature) Registration #: MA / N18-393 (State / #) Date: 1-26-2011
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: David Williams (Signature) Registration #: 39969A CT (State / #) Date: 2/18/11
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #
Driver: _____ (Signature) Registration #: _____ (State / #) Date: _____
Acknowledgement of receipt of materials.

Site ☐:	Modern Landfill	Site ☒:	BFI Imperial Landfill	Site ☐:	Hakes Landfill	Site ☐:	
Address:	4400 Mount Pisgah Rd.	Address:	11 Boggs Road	Address:	4376 Manning Ridge Rd.	Address:	
	York, PA 17402		Imperial, PA 15126		Painted Post, NY 14870		
Phone:	717-246-4615	Phone:	724-695-0900/L15775028	Phone:	607-937-6044	Phone:	

5083101048

Certification of receipt of materials covered by this manifest.

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

Name of Authorized Agent _____ Signature _____ Receipt Date 2/8/11

COPY 1 - GENERATOR

1035

159091

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

E.P.A. AGENCY

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

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

EMERGENCY RESPONSE TELEPHONE
#1-800-750-3460

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 11028 P.O. #
Contractor Abide, Inc.
Address P.O. Box 886
City East Longmeadow State MA Zip 01028
Telephone Number 413-525-0644
Date Container Del. Date of Pickup
Type of Container 100 cy
VOLUME 3.5 **CY** Friable ☒ Non-Friable ☒
MUST BE IN CUBIC YARDS
Bag ☒ 31 Drum ☒ 2 Wrapped ☐ Other ☐
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
Oldon Limited Partnership
Address 19 Wemelco Way
City Easthampton, State MA Zip 01027
Phone Number 413-788-6222

GENERATING LOCATION
Address Former Zonolite Building
City same as above State Zip
Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.
Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE John LaBonceur

Transporter 1: Abide, Inc; 483 Shaker Rd; East Longmeadow, MA 01028 413-525-0644
Name Address Telephone #
Driver: John LaBonceur Registration #: MA / J99539 Date: 2-3-2011
Signature State / #
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: David Williams Registration #: 39969A CT Date: 2-18-11
Signature State / #
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #
Driver: Registration #: Date:
Signature State / #
Acknowledgement of receipt of materials.

Site ☐:	Modern Landfill	Site ☒:	BFI Imperial Landfill	Site ☐:	Hakes Landfill	Site ☐:	
Address:	4400 Mount Pisgah Rd.	Address:	11 Boggs Road	Address:	4376 Manning Ridge Rd.	Address:	
	York, PA 17402		Imperial, PA 15126		Painted Post, NY 14870		
Phone:	717-246-4615	Phone:	724-695-0900/L15Y75028	Phone:	607-937-6044	Phone:	

5083101448

Certification of receipt of materials covered by this manifest.

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

Name of Authorized Agent Signature Receipt Date 2/18/11

COPY 1 - GENERATOR

1035

159099

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

E.P.A. AGENCY

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

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

EMERGENCY RESPONSE TELEPHONE
#1-800-750-3460

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 11028 P.O. # _____
Contractor Abide, Inc.
Address P.O. Box 886
City East Longmeadow State MA Zip 01028
Telephone Number 413-525-0644
Date Container Del. _____ Date of Pickup _____
Type of Container 100 cy
VOLUME 6.5 **CY** Friable ☒ Non-Friable ☒
MUST BE IN CUBIC YARDS
Bag ☒ 55 Drum ☒ 7 Wrapped ☐ Other ☐
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
Oldon Limited Partnership
Address 19 Wemelco Way
City Easthampton, MA State Zip 01027
Phone Number 413-788-6222

GENERATING LOCATION
Former Zonolite Building
Address (same as above)
City State Zip
Phone Number

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150
Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE [signature]

Transporter 1: Abide, Inc. 483 Shaker Rd., East Longmeadow, MA 01028 413-525-0644
Name Address Telephone #
Driver: [signature] Registration #: MA / N18-393 Date: 2-7-2011
Signature State / #
Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Driver: David Williams Registration #: 39969 M CT Date: 2-18-11
Signature State / #
Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
Name Address Telephone #
Driver: _____ Registration #: _____ Date: _____
Signature State / #
Acknowledgement of receipt of materials.

Site ☐: Modern Landfill	Site ☒: BFI Imperial Landfill	Site ☐: Hakes Landfill	Site ☐:
Address: 4400 Mount Pisgah Rd.	Address: 11 Boggs Road	Address: 4376 Manning Ridge Rd.	Address:
York, PA 17402	Imperial, PA 15126	Painted Post, NY 14870	
Phone: 717-246-4615	Phone: 724-695-0900/L15Y75028 5083101048	Phone: 607-937-6044	Phone:

Certification of receipt of materials covered by this manifest.

