Garage 5 & 5 grid
re sample

PHOENIX
Environmental Laboratories, Inc.

E-18"-24

Tuesday, August 12, 2014

Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Project ID: CREC DISCOVERY ACADEMY
Sample ID#s: BG89555 - BG89561

This laboratory is in compliance with the NELAC requirements of procedures used except where indicated.

This report contains results for the parameters tested, under the sampling conditions described on the Chain Of Custody, as received by the laboratory.

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

A scanned version of the COC form accompanies the analytical report and is an exact duplicate of the original.

If you have any questions concerning this testing, please do not hesitate to contact Phoenix Client Services at ext. 200.

Sincerely yours,

Phyllis Shiller

Phyllis Shiller
Laboratory Director

NELAC - #NY11301
CT Lab Registration #PH-0618
MA Lab Registration #MA-CT-007
ME Lab Registration #CT-007
NH Lab Registration #213693-A,B
NJ Lab Registration #CT-003
NY Lab Registration #11301
PA Lab Registration #68-03530
RI Lab Registration #63
VT Lab Registration #VT11301

587 East Middle Turnpike, P.O. Box 370, Manchester, CT 06040
Telephone (860) 645-1102 Fax (860) 645-0823

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 12, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOIL	Collected by:		08/07/14	9:15
Location Code:	F&OENVIRPCB	Received by:	SW	08/07/14	11:15
Rush Request:	24 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979A2E				

Laboratory Data

SDG ID: GBG89555
Phoenix ID: BG89555

Project ID: CREC DISCOVERY ACADEMY
Client ID: KR-C1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	96		%	08/07/14	I	E160.3
Extraction for PCB	Completed			08/07/14	PT/K/G	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	1.7	mg/kg	08/08/14	AW	3540C/8082
PCB-1221	ND	1.7	mg/kg	08/08/14	AW	3540C/8082
PCB-1232	ND	1.7	mg/kg	08/08/14	AW	3540C/8082
PCB-1242	ND	1.7	mg/kg	08/08/14	AW	3540C/8082
PCB-1248	ND	1.7	mg/kg	08/08/14	AW	3540C/8082
PCB-1254	ND	1.7	mg/kg	08/08/14	AW	3540C/8082
PCB-1260	2.7	1.7	mg/kg	08/08/14	AW	3540C/8082
PCB-1262	ND	1.7	mg/kg	08/08/14	AW	3540C/8082
PCB-1268	ND	1.7	mg/kg	08/08/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	Diluted Out		%	08/08/14	AW	30 - 150 %
% TCMX	Diluted Out		%	08/08/14	AW	30 - 150 %

Project ID: CREC DISCOVERY ACADEMY
Client ID: KR-C1

Phoenix I.D.: BG89555

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 12, 2014
Reviewed and Released by: Ethan Lee, Project Manager

Garage area 5x5 grid
A-P 1-7
12-18"

PHOENIX
Environmental Laboratories, Inc.

Thursday, August 07, 2014

Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Project ID: DISCOVERY ACADEMY
Sample ID#s: BG84446 - BG84562

This laboratory is in compliance with the NELAC requirements of procedures used except where indicated.

This report contains results for the parameters tested, under the sampling conditions described on the Chain Of Custody, as received by the laboratory.

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

A scanned version of the COC form accompanies the analytical report and is an exact duplicate of the original.

If you have any questions concerning this testing, please do not hesitate to contact Phoenix Client Services at ext. 200.

Sincerely yours,

Phyllis Shiller

Phyllis Shiller
Laboratory Director

NELAC - #NY11301
CT Lab Registration #PH-0618
MA Lab Registration #MA-CT-007
ME Lab Registration #CT-007
NH Lab Registration #213693-A,B

NJ Lab Registration #CT-003
NY Lab Registration #11301
PA Lab Registration #68-03530
RI Lab Registration #63
VT Lab Registration #VT11301

587 East Middle Turnpike, P.O. Box 370, Manchester, CT 06040
Telephone (860) 645-1102 Fax (860) 645-0823

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84446

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	77		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	99		%	08/02/14	AW	30 - 150 %
% TCMX	98		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A1

Phoenix I.D.: BG84446

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84447

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	84		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	110		%	08/02/14	AW	30 - 150 %
% TCMX	107		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A2

Phoenix I.D.: BG84447

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84448

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	83		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	101		%	08/02/14	AW	30 - 150 %
% TCMX	96		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A3

Phoenix I.D.: BG84448

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84449

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	82		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	116		%	08/02/14	AW	30 - 150 %
% TCMX	112		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A4

Phoenix I.D.: BG84449

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84450

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	84		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	108		%	08/02/14	AW	30 - 150 %
% TCMX	102		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A5

Phoenix I.D.: BG84450

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84451

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	83		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	118		%	08/02/14	AW	30 - 150 %
% TCMX	112		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A6

Phoenix I.D.: BG84451

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84452

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	83		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	112		%	08/02/14	AW	30 - 150 %
% TCMX	107		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-A7

Phoenix I.D.: BG84452

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84453

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	86		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	100		%	08/02/14	AW	30 - 150 %
% TCMX	100		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B1

Phoenix I.D.: BG84453

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84454

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	82		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	113		%	08/02/14	AW	30 - 150 %
% TCMX	109		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B2

Phoenix I.D.: BG84454

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84455

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	79		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	110		%	08/02/14	AW	30 - 150 %
% TCMX	105		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B3

Phoenix I.D.: BG84455

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84456

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	77		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	108		%	08/02/14	AW	30 - 150 %
% TCMX	100		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B4

Phoenix I.D.: BG84456

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84457

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	92		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	125		%	08/02/14	AW	30 - 150 %
% TCMX	122		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B5

Phoenix I.D.: BG84457

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84458

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	88		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	121		%	08/02/14	AW	30 - 150 %
% TCMX	114		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B6

Phoenix I.D.: BG84458

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84459

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B7A

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	83		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	126		%	08/02/14	AW	30 - 150 %
% TCMX	120		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B7A

Phoenix I.D.: BG84459

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84460

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B7B

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	91		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	124		%	08/02/14	AW	30 - 150 %
% TCMX	121		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-B7B

Phoenix I.D.: BG84460

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84461

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	92		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	0.62	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	118		%	08/02/14	AW	30 - 150 %
% TCMX	105		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C1

Phoenix I.D.: BG84461

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84462

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	90		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	131		%	08/02/14	AW	30 - 150 %
% TCMX	114		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C2

Phoenix I.D.: BG84462

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84463

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	82		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	120		%	08/03/14	AW	30 - 150 %
% TCMX	105		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C3

Phoenix I.D.: BG84463

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84464

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	84		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	130		%	08/02/14	AW	30 - 150 %
% TCMX	113		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C4

Phoenix I.D.: BG84464

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84465

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	88		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	135		%	08/02/14	AW	30 - 150 %
% TCMX	112		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C5

Phoenix I.D.: BG84465

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84466

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	89		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	109		%	08/02/14	AW	30 - 150 %
% TCMX	93		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C6

Phoenix I.D.: BG84466

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84467

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	94		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	117		%	08/02/14	AW	30 - 150 %
% TCMX	99		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-C7

Phoenix I.D.: BG84467

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84468

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D1A

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	92		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/02/14	AW	30 - 150 %
% TCMX	90		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D1A

Phoenix I.D.: BG84468

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84469

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D1B

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	87		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/02/14	AW	30 - 150 %
% TCMX	87		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D1B

Phoenix I.D.: BG84469

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84470

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference	
Percent Solid	89		%	07/30/14	I	E160.3	
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C	
PCB (Soxhlet)							
PCB-1016	ND	0.37	mg/kg	08/02/14	AW	3540C/8082	
PCB-1221	ND	0.37	mg/kg	08/02/14	AW	3540C/8082	
PCB-1232	ND	0.37	mg/kg	08/02/14	AW	3540C/8082	
PCB-1242	ND	0.37	mg/kg	08/02/14	AW	3540C/8082	
PCB-1248	ND	0.37	mg/kg	08/02/14	AW	3540C/8082	
PCB-1254	ND	0.37	mg/kg	08/02/14	AW	3540C/8082	
PCB-1260	ND	0.37	mg/kg	08/02/14	AW	3540C/8082	
PCB-1262	ND	0.37	mg/kg	08/02/14	AW	3540C/8082	
PCB-1268	ND	0.37	mg/kg	08/02/14	AW	3540C/8082	
QA/QC Surrogates							
% DCBP	>200		%	08/02/14	AW	30 - 150 %	3
% TCMX	184		%	08/02/14	AW	30 - 150 %	3

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D2

Phoenix I.D.: BG84470

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

3 = This parameter exceeds laboratory specified limits.

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

PCB Comment:
For PCBs, Surrogate recoveries were >150%. Sample was non detect.

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84471

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	82		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/04/14	PP/X	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/05/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/05/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/05/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/05/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/05/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/05/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/05/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/05/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/05/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	111		%	08/05/14	AW	30 - 150 %
% TCMX	99		%	08/05/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D3

Phoenix I.D.: BG84471

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84472

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	93		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	91		%	08/02/14	AW	30 - 150 %
% TCMX	86		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D4

Phoenix I.D.: BG84472

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84473

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	92		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	78		%	08/02/14	AW	30 - 150 %
% TCMX	77		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D5

Phoenix I.D.: BG84473

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84474

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	80		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	88		%	08/02/14	AW	30 - 150 %
% TCMX	92		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D6

Phoenix I.D.: BG84474

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84475

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	82		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	96		%	08/02/14	AW	30 - 150 %
% TCMX	95		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-D7

Phoenix I.D.: BG84475

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84476

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	90		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	93		%	08/02/14	AW	30 - 150 %
% TCMX	92		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E1

Phoenix I.D.: BG84476

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84477

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	94		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	99		%	08/02/14	AW	30 - 150 %
% TCMX	86		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E2

Phoenix I.D.: BG84477

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84478

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	94		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	0.49	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	105		%	08/02/14	AW	30 - 150 %
% TCMX	98		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E3

Phoenix I.D.: BG84478

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84479

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	77		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	116		%	08/02/14	AW	30 - 150 %
% TCMX	99		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E4

Phoenix I.D.: BG84479

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84480

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	93		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	122		%	08/02/14	AW	30 - 150 %
% TCMX	99		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E5

Phoenix I.D.: BG84480

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84481

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	87		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	122		%	08/02/14	AW	30 - 150 %
% TCMX	101		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E6

Phoenix I.D.: BG84481

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84482

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	84		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	56		%	08/02/14	AW	30 - 150 %
% TCMX	59		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-E7

Phoenix I.D.: BG84482

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84483

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	83		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	93		%	08/02/14	AW	30 - 150 %
% TCMX	96		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F1

Phoenix I.D.: BG84483

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84484

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	90		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	89		%	08/02/14	AW	30 - 150 %
% TCMX	94		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F2

Phoenix I.D.: BG84484

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84485

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	87		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/02/14	AW	30 - 150 %
% TCMX	99		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F3

Phoenix I.D.: BG84485

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84486

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	88		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	125		%	08/02/14	AW	30 - 150 %
% TCMX	100		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F4

Phoenix I.D.: BG84486

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84487

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	84		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	129		%	08/02/14	AW	30 - 150 %
% TCMX	106		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F5

Phoenix I.D.: BG84487

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84488

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	91		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	129		%	08/02/14	AW	30 - 150 %
% TCMX	105		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F6

Phoenix I.D.: BG84488

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84489

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	75		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.44	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.44	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.44	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.44	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.44	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.44	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.44	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.44	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.44	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	124		%	08/02/14	AW	30 - 150 %
% TCMX	101		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-F7

Phoenix I.D.: BG84489

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84490

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	96		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.35	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	118		%	08/02/14	AW	30 - 150 %
% TCMX	104		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G1

Phoenix I.D.: BG84490

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84491

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G2A

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	80		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	104		%	08/02/14	AW	30 - 150 %
% TCMX	88		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G2A

Phoenix I.D.: BG84491

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84492

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G2B

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	77		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.43	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	100		%	08/02/14	AW	30 - 150 %
% TCMX	81		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G2B

Phoenix I.D.: BG84492

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84493

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	80		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	111		%	08/02/14	AW	30 - 150 %
% TCMX	91		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G3

Phoenix I.D.: BG84493

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84494

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	88		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	79		%	08/02/14	AW	30 - 150 %
% TCMX	70		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G4

Phoenix I.D.: BG84494

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84495

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	89		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	100		%	08/02/14	AW	30 - 150 %
% TCMX	95		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G5

Phoenix I.D.: BG84495

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84496

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	92		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	106		%	08/02/14	AW	30 - 150 %
% TCMX	102		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G6

Phoenix I.D.: BG84496

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84497

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	89		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	109		%	08/02/14	AW	30 - 150 %
% TCMX	100		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-G7

Phoenix I.D.: BG84497

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84498

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	97		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.33	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.33	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.33	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.33	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.33	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.33	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.33	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.33	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.33	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	100		%	08/02/14	AW	30 - 150 %
% TCMX	99		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H1

Phoenix I.D.: BG84498

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84499

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	92		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	0.76	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	115		%	08/02/14	AW	30 - 150 %
% TCMX	102		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H2

Phoenix I.D.: BG84499

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84500

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	82		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	113		%	08/02/14	AW	30 - 150 %
% TCMX	98		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H3

Phoenix I.D.: BG84500

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84501

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	86		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	122		%	08/02/14	AW	30 - 150 %
% TCMX	99		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H4

Phoenix I.D.: BG84501

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84502

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	81		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.41	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	106		%	08/02/14	AW	30 - 150 %
% TCMX	94		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H5

Phoenix I.D.: BG84502

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84503

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	87		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	104		%	08/02/14	AW	30 - 150 %
% TCMX	96		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H6

Phoenix I.D.: BG84503

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84504

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	86		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	107		%	08/02/14	AW	30 - 150 %
% TCMX	101		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-H7

Phoenix I.D.: BG84504

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84505

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	95		%	07/30/14	I	E160.3
Soxhlet Extraction for PCB	Completed			07/31/14	*/*	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	104		%	08/02/14	AW	30 - 150 %
% TCMX	94		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J1

Phoenix I.D.: BG84505

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84506

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	96		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/01/14	NP/GX	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	110		%	08/03/14	AW	30 - 150 %
% TCMX	94		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J2

Phoenix I.D.: BG84506

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84507

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J3A

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	84		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/01/14	NP/GX	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	Interference		%	08/02/14	AW	30 - 150 %
% TCMX	80		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J3A

Phoenix I.D.: BG84507

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

One of the surrogate recoveries could not be reported due to the presence of a non-target compound.

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84508

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J3B

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	87		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/01/14	NP/GX	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/02/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	107		%	08/02/14	AW	30 - 150 %
% TCMX	82		%	08/02/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J3B

Phoenix I.D.: BG84508

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84509

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	87		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/01/14	NP/GX	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	103		%	08/03/14	AW	30 - 150 %
% TCMX	69		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J4

Phoenix I.D.: BG84509

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84510

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	88		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	0.39	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	111		%	08/04/14	AW	30 - 150 %
% TCMX	94		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J5

Phoenix I.D.: BG84510

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84511

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	80		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	115		%	08/04/14	AW	30 - 150 %
% TCMX	101		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J6

Phoenix I.D.: BG84511

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84512

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	91		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	1.6	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	114		%	08/03/14	AW	30 - 150 %
% TCMX	99		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-J7

Phoenix I.D.: BG84512

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84513

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	96		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	118		%	08/03/14	AW	30 - 150 %
% TCMX	99		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K1

Phoenix I.D.: BG84513

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84514

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	97		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	121		%	08/03/14	AW	30 - 150 %
% TCMX	99		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K2

Phoenix I.D.: BG84514

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84515

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	95		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	121		%	08/03/14	AW	30 - 150 %
% TCMX	105		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K3

Phoenix I.D.: BG84515

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84516

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	79		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	113		%	08/03/14	AW	30 - 150 %
% TCMX	94		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K4

Phoenix I.D.: BG84516

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84517

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	88		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	112		%	08/03/14	AW	30 - 150 %
% TCMX	95		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K5

Phoenix I.D.: BG84517

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84518

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	86		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	114		%	08/03/14	AW	30 - 150 %
% TCMX	92		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K6

Phoenix I.D.: BG84518

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84519

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	84		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	116		%	08/03/14	AW	30 - 150 %
% TCMX	99		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-K7

Phoenix I.D.: BG84519

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84520

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	97		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	117		%	08/03/14	AW	30 - 150 %
% TCMX	97		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L1

Phoenix I.D.: BG84520

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84521

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	97		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	117		%	08/03/14	AW	30 - 150 %
% TCMX	95		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L2

Phoenix I.D.: BG84521

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84522

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	89		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	0.47	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	108		%	08/03/14	AW	30 - 150 %
% TCMX	95		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L3

Phoenix I.D.: BG84522

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84523

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	75		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.43	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.43	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.43	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.43	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.43	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.43	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.43	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.43	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.43	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	116		%	08/03/14	AW	30 - 150 %
% TCMX	93		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L4

Phoenix I.D.: BG84523

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84524

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	89		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	111		%	08/04/14	AW	30 - 150 %
% TCMX	92		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L5

Phoenix I.D.: BG84524

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84525

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	82		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	116		%	08/04/14	AW	30 - 150 %
% TCMX	88		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L6

Phoenix I.D.: BG84525

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84526

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	82		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	91		%	08/04/14	AW	30 - 150 %
% TCMX	90		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-L7

Phoenix I.D.: BG84526

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84527

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	96		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	101		%	08/04/14	AW	30 - 150 %
% TCMX	83		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M1

Phoenix I.D.: BG84527

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84528

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	96		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	96		%	08/04/14	AW	30 - 150 %
% TCMX	91		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M2

Phoenix I.D.: BG84528

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84529

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	86		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	101		%	08/04/14	AW	30 - 150 %
% TCMX	95		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M3

Phoenix I.D.: BG84529

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84530

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M4A

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	93		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	107		%	08/04/14	AW	30 - 150 %
% TCMX	97		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M4A

Phoenix I.D.: BG84530

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84531

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M4B

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	95		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/04/14	AW	30 - 150 %
% TCMX	96		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M4B

Phoenix I.D.: BG84531

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84532

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	77		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	97		%	08/04/14	AW	30 - 150 %
% TCMX	96		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M5

Phoenix I.D.: BG84532

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84533

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	82		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/04/14	AW	30 - 150 %
% TCMX	95		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M6

Phoenix I.D.: BG84533

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84534

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	83		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	104		%	08/04/14	AW	30 - 150 %
% TCMX	96		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-M7

Phoenix I.D.: BG84534

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84535

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	96		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	P/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	101		%	08/04/14	AW	30 - 150 %
% TCMX	100		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N1

Phoenix I.D.: BG84535

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84536

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	96		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	114		%	08/04/14	AW	30 - 150 %
% TCMX	96		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N2

Phoenix I.D.: BG84536

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84537

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	92		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.35	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.35	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.35	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.35	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.35	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.35	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.35	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.35	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.35	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	98		%	08/03/14	AW	30 - 150 %
% TCMX	95		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N3

Phoenix I.D.: BG84537

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84538

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	79		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.42	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	93		%	08/03/14	AW	30 - 150 %
% TCMX	89		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N4

Phoenix I.D.: BG84538

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84539

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	91		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/04/14	PP/X	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/05/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/05/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/05/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/05/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/05/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/05/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/05/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/05/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/05/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	107		%	08/05/14	AW	30 - 150 %
% TCMX	99		%	08/05/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N5

Phoenix I.D.: BG84539

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84540

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	92		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/03/14	AW	30 - 150 %
% TCMX	96		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N6

Phoenix I.D.: BG84540

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84541

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	88		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/03/14	AW	30 - 150 %
% TCMX	98		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-N7

Phoenix I.D.: BG84541

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84542

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	98		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	103		%	08/03/14	AW	30 - 150 %
% TCMX	95		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O1

Phoenix I.D.: BG84542

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84543

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	91		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	104		%	08/03/14	AW	30 - 150 %
% TCMX	97		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O2

Phoenix I.D.: BG84543

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84544

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	89		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	105		%	08/03/14	AW	30 - 150 %
% TCMX	95		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O3

Phoenix I.D.: BG84544

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84545

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	84		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.39	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	105		%	08/03/14	AW	30 - 150 %
% TCMX	96		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O4

Phoenix I.D.: BG84545

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84546

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	89		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/04/14	AW	30 - 150 %
% TCMX	100		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O5

Phoenix I.D.: BG84546

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84547

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	86		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	QP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/04/14	AW	30 - 150 %
% TCMX	99		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O6

Phoenix I.D.: BG84547

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84548

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	89		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/04/14	AW	30 - 150 %
% TCMX	96		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-O7

Phoenix I.D.: BG84548

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84549

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	97		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/04/14	AW	30 - 150 %
% TCMX	93		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I1

Phoenix I.D.: BG84549

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84550

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	96		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/G/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/04/14	AW	30 - 150 %
% TCMX	95		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I2

Phoenix I.D.: BG84550

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84551

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	96		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.34	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	101		%	08/04/14	AW	30 - 150 %
% TCMX	100		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I3

Phoenix I.D.: BG84551

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84552

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	92		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.36	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.36	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.36	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.36	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.36	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.36	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	0.43	0.36	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.36	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.36	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	104		%	08/04/14	AW	30 - 150 %
% TCMX	101		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I4

Phoenix I.D.: BG84552

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84553

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	81		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	102		%	08/04/14	AW	30 - 150 %
% TCMX	97		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I5

Phoenix I.D.: BG84553

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84554

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	87		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	105		%	08/03/14	AW	30 - 150 %
% TCMX	93		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I6

Phoenix I.D.: BG84554

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84555

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	88		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/03/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	107		%	08/03/14	AW	30 - 150 %
% TCMX	93		%	08/03/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-I7

Phoenix I.D.: BG84555

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84556

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P1

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	97		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.33	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.33	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.33	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.33	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.33	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.33	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.33	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.33	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.33	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	107		%	08/04/14	AW	30 - 150 %
% TCMX	90		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P1

Phoenix I.D.: BG84556

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84557

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P2

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	95		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.35	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	106		%	08/04/14	AW	30 - 150 %
% TCMX	96		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P2

Phoenix I.D.: BG84557

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84558

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P3

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	87		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.38	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	100		%	08/04/14	AW	30 - 150 %
% TCMX	92		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P3

Phoenix I.D.: BG84558

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84559

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P4

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	78		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.43	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	106		%	08/04/14	AW	30 - 150 %
% TCMX	91		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P4

Phoenix I.D.: BG84559

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84560

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P5

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	84		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.4	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	108		%	08/04/14	AW	30 - 150 %
% TCMX	96		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P5

Phoenix I.D.: BG84560

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84561

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P6

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	80		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.41	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	110		%	08/04/14	AW	30 - 150 %
% TCMX	96		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P6

Phoenix I.D.: BG84561

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

August 07, 2014

FOR: Attn: Ms Kathleen Pane
Fuss & O'Neill EnviroScience, LLC
145 Hartford Road
Manchester, CT 06040

Sample Information		Custody Information		Date	Time
Matrix:	SOLID	Collected by:		07/30/14	0:00
Location Code:	F&OENVIRPCB	Received by:	SW	07/30/14	14:59
Rush Request:	72 Hour	Analyzed by:	see "By" below		
P.O.#:	20110979AZE				

Laboratory Data

SDG ID: GBG84446
Phoenix ID: BG84562

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P7

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference
Percent Solid	89		%	07/30/14	I	E160.3
Extraction for PCB	Completed			08/02/14	PP/D	SW3540C
PCB (Soxhlet)						
PCB-1016	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1221	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1232	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1242	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1248	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1254	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1260	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1262	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
PCB-1268	ND	0.37	mg/kg	08/04/14	AW	3540C/8082
QA/QC Surrogates						
% DCBP	108		%	08/04/14	AW	30 - 150 %
% TCMX	97		%	08/04/14	AW	30 - 150 %

Project ID: DISCOVERY ACADEMY
Client ID: GARAGE AREA-BG-P7

Phoenix I.D.: BG84562

Parameter	Result	RL/ PQL	Units	Date/Time	By	Reference

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

Comments:

All soils, solids and sludges are reported on a dry weight basis unless otherwise noted in the sample comments.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.
This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director
August 07, 2014
Reviewed and Released by: Ethan Lee, Project Manager

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

QA/QC Report

August 07, 2014

QA/QC Data

SDG I.D.: GBG84446

Parameter	Blank	LCS %	LCSD %	LCS RPD	MS %	MSD %	MS RPD	% Rec Limits	% RPD Limits
QA/QC Batch 282024, QC Sample No: BG83332 (BG84510, BG84511, BG84512, BG84513, BG84514, BG84515)									
Polychlorinated Biphenyls - Solid									
PCB-1016	ND	83	94	12.4	88	87	1.1	40 - 140	30
PCB-1221	ND							40 - 140	30
PCB-1232	ND							40 - 140	30
PCB-1242	ND							40 - 140	30
PCB-1248	ND							40 - 140	30
PCB-1254	ND							40 - 140	30
PCB-1260	ND	85	97	13.2	91	90	1.1	40 - 140	30
PCB-1262	ND							40 - 140	30
PCB-1268	ND							40 - 140	30
% DCBP (Surrogate Rec)	104	98	112	13.3	104	104	0.0	30 - 150	30
% TCMX (Surrogate Rec)	90	84	96	13.3	93	91	2.2	30 - 150	30
QA/QC Batch 281927, QC Sample No: BG84457 (BG84446, BG84447, BG84448, BG84449, BG84450, BG84451, BG84452, BG84453, BG84454, BG84455, BG84456, BG84457, BG84458, BG84459, BG84460, BG84461, BG84462, BG84463, BG84464, BG84465)									
Polychlorinated Biphenyls - Solid									
PCB-1016	ND	95	90	5.4	99	98	1.0	40 - 140	30
PCB-1221	ND							40 - 140	30
PCB-1232	ND							40 - 140	30
PCB-1242	ND							40 - 140	30
PCB-1248	ND							40 - 140	30
PCB-1254	ND							40 - 140	30
PCB-1260	ND	106	99	6.8	114	110	3.6	40 - 140	30
PCB-1262	ND							40 - 140	30
PCB-1268	ND							40 - 140	30
% DCBP (Surrogate Rec)	129	130	118	9.7	139	128	8.2	30 - 150	30
% TCMX (Surrogate Rec)	114	110	111	0.9	121	114	6.0	30 - 150	30

Comment:

QC apears to be spiked with 0.25ml of pcb spike. Recoveries were calculated based on this value. -aw

QA/QC Batch 281928, QC Sample No: BG84480 (BG84466, BG84467, BG84468, BG84469, BG84470, BG84472, BG84473, BG84474, BG84475, BG84476, BG84477, BG84478, BG84479, BG84480, BG84481, BG84482, BG84483, BG84484, BG84485)									
Polychlorinated Biphenyls - Solid									
PCB-1016	ND	99	98	1.0	101	104	2.9	40 - 140	30
PCB-1221	ND							40 - 140	30
PCB-1232	ND							40 - 140	30
PCB-1242	ND							40 - 140	30
PCB-1248	ND							40 - 140	30
PCB-1254	ND							40 - 140	30
PCB-1260	ND	99	99	0.0	101	103	2.0	40 - 140	30
PCB-1262	ND							40 - 140	30
PCB-1268	ND							40 - 140	30

QA/QC Data

SDG I.D.: GBG84446

Parameter	Blank	LCS %	LCSD %	LCS RPD	MS %	MSD %	MS RPD	% Rec Limits	% RPD Limits
% DCBP (Surrogate Rec)	108	108	107	0.9	107	114	6.3	30 - 150	30
% TCMX (Surrogate Rec)	114	114	111	2.7	113	116	2.6	30 - 150	30

Comment:

QC apears to be spiked with 0.25ml of pcb spike. Recoveries were calculated based on this value. -aw

QA/QC Batch 281929, QC Sample No: BG84490 (BG84486, BG84487, BG84488, BG84489, BG84490, BG84491, BG84492, BG84493, BG84494, BG84495, BG84496, BG84497, BG84498, BG84499, BG84500, BG84501, BG84502, BG84503, BG84504, BG84505)

Polychlorinated Biphenyls - Solid

PCB-1016	ND	96	96	0.0	88	74	17.3	40 - 140	30
PCB-1221	ND							40 - 140	30
PCB-1232	ND							40 - 140	30
PCB-1242	ND							40 - 140	30
PCB-1248	ND							40 - 140	30
PCB-1254	ND							40 - 140	30
PCB-1260	ND	108	110	1.8	102	85	18.2	40 - 140	30
PCB-1262	ND							40 - 140	30
PCB-1268	ND							40 - 140	30
% DCBP (Surrogate Rec)	116	115	118	2.6	114	91	22.4	30 - 150	30
% TCMX (Surrogate Rec)	113	109	110	0.9	106	85	22.0	30 - 150	30

Comment:

QC apears to be spiked with 0.25ml of pcb spike. Recoveries were calculated based on this value. -aw

QA/QC Batch 282025, QC Sample No: BG84535 (BG84516, BG84517, BG84518, BG84519, BG84520, BG84521, BG84522, BG84523, BG84524, BG84525, BG84526, BG84527, BG84528, BG84529, BG84530, BG84531, BG84532, BG84533, BG84534, BG84535)

Polychlorinated Biphenyls - Solid

PCB-1016	ND	88	91	3.4	94	95	1.1	40 - 140	30
PCB-1221	ND							40 - 140	30
PCB-1232	ND							40 - 140	30
PCB-1242	ND							40 - 140	30
PCB-1248	ND							40 - 140	30
PCB-1254	ND							40 - 140	30
PCB-1260	ND	91	95	4.3	96	96	0.0	40 - 140	30
PCB-1262	ND							40 - 140	30
PCB-1268	ND							40 - 140	30
% DCBP (Surrogate Rec)	98	100	104	3.9	105	106	0.9	30 - 150	30
% TCMX (Surrogate Rec)	89	90	93	3.3	96	99	3.1	30 - 150	30

QA/QC Batch 282026, QC Sample No: BG84555 (BG84536, BG84537, BG84538, BG84539, BG84540, BG84541, BG84542, BG84543, BG84544, BG84545, BG84546, BG84547, BG84548, BG84549, BG84550, BG84551, BG84552, BG84553, BG84554, BG84555)

Polychlorinated Biphenyls - Solid

PCB-1016	ND	87	78	10.9	80	88	9.5	40 - 140	30
PCB-1221	ND							40 - 140	30
PCB-1232	ND							40 - 140	30
PCB-1242	ND							40 - 140	30
PCB-1248	ND							40 - 140	30
PCB-1254	ND							40 - 140	30
PCB-1260	ND	99	96	3.1	94	101	7.2	40 - 140	30
PCB-1262	ND							40 - 140	30
PCB-1268	ND							40 - 140	30
% DCBP (Surrogate Rec)	111	115	111	3.5	106	117	9.9	30 - 150	30
% TCMX (Surrogate Rec)	90	97	88	9.7	86	93	7.8	30 - 150	30

QA/QC Data

SDG I.D.: GBG84446

Parameter	Blank	LCS %	LCSD %	LCS RPD	MS %	MSD %	MS RPD	% Rec Limits	% RPD Limits
QA/QC Batch 282027, QC Sample No: BG84798 (BG84556, BG84557, BG84558, BG84559, BG84560, BG84561, BG84562)									
Polychlorinated Biphenyls - Solid									
PCB-1016	ND	87	80	8.4	86	88	2.3	40 - 140	30
PCB-1221	ND							40 - 140	30
PCB-1232	ND							40 - 140	30
PCB-1242	ND							40 - 140	30
PCB-1248	ND							40 - 140	30
PCB-1254	ND							40 - 140	30
PCB-1260	ND	91	86	5.6	92	96	4.3	40 - 140	30
PCB-1262	ND							40 - 140	30
PCB-1268	ND							40 - 140	30
% DCBP (Surrogate Rec)	101	102	98	4.0	103	105	1.9	30 - 150	30
% TCMX (Surrogate Rec)	97	94	87	7.7	96	98	2.1	30 - 150	30
QA/QC Batch 282045, QC Sample No: BG85400 (BG84471)									
Polychlorinated Biphenyls - Solid									
PCB-1016	ND	94	93	1.1	84	91	8.0	40 - 140	30
PCB-1221	ND							40 - 140	30
PCB-1232	ND							40 - 140	30
PCB-1242	ND							40 - 140	30
PCB-1248	ND							40 - 140	30
PCB-1254	ND							40 - 140	30
PCB-1260	ND	96	94	2.1	92	93	1.1	40 - 140	30
PCB-1262	ND							40 - 140	30
PCB-1268	ND							40 - 140	30
% DCBP (Surrogate Rec)	106	106	101	4.8	100	99	1.0	30 - 150	30
% TCMX (Surrogate Rec)	99	101	96	5.1	87	93	6.7	30 - 150	30
QA/QC Batch 281972, QC Sample No: BG86594 (BG84506, BG84507, BG84508, BG84509)									
Polychlorinated Biphenyls - Solid									
PCB-1016	ND	86	84	2.4	76	74	2.7	40 - 140	30
PCB-1221	ND							40 - 140	30
PCB-1232	ND							40 - 140	30
PCB-1242	ND							40 - 140	30
PCB-1248	ND							40 - 140	30
PCB-1254	ND							40 - 140	30
PCB-1260	ND	98	99	1.0	97	94	3.1	40 - 140	30
PCB-1262	ND							40 - 140	30
PCB-1268	ND							40 - 140	30
% DCBP (Surrogate Rec)	96	108	121	11.4	115	113	1.8	30 - 150	30
% TCMX (Surrogate Rec)	84	91	98	7.4	79	77	2.6	30 - 150	30

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.

RPD - Relative Percent Difference
LCS - Laboratory Control Sample
LCSD - Laboratory Control Sample Duplicate
MS - Matrix Spike
MS Dup - Matrix Spike Duplicate
NC - No Criteria
Intf - Interference

Phyllis Shiller, Laboratory Director
August 07, 2014

Thursday, August 07, 2014

Criteria: None

State: CT

Sample Criteria Exceedences Report

GBG84446 - FOENVIRPCB

SampNo	Acode	Phoenix Analyte	Criteria	Result	RL	Criteria	RL Criteria	Analysis Units

*** No Data to Display ***

Phoenix Laboratories does not assume responsibility for the data contained in this report. It is provided as an additional tool to identify requested criteria exceedences. All efforts are made to ensure the accuracy of the data (obtained from appropriate agencies). A lack of exceedence information does not necessarily suggest conformance to the criteria. It is ultimately the site professional's responsibility to determine appropriate compliance.

Reasonable Confidence Protocol
Laboratory Analysis QA/QC Certification Form

Laboratory Name: Phoenix Environmental Labs, Inc. **Client:** Fuss & O'Neill EnviroScience, LLC

Project Location: DISCOVERY ACADEMY **Project Number:**

Laboratory Sample ID(s): BG84446, BG84447, BG84448, BG84449, BG84450, BG84451, BG84452, BG84453, BG84454, BG84455, BG84456, BG84457, BG84458, BG84459, BG84460, BG84461, BG84462, BG84463, BG84464, BG84465, BG84466, BG84467, BG84468, BG84469, BG84470, BG84471, BG84472, BG84473, BG84474, BG84475, BG84476, BG84477, BG84478, BG84479, BG84480, BG84481, BG84482, BG84483, BG84484, BG85485, BG84486, BG84487, BG84488, BG84489, BG84490, BG84491, BG84492, BG84493, BG84494, BG84495, BG84496, BG84497, BG84498, BG84499, BG84500, BG84501, BG84502, BG84503, BG84504, BG84505, BG84506, BG84507, BG84508, BG84509, BG84510, BG84511, BG84512, BG84513, BG84514, BG84515, BG84516, BG84517, BG84518, BG84519, BG84520, BG84521, BG84522, BG84523, BG84524, BG84525, BG84526, BG84527, BG84528, BG84529, BG84530, BG84531, BG84532, BG84533, BG84534, BG84535, BG84536, BG84537, BG84538, BG84539, BG84540, BG84541, BG84542, BG84543, BG84544, BG84545, BG84546, BG84547, BG84548, BG84549, BG84550, BG84551, BG84552, BG84553, BG84554, BG84555, BG84556, BG84557, BG84558, BG84559, BG84560, BG84561, BG84562

Sampling Date(s): 7/30/2014

RCP Methods Used:

☐ 1311/1312 ☐ 6010 ☐ 7000 ☐ 7196 ☐ 7470/7471 ☐ 8081 ☐ EPH ☐ TO15

☑ 8082 ☐ 8151 ☐ 8260 ☐ 8270 ☐ ETPH ☐ 9010/9012 ☐ VPH

1.	For each analytical method referenced in this laboratory report package, were all specified QA/QC performance criteria followed, including the requirement to explain any criteria falling outside of acceptable guidelines, as specified in the CT DEP method-specific Reasonable Confidence Protocol documents?	☑ Yes ☐ No
1a.	Were the method specified preservation and holding time requirements met?	☑ Yes ☐ No
1b.	EPH and VPH methods only: Was the VPH or EPH method conducted without significant modifications (see section 11.3 of respective RCP methods)	☐ Yes ☐ No ☑ NA
2.	Were all samples received by the laboratory in a condition consistent with that described on the associated Chain-of-Custody document(s)?	☑ Yes ☐ No
3.	Were samples received at an appropriate temperature (< 6 Degrees C)?	☑ Yes ☐ No ☐ NA
4.	Were all QA/QC performance criteria specified in the Reasonable Confidence Protocol documents acheived? See Section: PCB Narration.	☐ Yes ☑ No
5a.	Were reporting limits specified or referenced on the chain-of-custody?	☑ Yes ☐ No
5b.	Were these reporting limits met?	☑ Yes ☐ No ☐ NA
6.	For each analytical method referenced in this laboratory report package, were results reported for all constituents identified in the method-specific analyte lists presented in the Reasonable Confidence Protocol documents?	☑ Yes ☐ No ☐ NA
7.	Are project-specific matrix spikes and laboratory duplicates included in the data set?	☑ Yes ☐ No ☐ NA

Note: For all questions to which the response was "No" (with the exception of question #5a, #7), additional information must be provided in an attached narrative. If the answer to question #1, #1A or 1B is "No", the data package does not meet the requirements for "Reasonable Confidence".

I, the undersigned, attest under the pains and penalties of perjury that, to the best of my knowledge and belief and based upon my personal inquiry of those responsible for providing the information contained in this analytical report, such information is accurate and complete.

Date: Thursday, August 07, 2014

Authorized Signature: Ethan Lee

Printed Name: Ethan Lee

Position: Project Manager

Nov 2007

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

ACCREDITED IN ACCORDANCE WITH NY # 11301

RCP Certification Report

August 07, 2014

SDG I.D.: GBG84446

PCB Narration

Were all QA/QC performance criteria specified in the Reasonable Confidence Protocol documents achieved? No.

BG84470 - The surrogate recoveries exceed the method criteria for %DCBP and %TCMX. PCBs were not reported in this sample, therefore no significant bias is suspected.

Instrument: Au-ecd1 08/02/14-1 (BG84507, BG84508, BG84509)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/2/2014

Instrument: Au-ecd1 08/05/14-1 (BG84471)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/5/2014

Instrument: Au-ecd24 08/01/14-1 (BG84446, BG84447, BG84448, BG84449, BG84450, BG84451, BG84452, BG84453, BG84454, BG84455, BG84456, BG84457, BG84458, BG84459, BG84460, BG84490)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/1/2014

Instrument: Au-ecd24 08/03/14-1 (BG84529, BG84530, BG84531, BG84532, BG84533, BG84534, BG84535, BG84546, BG84547, BG84548, BG84549, BG84550, BG84551, BG84552, BG84553)

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

ACCREDITED IN ACCORDANCE WITH
NY # 11301

RCP Certification Report

August 07, 2014

SDG I.D.: GBG84446

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/3/2014

Instrument: Au-ecd3 08/01/14-1 (BG84469, BG84470, BG84471, BG84480, BG84481, BG84486, BG84491, BG84492, BG84493, BG84499, BG84500, BG84501)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/1/2014

Instrument: Au-ecd3 08/03/14-1 (BG84554, BG84555, BG84556, BG84557, BG84558, BG84559, BG84560, BG84561, BG84562)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/3/2014

Instrument: Au-ecd48 08/01/14-1 (BG84474, BG84475, BG84476, BG84480, BG84482, BG84483, BG84484, BG84485)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/1/2014

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

ACCREDITED IN ACCORDANCE WITH NY # 11301

RCP Certification Report

August 07, 2014

SDG I.D.: GBG84446

Instrument: Au-ecd48 08/03/14-1 (BG84526, BG84527, BG84528)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/3/2014

Instrument: Au-ecd5 08/01/14-1 (BG84472, BG84473, BG84494, BG84495, BG84496, BG84497, BG84498, BG84502, BG84503, BG84504, BG84505)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/1/2014

Instrument: Au-ecd5 08/03/14-1 (BG84537, BG84538, BG84539, BG84540, BG84541, BG84542, BG84543, BG84544, BG84545)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/3/2014

Instrument: Au-ecd5 08/05/14-1 (BG84539)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

ACCREDITED IN ACCORDANCE WITH NY # 11301

RCP Certification Report

August 07, 2014

SDG I.D.: GBG84446

Printed Name Adam Werner
Position: Chemist
Date: 8/5/2014

Instrument: Au-ecd6 08/03/14-1 (BG84535)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/3/2014

Instrument: Au-ecd8 08/01/14-1 (BG84457, BG84461, BG84462, BG84464, BG84465, BG84466, BG84467, BG84468, BG84477, BG84478, BG84479, BG84487, BG84488, BG84489, BG84490)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/1/2014

Instrument: Au-ecd8 08/02/14-1 (BG84463, BG84506)

8082 Narration:

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/2/2014

Instrument: Au-ecd8 08/03/14-1 (BG84510, BG84511, BG84512, BG84513, BG84514, BG84515, BG84516, BG84517, BG84518, BG84519, BG84520, BG84521, BG84522, BG84523, BG84524, BG84525, BG84536, BG84555)

8082 Narration:

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

ACCREDITED IN ACCORDANCE WITH NY # 11301

RCP Certification Report

August 07, 2014

SDG I.D.: GBG84446

The initial calibration RSD for the compound list was less than 15% except for the following compounds: none

The continuing calibration standards were within acceptance criteria except for the following compounds: none

Printed Name Adam Werner
Position: Chemist
Date: 8/3/2014

QC Comments: QC Batch 281927 08/01/14 (BG84446, BG84447, BG84448, BG84449, BG84450, BG84451, BG84452, BG84453, BG84454, BG84455, BG84456, BG84457, BG84458, BG84459, BG84460, BG84461, BG84462, BG84463, BG84464, BG84465)

QC apears to be spiked with 0.25ml of pcb spike. Recoveries were calculated based on this value. -aw

QC Comments: QC Batch 281928 08/01/14 (BG84466, BG84467, BG84468, BG84469, BG84470, BG84471, BG84472, BG84473, BG84474, BG84475, BG84476, BG84477, BG84478, BG84479, BG84480, BG84481, BG84482, BG84483, BG84484, BG84485)

QC apears to be spiked with 0.25ml of pcb spike. Recoveries were calculated based on this value. -aw

QC Comments: QC Batch 281929 08/01/14 (BG84486, BG84487, BG84488, BG84489, BG84490, BG84491, BG84492, BG84493, BG84494, BG84495, BG84496, BG84497, BG84498, BG84499, BG84500, BG84501, BG84502, BG84503, BG84504, BG84505)

QC apears to be spiked with 0.25ml of pcb spike. Recoveries were calculated based on this value. -aw

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

ACCREDITED IN ACCORDANCE WITH NY # 11301

RCP Certification Report

August 07, 2014

SDG I.D.: GBG84446

QC (Site Specific)

---------- Sample No: BG84457, QA/QC Batch: 281927 ----------

All LCS recoveries were within 40 - 140 with the following exceptions: None.

All LCSD recoveries were within 40 - 140 with the following exceptions: None.

All LCS/LCSD RPDs were less than 30% with the following exceptions: None.

All MS recoveries were within 40 - 140 with the following exceptions: None.

All MSD recoveries were within 40 - 140 with the following exceptions: None.

All MS/MSD RPDs were less than 30% with the following exceptions: None.

---------- Sample No: BG84480, QA/QC Batch: 281928 ----------

All LCS recoveries were within 40 - 140 with the following exceptions: None.

All LCSD recoveries were within 40 - 140 with the following exceptions: None.

All LCS/LCSD RPDs were less than 30% with the following exceptions: None.

All MS recoveries were within 40 - 140 with the following exceptions: None.

All MSD recoveries were within 40 - 140 with the following exceptions: None.

All MS/MSD RPDs were less than 30% with the following exceptions: None.

---------- Sample No: BG84490, QA/QC Batch: 281929 ----------

All LCS recoveries were within 40 - 140 with the following exceptions: None.

All LCSD recoveries were within 40 - 140 with the following exceptions: None.

All LCS/LCSD RPDs were less than 30% with the following exceptions: None.

All MS recoveries were within 40 - 140 with the following exceptions: None.

All MSD recoveries were within 40 - 140 with the following exceptions: None.

All MS/MSD RPDs were less than 30% with the following exceptions: None.

---------- Sample No: BG84535, QA/QC Batch: 282025 ----------

All LCS recoveries were within 40 - 140 with the following exceptions: None.

All LCSD recoveries were within 40 - 140 with the following exceptions: None.

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

ACCREDITED IN ACCORDANCE WITH NY # 11301

RCP Certification Report

August 07, 2014

SDG I.D.: GBG84446

All LCS/LCSD RPDs were less than 30% with the following exceptions: None.

All MS recoveries were within 40 - 140 with the following exceptions: None.

All MSD recoveries were within 40 - 140 with the following exceptions: None.

All MS/MSD RPDs were less than 30% with the following exceptions: None.

---------- Sample No: BG84555, QA/QC Batch: 282026 ----------

All LCS recoveries were within 40 - 140 with the following exceptions: None.

All LCSD recoveries were within 40 - 140 with the following exceptions: None.

All LCS/LCSD RPDs were less than 30% with the following exceptions: None.

All MS recoveries were within 40 - 140 with the following exceptions: None.

All MSD recoveries were within 40 - 140 with the following exceptions: None.

All MS/MSD RPDs were less than 30% with the following exceptions: None.

A matrix effect is suspected when a MS/MSD recovery is outside of criteria. No further action is required if LCS/LCSD compounds are within criteria.