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

Name of Authorized Agent [signature] Signature [signature] Receipt Date 2/8/11

COPY 1 - GENERATOR

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred LaFontaine

JOB #: 11028 ~~10345~~

JOB NAME: Former Zonolite Building

DATE: 1-20-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
Fred LaFontaine	FRED LAFONTAINE	A5070546	7:00		3:00
Peter Burley	PETER BURLEY	A572290	7:00		2:30
Charles Bushell	CHARLES BUSHELL	AW003301	7:00		3:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

7:00 Crew on site
Crew starts to demo ceilings + fiber glass
Line clean
3:00 Crew off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: FRED LaFORTUNE

JOB #: 11028

JOB NAME: Former Zonolite Building

DATE: 1-21-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	FRED LaFORTUNE	A5070546	8:00		3:00
	CHARLES BUSHELL	AW003301	8:00		
	Peter Burns	A572290	8:00		
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A		64 Bags	
		A			

Supervisor's Notes

8:00 Crew on site
8:02 Crew continues to demo walls + bag fiberglass
9:00 Break
9:15 Back to removing fiberglass
3:00 Crew bags out and start to final clean
3:00 Off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred LaFontaine

JOB #: 11028

JOB NAME: Former Zonolite

DATE: 1-24-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[signature]	Fred LaFontaine	A90 70546	7:00		3:00
[signature]	Peter Burby	A 572290	7:00		12:30
[signature]	CHARLES BUSHELL	A W003301	7:00		3:00
[signature]	D Bourbeau	A 572770	7:30		12:30
[signature]	John LaDouceur	A 570612	7:30		12:30
		A			
		A			
		A			
		A			
		A		START	
		A		Prep Floortile	
		A			
		A			

Supervisor's Notes

7:00 Crew on site
Crew fine cleans
7:30 John LaDouceur & Don Bourbeau on site.
Crew continues to fine clean
11:45 Crew finishes cleaning Crew Starts to prep for floortile Visual
12:30 LaDouceur + Bourbeau off site for a job in Wilbraham
Burby off site also sick. LaFontaine + Bushell continue to prep
2:45 Clean work area
3:00 Off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred Lafontaine

JOB #: 11078

JOB NAME: Farmer Zonolite Building

DATE: 1-25-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[illegible]	Fred Lafontaine	A S070546	7:00		3:30
[illegible]	D. McConison	A S074287	7		"
[illegible]	F. Schutch	A S000185	7		"
[illegible]	Charles Bushell	A W003361	7		"
[illegible]	Peter Burby	A S72290	8:00		"
		A			
		A			
		A			
		A			
		A			
		A		9 DRUMS	
		A			
		A			

Supervisor's Notes

7:00 Crew on site
Crew continue to prep for floortile and mastic
8:00 Pete Burby on site.
9:00 Prep finished Crew start to remove floortile
12:00 - 12:30 Lunch
12:30 Crew finishes removing floortile clean up + bag out
2 Workers start to grind mastic
2:00 2 Workers start to poly north office
3:30 Crew off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred LaFontaine **JOB #:** 11028

JOB NAME: Oldan Limited Partnership LLC. **DATE:** ~~[illegible]~~ 1-26-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[signature]	FRED LaFONTAINE	A5070546	7:00		12:00
[signature]	D. McCollison	A5074287	7		↓
[signature]	F. Schnitzler	A5000085	7		↓
[signature]	CHARLES BUSHELL	A W003301	7		↓
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

Crew on site
Crew contines to grind mastic
9:00 Break
9:15 Continue to grind mastic
12:00 Crew off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: John LaDouceur

JOB #: ~~10345~~ 11028

JOB NAME: Former Zonolite Bldg.

DATE: 1-27-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
John LaDouceur	John LaDouceur	AS70612	800		300
Dean McConson	D. McConson	AS074287	8		300
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Chris Cooper

JOB #: ~~[illegible]~~ 11028

JOB NAME: OTO-Former Zonolite Building

DATE: 1/31/11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
Chr. Cy	C. COOPER	AS70247	11:00	security, load MAT & demob. some items	3:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: John LaDouceur

JOB #: 11028

JOB NAME: Fomer Zono Lite Bldg

DATE: 2-3-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
John LaDouceur	John LaDouceur	AS70613	700	Tear Down & Removal	300
Jeffery Sorel	Jeffery Sorel	AS074296	800		300
D Bourbeau	D Bourbeau	AS72770	8:30		300
D. McCarson	D. McCarson	AS074287	11		300
Charles Bushell	CHARLES BUSHELL	AW003301	8:30		300
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

Arrived on site shovel snow to get in Bldg. Tear down one containment finish setting up another containment get waste out.