QC (Batch Specific)

---------- Sample No: BG83332, QA/QC Batch: 282024 ----------

All LCS recoveries were within 40 - 140 with the following exceptions: None.

All LCSD recoveries were within 40 - 140 with the following exceptions: None.

All LCS/LCSD RPDs were less than 30% with the following exceptions: None.

---------- Sample No: BG84798, QA/QC Batch: 282027 ----------

All LCS recoveries were within 40 - 140 with the following exceptions: None.

All LCSD recoveries were within 40 - 140 with the following exceptions: None.

All LCS/LCSD RPDs were less than 30% with the following exceptions: None.

---------- Sample No: BG85400, QA/QC Batch: 282045 ----------

All LCS recoveries were within 40 - 140 with the following exceptions: None.

All LCSD recoveries were within 40 - 140 with the following exceptions: None.

4 of 10

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

☑ 146 Hartford Road, Manchester, CT 06040
☐ 56 Quarry Road, Trumbull, CT 06611
☐ 1419 Richland Street, Columbia, SC 29201
☐ 78 Interstate Drive, West Springfield, MA 01089
☐ 50 Redfield Street, Suite 100, Boston, MA 02122
☐ 275 Promenade Street, Suite 350, Providence, RI 02908
☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1475

☐ 1 Day* ☑ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

PROJECT NAME	PROJECT LOCATION	PROJECT NUMBER	LABORATORY
Discovery Academy	176 Cumberland Ave Wethersfield, CT	20110979.AZE	Phoenix

REPORT TO: Kathleen Pune
INVOICE TO: Sarah Owens
P.O. NO.: 20110979.AZE
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA 8082/SOXHLET

Containers: Soil VOA Vial, [ ] methanol; Soil VOA Vial, [ ] water [ ] $Na(SO_4)_2$; Glass Soil Container (4) oz; Glass Soil Container ( ) oz; Other:; Water VOA Vial, [ ] As is [ ] HCl; Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4; Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml; Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml; Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered; Plastic - NaOH, 250 ml

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	EPA 8082/SOXHLET	Soil VOA Vial, [ ] methanol	Soil VOA Vial, [ ] water [ ] $Na(SO_4)_2$	Glass Soil Container (4) oz	Glass Soil Container ( ) oz	Other:	Water VOA Vial, [ ] As is [ ] HCl	Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4	Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml	Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml	Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered	Plastic - NaOH, 250 ml	Comments
1					Garage area - B6 - A1	S	7/30/14		✓			1									84446
2					-A2				✓			1									84447
3					-A3				✓			1									84448
4					-A4				✓			1									84449
5					-A5				✓			1									84450
6					-A6				✓			1									84451
7					-A7				✓			1									84452
8					-B1				✓			1									84453
9					-B2				✓			1									84454
10					-B3				✓			1									84455

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823

ACCREDITED IN ACCORDANCE WITH
NY # 11301

RCP Certification Report

August 07, 2014

SDG I.D.: GBG84446

All LCS/LCSD RPDs were less than 30% with the following exceptions: None.

---------- Sample No: BG86594, QA/QC Batch: 281972 ----------

All LCS recoveries were within 40 - 140 with the following exceptions: None.

All LCSD recoveries were within 40 - 140 with the following exceptions: None.

All LCS/LCSD RPDs were less than 30% with the following exceptions: None.

Temperature Narration

The samples in this delivery group were received at 4°C.
(Note acceptance criteria is above freezing up to 6°C)

4 UNICO

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

- ☑ 146 Hartford Road, Manchester, CT 06040
- ☐ 56 Quarry Road, Trumbull, CT 06611
- ☐ 1419 Richland Street, Columbia, SC 29201
- ☐ 78 Interstate Drive, West Springfield, MA 01089
- ☐ 50 Redfield Street, Suite 100, Boston, MA 02122
- ☐ 275 Promenade Street, Suite 350, Providence, RI 02908
- ☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1476

☐ 1 Day* ☑ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

Project Name	Project Location	Project Number	Laboratory
Discovery Academy	176 Cumberland Ave Wethersfield, CT	20110979.A2E	Phoenix

Report To: Kathleen Pune
Invoice To: Sarah Owens
P.O. No.: 20110979.A2E
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request / Containers

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	EPA 8082/SOXHLET	Soil VOA Vial, [ ] methanol	Soil VOA Vial, [ ] water	Glass Soil Container (4) oz	Glass Soil Container ( ) oz	Other:	Water VOA Vial, [ ] As is [ ] HCl	Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4	Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml	Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml	Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered	Plastic - NaOH, 250 ml	Comments
11					Grange area-B6-B4	S	7/30/14		/			1									84456
12					-B5	↓	↓		/			1									84457
13					-B6				/			1									84458
14					-B7A				/			1									84459
15					-B7B				/			1									84460
16					-C1-~~B8~~B6				/			1									84461
17					-C2				/			1									84462
18					-C3				/			1									84463
19					-C4				/			1									84464
20					-C5	↓	↓		/			1									84465

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

4 of 4

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

- ☑ 146 Hartford Road, Manchester, CT 06040
- ☐ 56 Quarry Road, Trumbull, CT 06611
- ☐ 1419 Richland Street, Columbia, SC 29201
- ☐ 78 Interstate Drive, West Springfield, MA 01089
- ☐ 50 Redfield Street, Suite 100, Boston, MA 02122
- ☐ 275 Promenade Street, Suite 350, Providence, RI 02908
- ☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1477

☐ 1 Day* ☑ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

Project Name	Project Location	Project Number	Laboratory
Discovery Academy	176 Cumberland Ave Wethersfield CT	20110979.A2E	Phoenix

Report To: Kathleen Prine
Invoice To: Sarah Owens
P.O. No.: 20110979.A2E
Sampler's Signature: [signature] Date: 7-30-14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA 3082/SOXHLET

Containers: Soil VOA Vial, [ ] methanol; Soil VOA Vial, [ ] water; Glass Soil Container (4) oz; Glass Soil Container ( ) oz; Other; Water VOA Vial, [ ] As is; Glass Amber ( ) ml, [ ] As is; Plastic - As is, [ ] 250 ml; Plastic - H_2SO_4, [ ] 250 ml; Plastic - HNO_3, 250 ml; Plastic - $NaOH$, 250 ml

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	EPA 3082/SOXHLET	Soil VOA Vial, [ ] methanol	Soil VOA Vial, [ ] water	Glass Soil Container (4) oz	Glass Soil Container ( ) oz	Other	Water VOA Vial, [ ] As is	Glass Amber ( ) ml, [ ] As is	Plastic - As is, [ ] 250 ml	Plastic - H_2SO_4, [ ] 250 ml	Plastic - HNO_3, 250 ml	Plastic - $NaOH$, 250 ml	Comments
21					Garage area-Br-C6	S	7/30/14		✓			1									84466
22					-C7	↓	↓		/			1									84467
23					-D1A				/			1									84468
24					-D1B				/			1									84469
25					-D2				/			1									84470
26					-D3				/			1									84471
27					-D4				/			1									84472
28					-D5				/			1									84473
29					-D6				/			1									84474
30					-D7	↓	↓		/			1									84475

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

4 OWLC

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

- ☑ 146 Hartford Road, Manchester, CT 06040
- ☐ 56 Quarry Road, Trumbull, CT 06611
- ☐ 1419 Richland Street, Columbia, SC 29201
- ☐ 78 Interstate Drive, West Springfield, MA 01089
- ☐ 50 Redfield Street, Suite 100, Boston, MA 02122
- ☐ 275 Promenade Street, Suite 350, Providence, RI 02908
- ☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1478

☐ 1 Day* ☑ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

Project Name	Project Location	Project Number	Laboratory
Discovery Academy	176 Cumberland Ave Wethersfield, CT	20110979.A2E	Phoenix

Report To: Kathleen Pune
Invoice To: Sarah Owens
P.O. No.: 20110979.A2E
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA 8082/SOXHLET

Containers: Soil VOA Vial, [ ] methanol; Soil VOA Vial, [ ] water; Glass Soil Container [ ] $Na(SO)_2$; Glass Soil Container (Y) oz; Glass Soil Container ( ) oz; Other:; Water VOA Vial, [ ] As is [ ] HCl; Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4; Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml; Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml; Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered; Plastic - NaOH, 250 ml

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	EPA 8082/SOXHLET	Soil VOA Vial, [ ] methanol	Soil VOA Vial, [ ] water	Glass Soil Container [ ] $Na(SO)_2$	Glass Soil Container (Y) oz	Other:	Water VOA Vial, [ ] As is [ ] HCl	Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4	Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml	Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml	Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered	Plastic - NaOH, 250 ml	Comments
31					Grange area-BG-E1	S	7/30/14		✓				1								84476
32					-E2	↓	↓		✓				1								84477
33					-E3				✓				1								84478
34					-E4				✓				1								84479
35					-E5				✓				1								84480
36					-E6				✓				1								84481
37					-E7				✓				1								84482
38					-F1				✓				1								84483
39					-F2				✓				1								84484
40					-F3				✓				1								84485

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

4 of 19

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

- ☑ 146 Hartford Road, Manchester, CT 06040
- ☐ 56 Quarry Road, Trumbull, CT 06611
- ☐ 1419 Richland Street, Columbia, SC 29201
- ☐ 78 Interstate Drive, West Springfield, MA 01089
- ☐ 50 Redfield Street, Suite 100, Boston, MA 02122
- ☐ 275 Promenade Street, Suite 350, Providence, RI 02908
- ☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1479

☐ 1 Day* ☑ 5 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

Project Name	Project Location	Project Number	Laboratory
Discovery Academy	176 Cumberland Ave, Wethersfield, CT	20110979.A2E	Phoenix

Report To: Kathleen Pune
Invoice To: Sarah Owens
P.O. No.: 20110979.A2E
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA 8082/SOXHLET

Containers: Soil VOA Vial, [ ] methanol; Soil VOA Vial, [ ] water; Glass Soil Container (4) oz; Glass Soil Container ( ) oz; Other: Water VOA Vial, [ ] As is [ ] HCl; Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4; Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml; Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml; Plastic - HNO_3, 250 ml; Plastic - $NaOH_4$, 250 ml

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	Soil VOA Vial, [ ] methanol	Soil VOA Vial, [ ] water	Glass Soil Container (4) oz	Comments
41					Grange area - B6 - F4	S	7/30/14		✓		1	84486
42					- F5	↓	↓		✓		1	84487
43					- F6				✓		1	84488
44					- F7				✓		1	84489
45					- G1				✓		1	84490
46					- G2A				✓		1	84491
47					- G2B				✓		1	84492
48					- G3				✓		1	84493
49					- G4				✓		1	84494
50					- G5				✓		1	84495

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

4 WIC
10

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

- ☑ 146 Hartford Road, Manchester, CT 06040
- ☐ 56 Quarry Road, Trumbull, CT 06611
- ☐ 1419 Richland Street, Columbia, SC 29201
- ☐ 78 Interstate Drive, West Springfield, MA 01089
- ☐ 50 Redfield Street, Suite 100, Boston, MA 02122
- ☐ 275 Promenade Street, Suite 350, Providence, RI 02908
- ☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1480

☐ 1 Day* ☑ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

Project Name	Project Location	Project Number	Laboratory
Discovery Academy	176 Cumberland Ave Wethersfield, CT	20110979.A2E	Phoenix

Report To: Kathleen Punz
Invoice To: Sarah Owens
P.O. No.: 20110979.A2E
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA 8082/SOXHLET

Containers: Soil VOA Vial, [ ] methanol; Soil VOA Vial, [ ] water; Glass Soil Container (4) oz; Glass Soil Container ( ) oz; Other; Water VOA Vial, [ ] As is [ ] HCl; Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4; Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml; Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml; Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered; Plastic - NaOH, 250 ml

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	EPA 8082/SOXHLET	Soil VOA Vial, [ ] methanol	Soil VOA Vial, [ ] water	Glass Soil Container (4) oz	Glass Soil Container ( ) oz	Other	Water VOA Vial, [ ] As is [ ] HCl	Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4	Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml	Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml	Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered	Plastic - NaOH, 250 ml	Comments
51					Grange area-B6-G6	S	7/30/14		✓			1									84496
52					-G7	↓	↓		✓			1									84497
53					-H1				✓			1									84498
54					-H2				✓			1									84499
55					-H3				✓			1									84500
56					-H4				✓			1									84501
57					-H5				✓			1									84502
58					-H6				✓			1									84503
59					-H7				✓			1									84504
60					-J1				✓			1									84505

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

4400K
SR

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

☑ 146 Hartford Road, Manchester, CT 06040
☐ 56 Quarry Road, Trumbull, CT 06611
☐ 1419 Richland Street, Columbia, SC 29201
☐ 78 Interstate Drive, West Springfield, MA 01089
☐ 50 Redfield Street, Suite 100, Boston, MA 02122
☐ 275 Promenade Street, Suite 350, Providence, RI 02908
☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1481

☐ 1 Day* ☑ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

PROJECT NAME	PROJECT LOCATION	PROJECT NUMBER	LABORATORY
Discovery Academy	176 Cumberland Ave Wethersfield, CT	20110979.AZE	Phoenix

REPORT TO: Kathleen Pane
INVOICE TO: Sarah Owens
P.O. NO.: 20110979.AZE
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA BOB2/SOXHLET

Containers

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	EPA BOB2/SOXHLET	Soil VOA Vial, [ ] methanol	Soil VOA Vial, [ ] water [ ] $Na(SO_4)_2$	Glass Soil Container (4) oz	Glass Soil Container ( ) oz	Other:	Water VOA Vial, [ ] As is [ ] HCl	Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4	Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml	Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml	Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered	Plastic - NaOH, 250 ml	Comments
61					Garage area-BG-J2	S	7/30/14		/			1									84506
62					-J3A				/			1									84507
63					-J3B				/			1									84508
64					-J4				/			1									84509
65					-J5				/			1									84510
66					-J6				/			1									84511
67					-J7				/			1									84512
68					-K1				/			1									84513
69					-K2				/			1									84514
70					-K3				/			1									84515

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

4 Owls r

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

- ☑ 146 Hartford Road, Manchester, CT 06040
- ☐ 56 Quarry Road, Trumbull, CT 06611
- ☐ 1419 Richland Street, Columbia, SC 29201
- ☐ 78 Interstate Drive, West Springfield, MA 01089
- ☐ 50 Redfield Street, Suite 100, Boston, MA 02122
- ☐ 275 Promenade Street, Suite 350, Providence, RI 02908
- ☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1482

☐ 1 Day* ☑ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

PROJECT NAME	PROJECT LOCATION	PROJECT NUMBER	LABORATORY
Discovery Academy	176 Cumberland Ave Wethersfield, CT	20110979.AZE	Phoenix

REPORT TO: Kathleen Pune
INVOICE TO: Sarah Owens
P.O. NO.: 20110979.AZE
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA 8082/SOXHLET

Containers: Soil VOA Vial, [ ] methanol; Soil VOA Vial, [ ] water [ ] $Na(SO_4)_2$; Glass Soil Container (4) oz; Glass Soil Container ( ) oz; Other: Water VOA Vial, [ ] As is [ ] HCl; Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4; Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml; Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml; Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered; Plastic - NaOH, 250 ml

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	EPA 8082/SOXHLET	Soil VOA Vial, [ ] methanol	Soil VOA Vial, [ ] water [ ] $Na(SO_4)_2$	Glass Soil Container (4) oz	Glass Soil Container ( ) oz	Other:	Water VOA Vial, [ ] As is [ ] HCl	Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4	Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml	Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml	Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered	Plastic - NaOH, 250 ml	Comments
71					Garage area-BG-K4	S	7/30/14		✓			1									84516
72					-K5	↓	↓		✓			1									84517
73					-K6	↓	↓		✓			1									84518
74					-K7	↓	↓		✓			1									84519
75					-L1	↓	↓		✓			1									84520
76					-L2	↓	↓		✓			1									84521
77					-L3	↓	↓		✓			1									84522
78					-L4	↓	↓		✓			1									84523
79					-L5	↓	↓		✓			1									84524
80					-L6	↓	↓		✓			1									84525

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

4 CWIC 1P

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

- ☑ 146 Hartford Road, Manchester, CT 06040
- ☐ 56 Quarry Road, Trumbull, CT 06611
- ☐ 1419 Richland Street, Columbia, SC 29201
- ☐ 78 Interstate Drive, West Springfield, MA 01089
- ☐ 50 Redfield Street, Suite 100, Boston, MA 02122
- ☐ 275 Promenade Street, Suite 350, Providence, RI 02908
- ☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1483

☐ 1 Day* ☑ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

PROJECT NAME	PROJECT LOCATION	PROJECT NUMBER	LABORATORY
Discovery Academy	176 Cumberland Ave Wethersfield CT	20110979.AZE	Phoenix

REPORT TO: Kuthleen Pune
INVOICE TO: Sarah Owens
P.O. NO.: 20110979.AZE
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA 8082/SOXHLET

Containers: Soil VOA Vial, [ ] methanol; Soil VOA Vial, [ ] water [ ] $Na(SO_4)_2$; Glass Soil Container (4) oz; Glass Soil Container ( ) oz; Other: Water VOA Vial, [ ] As is [ ] HCl; Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4; Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml; Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml; Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered; Plastic - NaOH, 250 ml

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	EPA 8082/SOXHLET	Soil VOA Vial, [ ] methanol	Soil VOA Vial, [ ] water [ ] $Na(SO_4)_2$	Glass Soil Container (4) oz	Glass Soil Container ( ) oz	Other:	Water VOA Vial, [ ] As is [ ] HCl	Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4	Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml	Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml	Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered	Plastic - NaOH, 250 ml	Comments
81					Gurugeren-BG-L7	S	7/30/14		/			1									84526
82					-M1	↓	↓		/			1									84527
83					-M2	↓	↓		/			1									84528
84					-M3	↓	↓		/			1									84529
85					-M4A	↓	↓		/			1									84530
86					-M4B	↓	↓		/			1									84531
87					-M5	↓	↓		/			1									84532
88					-M6	↓	↓		/			1									84533
89					-M7	↓	↓		/			1									84534
90					-N1	↓	↓		/			1									84535

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

4 cooler

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

- ☑ 146 Hartford Road, Manchester, CT 06040
- ☐ 56 Quarry Road, Trumbull, CT 06611
- ☐ 1419 Richland Street, Columbia, SC 29201
- ☐ 78 Interstate Drive, West Springfield, MA 01089
- ☐ 50 Redfield Street, Suite 100, Boston, MA 02122
- ☐ 275 Promenade Street, Suite 350, Providence, RI 02908
- ☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1484

☐ 1 Day* ☑ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

Project Name	Project Location	Project Number	Laboratory
Discovery Academy	176 Cumberland Ave Wethersfield, CT	20110979.AZE	Phoenix

Report To: Kathleen Pure
Invoice To: Sarah Owens
P.O. No.: 20110979.AZE
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA 8082/SOXHLET

Containers: Soil VOA Vial, [ ] methanol; Soil VOA Vial, [ ] water; [ ] $Na_2(SO_4)$; Glass Soil Container (4) oz; Glass Soil Container ( ) oz; Other:; Water VOA Vial, [ ] As is [ ] HCl; Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4; Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml; Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml; Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered; Plastic - NaOH, 250 ml

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	EPA 8082/SOXHLET	Glass Soil Container (4) oz	Comments
91					Garage area-B6-N2	S	7/30/14		✓	1	84536
92					-N3	↓	↓		✓	1	84537
93					-N4	↓	↓		✓	1	84538
94					-N5	↓	↓		✓	1	84539
95					-N6	↓	↓		✓	1	84540
96					-N7	↓	↓		✓	1	84541
97					-01	↓	↓		✓	1	84542
98					-02	↓	↓		✓	1	84543
99					-03	↓	↓		✓	1	84544
100					-04	↓	↓		✓	1	84545

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

4 of 10

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

- ☑ 146 Hartford Road, Manchester, CT 06040
- ☐ 56 Quarry Road, Trumbull, CT 06611
- ☐ 1419 Richland Street, Columbia, SC 29201
- ☐ 78 Interstate Drive, West Springfield, MA 01089
- ☐ 50 Redfield Street, Suite 100, Boston, MA 02122
- ☐ 275 Promenade Street, Suite 350, Providence, RI 02908
- ☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1485

☐ 1 Day* ☐ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

Project Name	Project Location	Project Number	Laboratory
Discovery Academy	176 Cumberland Ave Wethersfield, CT	20110979.AZE	Phoenix

Report To: Kathleen Prunc
Invoice To: Sarah Owens
P.O. No.: 20110979.AZE
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA 8082/SOXHLET

Containers: Soil VOA Vial, [ ] methanol; Soil VOA Vial, [ ] water; Glass Soil Container (4) oz; Glass Soil Container ( ) oz; Other; Water VOA Vial, [ ] As is [ ] HCl; Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4; Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml; Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml; Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered; Plastic - NaOH, 250 ml

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	EPA 8082/SOXHLET	Glass Soil Container (4) oz	Comments
101					Garage area-B6-05	S	7/30/14		✓	1	84546
102					-06	↓	↓		✓	1	84547
103					-07	↓	↓		✓	1	84548
104					-I1	↓	↓		✓	1	84549
105					-I2	↓	↓		✓	1	84550
106					-I3	↓	↓		✓	1	84551
107					-I4	↓	↓		✓	1	84552
108					-I5	↓	↓		✓	1	84553
109					-I6	↓	↓		✓	1	84554
110					-I7	↓	↓		✓	1	84555

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:59
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

4 cwic 10

FUSS & O'NEILL ENVIROSCIENCE, LLC
Disciplines to Deliver
(860) 646-2469 • www.FandO.com

- ☑ 146 Hartford Road, Manchester, CT 06040
- ☐ 56 Quarry Road, Trumbull, CT 06611
- ☐ 1419 Richland Street, Columbia, SC 29201
- ☐ 78 Interstate Drive, West Springfield, MA 01089
- ☐ 50 Redfield Street, Suite 100, Boston, MA 02122
- ☐ 275 Promenade Street, Suite 350, Providence, RI 02908
- ☐ 80 Washington Street, Suite 301, Poughkeepsie, NY 12601

CHAIN-OF-CUSTODY RECORD 1396

☐ 1 Day* ☑ 3 Days* ☐ Other _____ (days)
☐ 2 Days* ☐ Standard (____ days) *Surcharge Applies

Project Name	Project Location	Project Number	Laboratory
Discovery Academy	176 Cumberland Ave Wethersfield, CT	20110979.A2E	

Report To: Kathleen Prue
Invoice To: Sarah Owens
P.O. No.: 20110979.A2E
Sampler's Signature: [signature] Date: 7/30/14

Source Codes:
MW=Monitoring Well PW=Potable Water S=Soil W=Waste
SW=Surface Water T=Treatment Facility B=Sediment A=Air
X=Other _____

Analysis Request: EPA 8082 soxhlet

Containers: Soil VOA Vial, [ ] methanol; Soil VOA Vial, [ ] water; Glass Soil Container (4) oz; Glass Soil Container ( ) oz; Other: Water VOA Vial, [ ] As is [ ] HCl; Glass Amber ( ) ml, [ ] As is [ ] H_2SO_4; Plastic - As is, [ ] 250 ml [ ] 500 [ ] 1000 ml; Plastic - H_2SO_4, [ ] 250 ml [ ] 500 ml; Plastic - HNO_3, 250 ml [ ] Filtered [ ] Unfiltered; Plastic - NaOH, 250 ml

Item No.	Transfer Check 1	2	3	4	Sample Number	Source Code	Date Sampled	Time Sampled	Soil VOA Vial, [ ] methanol	Soil VOA Vial, [ ] water	Glass Soil Container (4) oz	Comments
111					Garage area - B6 - P1	S	7/30/14		✓		1	84556
112					- P2	↓	↓		✓		1	84557
113					- P3				✓		1	84558
114					- P4				✓		1	84559
115					- P5				✓		1	84560
116					- P6				✓		1	84561
117					- P7				✓		1	84562

Transfer Number	Relinquished By	Accepted By	Date	Time
1	[signature]	[signature]	7/30/14	14:15
2				
3				
4				

Reporting and Detection Limit Requirements:

Additional Comments:

Appendix E

Uniform Hazardous Waste Manifests

Waste Profile for PCB Bulk

Profile Tracking # 471288

WASTE PROFILE FORM

For assistance in completing this document or for additional information on EQ's service offerings, please visit our website at www.eqonline.com or call 800-592-5489.

EQ - The Environmental Quality Company will choose the appropriate facility and method of waste management for your waste from the technologies offered at each EQ operation.

If you wish to direct this waste to a specific EQ facility(s) or treatment technology please indicate here:

Wayne Disposal

Waste Common Name: Concrete - waste storage

Section 1 - Generator & Customer Information

Generator EPA ID # CTD-982-715-302

Generator CREC

Facility Address 176 CUMBERLAND AVE

City WETHERSFIELD State CT Zip 06109

24-hour Emergency Response Number ( ) -

Mailing Address 108 CHARTER OAK BLVD

City HARTFORD State CT Zip 06106

Generator Contact Robert Saunders

Title Project Mgr

Phone (860) 509-3722 Fax ( ) -

E-mail

Internal Use Only: EQ Division

EQ Customer No. 1125

Invoicing Company EQ NORTHEAST

Address 185 INDUSTRIAL ROAD
PO BOX 617

City WRENTHAM State MA Zip 02093

Country USA

Invoicing Contact PAULA BRIERLEY

Phone (508) 384-6151 Fax ( ) -

Technical Contact DENISE BORYS

Phone (203) 630-2472 Fax (203) 630-2530

Cell Phone (203) 331-2763

E-mail denise.borys@eqonline.com

Section 2 - Shipping & Packaging Information

2.1) Shipping Volume & Frequency:

a) Volume of Waste to be Shipped: 10 YARD

b) Frequency: ● One Time ○ Month ○ Quarter ○ Year ○ Other

2.2) DOT Information

a) Is this a U.S. Department of Transportation (USDOT) Hazardous Material? ● Yes ○ No

b) If "Yes", indicate the proper shipping name per 49 CFR 172.101 Hazardous Materials Table:
NA3077, Hazardous waste, solid, n.o.s. (xylene) (polychlorinated biphenyls), 9, PGIII, PCBs, ERG #171

Section 3 - Special Properties

3.1) Color VARIES

3.2) Odor ☑ None ☐ Ammonia ☐ Amines ☐ Mercaptans ☐ Sulfur ☐ Organic Acid ☐ Amines/Ammonia
☐ Other:

3.3) Consistency at 70 °F: ☐ Solid ☐ Dust/Powder ☑ Debris ☐ Sludge ☐ Liquid ☐ Gas/Aerosol ☐ Varies

3.4) What is the pH? ☐ ≤2 ☐ 2.1-4.9 ☐ 5-10 ☐ 10.1-12.4 ☐ ≥12.5 ☑ N/A

3.5) What is the flash point? ☐ <90 °F ☐ 90-139 °F ☐ 140-199 °F ☐ ≥200 °F ☑ N/A

3.6) Does this waste exhibit any of the following properties? **(check all that apply)**

☑ **None**	☐ Free Liquids	☐ Metal Fines	☐ Water Reactive	☐ Biohazard
☐ Shock Sensitive	☐ Oily Residue	☐ Dioxins	☐ Furans	☐ Aluminum
☐ Asbestos -non- friable	☐ Asbestos - friable	☐ Other Radioactive	☐ Air Reactive	☐ Isocyanates
☐ Biodegradable Sorbents	☐ Pyrophoric	☐ Reactive Sulfide	☐ Reactive Cyanide	☐ Explosives
☐ Temperature Controlled Organic Peroxide		☐ NORM	☐ TENORM	

Section 4 - Composition and Generating Process

4.1) Provide a physical and chemical composition of the waste (e.g. soil, water, PPE, debris, etc.). List the percent ranges or the concentration of each component, either estimated or known.

Concrete	95.	to	100. %
PPE, Poly	0.	to	5. %

4.2) Provide a description of the generating process. *Remediation & IDW Sites: please provide a site history.*

Demolition of a former hazardous waste storage area.

4.3) Are there any known previous handling or treatment issues involving this waste? ○ Yes* ● No

*If yes, describe: _____

Section 5 - Hazardous Wastes

As determined by 40 CFR, Part 261 and State Rules: **Please list applicable waste code(s):**

5.1) Is this waste exempted from RCRA? ○ Yes ● No

If Yes, please provide exemption: _____

5.2) Is this an EPA RCRA listed hazardous waste (F, K, P or U)? ● Yes ○ No F003

a) For F006-F009, F012, does this come from a generator that conducts a cyanide plating process? ○ Yes ● No

5.3) Is this an EPA RCRA characteristic hazardous waste (D001-D043)? ○ Yes ● No

5.4) Do any State Specific Hazardous Waste Codes apply? ● Yes ○ No CR01 PCB1

If you answered 'no' to 5.2, 5.3 and 5.4, please proceed to Section 6.

5.5) EPA Source Code: _____ EPA Form Code: _____

5.6) Waste Code Determination Is Based On: ☑ Generator Knowledge ☑ Analysis ☐ MSDS

Analysis and/or MSDS may be required for review and approval for hazardous and non-hazardous waste streams.

5.7) Does this waste exceed Land Disposal Restriction levels? ○ Yes ● No

a) Is this stream a wastewater (WW) or non-wastewater (NWW)? ○ WW ● NWW

b) If this waste stream is greater than 50% soil, does it meet the alternative soil treatment standards of 40 CFR 268.49? ○ Yes ● No

c) Does this waste contain greater than 50% debris, by volume? ● Yes ○ No
(Debris is greater than 2.5 inches in size.)

d) If the debris is larger than 3 ft x 3 ft x 3 ft, please provide the approximate dimensions and weight:
Concrete less than 3 feet by 3 feet.

5.8) If this is a characteristic hazardous waste, does it contain Underlying Hazardous Constituents? ○ Yes* ● No

*If Yes, please list: _____

For a complete list of UHC constituents, please refer to 40 CFR 268.48

Section 6 - Non-Hazardous Wastes

Please list applicable waste code(s):

6.1) Do any State Specific Non-Hazardous Waste Codes apply? ○ Yes ● No

6.2) Is this a Universal (UNIV) waste or a Recyclable Good (RG) ? ○ UNIV ○ RG ● N/A

6.3) Is this waste used oil as defined by 40 CFR Part 279? ○ Yes ● No

a) If yes, is the total halogen content of the used oil waste stream greater than 1,000 ppm? ○ Yes ○ No

b) If yes, what is the source of the halogen content?

○ This is a metalworking oil/fluid containing chlorinated paraffins.
○ This is a used oil contaminated with chlorofluorocarbons from refrigeration units.
○ This oil contains halogenated solvents. List specific solvents: _____
○ Other, describe: _____

Section 7 - TSCA Information

7.1) What is the concentration of PCBs in the waste? ☐ None ☐ 0-49 ppm ☑ 50-499 ppm ☐ 500+ ppm

7.2) Does the waste contain PCB contamination from a source with a concentration ≥ 50 ppm? ● Yes ○ No ○ Unknown

If you answered "none" or '0-49 ppm' to 7.1 and "no" to 7.2, please proceed to Section 8.

7.3) Has this waste been processed into a non-liquid form? ○ Yes* ● No

*If yes, what was the concentration of PCBs prior to processing? ○ 0-499 ppm ○ 500+ ppm

7.4) Is this non-liquid PCB waste in the form of soil, rags, debris, or other contaminated media? ● Yes ○ No

7.5) Are you a PCB capacitor manufacturer or a PCB equipment manufacturer? ○ Yes ● No

7.6) Has the PCB Article (e.g., transformer, hydraulic machine, PCB-contaminated electrical equipment) been drained/flushed of all PCBs and decontaminated in accordance with 40 CFR 761.60(b)? ○ Yes ○ No ● N/A

Section 8 - Clean Air Act Information

8.1) Is this waste subject to regulation under 40 CFR, Part 264, Subpart CC (VOC > 500 ppmw)? ○ Yes ● No

8.2) Is this waste subject to regulation under 40 CFR, Part 63, Subpart DD (VOHAP > 500 ppmw)? ○ Yes ● No

8.3) Is the site, or waste, subject to any other NESHAP/MACT standard(s)? ○ Yes* ● No

*If Yes this document serves as notification that this waste contains chemicals _____, _____ required to be managed in accordance with Part ○ 61 ○ 62 ○ 63 Subpart _____ of NESHAP/MACT standards.

8.4) Does this waste stream contain Benzene? ○ Yes ● No

If you answered "no" to 8.4, please proceed to Section 9.

8.5) Does the waste stream come from a facility subject to 40 CFR 61, Subpart FF (Benzene NESHAP)? ○ Yes ○ No

If Yes, please provide the SIC/NAICS code: _____

If you answered "no" to 8.5, please proceed to Section 9.

8.6) Does your facility manage the waste subject to Benzene NESHAP in a manner other than shipping off-site? ○ Yes ○ No

If Yes, please specify: _____

8.7) Is the generating source of this waste a facility with Total Annual Benzene (TAB) ≥ 10 Mg/year? ○ Yes ○ No

8.8) Does the waste contain >10% water? ○ Yes ○ No

8.9) What is the TAB quantity for your facility? _____ Mg/year

8.10) What is the total Benzene concentration in your waste? _____ Percent or _____ ppmw.

Supporting analysis must be attached. Do not use TCLP analytical results. Acceptable laboratory methods include 8020, 8240, 8260, 602 and 624.

Section 9 - Certification

I certify that all information (including attachments) is complete and factual and is an accurate representation of the known and suspected hazards, pertaining to the waste described herein. I authorize EQ's personnel to add supplemental information to the waste approval file, provided I am contacted and give verbal permission. I authorize EQ's personnel to obtain a sample from any waste shipment for purposes of verification and confirmation. I agree that, if EQ approves the waste described herein, all such wastes that are transported, delivered, or tendered to EQ by Generator or on Generator's behalf shall be subject to, and Generator shall be bound by, the attached Standard Terms and Conditions.

If I am an agent acting on behalf of the generator, I also certify that I have permission to sign any and all waste characterization paperwork on the generator's behalf and that I can produce such certification in writing upon request.

X Generator Signature _____ Printed Name ROBERT L. SAUNDERS

Company CAPITOL REGION EDUCATION COUNCIL Title SR. PROJECT MANAGER Date 7/1/14

STANDARD TERMS AND CONDITIONS

The Agreement between the Customer and EQ - The Environmental Quality Company and/or its member companies (hereinafter "EQ") related to or associated with Delivered Waste, as herein defined, shall be governed by the following Standard Terms and Conditions in addition to the terms and conditions contained in any Waste Profile Form, Customer Approval Quote Confirmation, Generator Approval Notification, Notice of Waste Approval Expiration, and/or Credit Agreement associated with such Delivered Waste.

The Customer may use its standard forms (such as purchase orders, acknowledgments of orders, and invoices) to administer its dealings under this Agreement for convenience purposes, but all provisions thereof in conflict with these terms and conditions shall be deemed stricken.

Definitions

"Acceptable Waste" shall mean any hazardous waste, as defined under applicable State or federal law, determined by EQ as acceptable for treatment and/or disposal in accordance with this Agreement.

"Delivered Wastes" shall mean all wastes (i) which are transported, delivered, or tendered to EQ by the Customer; (ii) which the Customer has arranged for the transport, delivery or tender to EQ; or (iii)) which are transported, delivered, or tendered to EQ under a Credit Agreement between the Customer and EQ.

"Non-Conforming Wastes" shall mean wastes that (a) are not in accordance in all material respects with the warranties, descriptions, specifications or limitations stated in the Waste Profile Form and this Agreement; (b) have constituents or components of a type or concentration not specifically identified in the Waste Profile Form (i) which increase the nature or extent of the hazard and risk undertaken by EQ in treating and/or disposing of the waste, or (ii) for whose treatment and/or disposal a Waste Management Facility is not designed or permitted, or (iii) which increase the cost of treatment and/or disposal of waste beyond that specified in EQ's price quote; or (c) are not properly packaged, labeled, described, or placarded, or otherwise not in compliance with United States Department of Transportation and United States Environmental Protection Agency regulations.

Control of Operations.

EQ shall have sole control over all aspects of the operation of any treatment and/or disposal facility of EQ receiving Delivered Wastes under this Agreement (hereinafter, "Waste Management Facility"), including, without limitation, maintaining EQ's desired volume of Acceptable Wastes being delivered to any Waste Management Facility by the Customer or any other person or entity.

Identification of Waste.

For each waste material to be transported, delivered, or tendered to EQ under this Agreement, the Customer shall provide, or cause to be provided, to EQ a representative sample of the waste material and a completed Waste Profile Form containing a physical and chemical description or analysis of such waste material, which description shall conform with any and all guidelines for waste acceptance provided by EQ. On the basis of EQ's analysis of such representative sample of the waste material and such Waste Profile Form, EQ will determine whether such wastes are Acceptable Wastes. EQ does not make any guarantee that it will handle any waste material or any particular quantity or type of waste material, and EQ reserves the right to the decline to transport, treat and/or dispose of waste material. The Customer shall promptly furnish to EQ any information regarding known, suspected or planned changes in the composition of the waste material. Further, the Customer shall promptly inform EQ of any change in the characteristic or condition of the waste material which becomes known to the Customer subsequent to the date of the Waste Profile Form.

Non-Conforming Wastes.

In the event that EQ at any time discovers that any Delivered Waste is Non-Conforming Waste, EQ may reject or revoke its acceptance of the Non-Conforming Waste. The Customer shall have seven (7) days to direct an alternative lawful manner of disposition of the waste, unless it is necessary by reason of law or otherwise to move the Non-Conforming Waste prior to expiration of the seven (7) day period. If the Customer does not direct an alternative disposal, at its option, EQ may return any such Non-Conforming Wastes to the Customer, and the Customer shall pay or reimburse EQ for all costs and expenses incurred by EQ in connection with the receipt, handling, sampling, analyses, transportation and return to the Customer of such Non-Conforming Wastes. If it is impossible or impractical for EQ to return the Non-Conforming Waste to the Customer, the Customer shall reimburse EQ for all costs, of any type or nature whatsoever, incurred by EQ, solely because such Delivered Waste was Non-Conforming Waste (including, but not limited to, all costs associated with any remedial steps necessary, due to the nature of the Non-Conforming Waste, in connection with material with which the Non-Conforming Waste may have been commingled and all expenses and charges for analyzing, handling, locating, preparing for transporting, storing and disposing of any Non-Conforming Waste).

Customer Warranty - Acceptable Wastes.

All Delivered Wastes shall be Acceptable Wastes and shall conform in all material respects to the description and specifications contained in the Waste Profile Form. The information set forth in the Waste Profile Form or any manifest, placard or label associated with any Delivered Wastes, or otherwise represented by the Customer or the generator (if other than the Customer) to EQ, is and shall be true, accurate and complete as of the date of receipt of the involved waste by EQ.

Customer Warranty - Title to Wastes.

Either the Customer or the generator (if other than the Customer) shall hold clear title, free of any all liens, claims, encumbrances, and charges to Delivered Waste until such waste is accepted by EQ.

Customer Warranty - Compliance with Laws.

The Customer shall comply with all applicable federal, state and local environmental statutes, regulations, and other governmental requirements, as well as directives issued by EQ from time to time, governing the transportation, treatment and/or disposal of Acceptable Wastes, including, but not limited to, all packaging, manifesting, containerization, placarding and labeling requirements.

Customer Warranty - Updating Information.

If the Customer receives information that Delivered Waste or other hazardous waste described in the Waste Profile Form, or some component of such waste, presents or may present a hazard or risk to persons, property or the environment which was not disclosed to EQ, or if the Customer or generator (if other than the Customer) has changed the process by which such waste results, the Customer shall promptly report such information to EQ in writing.

Customer Indemnity.

The Customer shall indemnify, defend and hold harmless EQ, and its affiliated or related companies, and all of their respective present or future officers, directors, shareholders, employees and agents from and against any and all losses, damages, liabilities, penalties, fines, forfeitures, demands, claims, causes of action, suits, costs and expenses (including, but not limited to, reasonable costs of defense, settlement, and reasonable attorneysÆ fees), which may be asserted against any or all of them by any person or any governmental agency, or which any or all of them may hereafter suffer, incur, be responsible for or pay out, as a result of or in connection with bodily injuries (including, but not limited to, death, sickness, disease and emotional or mental distress) to any person (including EQ's employees), damage (including, but not limited to, loss of use) to any property (public or private), or any requirements to conduct or incur expense for investigative, removal or remedial expenses in connection with contamination of or adverse effect on the environment, or any violation or alleged violation of any statutes, ordinances, orders, rules or regulations of any governmental entity or agency, caused or arising out of (i) a breach of this Agreement by the Customer, (ii) the failure of any warranty of the Customer to be true, accurate and complete, or (iii) any willful or negligent act or omission of the Customer, or its employees or agents in connection with the performance of this Agreement.

Force Majeure.

EQ shall not be liable for any failure to accept, receive, handle, treat, and/or dispose of Delivered Waste due to an act of God, fire, casualty, flood, war, strike, lockout, labor trouble, failure of public utilities, equipment failure, facility shutdown, injunction, accident, epidemic, riot, insurrection, destruction of operation or transportation facilities, the inability to procure materials, equipment, or sufficient personnel or energy in order to meet operational needs without the necessity of allocation, the failure or inability to obtain any governmental approvals or to meet Environmental Requirements (including, but not limited to voluntary or involuntary compliance with any act, exercise, assertion, or requirement of any governmental authority) which may temporarily or permanently prohibit operations of EQ, the Customer, or the Generator, or any other circumstances beyond the control of EQ which prevents or delays performance of any of its obligations under this Agreement.

Governing Laws

This Agreement shall in all respects be governed by and shall be construed in accordance with the laws of the State of Michigan applied to contracts executed and performed wholly within such state.

Bulk Disposal Charges

Quoted bulk disposal charges for solid materials will be billed by the cubic yard, if the waste density is less than 2,000lbs./cubic yard. If waste density is greater than 2,000 lbs./cubic yard, then bulk disposal charges will be billed by the ton, regardless of the approved container.

71281
12.84

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number
2. Page 1 of 1
3. Emergency Response Phone: 203-269-8300
4. Waste Tracking Number: Wiese

5. Generator's Name and Mailing Address
CRC
108 Charter Oak Ave
Hartford, CT 06106
Generator's Phone: 800-509-3722

Generator's Site Address (if different than mailing address)
176 Cumberland Ave
Wethersfield, CT

6. Transporter 1 Company Name: TransWaste, Inc.
U.S. EPA ID Number:

7. Transporter 2 Company Name:
U.S. EPA ID Number:

8. Designated Facility Name and Site Address
McKean Landfill
19 Ness Lane
Marie, PA 16735
Facility's Phone:
U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non-Hazardous - Non DOT Regulated PCB Bulk Product Waste/Debris PA Residual Waste Code 302 PCB Bulk Product Waste Approval Code 4490 Approval	01	R/O		T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
Contains Poly Chlorinated Biphenyls (PCB) use appropriate handling
CAA# 280

14. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name: Robert L. Saunders
Signature:
Month | Day | Year

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Luis Baez
Signature:
Month 07 | Day 01 | Year 14

Transporter 2 Printed/Typed Name: Charlie Knowles Sr.
Signature:
Month 7 | Day 1 | Year 14

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month | Day | Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: Jim Walk
Signature:
Month 7 | Day 2 | Year 14

GENERATOR — INTL — TRANSPORTER — DESIGNATED FACILITY

169-BLS-C 5 11979 (Rev. 9/09)

DESIGNATED FACILITY'S COPY

McKean County Landfill
We do not accept hazardious materials.
Hours of operation 8:00 am 3:45 pm.
Casella Waste Inc

TICKET: 71281
DATE: 07/02/2014
TIME: 08:24 - 09:17

CUSTOMER: LN-00716 / TRANSWASTE
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CT / CONNECTICUT
TRUCK: TRANS/CREC TRAILER:
GENERATOR: CREC / CREC PROFILE #: 4990
HAULER: TRAN / TRANSWASTE LLC ROUTE: NA / Non App
COMMENT:

P.O.:
GROSS: 66560 LBS
TARE: 40840 LBS
NET: 25720 LBS

CELL/TANK: 2384

MATERIAL	QUANTITY	UNIT
PB / PCB CONTAINING WASTE	12.8600	ST

I Hereby Declare That I Have NOT Disposed Of Any Liquid Or Hazardous Waste

Driver: Weighmaster:

IN: Jim Walker B: PCSCALE-MC OUT: Jim Walker B: PCSCALE-MC

CREC
108 Charter Oak Ave
HARTFORD
CT 06114

June 6th, 2014

Mark S. Bourgeois, III
Casella Waste Management of Pennsylvania, Inc.
19 Ness Lane
Kane, PA 16735

Re: CREC DISCOVERY ACADEMY 176 Cumberland Ave., Wethersfield, CT
PCB Bulk Product for shipment to the McKean County Landfill; Kane, PA

Mr. Bourgeois,

We respectfully submit this notice that the PCB Bulk Product waste identified in Table 2.1 of the attached Self Implementing Plan prepared by Fuss & O'Neill (dated November 13,2012, latest revision March 7, 2013), generated at the above referenced location, contains >50ppm polychlorinated biphenyls, and is known to leach less than 10 μ/kg (ppb).

We assume that the signed certification and associated paperwork sent on 4-14-14 will serve as our 15 day advanced notification before the first shipment, as required by 40 CFR 761.62(b)(4)(i).