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred LaFontaine

JOB #: 11028

JOB NAME: Former Zonolite Building

DATE: 2-4-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
[signature]	FRED LaFontaine	A9020546	7:00		3:00
[signature]	John LaBonceur	A570612	7:00		9:45
[signature]	D. McConson	A5074287	7		3:00
[signature]	CHARLES BUSHELL	AW003301	7		3:00
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

7:00 Crew on site
7:00 Crew starts Demo on North office area
9:45 J. LaBonceur off site personal
10:00 - 10:15 Break
10:15 Crew continues to demo
3:00 Crew off site

ABIDE, INC.
ASBESTOS DAILY SIGN-IN CONTAINMENT LOG

By signing my name to this form, I certify that I have been properly trained in asbestos abatement procedures as an employee of Abide, Inc. If I am not an employee of Abide, Inc., I am aware of the hazards of asbestos and the safe procedures for entering and exiting an active removal area. I have been fit-tested for the respirator that I am presently using and I understand the safe use and limitations of the respirator. I have received the initial and periodic medical exams in compliance with all applicable standards.

Supervisor/Competent person will verify that all training, license, medical and fit-test requirement have been meet.

Form 2A

SUPERVISOR'S NAME: Fred Lafontaine

JOB #: 11028

JOB NAME: Alden Limited Partnership

DATE: 2-7-11

SIGNATURE	PRINT NAME	LICENSE #	TIME IN	PURPOSE/COMMENTS	TIME OUT
	Fred Lafontaine	A 5070546	7:00		2:30
	D. McCorison	A 5074287	7		
	Divine Harland	A 5001574	7		
	Fred Schnitzke	A 5050085	7		
	Peter Burby	A 572290	7		
	Charles Bushfil	A W003701	7		
	Darryl Dunlap	A 570003	7:30		
	J. Pressley	A 572259	7:45		
		A			
		A			
		A			
		A			
		A			

Supervisor's Notes

7:00 Crew on site
Crews on site
Crew 4 worker + Dunlap continue to demo in the north office area. Lafontaine + 2 workers replace plywood at the south end office area.
9:00 Break
9:15 Crew starts to fine clean north office area.
Burby + Schnitzke start to wipe down last area of south end
12:00 OTO Visual + Air
1:30 Tear down
2:00 Off site

Control No: 29256

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL SAFETY

19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114

ASBESTOS CONTRACTOR LICENSE

ABIDE, INC.
483 SHAKER ROAD P.O. BOX 886
EAST LONGMEADOW MA 01028

LICENSE: **AC000254** EXPIRES: **Monday, February 14, 2011**

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

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

Laura M. Marlin

LAURA M. MARLIN, COMMISSIONER

CERTIFICATE OF ACHIEVEMENT

This certifies that

Fred LaFortune

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

Gregory J. Morsch
Regional Manager

January 3, 2011
Date of Course

SAR-9859
Certificate Number

January 3, 2012
Expiration Date

January 3, 2011
Examination Date

Commonwealth of Massachusetts

Division of Occupational Safety

Heather E. Rowe, Acting Commissioner

Asbestos Supervisor

FREDERICK LAFORTUNE III

Eff. Date 05/25/10

Exp. Date 05/24/11

AS070546

Member 2 0 2 1 E S

SP

11

SP-REN

This is to certify that

Peter Burby

has attended and passed the examination for the course

Asbestos Supervisor/Contractor Refresher

and has completed the requisite training for Asbestos Accreditation under TSCA Title II.

Conducted by

Environmental Compliance Services, Inc.

588 Silver Street
Agawam, MA 01001
(413) 789-3530
Visit us on the web at www.ECSConsult.com

Daniel Knapik, CET
Director of Training and Education Services

Hours of Training:	**8.0**
Date(s) of Training:	**February 17, 2010**
Expiration Date:	**February 17, 2011**
Certificate Number:	**80068.10.02-135**
Location:	**Agawam, MA**

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

PETER M. BURBY
Eff. Date 03/30/10
Exp. Date 03/29/11
AS072290
Member of C O N E S
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies thatc

Charles Bushell

has successfully completed the

8 Hour Asbestos Worker/Handler Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

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

Gregory J. Morsch
Principal Instructor

Gregory J. Morsch
Regional Manager

March 24, 2010
Date of Course

WAR-5590
Certificate Number

March 24, 2011
Expiration Date

March 24, 2010
Examination Date

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

Asbestos Worker

CHARLES BUSHELL

Eff. Date 05/11/10
Exp. Date 05/10/11
AW003301
Member of C.C.T.I.E.S
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Donald Bourbeau

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

Gregory J. Worsel
Regional Manager

January 3, 2011
Date of Course

SAR-9863
Certificate Number

January 3, 2012
Expiration Date

January 3, 2011
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Rowe, Acting Commissioner
Asbestos Supervisor

DONALD BOURBEAU

Eff. Date 06/01/10
Exp. Date 05/31/11
AS072770
Member of DCHES
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

John LaDouceur

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

January 3, 2011
Date of Course

January 3, 2012
Expiration Date

Gregory J. Nowak
Regional Manager

SAR-9865
Certificate Number

January 3, 2011
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Rowe, Acting Commissioner

Asbestos Supervisor

JOHN LADOUCEUR

Eff. Date 07/27/10
Exp. Date 07/26/11
AS070612
Member of C.O.N.E.S.
SP

11

[redacted]

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Devin McCorison

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

Gregory J. Morsch
Regional Manager

January 3, 2011
Date of Course

SAR-9861
Certificate Number

January 3, 2012
Expiration Date

January 3, 2011
Examination Date

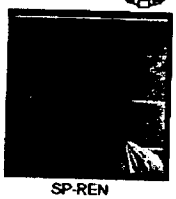
Commonwealth of Massachusetts
Division of Occupational Safety
Laura M. Martin, Commissioner

Asbestos Supervisor

DEVIN T. MCCORISON

Eff. Date 04/20/10
Exp. Date 04/19/11
AS074287
Member of DOUBES
SP

11



SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Fred Schnitzke

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

Gregory J. Morsch
Regional Manager

January 3, 2011
Date of Course

SAR-9856
Certificate Number

January 3, 2012
Expiration Date

January 3, 2011
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Rowe, Acting Commissioner
Asbestos Supervisor

FREDERICK SCHNITZKE

Eff. Date 07/06/10
Exp. Date 07/05/11
AS000085
Member of C.O.N.E.S.
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Jeffery Sorel

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Principal Instructor

Regional Manager

January 3, 2011
Date of Course

SAR-9855
Certificate Number

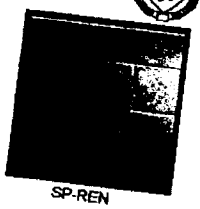
January 3, 2012
Expiration Date

January 3, 2011
Examination Date

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

JEFFERY J. SOREL
Eff. Date 04/20/10
Exp. Date 04/19/11
AS074286
Member of O.S.H.E.S.
SP

11



SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Divine Holland

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

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

Marc Santiago
Principal Instructor

Gregory J. Morsch
Regional Manager

November 19, 2010
Date of Course

SAR-9796
Certificate Number

November 19, 2011
Expiration Date

November 19, 2010
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Rowe, Acting Commissioner

Asbestos Supervisor

DIVINE HOLLAND

Eff. Date 11/23/10
Exp. Date 11/22/11
AS001574
Member of C.O.N.E.S.
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Daryle Dunlap

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

Gregory J. Morsch
Regional Manager

January 3, 2011
Date of Course

SAR-9862
Certificate Number

January 3, 2012
Expiration Date

January 3, 2011
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety
Heather E. Bowe, Acting Commissioner
Asbestos Supervisor

DARYLE H. DUNLAP
Eff. Date 06/29/10
Exp. Date 06/28/11
AS070009
Member of C.O.N.E.S.
SP

11

SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Jashidi Pressley

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

Training held at Abide, Inc.,
East Longmeadow, MA.

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

Marc Santos
Principal Instructor

Gregory J. Morsch
Regional Manager

January 3, 2011
Date of Course

SAR-9866
Certificate Number

January 3, 2012
Expiration Date

January 3, 2011
Examination Date

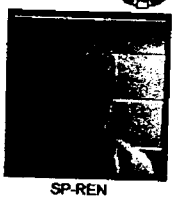
Commonwealth of Massachusetts
Division of Occupational Safety
Laura M. Marlin, Commissioner

Asbestos Supervisor

JASHIDI PRESSLEY

Eff. Date 03/30/10
Exp. Date 03/29/11
AS072259
Number of CONTINUES
SP

11



SP-REN

POST ABATEMENT CLEARANCE REPORTS

Environmental Safety Health Geotechnical

O'Reilly, Talbot & Okun
[A S S O C I A T E S]
ENGINEERING

293 Bridge Street
Suite 500
Springfield, MA 01103
Tel 413 788 6222
Fax 413 788 8830
www.oto-env.com

J2118-01-04
January 3, 2011

Mr. Robert Marriam
W. R. Grace
6401 Popular Avenue - Suite 301
Memphis, Tennessee 38119

Re: Former Zonolite Facility
Warehouse Area
19 Wemelco Way
Easthampton, Massachusetts

Dear Mr. Marriam:

Attached please find the post abatement clearance report for the warehouse area of the Former Zonolite Manufacturing facility in Easthampton, Massachusetts.

The asbestos abatement inside the warehouse section of the former manufacturing facility was performed in accordance with the EPA and MassDEP Site Specific Work Plan (SSWP). This asbestos abatement project was performed following the discovery of asbestos fibers in some of the dust within the warehouse area.