Please contact me with any questions (860)509-3722

Sincerely,

CAPITAL REGION EDUCATION COUNCIL (CREC)

Robert Saunders
Senior Project Manager

PCB Soil Manifest

FOR STATE USE ONLY		
SUL NO.	APPLICATION NO.	DATE RECEIVED
DEPARTMENT ACTION: ☐ Approved ☐ Disapproved		DATE

SPECIAL WASTE CHARACTERIZATION PROFILE

Disposal Facility Location (Choose All That Apply)

Hyland Landfill	Chemung Cty LF	Ontario Cty LF	Clinton Cty LF	Waste USA LF	NCES Landfill
6653 Herdman Road	1488 Cty Rte. 60	1879 Rt. 5&20	286 Sand Road	21 Landfill Lane	581 Trudeau Road
Angelica, NY 14709	Lowman, NY 14861	Stanley, NY 14561	Morrisonville, NY 12962	Coventry, VT 05825	Bethlehem, NH 03574
Ph: 585.466.7271	Ph: 607.737.2980	Ph: 585.526.4420	Tel: (518) 563-5514	Tel: (802) 334-5796	Tel: (603) 869-3366
Fax: 585.466.3206	Fax:607.737.2967	Fax: 585.526.5459	Fax: (518) 563-5598	Fax: 802) 334-2476	Fax: (603) 869-2152
☐	☐	☒	☐	☐	☐

Disposal Option:

Waste Profile is destined for: ☐ Disposal as waste ☐ BUD: _____ ☐ Other (describe) _____

Drill Cuttings Only: ☐ Raw Cuttings for Solidification ☐ Bulked Cuttings For Disposal MUST CHECK ONE: ☐ Air/Water ☐ Oil-based

Waste Characterization Data:

1) Company Generating Waste	Address of Facility Generating Waste (Street, City, State, Zip)		County of Origin
CTEC	176 Cumberland Ave Wethersfield, CT 06194		Hartford
2) Representative of Generator (same as generator's signature)	**Mailing Address of Representative**	**Telephone No.**	**Fax No.**
Robert Saunders	108 Charter Oak Ave Hartford, CT 06106	860 509 3122	

3) Description of Facility/Process Generating Waste

De-Construction

4) Description of waste (debris-containing, composition, uniform or mixture, etc.)

Soil less than 50ppm in 30yd sealed containers with 2-6 mil liners with source less than 50ppm

5) Is Waste Considered Hazardous by Federal or State Hazardous Waste Regulations? ☐ Yes ☒ No

6) Expected Annual Amount of Waste To Be Delivered	Approximate Density of Waste
____ tons/year 180 (cubic yards/year)	180 pounds/(cubic yard)

7) Expected Frequency of Delivery

X one-time

____ daily ____ weekly ____ monthly ____ other (specify, if known)

8) Hauler Name	Address	Transporter Permit No.	Telephone No
Trans Waste, Inc	3 Tanker Dr Wallingford, CT 06492	CT N4-140 Exp Date 1-20-2015	203-269-8300

9) Method of Delivery. If other, specify

X roll-off ____ packer truck ____ tractor trailer ____ other

10) Previous Disposal Location	Address	Phone	Contact Person

Waste Characterization Data (Cont'd)	
11) Is the waste classified as a "listed" or "characteristic" hazardous waste as defined by USEPA, or State of origin, or State where disposed? (If yes, explain.) N/A	
12) Describe all hazardous or nuisance properties associated with the waste. N/A	
13) Does the waste require any special handling or disposal procedures? If so, explain. N/A	
14) Analytical Data Submitted (TCLP/Other). N/A	Type of Samples (indicate No. of each type in space provided) _____ grab _____ composite

Casella requires, at a minimum, the submittal of full TCLP (Metals-RCRA 8, VOC, SVOC, PCBs, Pesticides/Herbicides), pH, Reactivity, Ignitibility, and %

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 203-269-8300	4. Waste Tracking Number Wiese

5. Generator's Name and Mailing Address
Crec
108 Charter Oak Ave
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
176 Cumberland Ave
Wethersfield, CT

6. Transporter 1 Company Name
Trans Waste, Inc
U.S. EPA ID Number

7. Transporter 2 Company Name
U.S. EPA ID Number

8. Designated Facility Name and Site Address
Ontario Cty LF
1879 RT 5+20
Stanley, NY 14561
Facility's Phone: 585-526-4420
U.S. EPA ID Number

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Soil less then 50ppm in 30yd. sealed Containers with 2-6 mil liners with Source less then 50ppm	01	R/O	[illegible]	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information

CAN # 493
APPROVAL N° 4936

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS
Signature: [signature]
Month | Day | Year

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Randall Ramella
Signature: [signature]
Month 6 | Day 18 | Year 014

Transporter 2 Printed/Typed Name
Signature
Month | Day | Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month | Day | Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: [signature]
Signature: [signature]
Month 6 | Day 18 | Year 014

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 582701
DATE: 06/19/2014
TIME: 06:25 - 07:51

CUSTOMER: LE-00686 / TRANSWASTE/4936 P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 64040 LBS
ORIGIN: CC / CONNECTICUT TARE: 38480 LBS
TRUCK: 262 TRAILER: NET: 25560 LBS
GENERATOR: CAPITOL / CAPITOL REGIONFILE #: 4936
HAULER: SE / STAR EXPRESS ROUTE: NA / NON APPLICABLE
COMMENT: 4936 CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	12.7800	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: _____ Driver: _____

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of 1

3. Emergency Response Phone: 203-269-8300

4. Waste Tracking Number: Wiese

5. Generator's Name and Mailing Address
Ciec
108 Charter Oak Ave
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: TransWaste, Inc
U.S. EPA ID Number

7. Transporter 2 Company Name
U.S. EPA ID Number

8. Designated Facility Name and Site Address
Ontario City LF
1879 RT 5 + 20
Stanley, NY 14561
Facility's Phone: 585-526-4420
U.S. EPA ID Number

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	Soil less then 50ppm in 30yd sealed. Containers with 2-6 mil liners with source less then 50ppm's	01	R/O	2	T
	2.				
	3.				
	4.				

13. Special Handling Instructions and Additional Information

CAN # 505
APPROVAL N° 4936

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS
Signature
Month Day Year: 06 18 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Glenn Sartori
Signature
Month Day Year: 6 18 14

Transporter 2 Printed/Typed Name
Signature
Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: Alan Gilman
Signature
Month Day Year: 6 14 14

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

169-BLS-C 5 11979 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 582700
DATE: 06/19/2014
TIME: 06:26 - 07:49

CUSTOMER: LE-00686 / TRANSWASTE/4936
P.O.:
HAULCUST: WO: 0 APPROVAL #:
GROSS: 65660 LBS
ORIGIN: CC / CONNECTICUT
TARE: 39900 LBS
TRUCK: 123 TRAILER:
NET: 25760 LBS
GENERATOR: CAPITOL / CAPITOL REGIONFILE #: 4936
HAULER: SE / STAR EXPRESS ROUTE: NA / NON APPLICABLE
COMMENT: 4936
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	12.8800	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: _____ Driver: _____

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 203-269-8300	4. Waste Tracking Number Wiese

5. Generator's Name and Mailing Address
Crec
108 Charter Oak Ave
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
176 Cumberland Ave
Wethersfield, CT

6. Transporter 1 Company Name: TransWaste, Inc. — U.S. EPA ID Number:

7. Transporter 2 Company Name: — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario CTY LF
1879 RT 5420
Stanley, NY 14561
Facility's Phone: 585-526-4420
U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Soil less then 50ppm in 30yd sealed Containers with 2-6 mil liners with Source less then 50ppm's	01	R/O		T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information

CAN #474
APPROVAL #4936

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month / Day / Year

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Luis Baez — Signature: [signature] — Month 06 Day 25 Year 14

Transporter 2 Printed/Typed Name: Charlie Knowles Sr — Signature: [signature] — Month 6 Day 25 Year 14

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month / Day / Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: [signature] — Signature: [signature] — Month / Day / Year

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

DESIGNATED FACILITY TO GENERATOR

[illegible]

GENERATOR: CAPITOL - CAPITOL REGROO[illegible]
HAULER: [illegible] STAR EXPRESS ROUTE: NA [illegible]
COMMENT: [illegible] CELL/[illegible]

MATERIAL	QUANTITY	UNIT
IN - INDUSTRIAL WASTE	21.0100	[illegible]

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: ______________ Driver: ______________

IN- [illegible] [illegible] [illegible]

30356 1615

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of 1

3. Emergency Response Phone: 203-269-8300

4. Waste Tracking Number: Wiese

5. Generator's Name and Mailing Address: Crec, 108 Charter Oak Ave, Hartford, CT 06106

Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address): 176 Cumberland Ave, Wethersfield, CT 06194

6. Transporter 1 Company Name: TransWaste, Inc.

U.S. EPA ID Number:

7. Transporter 2 Company Name:

U.S. EPA ID Number:

8. Designated Facility Name and Site Address: Ontario City LF, 1871 RT 5+20, Stanley, NY 14561

Facility's Phone: 585-526-4420

U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Soil less then 50 ppm in 30yd sealed containers with 2-6 mil liners with source less then 50 ppm's	01	F/O	est 16.00	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information

CAN # 356
APPROVAL # 4936

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS

Signature:

Month | Day | Year

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:

Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Ron Prisco

Signature:

Month: 6 | Day: 13 | Year: 14

Transporter 2 Printed/Typed Name: Charlie Knowles

Signature: Charlie Knowles

Month: 6 | Day: 13 | Year: 14

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)

U.S. EPA ID Number:

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month | Day | Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: Allan Gilman

Signature:

Month: 6 | Day: 17 | Year: 14

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

169-BLS-C 5 11979 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NR . ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1007 NYS Route 5&20
Waterloo, NY 14561

TICKET: 58[illegible]
DATE: 06/1[illegible]/2014
TIME: 06:[illegible] - 06:5[illegible]

CUSTOMER: [illegible]E 00686 TRANSWASTE/[illegible]
HAULCUST: WO: 0 APPROVAL #: GROSS: 73900 LBS
ORIGIN: CC / CONNECTICUT TARE: 40720 LBS
TRUCK: 262 TRAILER: NET: 33180 LBS
GENERATOR: CAPITOL / CAPITOL GEOPROFILE #: 4936
HAULER: TRANS / TRANSWASTE ROUTE: NA / NON APPLICABLE
COMMENT: 4936 CELL/TANK: PB

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	16.0900	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

PCB Soil and Pesticides Manifest

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 203-269-8300	4. Waste Tracking Number Wiese

5. Generator's Name and Mailing Address
CREC
108 Charter Oak Ave
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: TransWaste, Inc — U.S. EPA ID Number:

7. Transporter 2 Company Name: — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 RT 5+20
Stanley, NY 14561
Facility's Phone: 585-526-4420
U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Soil less then 50ppm with pesticides in 30yd Sealed Containers with 2-6mil liners With Source less then 50 ppm	01	R/U	16.	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information

CAN # 479
Approval # 4937

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

Generator's/Offeror's Printed/Typed Name: x ROBERT L. SAUNDERS — Signature: [signature] — Month 06 Day 19 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Glen Sartorie — Signature: Glen Sartorie — Month 06 Day 19 Year 14

Transporter 2 Printed/Typed Name: — Signature: — Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number:
Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: [signature] — Signature: [signature] — Month 06 Day 20 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLS-C 5 11979 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 582950
DATE: 06/20/2014
TIME: 07:31 - 08:18

CUSTOMER: LE-00686 / TRANSWASTE/4936 P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 71120 LBS
ORIGIN: CC / CONNECTICUT TARE: 39700 LBS
TRUCK: 123 TRAILER: NET: 31420 LBS
GENERATOR: CAPITOL / CAPITOL REGIONPROFILE #: 4937
HAULER: SE / STAR EXPRESS ROUTE: NA / NON APPLICABLE
COMMENT: 4937 CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	15.7100	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 203-269-8300	4. Waste Tracking Number Wiese

5. Generator's Name and Mailing Address
CRCC
108 Charter Oak Ave
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
176 Cumberland Ave
Wethersfield, CT

6. Transporter 1 Company Name: TransWaste, Inc — U.S. EPA ID Number:

7. Transporter 2 Company Name: — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 RT 5+20
Stanley, NY 14561
Facility's Phone: 585-526-4420
U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	Soil less then 50ppm with pesticides in 30yd sealed containers with 2-6 millines with source less then 50ppm	01	R/O	18	T
	2.				
	3.				
	4.				

13. Special Handling Instructions and Additional Information

CAN # 296
Approval # 4937

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

Generator's/Offeror's Printed/Typed Name: X ROBERT L. SAUNDERS — Signature: [signature] — Month 06 Day 19 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Charlie Knowles — Signature: Charlie Knowles — Month 06 Day 19 Year 14

Transporter 2 Printed/Typed Name: — Signature: — Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: Nancy Gilman — Signature: [signature] — Month 06 Day 20 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLS-C 5 11979 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 582912
DATE: 06/20/2014
TIME: 06:09 - 07:05

CUSTOMER: LE-00686 / TRANSWASTE/4936
P.O.:
HAULCUST: WO: 0 APPROVAL #:
GROSS: 85120 LBS
ORIGIN: CC / CONNECTICUT
TARE: 40640 LBS
TRUCK: 272 TRAILER:
NET: 44480 LBS
GENERATOR: CAPITOL / CAPITOL REGIONPROFILE #: 4937
HAULER: SE / STAR EXPRESS ROUTE: NA / NON APPLICABLE
COMMENT: 4937
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	22.2400	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: _____ Driver: _____

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

299 - DOL

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number:
2. Page 1 of 1
3. Emergency Response Phone: 203-269-8300
4. Waste Tracking Number: WIEBE

5. Generator's Name and Mailing Address: CREC
108 CHARTER OAK AVE
HARTFORD, CT 06106
Generator's Phone: 860 509 3722

Generator's Site Address (if different than mailing address): 176 CUMBERLAND AVE WETHERSFIELD CT

6. Transporter 1 Company Name: TRANSWASTE, INC
U.S. EPA ID Number:

7. Transporter 2 Company Name:
U.S. EPA ID Number:

8. Designated Facility Name and Site Address: ONTARIO COUNTY LANDFILL
1879 RTE 20
STANLEY NY 14561
Facility's Phone: 585 526 4420
U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	1. SOIL LESS THAN 50PPM WITH PESTICIDES IN 30YD SEALED CONTAINERS WITH 2-6MIL LINERS WITH SOURCE LESS	01	R/O		T
	2. THAN 50PPM				
	3.				
	4.				

13. Special Handling Instructions and Additional Information

CAN 299
APPROVAL # 4937

14. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS
Signature:
Month Day Year

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: John Dany
Signature:
Month Day Year: 6 24 14

Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: Alan Eckman
Signature:
Month Day Year: 6 25 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLS-C 5 11979 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 583649
DATE: 06/25/2014
TIME: 07:09 - 07:40

CUSTOMER: LE-00686 / TRANSWASTE/4936 P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 72160 LBS
ORIGIN: CC / CONNECTICUT TARE: 34680 LBS
TRUCK: 224 TRAILER: NET: 37480 LBS
GENERATOR: CAPITOL / CAPITOL REGIONPROFILE #: 4937
HAULER: TRANS / TRANSWASTE ROUTE: NA / NON APPLICABLE
COMMENT: 4937 CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	18.7400	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number:

2. Page 1 of 1

3. Emergency Response Phone: 203-269-8300

4. Waste Tracking Number: WIBLE

5. Generator's Name and Mailing Address
CREZ
108 CHARTER OAK AVE
HARTFORD CT 06106
Generator's Phone: 860 509 3722

Generator's Site Address (if different than mailing address)
176 CUMBERLAND AVE
WETHERSFIELD, CT

6. Transporter 1 Company Name: TRANSWASTE, INC
U.S. EPA ID Number:

7. Transporter 2 Company Name:
U.S. EPA ID Number:

8. Designated Facility Name and Site Address
ONTARIO COUNTY LANDFILL
1879 RTE 5+20
STANLEY N.Y. 14561
Facility's Phone: 585 526 4420
U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	1. SOIL LESS THAN 50PPM WITH PESTICIDES IN 30 YD SEALED CONTAINERS WITH 2-6MIL LINERS WITH SURVEY LESS THAN 50PPM.	01	R/O	13	T
	2.				
	3.				
	4.				

13. Special Handling Instructions and Additional Information
CAN 443
APPROVAL # 4937

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS
Signature:
Month Day Year

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: John Barry
Signature:
Month 6 Day 24 Year 14
Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:
17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name:
Signature:
Month Day Year

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 583653
DATE: 06/25/2014
TIME: 06:38 - 07:47

CUSTOMER: LE-00686 / TRANSWASTE/4936 P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 64820 LBS
ORIGIN: CC / CONNECTICUT TARE: 40140 LBS
TRUCK: 123 TRAILER: NET: 24680 LBS
GENERATOR: CAPITOL / CAPITOL REGIONAL FILE #: 4937
HAULER: SE / STAR EXPRESS ROUTE: NA / NON APPLICABLE
COMMENT: 4937 CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	12.3400	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 203-269-8300	4. Waste Tracking Number Wiese

5. Generator's Name and Mailing Address
CREC
108 Charter Oak Ave
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
176 Cumberland Ave
Wethersfield, CT

6. Transporter 1 Company Name: Trans Waste, Inc. — U.S. EPA ID Number:

7. Transporter 2 Company Name: — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 RT 5 + 20
Stanley, NY 14561
Facility's Phone: 585-526-4420
U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	Soil less then 50ppm with pesticides in 30yd sealed containers with 2-6 mil liners with source less then 50ppm	01	R/O	16	T
	2.				
	3.				
	4.				

13. Special Handling Instructions and Additional Information

CAN # 300
Approval #4937

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

Generator's/Offeror's Printed/Typed Name: x ROBERT L. SAUNDERS — Signature: [signature] — Month / Day / Year

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Luis Baez — Signature: [signature] — Month 06 Day 25 Year 14

Transporter 2 Printed/Typed Name: Glenn Sartori — Signature: [signature] — Month 6 Day 25 Year 14

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month / Day / Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: Nancy [signature] — Signature: [signature] — Month 6 Day 25 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLS-C 5 11979 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

[illegible]

CUSTOMER: [illegible] TRANSPORT [illegible]
[illegible] NO: [illegible]
[illegible]
TRUCK: 12[illegible] TRAILER: [illegible]
GENERATOR: [illegible] CAPITOL [illegible]
HAULER: [illegible] EXPRESS ROUTE: NA NON APPLICABLE
COMMENTS: [illegible]

MATERIAL	QUANTITY	UNIT
IN INDUSTRIAL WASTE	15.8700	[illegible]

I certify under penalty of perjury that I am familiar with wastes authorized at this facility, and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: ________ Driver: ________

[illegible]

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of 1

3. Emergency Response Phone: 203-269-8300

4. Waste Tracking Number: Wiese

5. Generator's Name and Mailing Address: CREC, 108 Charter Oak Ave, Hartford, CT 06106

Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address): 176 Cumberland Ave, Wethersfield, CT

6. Transporter 1 Company Name: TransWaste, Inc.

U.S. EPA ID Number:

7. Transporter 2 Company Name:

U.S. EPA ID Number:

8. Designated Facility Name and Site Address: Ontario County Landfill, RT 5 + 20, Stanley NY 14561

Facility's Phone: 585-526-4420

U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	Soil less then 50 ppm with pesticides in 30yd sealed containers with 2-6mil liners with source less then 50ppm	01	R/O		T
	2.				
	3.				
	4.				

13. Special Handling Instructions and Additional Information

CAN# 699
Approval #4937

14. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS

Signature:

Month | Day | Year

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:

Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Ron Price

Signature:

Month 6 | Day 26 | Year 14

Transporter 2 Printed/Typed Name:

Signature:

Month | Day 27 | Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)

U.S. EPA ID Number:

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month | Day | Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: Allen G. Owen

Signature:

Month 6 | Day 27 | Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLS-C 5 11979 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

[illegible]

[illegible]

CUSTOMER: [illegible] CONNWASTE [illegible]
[illegible] APPROVAL #: [illegible]
[illegible] CONNECTICUT
TRUCK: [illegible] TRAILER:
GENERATOR: [illegible] CAPITOL REGIONAL [illegible] #: 4937
[illegible] STAR EXPRESS ROUTE: NA NON APPLICABLE
COMMENT: 4937

MATERIAL	QUANTITY	UNIT
IN - INDUSTRIAL WASTE	12.9000	CY

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver: [signature]

IN NANCY B: PCSCAL21-0 OUT: NANC. B : PCSCAL21-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 203-269-8300	4. Waste Tracking Number Wiese

5. Generator's Name and Mailing Address
CREC
108 Charter Oak Ave
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
176 Cumberland Ave
Wethersfield, CT

6. Transporter 1 Company Name: TransWaste, Inc. — U.S. EPA ID Number:

7. Transporter 2 Company Name: — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 RT 5 & 20
Stanley, NY 14561
Facility's Phone: 585-526-4420
U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Soil less then 50ppm with pesticides in 30yd sealed containers with 2-6mil liners with source less then 50ppm	01	R/O		T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information

CAN # 460
Approval # 4937

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

Generator's/Offeror's Printed/Typed Name: X ROBERT L. SAUNDERS — Signature: [signature] — Month / Day / Year

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Ron Prisco — Signature: [signature] — Month 6 Day 26 Year 14

Transporter 2 Printed/Typed Name: Charlie Knowles Sr. — Signature: [signature] — Month 6 Day 26 Year 14 27

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number:
Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month / Day / Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: [signature] — Signature: [signature] — Month 6 Day 27 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLS-C 5 11979 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

	QUANTITY	UNIT
INDUSTRIAL WASTE	[illegible]	[illegible]

I Certify under penalty of perjury that I am familiar with waste submitted at this facility and that to the best of my knowledge, all waste contained in this load is authorized for disposal at this facility.

Driver

Waste Profile for Concrete from Hazardous Waste Storage

Profile Tracking # 471288

WASTE PROFILE FORM

For assistance in completing this document or for additional information on EQ's service offerings, please visit our website at www.eqonline.com or call 800-592-5489.

EQ - The Environmental Quality Company will choose the appropriate facility and method of waste management for your waste from the technologies offered at each EQ operation.

If you wish to direct this waste to a specific EQ facility(s) or treatment technology please indicate here:

Wayne Disposal

Waste Common Name: Concrete - waste storage

Section 1 - Generator & Customer Information

Generator EPA ID # CTD-982-715-302

Generator CREC

Facility Address 176 CUMBERLAND AVE

City WETHERSFIELD State CT Zip 06109

24-hour Emergency Response Number ( ) -

Mailing Address 108 CHARTER OAK BLVD

City HARTFORD State CT Zip 06106

Generator Contact Robert Saunders

Title Project Mgr

Phone (860) 509-3722 Fax ( ) -

E-mail

Internal Use Only: EQ Division

EQ Customer No 1125

Invoicing Company EQ NORTHEAST

Address 185 INDUSTRIAL ROAD
PO BOX 617

City WRENTHAM State MA Zip 02093

Country USA

Invoicing Contact PAULA BRIERLEY

Phone (508) 384-6151 Fax ( ) -

Technical Contact DENISE BORYS

Phone (203) 630-2472 Fax (203) 630-2530

Cell Phone (203) 331-2763

E-mail denise.borys@eqonline.com

Section 2 - Shipping & Packaging Information

2.1) Shipping Volume & Frequency:

a) Volume of Waste to be Shipped: 10 YARD

b) Frequency: ● One Time ○ Month ○ Quarter ○ Year ○ Other

2.2) DOT Information

a) Is this a U.S. Department of Transportation (USDOT) Hazardous Material? ● Yes ○ No

b) If "Yes", indicate the proper shipping name per 49 CFR 172.101 Hazardous Materials Table:
NA3077, Hazardous waste, solid, n.o.s. (xylene) (polychlorinated biphenyls), 9, PGIII, PCBs, ERG #171

Section 3 - Special Properties

3.1) Color VARIES

3.2) Odor ☑ None ☐ Ammonia ☐ Amines ☐ Mercaptans ☐ Sulfur ☐ Organic Acid ☐ Amines/Ammonia
☐ Other:

3.3) Consistency at 70 °F: ☐ Solid ☐ Dust/Powder ☑ Debris ☐ Sludge ☐ Liquid ☐ Gas/Aerosol ☐ Varies

3.4) What is the pH? ☐ ≤2 ☐ 2.1-4.9 ☐ 5-10 ☐ 10.1-12.4 ☐ ≥12.5 ☑ N/A

3.5) What is the flash point? ☐ <90 °F ☐ 90-139 °F ☐ 140-199 °F ☐ ≥200 °F ☑ N/A

3.6) Does this waste exhibit any of the following properties? **(check all that apply)**

☑ **None**	☐ Free Liquids	☐ Metal Fines	☐ Water Reactive	☐ Biohazard
☐ Shock Sensitive	☐ Oily Residue	☐ Dioxins	☐ Furans	☐ Aluminum
☐ Asbestos -non- friable	☐ Asbestos - friable	☐ Other Radioactive	☐ Air Reactive	☐ Isocyanates
☐ Biodegradable Sorbents	☐ Pyrophoric	☐ Reactive Sulfide	☐ Reactive Cyanide	☐ Explosives
☐ Temperature Controlled Organic Peroxide		☐ NORM	☐ TENORM	

Section 4 - Composition and Generating Process

4.1) Provide a physical and chemical composition of the waste (e.g. soil, water, PPE, debris, etc.). List the percent ranges or the concentration of each component, either estimated or known.