The asbestos abatement was performed by Abide Environmental using HEPA vacuums and wet wiping decontamination techniques. The abatement was performed using the full containment abatement removal methodology. Abide personnel utilized manlifts to access the ceiling, walls and structural steel support system for cleaning. The work area was sealed with polyethylene sheets and tape and placed under a negative pressure differential. HEPA air filtration machines were used to filter the air and create the negative pressure differential by discharging the filtered air outside of the building. A three-stage decontamination chamber was constructed for personnel entering and exiting the work area and for equipment and waste.

At the conclusion of the cleaning, the Abide project supervisor and the OTO project monitor performed a visual assessment of the work area for the presence of dust and visible debris. Following the visual assessment, post abatement clearance air samples were collected in the regulated area using the NIOSH 7400 methodology.

The post abatement visual assessment did not identify the presence of visible debris or dust. The results of the post abatement clearance air samples are well below the EPA and MassDEP post abatement clearance criteria. The air monitoring results and post abatement assessment documentation are attached.

O'Reilly, Talbot & Okun
[A S S O C I A T E S]
ENGINEERING

Thank you once again for the opportunity of providing W. R. Grace with these industrial hygiene services. Please do not hesitate to call me, should you have any questions.

Sincerely,
O'Reilly, Talbot & Okun Associates, Inc.

Chris A. Streeter
Senior Environmental Scientist/Project Monitor

Attachment: Limitations, Visual Clearances, Laboratory Results

O:\J2100\2118 WR Grace & Co\01-02 19 Wemelco Way-OTO Field Svcs\ClearanceReports\WarehouseArea010311 FAC.doc

LIMITATIONS

1. The observations presented in this report were made under the conditions described herein. The conclusions presented in this report were based solely upon the services described in the report and not on scientific tasks or procedures beyond the scope of the project or the time and budgetary constraints imposed by the client. The work described in this report was carried out in accordance with the contract Terms and Conditions.

2. In preparing the report O'Reilly, Talbot, Okun & Associates, Inc. relied on certain information provided by state and local officials and other parties referenced herein, and on information contained in the files of state or local regulatory agencies at the time of the file review. Although there may have been some degree of overlap in the information provided by these sources, O'Reilly, Talbot, Okun & Associates, Inc. did not attempt to independently verify the accuracy or completeness of all information reviewed or received during the course of this assessment.

3. Observations were made of the site and of the structures on the site as indicated within the report. Where access to portions of the site or to structures on the site was unavailable or limited, we render no opinion as to the presence of asbestos containing materials or hazardous materials, or to the presence of indirect information relating to asbestos containing or hazardous materials in that portion of the site. In addition, we render no opinion as to the presence of asbestos containing or hazardous materials, where direct observations of portions of the site where obstructed by objects or coverings on or over these surfaces.

4. Unless otherwise specified in the Report, we did not perform testing or analyses to determine the presence or concentration of hazardous material or oil, or polychlorinated biphenyls (PCBs) at the site or in the environment at the site.

5. Our report was prepared for the exclusive benefit of our client. Reliance upon the report and its conclusions is not made to third parties or future property owners.

O'REILLY, TALBOT & OKUN ASSOCIATES
293 BRIDGE STREET SUITE 500
SPRINGFIELD, MA 01103
413-788-6222

Asbestos Abatement Visual Clearance Inspection

Job Number: 2118-01-04

Site Surveyed: Former W. R. Grace

Name

Address 19 Wemelco Way
Easthampton MA

Location of Containment Warehouse Area

Date Inspected 1/3/11

Asbestos Abatement Contractor Abide

Asbestos Supervisor Fred LaFortune

Description of Asbestos Abatement

Removal of asbestos dust and debris (Approx 16,000 Sq Ft.) HEPA vacuums and wet methodology - Regulated Area

The above asbestos abatement regulated area has been visually inspected by the asbestos abatement supervisor and asbestos abatement project monitor. The regulated area was dry and all surfaces were free of visible debris.

Fred LaFortune

Asbestos Supervisor / DOS #

AM072183

Asbestos Project Monitor / DOS #

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

CLIENT: W.R. Grace
ADDRESS: 6401 Popular Ave, Suite 301
Memphis, TN 38119
PHONE: 901-820-2023
FAX:
Building Interior Warehouse Clearance
PROJECT NO: 2118-01-02

PROJECT: 19 Wemelco Way
Easthampton, MA
Date: 1/3/11
Scope: CH-2

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS010311 - 1C	Northwest Corner	1/3/2011	1	100	1200	1.27	0.000	0.004
CAS010311 - 2C	Northwest Corner	1/3/2011	0	100	1100	0.00	0.000	0.004
CAS010311 - 3C	Center - South	1/3/2011	2	100	1200	2.55	0.001	0.004
CAS010311 - 4C	Center - South	1/3/2011	0	100	1200	0.00	0.000	0.004
CAS010311 - 5C	Center - North	1/3/2011	1	100	1200	1.27	0.000	0.004
CAS010311 - 6C	Center - North	1/3/2011	1	100	1200	1.27	0.000	0.004
CAS010311 - 7C	Southeast Corner	1/3/2011	0	100	1200	0.00	0.000	0.004
CAS010311 - 8C	Southeast Corner	1/3/2011	0	100	1200	0.00	0.000	0.004
CAS010311 - 9C	Northeast Corner	1/3/2011	1	100	1400	1.27	0.000	0.004
CAS010311 - 10C	Center Building	1/3/2011	2	100	1400	2.55	0.001	0.004
CAS010311 - 11C	Southwest Corner	1/3/2011	3	100	1400	3.82	0.001	0.004
CAS010311 - 12C	Entrance Shipping Area	1/3/2011	0	100	1400	0.00	0.000	0.004
CAS010311 - 13C	Blank #1	1/3/2011	0	100				
CAS010311 - 14C	Blank #2	1/3/2011	0	100				
CAS010311 - 15C	10% recount (11)	1/3/2011	2	100	1400	2.55	0.001	0.004

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris Streeter

O'Reilly, Talbot & Okun Associates, Inc. - 293 Bridge Street, Suite 500 - Springfield, MA 01103
Phone: (413) 788-6222 - Fax (413) 788-8830

Environmental Safety Health Geotechnical

O'Reilly, Talbot & Okun
[A S S O C I A T E S]
ENGINEERING

293 Bridge Street
Suite 500
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Tel 413 788 6222
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www.oto-env.com

J2118-01-02
January 27, 2011

Mr. Robert Merriam
W. R. Grace
6401 Popular Ave. Suite 301
Memphis, Tennessee 38119

Re: Former Zonolite Facility
Main Office Area
19 Wemelco Way
Easthampton, Massachusetts

Dear Mr. Merriam:

Attached please find the post abatement clearance report for the office and mezzanine area of the Former Zonolite Manufacturing facility in Easthampton, Massachusetts.

The asbestos abatement inside the office and mezzanine section of the former manufacturing facility was performed in accordance with the EPA and MassDEP Site Specific Work Plan (SSWP). This asbestos abatement project was performed following the discovery of asbestos fibers in some of the dust and the presence of vermiculite on the floor surface in several areas within the office section of the building. Upon further inspection, it was discovered that the ceiling cavity of the office/mezzanine was insulated with vermiculite insulation. In addition, some of the vermiculite insulation and debris entered the wall cavities. The scope of the asbestos abatement in the main office area included removal of the ceiling and wall finish materials to access the vermiculite insulation. Removal of the vermiculite insulation and clean the wall and ceiling cavities and surfaces within the office area. This project also included the removal and disposal of the carpets and resilient floor covering from the floor surfaces.

The asbestos abatement was performed by Abide Environmental using full containment asbestos abatement removal methodology. The work area was sealed with polyethylene sheets and tape and placed under a negative pressure differential. HEPA air filtration machines were used to filter the air and create the negative pressure differential by discharging the filtered air outside of the building. A three-stage decontamination chamber was constructed for personnel entering and exiting the work area and for equipment and waste. The vermiculite insulation was removed from the wall can ceiling cavities using high pressure HEPA vacuums. The surfaces were cleaned using HEPA vacuums and wet wiping techniques.

At the conclusion of the cleaning, the Abide project supervisor and the OTO project monitor performed a visual assessment of the work area for the presence of dust and visible debris. Following the visual assessment, post abatement clearance air samples were collected in the regulated area using the NIOSH 7400 methodology.

O'Reilly, Talbot & Okun
[A S S O C I A T E S]
ENGINEERING

The post abatement visual assessment did not identify the presence of visible debris or dust. The results of the post abatement clearance air samples are well below the EPA and MassDEP post abatement clearance criteria. The air monitoring results and post abatement assessment documentation are attached.

Thank you once again for the opportunity of providing W. R. Grace with these industrial hygiene services. Please do not hesitate to call me, should you have any questions.

Sincerely,
O'Reilly, Talbot & Okun Associates, Inc.

Chris A. Streeter
Senior Environmental Scientist/Project Monitor

Attachment: Limitations, Visual Clearances and Laboratory Results

O:\J2100\2118 WR Grace & Co\01-02 19 Wemelco Way-OTO Field Svcs\ClearanceReports\MainOffice012711 FAC.doc

LIMITATIONS

1. The observations presented in this report were made under the conditions described herein. The conclusions presented in this report were based solely upon the services described in the report and not on scientific tasks or procedures beyond the scope of the project or the time and budgetary constraints imposed by the client. The work described in this report was carried out in accordance with the contract Terms and Conditions.

2. In preparing the report O'Reilly, Talbot, Okun & Associates, Inc. relied on certain information provided by state and local officials and other parties referenced herein, and on information contained in the files of state or local regulatory agencies at the time of the file review. Although there may have been some degree of overlap in the information provided by these sources, O'Reilly, Talbot, Okun & Associates, Inc. did not attempt to independently verify the accuracy or completeness of all information reviewed or received during the course of this assessment.