Concrete	95.	to	100.	%
PPE, Poly	0.	to	5.	%

4.2) Provide a description of the generating process. *Remediation & IDW Sites: please provide a site history.*

Demolition of a former hazardous waste storage area.

4.3) Are there any known previous handling or treatment issues involving this waste? ○ Yes* ● No

*If yes, describe:

Section 5 - Hazardous Wastes

As determined by 40 CFR, Part 261 and State Rules: **Please list applicable waste code(s):**

5.1) Is this waste exempted from RCRA? ○ Yes ● No

If Yes, please provide exemption:

5.2) Is this an EPA RCRA listed hazardous waste (F, K, P or U)? ● Yes ○ No F003

a) For F006-F009, F012, does this come from a generator that conducts a cyanide plating process? ○ Yes ● No

5.3) Is this an EPA RCRA characteristic hazardous waste (D001-D043)? ○ Yes ● No

5.4) Do any State Specific Hazardous Waste Codes apply? ● Yes ○ No CR01 PCB1

If you answered 'no' to 5.2, 5.3 and 5.4, please proceed to Section 6.

5.5) EPA Source Code: EPA Form Code:

5.6) Waste Code Determination Is Based On: ☑ Generator Knowledge ☑ Analysis ☐ MSDS

Analysis and/or MSDS may be required for review and approval for hazardous and non-hazardous waste streams.

5.7) Does this waste exceed Land Disposal Restriction levels? ○ Yes ● No

a) Is this stream a wastewater (WW) or non-wastewater (NWW)? ○ WW ● NWW

b) If this waste stream is greater than 50% soil, does it meet the alternative soil treatment standards of 40 CFR 268.49? ○ Yes ● No

c) Does this waste contain greater than 50% debris, by volume? ● Yes ○ No
(Debris is greater than 2.5 inches in size.)

d) If the debris is larger than 3 ft x 3 ft x 3 ft, please provide the approximate dimensions and weight:
Concrete less than 3 feet by 3 feet.

5.8) If this is a characteristic hazardous waste, does it contain Underlying Hazardous Constituents? ○ Yes* ● No

*If Yes, please list:

For a complete list of UHC constituents, please refer to 40 CFR 268.48

Section 6 - Non-Hazardous Wastes

Please list applicable waste code(s):

6.1) Do any State Specific Non-Hazardous Waste Codes apply? ○ Yes ● No

6.2) Is this a Universal (UNIV) waste or a Recyclable Good (RG) ? ○ UNIV ○ RG ● N/A

6.3) Is this waste used oil as defined by 40 CFR Part 279? ○ Yes ● No

a) If yes, is the total halogen content of the used oil waste stream greater than 1,000 ppm? ○ Yes ○ No

b) If yes, what is the source of the halogen content?

○ This is a metalworking oil/fluid containing chlorinated paraffins.
○ This is a used oil contaminated with chlorofluorocarbons from refrigeration units.
○ This oil contains halogenated solvents. List specific solvents:
○ Other, describe:

Section 7 - TSCA Information

7.1) What is the concentration of PCBs in the waste? ☐ None ☐ 0-49 ppm ☑ 50-499 ppm ☐ 500+ ppm

7.2) Does the waste contain PCB contamination from a source with a concentration ≥ 50 ppm? ● Yes ○ No ○ Unknown

If you answered "none" or '0-49 ppm' to 7.1 and "no" to 7.2, please proceed to Section 8.

7.3) Has this waste been processed into a non-liquid form? ○ Yes* ● No

*If yes, what was the concentration of PCBs prior to processing? ○ 0-499 ppm ○ 500+ ppm

7.4) Is this non-liquid PCB waste in the form of soil, rags, debris, or other contaminated media? ● Yes ○ No

7.5) Are you a PCB capacitor manufacturer or a PCB equipment manufacturer? ○ Yes ● No

7.6) Has the PCB Article (e.g., transformer, hydraulic machine, PCB-contaminated electrical equipment) been drained/flushed of all PCBs and decontaminated in accordance with 40 CFR 761.60(b)? ○ Yes ○ No ● N/A

Section 8 - Clean Air Act Information

8.1) Is this waste subject to regulation under 40 CFR, Part 264, Subpart CC (VOC > 500 ppmw)? ○ Yes ● No

8.2) Is this waste subject to regulation under 40 CFR, Part 63, Subpart DD (VOHAP > 500 ppmw)? ○ Yes ● No

8.3) Is the site, or waste, subject to any other NESHAP/MACT standard(s)? ○ Yes* ● No

*If Yes this document serves as notification that this waste contains chemicals _____ required to be managed in accordance with Part ○ 61 ○ 62 ○ 63 Subpart _____ of NESHAP/MACT standards.

8.4) Does this waste stream contain Benzene? ○ Yes ● No

If you answered "no" to 8.4, please proceed to Section 9.

8.5) Does the waste stream come from a facility subject to 40 CFR 61, Subpart FF (Benzene NESHAP)? ○ Yes ○ No

If Yes, please provide the SIC/NAICS code: _____

If you answered "no" to 8.5, please proceed to Section 9.

8.6) Does your facility manage the waste subject to Benzene NESHAP in a manner other than shipping off-site? ○ Yes ○ No

If Yes, please specify: _____

8.7) Is the generating source of this waste a facility with Total Annual Benzene (TAB) ≥ 10 Mg/year? ○ Yes ○ No

8.8) Does the waste contain >10% water? ○ Yes ○ No

8.9) What is the TAB quantity for your facility? _____ Mg/year

8.10) What is the total Benzene concentration in your waste? _____ Percent or _____ ppmw.

Supporting analysis must be attached. Do not use TCLP analytical results. Acceptable laboratory methods include 8020, 8240, 8260, 602 and 624.

Section 9 - Certification

I certify that all information (including attachments) is complete and factual and is an accurate representation of the known and suspected hazards, pertaining to the waste described herein. I authorize EQ's personnel to add supplemental information to the waste approval file, provided I am contacted and give verbal permission. I authorize EQ's personnel to obtain a sample from any waste shipment for purposes of verification and confirmation. I agree that, if EQ approves the waste described herein, all such wastes that are transported, delivered, or tendered to EQ by Generator or on Generator's behalf shall be subject to, and Generator shall be bound by, the attached Standard Terms and Conditions.

If I am an agent acting on behalf of the generator, I also certify that I have permission to sign any and all waste characterization paperwork on the generator's behalf and that I can produce such certification in writing upon request.

X Generator Signature _____ Printed Name ROBERT L. SAUNDERS

Company CAPITOL REGION EDUCATION COUNCIL Title SR. PROJECT MANAGER Date 7/1/14

STANDARD TERMS AND CONDITIONS

The Agreement between the Customer and EQ - The Environmental Quality Company and/or its member companies (hereinafter "EQ") related to or associated with Delivered Waste, as herein defined, shall be governed by the following Standard Terms and Conditions in addition to the terms and conditions contained in any Waste Profile Form, Customer Approval Quote Confirmation, Generator Approval Notification, Notice of Waste Approval Expiration, and/or Credit Agreement associated with such Delivered Waste.

The Customer may use its standard forms (such as purchase orders, acknowledgments of orders, and invoices) to administer its dealings under this Agreement for convenience purposes, but all provisions thereof in conflict with these terms and conditions shall be deemed stricken.

Definitions

"Acceptable Waste" shall mean any hazardous waste, as defined under applicable State or federal law, determined by EQ as acceptable for treatment and/or disposal in accordance with this Agreement.

"Delivered Wastes" shall mean all wastes (i) which are transported, delivered, or tendered to EQ by the Customer; (ii) which the Customer has arranged for the transport, delivery or tender to EQ; or (iii) which are transported, delivered, or tendered to EQ under a Credit Agreement between the Customer and EQ.

"Non-Conforming Wastes" shall mean wastes that (a) are not in accordance in all material respects with the warranties, descriptions, specifications or limitations stated in the Waste Profile Form and this Agreement, (b) have constituents or components of a type or concentration not specifically identified in the Waste Profile Form (i) which increase the nature or extent of the hazard and risk undertaken by EQ in treating and/or disposing of the waste, or (ii) for whose treatment and/or disposal a Waste Management Facility is not designed or permitted, or (iii) which increase the cost of treatment and/or disposal of waste beyond that specified in EQ's price quote; or (c) are not properly packaged, labeled, described, or placarded, or otherwise not in compliance with United States Department of Transportation and United States Environmental Protection Agency regulations.

Control of Operations.

EQ shall have sole control over all aspects of the operation of any treatment and/or disposal facility of EQ receiving Delivered Wastes under this Agreement (hereinafter, "Waste Management Facility"), including, without limitation, maintaining EQ's desired volume of Acceptable Wastes being delivered to any Waste Management Facility by the Customer or any other person or entity.

Identification of Waste.

For each waste material to be transported, delivered, or tendered to EQ under this Agreement, the Customer shall provide, or cause to be provided, to EQ a representative sample of the waste material and a completed Waste Profile Form containing a physical and chemical description or analysis of such waste material, which description shall conform with any and all guidelines for waste acceptance provided by EQ. On the basis of EQ's analysis of such representative sample of the waste material and such Waste Profile Form, EQ will determine whether such wastes are Acceptable Wastes. EQ does not make any guarantee that it will handle any waste material or any particular quantity or type of waste material, and EQ reserves the right to the decline to transport, treat and/or dispose of waste material. The Customer shall promptly furnish to EQ any information regarding known, suspected or planned changes in the composition of the waste material. Further, the Customer shall promptly inform EQ of any change in the characteristic or condition of the waste material which becomes known to the Customer subsequent to the date of the Waste Profile Form.

Non-Conforming Wastes.

In the event that EQ at any time discovers that any Delivered Waste is Non-Conforming Waste, EQ may reject or revoke its acceptance of the Non-Conforming Waste. The Customer shall have seven (7) days to direct an alternative lawful manner of disposition of the waste, unless it is necessary by reason of law or otherwise to move the Non-Conforming Waste prior to expiration of the seven (7) day period. If the Customer does not direct an alternative disposal, at its option, EQ may return any such Non-Conforming Wastes to the Customer, and the Customer shall pay or reimburse EQ for all costs and expenses incurred by EQ in connection with the receipt, handling, sampling, analyses, transportation and return to the Customer of such Non-Conforming Wastes. If it is impossible or impractical for EQ to return the Non-Conforming Waste to the Customer, the Customer shall reimburse EQ for all costs, of any type or nature whatsoever, incurred by EQ, solely because such Delivered Waste was Non-Conforming Waste (including, but not limited to, all costs associated with any remedial steps necessary, due to the nature of the Non-Conforming Waste, in connection with material with which the Non-Conforming Waste may have been commingled and all expenses and charges for analyzing, handling, locating, preparing for transporting, storing and disposing of any Non-Conforming Waste).

Customer Warranty - Acceptable Wastes.

All Delivered Wastes shall be Acceptable Wastes and shall conform in all material respects to the description and specifications contained in the Waste Profile Form. The information set forth in the Waste Profile Form or any manifest, placard or label associated with any Delivered Wastes, or otherwise represented by the Customer or the generator (if other than the Customer) to EQ, is and shall be true, accurate and complete as of the date of receipt of the involved waste by EQ.

Customer Warranty - Title to Wastes.

Either the Customer or the generator (if other than the Customer) shall hold clear title, free of any all liens, claims, encumbrances, and charges to Delivered Waste until such waste is accepted by EQ.

Customer Warranty - Compliance with Laws.

The Customer shall comply with all applicable federal, state and local environmental statutes, regulations, and other governmental requirements, as well as directives issued by EQ from time to time, governing the transportation, treatment and/or disposal of Acceptable Wastes, including, but not limited to, all packaging, manifesting, containerization, placarding and labeling requirements.

Customer Warranty - Updating Information.

If the Customer receives information that Delivered Waste or other hazardous waste described in the Waste Profile Form, or some component of such waste, presents or may present a hazard or risk to persons, property or the environment which was not disclosed to EQ, or if the Customer or generator (if other than the Customer) has changed the process by which such waste results, the Customer shall promptly report such information to EQ in writing.

Customer Indemnity.

The Customer shall indemnify, defend and hold harmless EQ, and its affiliated or related companies, and all of their respective present or future officers, directors, shareholders, employees and agents from and against any and all losses, damages, liabilities, penalties, fines, forfeitures, demands, claims, causes of action, suits, costs and expenses (including, but not limited to, reasonable costs of defense, settlement, and reasonable attorneysÆ fees), which may be asserted against any or all of them by any person or any governmental agency, or which any or all of them may hereafter suffer, incur, be responsible for or pay out, as a result of or in connection with bodily injuries (including, but not limited to, death, sickness, disease and emotional or mental distress) to any person (including EQ's employees), damage (including, but not limited to, loss of use) to any property (public or private), or any requirements to conduct or incur expense for investigative, removal or remedial expenses in connection with contamination of or adverse effect on the environment, or any violation or alleged violation of any statutes, ordinances, orders, rules or regulations of any governmental entity or agency, caused or arising out of (i) a breach of this Agreement by the Customer, (ii) the failure of any warranty of the Customer to be true, accurate and complete, or (iii) any willful or negligent act or omission of the Customer, or its employees or agents in connection with the performance of this Agreement.

Force Majeure.

EQ shall not be liable for any failure to accept, receive, handle, treat, and/or dispose of Delivered Waste due to an act of God, fire, casualty, flood, war, strike, lockout, labor trouble, failure of public utilities, equipment failure, facility shutdown, injunction, accident, epidemic, riot, insurrection, destruction of operation or transportation facilities, the inability to procure materials, equipment, or sufficient personnel or energy in order to meet operational needs without the necessity of allocation, the failure or inability to obtain any governmental approvals or to meet Environmental Requirements (including, but not limited to voluntary or involuntary compliance with any act, exercise, assertion, or requirement of any governmental authority) which may temporarily or permanently prohibit operations of EQ, the Customer, or the Generator, or any other circumstances beyond the control of EQ which prevents or delays performance of any of its obligations under this Agreement.

Governing Laws

This Agreement shall in all respects be governed by and shall be construed in accordance with the laws of the State of Michigan applied to contracts executed and performed wholly within such state.

Bulk Disposal Charges

Quoted bulk disposal charges for solid materials will be billed by the cubic yard. If the waste density is less than 2,000lbs./cubic yard, If waste density is greater than 2,000 lbs./cubic yard, then bulk disposal charges will be billed by the ton, regardless of the approved container.

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: CTD 952 [illegible]
2. Page 1 of 1
3. Emergency Response Phone: [illegible]
4. Manifest Tracking Number: 001699609 JJK

5. Generator's Name and Mailing Address: [illegible] Charter Oak Blvd, Hartford, CT 06106
Generator's Phone: 860-509-3722
Generator's Site Address (if different than mailing address): 176 Cumberland Ave, Wethersfield, CT 06109

6. Transporter 1 Company Name: Trans Waste, Inc.
U.S. EPA ID Number: CTR000 500410

7. Transporter 2 Company Name:
U.S. EPA ID Number:

8. Designated Facility Name and Site Address: Wayne Disposal, Inc. Site #2 Landfill, 49350 N. I-94 Service Dr., Belleville MI 48111
Facility's Phone: 800-592-5489
U.S. EPA ID Number: MID 048 090 633

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
X	1. NA 3077, Hazardous waste, solid, n.o.s. (xylene) (polychlorinated biphenyls), 9, PG III, ERG#171	1	CM		K	CRD1	PCB1	F003
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information: G142005WD1/Concrete-waste storage/unique container number [illegible] Out of Service date 7-30-14 Conf# 514635

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS
Signature: [signature]
Month | Day | Year

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: [illegible]
Signature: [signature]
Month 7 | Day 30 | Year 14
Transporter 2 Printed/Typed Name:
Signature:
Month | Day | Year

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

18b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:

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

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

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: [illegible]
Signature:
Month | Day | Year

GENERATOR / INT'L / TRANSPORTER / DESIGNATED FACILITY

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

TRANSPORTER'S COPY

PCB Concrete from Vault Manifest

RECEIVED 8.6.14

casella

FOR STATE USE ONLY		
SITE NO	APPLICATION NO	DATE RECEIVED
DEPARTMENT ACTION: ☐ Approved ☐ Disapproved		DATE

SPECIAL WASTE CHARACTERIZATION PROFILE

Disposal Facility Location (Choose All That Apply) – Casella reserves the right to make changes to this section based upon review

Hyland Landfill	Chemung Cty LF	Ontario Cty LF	Clinton Cty LF	Waste USA LF	NCES Landfill
6653 Herdman Road	1488 Cty Rte. 60	1879 Rt. 5&20	286 Sand Road	21 Landfill Lane	581 Trudeau Road
Angelica, NY 14709	Lowman, NY 14861	Stanley, NY 14561	Morrisonville, NY 12962	Coventry, VT 05825	Bethlehem, NH 03574
Ph: 585.466.7271	Ph: 607.737.2980	Ph: 585.526.4420	Tel: 518.563.5514	Tel: 802.334.5796	Tel: 603.869.3366
Fax: 585.466.3206	Fax:607.737.2967	Fax: 585.526.5459	Fax: 518.563.5598	Fax: 802.334.2476	Fax: 603.869.2152
☐	☐	☒	☐	☐	☐

Disposal Option – Casella reserves the right to make changes to this section based upon review

Waste Profile is destined for: ☒ Disposal as waste ☐ BUD: _____ ☐ Other (describe) _____

Drill Cuttings Only: ☐ Raw Cuttings for Solidification ☐ Bulked Cuttings For Disposal MUST CHECK ONE: ☐ Air/Water ☐ Oil-based

Waste Characterization Data :

1) Generator of Waste	Address of Facility Generating Waste (Street, City, State, Zip)		County of Origin
CAPITOL REGIONAL EDUCATIONAL COUNCIL	176 CUMBERLAND AVE WETHERSFIELD CT 06109		HARTFORD
2) Generator's Representative (must match signature on pg 2)	Mailing Address of Representative (if different from above)	Telephone No.	Fax No. and Email Address
ROBERT L. SAUNDERS	108 CHARTER OAK HARTFORD CT 06109	860 247 2731	
3) Bill To Customer:	Bill To Address	Telephone No.	Fax No. and Email Address
TRANSWASTE	3 BARKER DRIVE WALLINGFORD CT 06492	203 269 8300	203 269 8600

4) Description of Facility (i.e Residential, Commercial, Manufacturing, WWTP) and Description of Process generating waste:

BUILDING RENOVATION OF C.R.E.C. DISCOVERY ACADEMY – Former transformer vault concrete slab.

5) Description of waste (debris-containing, composition, uniform or mixture, etc.)

CONCRETE CONTAMINATED WITH PCB >1PPM < 50PPM (no soils) from a former transformer vault. EPA has authorized non-hazardous waste disposal of this material.

6) Is Waste Considered Hazardous by Federal or State Hazardous Waste Regulations? ☐ Yes ☒ No

7) Expected Annual Amount of Waste To Be Delivered	Approximate Density of Waste
15 tons/year _____ cubic yards/year	4000 pounds/cubic yard

8) Expected Frequency of Delivery

X one-time

_____ daily _____ weekly _____ monthly _____ other (specify, if known)

9) Hauler Name	Address	Transporter Permit No.	Telephone No.
TRANSWASTE	3 BARKER AVE WALLINGFORD CT	Exp. Date:	203-269-8300

Waste Characterization Data (Cont'd)

10) Method of Delivery. If other, specify.

X roll-off _____ packer truck _____ tractor trailer _____ other

11) Previous Disposal Location	Address	Phone	Contact Person

12) Is the waste classified as a "listed" or "characteristic" hazardous waste as defined by USEPA, or State of origin, or State where disposed? (If yes, explain.)

NO

13) Describe all hazardous or nuisance properties associated with the waste (i.e. odors, dust, size).

PCB >1PPM <50PPM.

14) Does the waste require any special handling or disposal procedures? If so, explain.

LINER

15) Analytical Data Submitted (TCLP/Other).

ATTACHED.

Type of Samples (indicate # of each type in space provided)

_____ grab ✓ composite _____ borings

Site plan must be provided if test pit/boring data is provided

Casella requires, at a minimum, the submittal of full TCLP (Metals-RCRA 8, VOC, SVOC, PCBs, Pesticides/Herbicides), pH, Reactivity, Ignitibility, and % solids testing results for any special waste submitted for landfill acceptance unless the applicant can provide an acceptable justification for submittal of less comprehensive data. The generator is responsible for proper waste characterization.

16) Justification for not submitting full TCLP data.

GENERATOR CERTIFICATION

I hereby certify that (1) I am the authorized representative of the generator; (2) all information submitted on this form and on supplemental materials is complete and accurate to the best of my knowledge and ability to determine; (3) the information provided herein, including any supplemental information, such as laboratory analytical, MSDS, etc., accurately describes the waste stream to be delivered to the facility and that all known or suspected hazards have been disclosed; (4) Casella can contact the laboratory directly to discuss our attached waste stream. I understand that, once the waste stream is approved by Casella based on this information, any deviation in the source, composition, constituents or characteristics of the waste stream from the information described herein, may render the waste stream unacceptable for disposal, at the sole discretion of Casella. I further understand that any deviation from the information contained herein will require immediate notification to the disposal facility and cessation of disposal.

Generator or Authorized Representative Signature:	Print name:	Print Title/Company:	Date:
[illegible]	ROBERT L. SAUNDERS	OWNERS PM.	8-14-14

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number:
2. Page 1 of 1
3. Emergency Response Phone: 203-269-8300
4. Waste Tracking Number: Wiese

5. Generator's Name and Mailing Address
CREC
108 Charter Oak
Hartford, CT 06109
Generator's Phone: 860-247-2731

Generator's Site Address (if different than mailing address)
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: TransWaste, Inc
U.S. EPA ID Number: N/A

7. Transporter 2 Company Name: TransWaste, Inc.
U.S. EPA ID Number: N/A

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 RT 5 + 20
Stanley, NY 14561
Facility's Phone: 585-526-4420
U.S. EPA ID Number:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Concrete Contaminated with PCB > 1ppm <50ppm (no seals) from a former transformer vault. EPA has authorized non-hazardous waste dispose of this material	01	R/O	9	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
Former transformer vault concete slab

CAN# 429 Approval # 5124

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS
Signature:
Month Day Year: 09 02 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Luis Perez
Signature:
Month Day Year: 09 02 14

Transporter 2 Printed/Typed Name: Mike Gauthier
Signature: Mike Gauthier
Month Day Year: 09 03 14

17. Discrepancy
09/04/14

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name:
Signature:
Month Day Year: 9 4 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLS-C 5 11979 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

PCB Concrete from Garage Manifest

-Y TCLP

casella

FOR STATE USE ONLY		
SITE NO.	APPLICATION NO.	DATE RECEIVED
DEPARTMENT ACTION ☐ Approved ☐ Disapproved		DATE

SPECIAL WASTE CHARACTERIZATION PROFILE

Hyland Landfill	Chemung Cty LF	Ontario Cty LF	Clinton Cty LF	Waste USA LF	NCES Landfill
6653 Herdman Road	1488 Cty Rte. 60	1879 Rt. 5&20	286 Sand Road	21 Landfill Lane	581 Trudeau Road
Angelica, NY 14709	Lowman, NY 14861	Stanley, NY 14561	Morrisonville, NY 12962	Coventry, VT 05825	Bethlehem, NH 03574
Ph: 585.466.7271	Ph: 607.737.2980	Ph: 585.526.4420	Tel: (518) 563-5514	Tel: (802) 334-5796	Tel: (603) 869-3366
Fax: 585.466.3206	Fax:607.737.2967	Fax: 585.526.5459	Fax: (518) 563-5598	Fax: 802) 334-2476	Fax: (603) 869-2152
☐	☐	☒	☐	☐	☐

Waste Profile is destined for: ☒ Disposal as waste ☐ BUD: _____ ☐ Other (describe) _____

Drill Cuttings Only: ☐ Raw Cuttings for Solidification ☐ Bulked Cuttings For Disposal MUST CHECK ONE: ☐ Air/Water ☐ Oil-based

1) Company Generating Waste	Address of Facility Generating Waste (Street, City, State, Zip)		County of Origin
CAPITOL REGIONAL EDUCATIONAL COUNCIL	176 CUMBERLAND AVE WETHERSFIELD CT 06109		HARTFORD
2) Representative of Generator (same as generator's signature)	**Mailing Address of Representative**	**Telephone No.**	**Fax No.**
ROBERT L. SANDERS	108 CHARTER OAK HARTFORD CT 06109	860-247-2731	

3) Description of Facility/Process Generating Waste

BUILDING RENOVATION OF CREC DISCOVERY ACADEMY 176 CUMBERLAND AVE. WETHERSFIELD CT 06109

4) Description of waste (debris-containing, composition, uniform or mixture, etc.)

Concrete Contaminated w/ < 50 PPM

5) Is Waste Considered Hazardous by Federal or State Hazardous Waste Regulations? ☐ Yes ☒ No

6) Expected Annual Amount of Waste To Be Delivered	Approximate Density of Waste
50 tons/year _____ cubic yards/year	4000 pounds/cubic yard

7) Expected Frequency of Delivery 50 ton shipped per Gen / LF

_____ one-time

_____ daily _____ weekly _____ monthly ✓ other (specify, if known)

8) Hauler Name	Address	Transporter Permit No.	Telephone No.
DWT	140 RT 37 N. Franklin, CT 06254	Exp. Date:	800-229-9421

9) Method of Delivery. If other, specify.

_____ roll-off _____ packer truck X tractor trailer _____ other

10) Previous Disposal Location	Address	Phone	Contact Person
N/A	N/A	N/A	N/A

Waste Characterization Data (Cont'd)

11) Is the waste classified as a "listed" or "characteristic" hazardous waste as defined by USEPA, or State of origin, or State where disposed? (If yes, explain.)

NO

12) Describe all hazardous or nuisance properties associated with the waste.

<50 PPM

13) Does the waste require any special handling or disposal procedures? If so, explain.

Liner

14) Analytical Data Submitted (TCLP/Other). Attached	**Type of Samples (indicate No. of each type in space provided)** _____ grab ✓ composite

Casella requires, at a minimum, the submittal of full TCLP (Metals-RCRA 8, VOC, SVOC, PCBs, Pesticides/Herbicides), pH, Reactivity, Ignitibility, and % solids testing results for any special waste submitted for landfill acceptance unless the applicant can provide an acceptable justification for submittal of less comprehensive data. The generator is responsible for proper waste characterization.

15) Justification for not submitting full TCLP data.

I hereby certify that (1) all information submitted on this form and on supplemental materials is complete and accurate to the best of my knowledge and ability to determine; (2) the information provided herein, including any supplemental information, such as laboratory analytical, MSDS, etc., accurately describes the waste stream to be delivered to the facility and that all known or suspected hazards have been disclosed. I understand that, once the waste stream is approved by Casella based on this information, any deviation in the source, composition, constituents or characteristics of the waste stream from the information described herein, may render the waste stream unacceptable for disposal, at the sole discretion of Casella. I further understand that any deviation from the information contained herein will require immediate notification to the disposal facility and cessation of disposal.

Generator's Authorized Representative/Signature:	**Print name:** ROBERT SAUNDERS	**Print Title:** OWNERS REP	**Date:** 3/4/14

Received by:		**Date Received:**	**Date Logged In:**
Approved by:		**Project Name:**	
Title:			
Submitted to Casella PC&E	**Date:**	**Casella PC&E Approval**	**Date:**
Submitted to State Agency	**Date:**	**Agency Approval**	**Date:**

SUBMIT ALL DATA TO:

Ann Santell / ann.santell@casella.com

Casella Waste Services

25 Greens Hill Road

Rutland, VT 05701

Telephone #802-772-2217 ♦ Facsimile #802-419-3736

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31200

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 f. Phone:	Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 g. Phone: 860-247-2731
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144248	12/5/2014	Concrete w/PCB				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Robert L Saunders	[signature]	3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Ernie Parra	[signature]	3/28/14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Copenhagen Landfill 420 Quarry Road b. Phone: 860-286-6844	PAD000015087	1772

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/3/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
WILBE CONSTRUCTION, INC 292 FRANKLIN ST CT 06360 b. Phone: 860 889 4973	d. Phone:

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Little PM	[signature]	3/28/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER IN - Bruce E. OUT - Mike M.
Ticket 930878

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144348

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 4/3/14 7:53 am
DATE OUT 4/3/14 8:19 am
VEHICLE DW
CONTAINER
REFERENCE 69 181
INVOICE
BILL OF LADING 31200

SCALE IN	GROSS WEIGHT	78,760	NET TONS	17.72
SCALE OUT	TARE WEIGHT	43,320	NET WEIGHT	35,440

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC
INBOUND

QTY.	UNIT.		DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY					
17.72	TN	SW-PCB WASTE	CONNECTICUT				

NET AMOUNT
TENDERED $0.00
CHANGE $0.00
CHECK

3/31 DRIVER:

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31198

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Westhersfield, CT 06109 f. Phone:	Capital Regional Education Center 176 Cumberland Ave Westhersfield, CT 06109 860-247-2731 g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144348	12/5/2014	Concrete w/PCB				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Robert L Sanders		3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. EPA: [illegible] 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Steve Mathieu		3/28/14

III. DISPOSAL (Generator completes IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road Morrisville, PA 19067 b. Phone: 610-295-5814	PAD000615867	18.14

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
		4/3/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
WIESE CONSTRUCTION, INC 282 FRANKLIN ST NORWICH 06360 b. Phone: 860 889 4973.	EPA NE BOSTON MA 617918111 d. Phone:

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☑ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Little PM		3/28/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 60029
WEIGHMASTER Mike M.
Ticket 930876
DATE IN 4/3/14 7:45 am
DATE OUT 4/3/14 8:15 am

CUSTOMER COPY

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144348

LICENSE:
TYPE: Transfer Trailer

VEHICLE
DW
REFERENCE
40-184
BILL OF LADING 31198

CONTAINER
INVOICE

SCALE IN	GROSS WEIGHT	78,720	NET TONS	18.14
SCALE OUT	TARE WEIGHT	42,440	NET WEIGHT	36,280

INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
18.14	TN	SW-PCB WASTE CONNECTICUT				

NET AMOUNT
TENDERED $0.00
CHANGE $0.00
CHECK

DRIVER:

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31207

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 178 Cumberland Ave Westbrookfield, CT 06106 f. Phone:	Capital Regional Education Center 178 Cumberland Ave Westbrookfield, CT 06106 g. Phone: 860-247-2751
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144346	12/5/2014	Concrete w/ACB				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Robert L. Sanders		3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
b. Phone: N. FRANKLIN, CT 06254

c. Driver Name (Print)	d. Signature	e. Date
Dave Tiffany		3 27 14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Cowanesque Landfill 420 Quarry Road Lawrenceville, PA 16929 b. Phone:	PAD 000158857	24 4-6

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
		3/28/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Const Inc. 289 Franklin St 06360 b. Phone: 860-889-4973	EPA NE Boston MA d. Phone: 617-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Wiese Pres		3/27/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER Bruce E.
Ticket 930189

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144348

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/28/14 6:47 am
DATE OUT 3/28/14 7:16 am
VEHICLE DW
CONTAINER
REFERENCE 58 184
INVOICE
BILL OF LADING 31207

SCALE IN	GROSS WEIGHT	92,320	NET TONS	24.46	
SCALE OUT	TARE WEIGHT	43,400	NET WEIGHT	48,920	INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.		DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY					
24.46	TN	SW-PCB WASTE	CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

5/31 DRIVER: WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31201

DT 182

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

4-14-1

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 f. Phone:	Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 g. Phone: 860-247-2731
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144348	12/5/2014	Concrete w/PCB				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Robert L Saunders	[signature]	3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Joseph Bronson	[signature]	3-28-14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone:	PA0000015867	11.23

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	4/2/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
WIESE CONSTRUCTION INC 282 FRANKLIN ST NORWICH CT 06360 b. Phone: 860 889 4973	EPA N.E. BOSTON MA d. Phone: 617-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 60029
WEIGHMASTER Mike M.
Ticket 930712

CUSTOMER COPY

DATE IN 4/2/14 8:06 am
DATE OUT 4/2/14 8:38 am

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144348

LICENSE:
TYPE: Transfer Trailer

VEHICLE DW
REFERENCE 69-182
BILL OF LADING 31201

CONTAINER
INVOICE

SCALE IN	GROSS WEIGHT	64,140	NET TONS	11.23	INBOUND
SCALE OUT	TARE WEIGHT	41,680	NET WEIGHT	22,460	

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
11.23	TN	SW-PCB WASTE CONNECTICUT				

NET AMOUNT
TENDERED $0.00
CHANGE $0.00
CHECK

DRIVER :

WEIGHMASTER

3/31

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31199

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
	41414	

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Weatherfield, CT 06109 f. Phone:	Capital Regional Education Center 176 Cumberland Ave Weatherfield, CT 06109 g. Phone: 860-247-2731
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144346	12/8/2014	Concrete w/PCB				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Robert L Sanders		3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Doug Tiffany		3 28 14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone: 610-286-6811	PAD 0015867	18.29

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
		4/2/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
WIESE CONSTRUCTION, INC 282 FRANKLIN ST NORWICH CT 06360 b. Phone: 860 889 4973	d. Phone:

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Little PM		3/28/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 60029
WEIGHMASTER Mike M.
Ticket 930711

CUSTOMER COPY

DATE IN 4/2/14 8:04 am
DATE OUT 4/2/14 8:31 am

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144348

LICENSE:
TYPE: Transfer Trailer

VEHICLE DW
CONTAINER
REFERENCE 40-183
INVOICE
BILL OF LADING 31199

SCALE IN	GROSS WEIGHT	78,540	NET TONS	18.29	
SCALE OUT	TARE WEIGHT	41,960	NET WEIGHT	36,580	INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.		DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY					
18.29	TN	SW-PCB WASTE	CONNECTICUT				

NET AMOUNT	---
TENDERED	$0.00
CHANGE	$0.00
CHECK	

3/31 DRIVER:

WEIGHMASTER

PCB and Asbestos Concrete from Garage Manifest

- Y TCLT

casella

FOR STATE USE ONLY		
SITE NO.	APPLICATION NO.	DATE RECEIVED
DEPARTMENT ACTION ☐ Approved ☐ Disapproved		DATE

SPECIAL WASTE CHARACTERIZATION PROFILE

Hyland Landfill	Chemung Cty LF	Ontario Cty LF	Clinton Cty LF	Waste USA LF	NCES Landfill
6653 Herdman Road	1488 Cty Rte. 60	1879 Rt. 5&20	286 Sand Road	21 Landfill Lane	581 Trudeau Road
Angelica, NY 14709	Lowman, NY 14861	Stanley, NY 14561	Morrisonville, NY 12962	Coventry, VT 05825	Bethlehem, NH 03574
Ph: 585.466.7271	Ph: 607.737.2980	Ph: 585.526.4420	Tel: (518) 563-5514	Tel: (802) 334-5796	Tel: (603) 869-3366
Fax: 585.466.3206	Fax:607.737.2967	Fax: 585.526.5459	Fax: (518) 563-5598	Fax: 802) 334-2476	Fax: (603) 869-2152
☐	☐	☒	☐	☐	☐

Waste Profile is destined for: ☒ Disposal as waste ☐ BUD: _____ ☐ Other (describe) _____

Drill Cuttings Only: ☐ Raw Cuttings for Solidification ☐ Bulked Cuttings For Disposal MUST CHECK ONE: ☐ Air/Water ☐ Oil-based

1) Company Generating Waste	Address of Facility Generating Waste (Street, City, State, Zip)		County of Origin
CAPITOL REGIONAL EDUCATIONAL COUNCIL	176 CUMBERLAND AVE, WETHERSFIELD CT 06109		HARTFORD
2) Representative of Generator (same as generator's signature)	**Mailing Address of Representative**	**Telephone No.**	**Fax No.**
ROBERT L. SAUNDERS	108 CHARTER OAK HARTFORD CT 06109	860-247 2731	

3) Description of Facility/Process Generating Waste

BUILDING RENOVATION OF CREC DISCOVERY ACADEMY 176 CUMBERLAND AVE WETHERSFIELD

4) Description of waste (debris-containing, composition, uniform or mixture, etc.)

Concrete contaminated with < 50 ppm and Non-Fri Asbestos

5) Is Waste Considered Hazardous by Federal or State Hazardous Waste Regulations? ☐ Yes ☒ No

6) Expected Annual Amount of Waste To Be Delivered	Approximate Density of Waste
400 tons/year _____ cubic yards/year	4000 pounds/cubic yard

7) Expected Frequency of Delivery 400 ton shipped per Generator / LF orders

_____ one-time

_____ daily _____ weekly _____ monthly ✓ other (specify, if known)

8) Hauler Name	Address	Transporter Permit No.	Telephone No.
DWT	140 Rt 32 N. Franklin CT 06254	Exp. Date:	800-229-9421

9) Method of Delivery. If other, specify.

_____ roll-off _____ packer truck X tractor trailer _____ other

10) Previous Disposal Location	Address	Phone	Contact Person

Revised November 2013

11) Is the waste classified as a "listed" or "characteristic" hazardous waste as defined by USEPA, or State of origin, or State where disposed? (If yes, explain.)

NO

12) Describe all hazardous or nuisance properties associated with the waste.

< 50 PPM PCB NON FRI Asbestos

13) Does the waste require any special handling or disposal procedures? If so, explain.

2 Liners

14) Analytical Data Submitted (TCLP/Other).	Type of Samples (indicate No. of each type in space provided)
Attached.	_____ grab 1 _____ composite

Casella requires, at a minimum, the submittal of full TCLP (Metals-RCRA 8, VOC, SVOC, PCBs, Pesticides/Herbicides), pH, Reactivity, Ignitibility, and % solids testing results for any special waste submitted for landfill acceptance unless the applicant can provide an acceptable justification for submittal of less comprehensive data. The generator is responsible for proper waste characterization.

15) Justification for not submitting full TCLP data.

I hereby certify that (1) all information submitted on this form and on supplemental materials is complete and accurate to the best of my knowledge and ability to determine; (2) the information provided herein, including any supplemental information, such as laboratory analytical, MSDS, etc., accurately describes the waste stream to be delivered to the facility and that all known or suspected hazards have been disclosed. I understand that, once the waste stream is approved by Casella based on this information, any deviation in the source, composition, constituents or characteristics of the waste stream from the information described herein, may render the waste stream unacceptable for disposal, at the sole discretion of Casella. I further understand that any deviation from the information contained herein will require immediate notification to the disposal facility and cessation of disposal.

Generator's Authorized Representative - Signature:	Print name:	Print Title:	Date:
*	ROBERT SAUNDERS	OWNERS REP	3/4/14

Received by:		Date Received:	Date Logged In:
Approved by:		Project Name:	
Title:			
Submitted to Casella PC&E	Date:	Casella PC&E Approval	Date:
Submitted to State Agency	Date:	Agency Approval	Date:

SUBMIT ALL DATA TO:

Ann Santell / ann.santell@casella.com

Casella Waste Services

25 Greens Hill Road

Rutland, VT 05701

Telephone #802-772-2217 ♦ Facsimile #802-419-3736

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31196

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTC ESQ G 99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capitol Regional Education Center 175 Cumberland Ave Westhartford, CT 06106 f. Phone:	Capitol Regional Education Center 175 Cumberland Ave Westhartford, CT 06106 g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 114335	12/10/2014	Contaminated Soil, Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
ROBERT A. SANDERS		3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Doug Tiffany		3 25 14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road Morgantown, PA 19543 b. Phone:	PAD000615667	15-51

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
		3/26/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Const. Inc 282 Franklin St, Norwich CT 06360 b. Phone: 860 - 889 - 4973	EPA, NE Boston MA d. Phone: 617 - 918 - 1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Little PM		3/25/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER IN - Bruce E. OUT - Mike M.
Ticket 929880

CUSTOMER COPY

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/26/14 7:07 am
DATE OUT 3/26/14 7:36 am
VEHICLE DW
CONTAINER
REFERENCE 40 183
INVOICE
BILL OF LADING 31196

SCALE IN	GROSS WEIGHT	79,720	NET TONS	18.91
SCALE OUT	TARE WEIGHT	41,900	NET WEIGHT	37,820

INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
18.91	TN	**SW-ASBESTOS-NON FRIABLE** CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

5/31 DRIVER : WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31208

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTC E S A G 99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 178 Cumberland Ave Weatherfield, CT 06109 f. Phone:	Capital Regional Education Center 178 Cumberland Ave Weatherfield, CT 06109 g. Phone: 860-247-2731
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144335	12/10/2014	Concrete w/ CBs and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Robert L. Saunders		3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone:	PAD004075687	21.20

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
		3/26/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wrecker Chasers Inc 322 Franklin St Ste 300 New Haven CT 06473 b. Phone:	EPA NE Boston MA d. Phone: 617-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Sam Lutz PM		3/25/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER IN - Bruce E. OUT - Mike M.
Ticket 929877
DATE IN 3/26/14 7:02 am
DATE OUT 3/26/14 7:30 am

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

VEHICLE
DW
REFERENCE
311 444
BILL OF LADING 31208

CONTAINER
INVOICE

SCALE IN	GROSS WEIGHT	76,300	NET TONS	21.20
SCALE OUT	TARE WEIGHT	33,900	NET WEIGHT	42,400

INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				--
21.20	TN	**SW-ASBESTOS-NON FRIABLE** CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

DRIVER:

WEIGHMASTER

3/31

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

#184

5081 - 31209

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCFSQG99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 178 Cumberland Ave Westbersfield, CT 06109 f. Phone:	Capital Regional Education Center 178 Cumberland Ave Westbersfield, CT 06109 g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	860-247-2751 i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144335	12/10/2014	Concrete w/PCB's and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
ROBERT L. SAUNDERS	[signature]	3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Robert Davis	[signature]	3.25.14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road Morgantown, PA 19543 b. Phone:	PA0000015867	24.04

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/26/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Construction, Inc. [illegible] Franklin St Norwich, CT [illegible] b. Phone: [illegible]	EPA NE Boston MA d. Phone: 617 918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☑ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Little PM	[signature]	3/25/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER IN - Bruce E. OUT - Mike M.
Ticket 929887

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/26/14 7:25 am
DATE OUT 3/26/14 7:56 am
VEHICLE DW
CONTAINER
REFERENCE 59 184
INVOICE
BILL OF LADING 31209

SCALE IN	GROSS WEIGHT	91,360	NET TONS	24.04	
SCALE OUT	TARE WEIGHT	43,280	NET WEIGHT	48,080	INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
24.04	TN	SW-ASBESTOS-NON FRIABLE CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

3/31 DRIVER:

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31195

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCESQG99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 f. Phone:	Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 g. Phone: 860-247-2131
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 114336	12/10/2014	Concrete w/ CFs and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
ROBERT L. SAUNDERS	[signature]	3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
[illegible]	[illegible]	3/25/14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone:	PA1000015867	1206

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/26/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Construction, Inc 282 Franklin St, Norwich, CT 06360 b. Phone: 860-889-4973	EPA, NE Boston, MA d. Phone: 619-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☑ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Little PM	[signature]	3/25/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER IN - Bruce E. OUT - Mike M.
Ticket 929879

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/26/14 7:05 am
DATE OUT 3/26/14 7:35 am
VEHICLE DW
CONTAINER
REFERENCE 58 182
INVOICE
BILL OF LADING 31195

SCALE IN	GROSS WEIGHT	76,780	NET TONS	17.06	
SCALE OUT	TARE WEIGHT	42,660	NET WEIGHT	34,120	INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
17.06	TN	SW-ASBESTOS-NON FRIABLE CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

5/31 DRIVER: WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31213

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCESQG 99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 178 Cumberland Ave Weathersfield, CT 06109 f. Phone:	Capital Regional Education Center 178 Cumberland Ave Weathersfield, CT 06109 g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	860-247-2731 i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144335	12/10/2014	Concrete w/PCB's and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
ROBERT L. SAUNDERS	[signature]	3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:

D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
[illegible]	[signature]	3/25/14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone:	PA [illegible]	14.62

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/27/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Construction Inc 282 Franklin St Norwich, CT 06360 b. Phone: 860-889-4973	EPA NE Boston MA d. Phone: 617-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☑ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
SIMON LITTLE	[signature]	3/26/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER IN - Bruce E. OUT - Mike M.
Ticket 930059

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/27/14 8:26 am
DATE OUT 3/27/14 8:55 am
VEHICLE DW
CONTAINER
REFERENCE 69 181
BILL OF LADING 31213

INVOICE

SCALE IN	GROSS WEIGHT	72,400	NET TONS	14.62
SCALE OUT	TARE WEIGHT	43,160	NET WEIGHT	29,240

INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
14.62	TN	SW-ASBESTOS-NON FRIABLE CONNECTICUT				

NET AMOUNT
TENDERED $0.00
CHANGE $0.00
CHECK

DRIVER:

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31211

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCESQG 99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Westhersfield, CT 06109 f. Phone:	Capital Regional Education Center 176 Cumberland Ave Westhersfield, CT 06109 g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	860-247-2731 i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144305	12/10/2014	Concrete w/PCB's and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
ROBERT L. SAULDERS	[signature]	3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
[illegible]	[signature]	3 26 14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone:	PA0000015887	19.45