3. Observations were made of the site and of the structures on the site as indicated within the report. Where access to portions of the site or to structures on the site was unavailable or limited, we render no opinion as to the presence of asbestos containing materials or hazardous materials, or to the presence of indirect information relating to asbestos containing or hazardous materials in that portion of the site. In addition, we render no opinion as to the presence of asbestos containing or hazardous materials, where direct observations of portions of the site where obstructed by objects or coverings on or over these surfaces.

4. Unless otherwise specified in the Report, we did not perform testing or analyses to determine the presence or concentration of hazardous material or oil, or polychlorinated biphenyls (PCBs) at the site or in the environment at the site.

5. Our report was prepared for the exclusive benefit of our client. Reliance upon the report and its conclusions is not made to third parties or future property owners.

O'REILLY, TALBOT & OKUN ASSOCIATES
293 BRIDGE STREET SUITE 500
SPRINGFIELD, MA 01103
413-788-6222

Asbestos Abatement Clearance Inspection

Site Surveyed: Former W.R. Grace

Name

Address 19 Wemelco Way
Easthampton MA

Location of Containment: Main Office Area

Date Inspected 1/27/11

Asbestos Abatement Contractor Abide

Asbestos Supervisor John LaBonceur

Description of Asbestos Abatement Vermiculite Ins. Removal
& Floor Tile and Mastic
(Approx 1,000 Sq Ft)
- Full Containment
methodology

The above asbestos abatement regulated area has been visually inspected by the asbestos abatement supervisor and asbestos abatement project monitor. The regulated area was dry and all surfaces were free of visible debris.

AS 70612

Asbestos Supervisor / DLI #

Chris A Stub AM072183

Asbestos Project Monitor / DLI #

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: W.R. Grace
ADDRESS: 6401 Popular Ave, Suite 301
Memphis, TN 38119
PHONE: 901-820-2023
FAX:

Easthampton, MA
Date: 1/27/11
Scope: CH-2

Clearance Main Office
PROJECT NO: 2118-01-02

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS012711 - 1	Women's Room	1/27/2011	3	100	1125	3.82	0.001	0.004
CAS012711 - 2	Men's Locker Room	1/27/2011	3	100	1125	3.82	0.001	0.004
CAS012711 - 3	Hallway	1/27/2011	5	100	1125	6.37	0.002	0.004
CAS012711 - 4	Reception Office	1/27/2011	3	100	1200	3.82	0.001	0.004
CAS012711 - 5	Office	1/27/2011	2.5	100	1200	3.18	0.001	0.004
CAS012711 - 6	Office Break Room	1/27/2011	1	100	1200	1.27	0.000	0.004
CAS012711 - 7	Blank #1	1/27/2011	0	100				
CAS012711 - 8	Blank #2	1/27/2011	0	100				
CAS012711 - 9	10% recount (03)	1/27/2011	3.5	100	700	4.46	0.002	0.007

QC Checks: CS

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

O'Reilly, Talbot & Okun Associates, Inc. - 293 Bridge Street, Suite 500 - Springfield, MA 01103
Phone: (413) 788-6222 - Fax (413) 788-8830

Environmental Safety Health Geotechnical

O'Reilly, Talbot & Okun
[A S S O C I A T E S]
ENGINEERING

293 Bridge Street
Suite 500
Springfield, MA 01103
Tel 413 788 6222
Fax 413 788 8830
www.oto-env.com

J2118-01-02
February 7, 2011

Mr. Robert Merriam
W. R. Grace
6401 Popular Ave. Suite 301
Memphis, Tennessee 38119

Re: Former Zonolite Facility
Shipping Office Area
19 Wemelco Way
Easthampton, Massachusetts

Dear Mr. Merriam:

Attached please find the post abatement clearance report for the shipping office of the Former Zonolite Manufacturing facility in Easthampton, Massachusetts.

The asbestos abatement inside the shipping office section of the former manufacturing facility was performed in accordance with the EPA and MassDEP Site Specific Work Plan (SSWP). This asbestos abatement project was performed following the discovery of asbestos fibers in some of the dust and the presence of vermiculite on the floor surface in several areas within the office section of the building. Upon further inspection, it was discovered that the ceiling cavity of the shipping office was insulated with vermiculite insulation. In addition, some of the vermiculite insulation and debris entered the wall cavities. The scope of the asbestos abatement in the shipping office area included removal of the ceiling and wall finish materials to access the vermiculite insulation. Removal of the vermiculite insulation and clean the wall and ceiling cavities and surfaces within the office area.

The asbestos abatement was performed by Abide Environmental using full containment asbestos abatement removal methodology. The work area was sealed with polyethylene sheets and tape and placed under a negative pressure differential. HEPA air filtration machines were used to filter the air and create the negative pressure differential by discharging the filtered air outside of the building. A three-stage decontamination chamber was constructed for personnel entering and exiting the work area and for equipment and waste. The vermiculite insulation was removed from the wall can ceiling cavities using high pressure HEPA vacuums. The surfaces were cleaned using HEPA vacuums and wet wiping techniques.

At the conclusion of the cleaning, the Abide project supervisor and the OTO project monitor performed a visual assessment of the work area for the presence of dust and visible debris. Following the visual assessment, post abatement clearance air samples were collected in the regulated area using the NIOSH 7400 methodology.

O'Reilly, Talbot & Okun
[A S S O C I A T E S]
ENGINEERING

The post abatement visual assessment did not identify the presence of visible debris or dust. The results of the post abatement clearance air samples are well below the EPA and MassDEP post abatement clearance criteria. The air monitoring results and post abatement assessment documentation are attached.

Thank you once again for the opportunity of providing W. R. Grace with these industrial hygiene services. Please do not hesitate to call me, should you have any questions.

Sincerely,
O'Reilly, Talbot & Okun Associates, Inc.

Chris A. Streeter
Senior Environmental Scientist/Project Monitor

Attachment: Limitations, Visual Clearances and Laboratory Results

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LIMITATIONS

1. The observations presented in this report were made under the conditions described herein. The conclusions presented in this report were based solely upon the services described in the report and not on scientific tasks or procedures beyond the scope of the project or the time and budgetary constraints imposed by the client. The work described in this report was carried out in accordance with the contract Terms and Conditions.

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3. Observations were made of the site and of the structures on the site as indicated within the report. Where access to portions of the site or to structures on the site was unavailable or limited, we render no opinion as to the presence of asbestos containing materials or hazardous materials, or to the presence of indirect information relating to asbestos containing or hazardous materials in that portion of the site. In addition, we render no opinion as to the presence of asbestos containing or hazardous materials, where direct observations of portions of the site where obstructed by objects or coverings on or over these surfaces.

4. Unless otherwise specified in the Report, we did not perform testing or analyses to determine the presence or concentration of hazardous material or oil, or polychlorinated biphenyls (PCBs) at the site or in the environment at the site.

5. Our report was prepared for the exclusive benefit of our client. Reliance upon the report and its conclusions is not made to third parties or future property owners.

O'REILLY, TALBOT & OKUN ASSOCIATES
293 BRIDGE STREET SUITE 500
SPRINGFIELD, MA 01103
413-788-6222

Asbestos Abatement Clearance Inspection

Site Surveyed: Former W. R. Grace

Name

Address 19 Wemelco Way
Easthampton MA

Location of Containment: Shipping Office

Date Inspected

Asbestos Abatement Contractor Abide

Asbestos Supervisor Fred Lafortune

Description of Asbestos Abatement Vermiculite Insulation removal (Approx 350 Sq ft.)
- Full Containment methodology

The above asbestos abatement regulated area has been visually inspected by the asbestos abatement supervisor and asbestos abatement project monitor. The regulated area was dry and all surfaces were free of visible debris.

Fred Lafortune

Asbestos Supervisor / DLI #

Chris A Smith AM072193

Asbestos Project Monitor / DLI #

Phase Contrast Microscopy (PCM) Fiber Count
NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

PROJECT: 19 Wemelco Way

CLIENT: W.R. Grace
ADDRESS: 6401 Popular Ave, Suite 301
Memphis, TN 38119
PHONE: 901-820-2023
FAX:

Easthampton, MA
Date: 2/7/11
Scope: CH-2

Clearance Shipping Office
PROJECT NO: 2118-01-04

Sample ID	Location	Sample Date	# Fibers	# Fields	Volume (L)	Fibers/mm2 = E	Fibers/cc = C	LOD (less than)
CAS020711 - 1	Center Office	2/7/2011	1	100	1275	1.27	0.000	0.004
CAS020711 - 2	Center Office	2/7/2011	2	100	1275	2.55	0.001	0.004
CAS020711 - 3	Center Bay Door	2/7/2011	1	100	1275	1.27	0.000	0.004
CAS020711 - 4	Center Bay Door	2/7/2011	1	100	1275	1.27	0.000	0.004
CAS020711 - 5	Blank #1	2/7/2011	0	100				
CAS020711 - 6	Blank #2	2/7/2011	0	100				
CAS020711 - 7	10% recount (02)	2/7/2011	1	100	1275	1.27	0.000	0.004

QC Checks: _____

Analyst Name: Chris Streeter

Analyst Signature: Chris A Streeter

O'Reilly, Talbot & Okun Associates, Inc. - 293 Bridge Street, Suite 500 - Springfield, MA 01103
Phone: (413) 788-6222 - Fax (413) 788-8830