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/25/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Weise Construction, Inc. 282 Franklin ST Norwich, CT 06360 b. Phone: 860-889-4973	EPA NE Boston, MA d. Phone: 617-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☑ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
SIMON LITTLE	[signature]	3/26/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 60029
WEIGHMASTER Mike M.
Ticket 930061
DATE IN 3/27/14 7:58 am
DATE OUT 3/27/14 8:59 am

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

VEHICLE
DW
REFERENCE
40-183
BILL OF LADING 31211

CONTAINER
INVOICE

SCALE IN	GROSS WEIGHT	80,700	NET TONS	19.45
SCALE OUT	TARE WEIGHT	41,800	NET WEIGHT	38,900

INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
19.45	TN	SW-ASBESTOS-NON FRIABLE CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

3/31 DRIVER:

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31193

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCESQG 99999	4-14	

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109	Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109
f. Phone:	g. Phone: 860-247-2731
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144335	12/10/2014	Concrete w/PCB's and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Doug Tiffany	[signature]	3 25 14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road	PA 00016867	1767
b. Phone:		

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/25/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Const. Inc. 282 Franklin St., Norwich, CT 06360	EPA NE Boston, MA
b. Phone: 860-889-4473	d. Phone: 619-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Lotte PM	[signature]	3/24/13

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER IN - Bruce E. OUT - Mike M.
Ticket 929731

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/25/14 7:57 am
DATE OUT 3/25/14 8:18 am
VEHICLE DW
CONTAINER
REFERENCE 40 183
BILL OF LADING 31193

INVOICE

SCALE IN	GROSS WEIGHT	77,260	NET TONS	17.67
SCALE OUT	TARE WEIGHT	41,920	NET WEIGHT	35,340

VEHICLE DESC DW TRANSPORTATION

CONTAINER DESC INBOUND

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
17.67	TN	SW-ASBESTOS-NON FRIABLE CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

01 DRIVER :

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31194

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTC ESQG 99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 179 Cumberland Ave Weatherfield, CT 06109 f. Phone:	Capital Regional Education Center 179 Cumberland Ave Weatherfield, CT 06109 g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 11435	12/10/2014	Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Connecticut Landfill 10 Quarry Road b. Phone:	PA 000015867	18.86

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
		3/25/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Const. Inc 382 Franklin St., Norwich, CT 06360 b. Phone: 860-889-4973	EPA, NE Boston, MA d. Phone: 617-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☒ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Sam Litre PM		3/24/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 60029
WEIGHMASTER Mike M.
Ticket 929729

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/25/14 7:42 am
DATE OUT 3/25/14 8:15 am
VEHICLE DW
CONTAINER
REFERENCE 69-181
INVOICE
BILL OF LADING 31194

SCALE IN	GROSS WEIGHT	80,860	NET TONS	18.86
SCALE OUT	TARE WEIGHT	43,140	NET WEIGHT	37,720

INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
18.86	TN	SW-ASBESTOS-NON FRIABLE CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

5/31 DRIVER:

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31192

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCESQG 99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Westhersfield, CT 06109 f. Phone: 860-247-2731	Capital Regional Education Center 176 Cumberland Ave Westhersfield, CT 06109 g. Phone: 860-247-2731
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144335	12/10/2014	Concrete w/PCBs and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING I
140 ROUTE 32
N. FRANKLIN, CT 06

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Steve Mathick	[signature]	3/24/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road Morgantown, Pa 19543 b. Phone: 610-2416843	PA 000015867	20.53

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/28/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Const. Inc 282 Franklin St, Norwich, CT 06360 b. Phone: 860-889-4973	EPA, NE Boston, MA d. Phone: 619-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☑ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Steve Little PM	[signature]	3/24/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 60029
WEIGHMASTER Mike M.
Ticket 929726

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/25/14 7:40 am
DATE OUT 3/25/14 8:06 am
VEHICLE DW
CONTAINER
REFERENCE 58-182
BILL OF LADING 31192

INVOICE

SCALE IN	GROSS WEIGHT	83,660	NET TONS	20.53
SCALE OUT	TARE WEIGHT	42,600	NET WEIGHT	41,060

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

INBOUND

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
20.53	TN	SW-ASBESTOS-NON FRIABLE CONNECTICUT				

NET AMOUNT
TENDERED $0.00
CHANGE $0.00
CHECK

DRIVER:

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31197

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCESQG99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 f. Phone:	Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 g. Phone: 860-247-2731
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144335	12/10/2014	Concrete w/PCBs and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Robert L Saunders	[signature]	3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Eric Pavalis	[signature]	3/25/14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone:	PA 000015827	1587

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/26/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Construction Inc 282 Franklin ST, Norwich, CT 06360 b. Phone: 860-889-4973	EPA, NE Boston, MA d. Phone: 619-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Little PM	[signature]	3/25/14.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER IN - Bruce E. OUT - Mike M.
Ticket 929884

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/26/14 7:21 am
DATE OUT 3/26/14 7:52 am
VEHICLE DW
CONTAINER
REFERENCE 69 181
INVOICE
BILL OF LADING 31197

SCALE IN	GROSS WEIGHT	74,980	NET TONS	15.87
SCALE OUT	TARE WEIGHT	43,240	NET WEIGHT	31,740

INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
15.87	TN	SW-ASBESTOS-NON FRIABLE CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

3/31 DRIVER:

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31216

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCE 50 G 99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Westhersfield, CT 06109 f. Phone:	Capital Regional Education Center 176 Cumberland Ave Westhersfield, CT 06109 g. Phone: 860-247-2731
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 1-M335	12/10/2014	Concrete w/ CB's and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
ROBERT L. SAUNDERS	[signature]	3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
[signature]	[signature]	3 27 14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone:	PAD000015867	17.86

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/28/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Construction, Inc 282 Franklin St. Norwich, CT 06360 b. Phone: 860-889-4973	EPA NE Boston MA d. Phone: 617 918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Cutler PM	[signature]	3/27/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER Bruce E.
Ticket 930203

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/28/14 7:57 am
DATE OUT 3/28/14 8:26 am
VEHICLE DW
CONTAINER
REFERENCE 40 183
INVOICE
BILL OF LADING 31216

SCALE IN	GROSS WEIGHT	81,620	NET TONS	19.86
SCALE OUT	TARE WEIGHT	41,900	NET WEIGHT	39,720

INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
19.86	TN	**SW-ASBESTOS-NON FRIABLE** CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

DRIVER: WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31215

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCES0G99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 178 Cumberland Ave Weathersfield, Ct 06109 f. Phone:	Capital Regional Education Center 178 Cumberland Ave Weathersfield, Ct 06109 g. Phone: 860-247-2731
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144356	12/10/2014	Concrete w/PCB's and Non-Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
ROBERT L. SAULDERS		3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Steve Mathieu		3/27/14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone:	PAD002015867	18.11

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
		3/28/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Construction, Inc 282 Franklin St, Norwich CT 06360 b. Phone: 860-889-4973	EPA NE Boston, MA d. Phone: 617-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☑ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Lisa PM		3/27/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER Bruce E.
Ticket 930210

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/28/14 8:13 am
DATE OUT 3/28/14 8:45 am
VEHICLE DW
CONTAINER
REFERENCE 59 182
INVOICE
BILL OF LADING 31215

SCALE IN	GROSS WEIGHT	78,820	NET TONS	18.11	
SCALE OUT	TARE WEIGHT	42,600	NET WEIGHT	36,220	INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
18.11	TN	**SW-ASBESTOS-NON FRIABLE** CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

5/31 DRIVER:

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31212

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCESQG99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capitol Regional Education Center 175 Cumberland Ave Wethersfield, CT 06109 f. Phone:	Capitol Regional Education Center 175 Cumberland Ave Wethersfield, CT 06109 g. Phone: 860-247-2791
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144395	12/10/2014	Concrete w/ PCB's and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Robert L. Saunders		3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
		3-26-14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Camelot Landfill Quarry Road b. Phone:		12.12

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
		3/27/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Weise Construction, Inc 282 Franklin ST. Meriden, CT 06450 b. Phone:	EPA NE Boston, MA d. Phone: 617-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Weise		3/26/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER IN - Bruce E. OUT - Mike M.
Ticket 930058

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/27/14 8:23 am
DATE OUT 3/27/14 8:49 am
VEHICLE DW
CONTAINER
REFERENCE 59 184
INVOICE
BILL OF LADING 31212

SCALE IN	GROSS WEIGHT	77,480	NET TONS	17.12	
SCALE OUT	TARE WEIGHT	43,240	NET WEIGHT	34,240	INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
17.12	TN	SW-ASBESTOS-NON FRIABLE CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

1/31 DRIVER:

WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31210

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTC ESQ G 99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 f. Phone:	Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	860-247-2731 i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144336	12/10/2014	Concrete w/PCB's and NF Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
ROBERT L. SAUNDERS	[signature]	3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Steve Mathieu	[signature]	3/26/14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone:	PA3000015887	16-08

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/27/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Weise Construction, Inc. [illegible] [illegible] b. Phone: [illegible]	EPA NE Boston MA d. Phone: 617-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☑ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
Simon Little PM	[signature]	3/26/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER Bruce E.
Ticket 930033

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/27/14 6:45 am
DATE OUT 3/27/14 7:10 am
VEHICLE DW
CONTAINER
REFERENCE 58 182
INVOICE
BILL OF LADING 31210

SCALE IN	GROSS WEIGHT	75,040	NET TONS	16.08
SCALE OUT	TARE WEIGHT	42,880	NET WEIGHT	32,160

INBOUND

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC

QTY.	UNIT.	DESCRIPTION	RATE.	EXTENSION.	TAX.	TOTAL
0.00	YD	TRACKING QTY				
16.08	TN	**SW-ASBESTOS-NON FRIABLE** CONNECTICUT				

NET AMOUNT	
TENDERED	$0.00
CHANGE	$0.00
CHECK	

3/31 DRIVER: WEIGHMASTER

REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 31217

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
CTCESQG99999		

d. Generator's Name and Location:	e. Generator's Mailing Address:
Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 f. Phone:	Capital Regional Education Center 176 Cumberland Ave Weathersfield, CT 06109 g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	860-247-2731 i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081 144335	12/10/2014	Concrete w/PCB's and NI-Asbestos				Tons

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
ROBERT L. SAUNDERS	[signature]	3/25/14

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
D.W. TRANSPORT & LEASING INC.
140 ROUTE 32
N. FRANKLIN, CT 06254
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Conestoga Landfill 420 Quarry Road b. Phone:	PA3000815867	17.63

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

e. Name of Authorized Agent (Print)	f. Signature	g. Date
[signature]	[signature]	3/27/14

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
Wiese Corporation Inc 282 Franklin St. Norwich CT 06360 b. Phone: 860-889-4973	EPA-NE Boston, MA d. Phone: 619-918-1111

e. Special Handling Instructions and Additional Information:

f. ☐ Friable ☑ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
SIMON LITTLE PM	[signature]	3/27/14

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

CONESTOGA LF
420 QUARRY ROAD
Morgantown, PA 19543 610-286-6844

SITE CL CELL 22X 77564
WEIGHMASTER Bruce E.
Ticket 930205

CUSTOMER
042398
DW TRANSPORT & LEASING, INC.
140 ROUTE 32
NORTH FRANKLIN, CT 06254
5081144335

CUSTOMER COPY

LICENSE:
TYPE: Transfer Trailer

DATE IN 3/28/14 8:08 am
DATE OUT 3/28/14 8:33 am
VEHICLE DW
CONTAINER
REFERENCE 69 181
INVOICE
BILL OF LADING 31217

SCALE IN	GROSS WEIGHT	78,360	NET TONS	17.63
SCALE OUT	TARE WEIGHT	43,100	NET WEIGHT	35,260

VEHICLE DESC DW TRANSPORTATION
CONTAINER DESC
INBOUND

QTY.	UNIT.	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
0.00	YD	TRACKING QTY				
17.63	TN	SW-ASBESTOS-NON FRIABLE CONNECTICUT				

NET AMOUNT
TENDERED $0.00
CHANGE $0.00
CHECK

DRIVER:

WEIGHMASTER

PCB SOIL

Site Log

FORMER GARAGE

PRO-TECK

roject Name: CREC - 176 CUMBERLAND AVENUE, WETHERSFIELD, CT 06109.

isposal Location: ONTARIO COUNTY LANDFILL - 1879 ROUTE 5 & 20, STANLEY, NY14561. APPROVAL # 5196.

oad Count	Date	Trans	Tractor #	Tractor Registration	Trailer Registration	Time On-Site	Load Start	Load Finish	Transporter Signature
1	09/22/2014	CRA	16	AJ191Z	TEV81E	11:00	11:30	11:40	John
2	09/22/2014	SRS	XXX	47974A	V76697	11:39	11:44	11:54	Kevin XXX
3	09/22/2014	SRS	333	40414A	V82689	11:52	11:56	12:02	Chris 333
4	09/22/2014	SRS	XLT	49490A	V94752	12:15	12:17	12:20	Kevin XLT
5	09/22/2014	SRS	444	40479A	V87472	12:15	12:22	12:28	Darryl 444
6	09/22/2014	ICC	4	84163	1688606	1:13	1:17	1:23	Eddy
7	09/22/2014	CRA	8	AF742F	TMP82D	1:27	1:30	1:37	MARK
8	09/22/2014	CRA	18	AJ484C	THA450	2:30	2:33	2:41	BOB
9	09/23/2014	CRA	3	AG142H	TMK76X	10:30	10:32	10:37	MARCO
10	09/23/2014	CRA	21	AP780H	TFF25S	10:30	10:39	10:43	ADAM
11	09/23/2014	SRS	XXX	47974A	V76697	11:43	11:46	11:51	Kevin
12	09/23/2014	SRS	333	40414A	V82689	12:13	12:18	12:24	Chris
13	09/23/2014	SRS	XLT	49490A	V94752	12:42	12:46	12:52	Kevin
14	09/23/2014	SRS	444	40479A	V87472	12:42	12:53	12:57	Darryl
15	09/23/2014	SRS	XXL	52630A	V80648	1:44	1:46	1:54	STUCK XXL
16	09/24/2014	CRA	29	AM813B	TKG54W	10:50	11:15	11:23	James A Moore
17	09/24/2014	CRA	1	AG150J	TLN66L	10:50	11:26	11:32	[illegible]
18	09/24/2014	SRS	333	40414A	V82689	12:10	12:15	12:20	Chris 333
19	09/24/2014	SRS	XXX	47974A	V76697	12:10	12:22	12:29	[illegible] XXX
20	09/24/2014	SRS	XXL	52630A	V80648	1:00	1:27	1:35	[illegible]

Site Log

PRO-TECK

roject Name: CREC - 176 CUMBERLAND AVENUE, WETHERSFIELD, CT 06109.

isposal Location: ONTARIO COUNTY LANDFILL - 1879 ROUTE 5 & 20, STANLEY, NY14561. APPROVAL # 5196.

oad Count	Date	Trans	Tractor #	Tractor Registration	Trailer Registration	Time On-Site	Load Start	Load Finish	Transporter Signature
21	09/26/2014	SRS	XXX	47974A	V76697	11:50	12:28	12:34	SRS XXX
22	09/26/2014	Girroir Jr	T-3	75825	1698921	1:10	1:30	1:38	Robert Girroir Jr
23	09/26/2014	SRS	222	44015A	V91519	1:40	1:44	1:50	SRS 222
24	09/29/2014	CRA	3	AG142H	TMK76X	10:00	12:12	12:17	CRA 3
25	09/29/2014	CRA	12	AL903A	TME75R	11:00	12:25	12:31	[illegible]
26	09/29/2014	CRA	30	AN267E	TEP21V	11:00	12:45	12:51	[illegible]
27	09/29/2014	CRA	8	AF742F	TMX51U	11:00	1:00	1:08	Richard
28	09/29/2014	SRS	XLT	49490A	V94752	1:20	1:35	1:43	SRS XLT
29	09/30/2014	SRS	444	40479A	V87472	2:10	2:15	2:36	[illegible]
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									

DEP Report

NEWS NE / ONTARIO COUNTY LANDFILL
Customer Profile Detail Report
Transactions from 09/16/2014 through 10/16/2014
Third Party and Intercompany Customers
Recycle and Disposal Waste
Inbound and Outbound Tickets

Customer	Ticket	Material	Gross	Tare	Net	Tons	Transporter	Approval	Job#	Date	Test Freq	Generator
LE-00451	**(PRO TECK LLC)**											
	599044	INDUSTRIAL WAST	91,580	34,960	56,620	28.31	SRS		5196	9/23/201	1TM	CAPITOL RE
	599045	INDUSTRIAL WAST	82,880	35,920	46,960	23.48	SRS		5196	9/23/201	1TM	CAPITOL RE
	599046	INDUSTRIAL WAST	87,120	36,060	51,060	25.53	SRS		5196	9/23/201	1TM	CAPITOL RE
	599050	INDUSTRIAL WAST	84,660	32,460	52,200	26.10	SRS		5196	9/23/201	1TM	CAPITOL RE
	599051	INDUSTRIAL WAST	93,640	36,220	57,420	28.71	CRA		5196	9/23/201	1TM	CAPITOL RE
	599057	INDUSTRIAL WAST	94,740	36,020	58,720	29.36	ICC		5196	9/23/201	1TM	CAPITOL RE
	599064	INDUSTRIAL WAST	116,220	36,680	79,540	39.77	CRA		5196	9/23/201	1TM	CAPITOL RE
	599072	INDUSTRIAL WAST	102,640	35,400	67,240	33.62	CRA		5196	9/23/201	1TM	CAPITOL RE
	599385	INDUSTRIAL WAST	93,740	32,720	61,020	30.51	SRS		5196	9/24/201	1TM	CAPITOL RE
	599386	INDUSTRIAL WAST	93,980	36,520	57,460	28.73	SRS		5196	9/24/201	1TM	CAPITOL RE
	599387	INDUSTRIAL WAST	90,920	34,940	55,980	27.99	SRS		5196	9/24/201	1TM	CAPITOL RE
	599389	INDUSTRIAL WAST	109,080	36,580	72,500	36.25	CRA		5196	9/24/201	1TM	CAPITOL RE
	599391	INDUSTRIAL WAST	111,540	35,840	75,700	37.85	CRA		5196	9/24/201	1TM	CAPITOL RE
	599396	INDUSTRIAL WAST	83,040	35,360	47,680	23.84	SRS		5196	9/24/201	1TM	CAPITOL RE
	599416	INDUSTRIAL WAST	83,480	35,860	47,620	23.81	SRS		5196	9/24/201	1TM	CAPITOL RE
	599634	INDUSTRIAL WAST	91,560	34,960	56,600	28.30	SRS		5196	9/25/201	1TM	CAPITOL RE
	599635	INDUSTRIAL WAST	87,880	35,540	52,340	26.17	SRS		5196	9/25/201	1TM	CAPITOL RE
	599636	INDUSTRIAL WAST	108,100	35,540	72,560	36.28	CRA		5196	9/25/201	1TM	CAPITOL RE
	599650	INDUSTRIAL WAST	89,540	36,160	53,380	26.69	CRA		5196	9/25/201	1TM	CAPITOL RE
	599682	INDUSTRIAL WAST	81,860	35,940	45,920	22.96	SRS		5196	9/25/201	1TM	CAPITOL RE
	600135	INDUSTRIAL WAST	84,720	34,320	50,400	25.20	SRS		5196	9/29/201	1TM	CAPITOL RE
	600136	INDUSTRIAL WAST	82,220	33,960	48,260	24.13	SRS		5196	9/29/201	1TM	CAPITOL RE
	600167	INDUSTRIAL WAST	109,580	35,720	73,860	36.93	ICC		5196	9/29/201	1TM	CAPITOL RE
	600363	INDUSTRIAL WAST	93,780	37,180	56,600	28.30	CRA		5196	9/30/201	1TM	CAPITOL RE
	600364	INDUSTRIAL WAST	95,780	35,920	59,860	29.93	CRA		5196	9/30/201	1TM	CAPITOL RE
	600365	INDUSTRIAL WAST	98,980	36,480	62,500	31.25	CRA		5196	9/30/201	1TM	CAPITOL RE
	600368	INDUSTRIAL WAST	103,820	36,540	67,280	33.64	CRA		5196	9/30/201	1TM	CAPITOL RE
	600435	INDUSTRIAL WAST	83,760	36,040	47,720	23.86	SRS		5196	9/30/201	1TM	CAPITOL RE
	600577	INDUSTRIAL WAST	86,860	32,680	54,180	27.09	SRS		5196	10/1/201	1TM	CAPITOL RE

DEP Report

NEWS NE / ONTARIO COUNTY LANDFILL
Customer Profile Detail Report
Transactions from 09/16/2014 through 10/16/2014
Third Party and Intercompany Customers
Recycle and Disposal Waste
Inbound and Outbound Tickets

Customer	Ticket	Material	Gross	Tare	Net	Tons	Transporter	Approval	Job#	Date	Test Freq	Generator
Totals for LE-00451 (PRO TECK LLC) *29 Line Items and 29 Tickets*						**844.59**						
Report Grand Totals *29 Line Items and 29 Tickets*						**844.59**						

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599051
DATE: 09/23/2014
TIME: 06:14 - 06:53

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: CRA16 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 93640 LBS
TARE: 36220 LBS
NET: 57420 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	28.7100	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

CRA

16

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-6390	5196- 1

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5195
less than 50 ppm PCB soil
9/22/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 22 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: CRA#6 John Cater — Signature: [signature] — Month 09 Day 22 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 23 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599044
DATE: 09/23/2014
TIME: 06:05 - 06:39

CUSTOMER: LE-00451 / PRO TECK LLC
P.O.:
HAULCUST: WO: 0 APPROVAL #:
GROSS: 91580 LBS
ORIGIN: CC / CONNECTICUT
TARE: 34960 LBS
TRUCK: SRSXXX TRAILER:
NET: 56620 LBS
GENERATOR: CREC / CAPITOL REGIONPEDFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	28.3100	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY D: PCSCALE1-D OUT: NANCY B : PCSCALE1-D

XXX

XXY

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 2

GENERATOR

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9/22/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 22 Year 14

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Kevin Rietsche — Signature: [signature] — Month 9 Day 22 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

DESIGNATED FACILITY

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: Nancy Gilman — Signature: [signature] — Month 9 Day 23 Year 14

169-BLC-0 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599045
DATE: 09/23/2014
TIME: 06:08 - 06:45

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: SRS333 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPEDFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 82880 LBS
TARE: 35920 LBS
NET: 46960 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	23.4800	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

333

333

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 3

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
	2.				
	3.				
	4.				

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9/22/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 22 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: CHRIS BURGESS — Signature: [signature] — Month 9 Day 22 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: Nancy Gilman — Signature: [signature] — Month 9 Day 23 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599046
DATE: 09/23/2014
TIME: 06:09 - 06:46

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: SRSXLT TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 87120 LBS
TARE: 36060 LBS
NET: 51060 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	25.5300	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY #: PCSCALE1-0 OUT: NANCY #: PCSCALE1-0

XLT

X&LT

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 4

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address: Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.				
3.				
4.				

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9/22/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 22 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: KEVIN HILL — Signature: [signature] — Month 9 Day 22 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 23 Year 14

DESIGNATED FACILITY TO GENERATOR

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599050
DATE: 09/23/2014
TIME: 06:11 - 06:50

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: SRS444 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 84660 LBS
TARE: 32460 LBS
NET: 52200 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	26.1000	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY D: PCSCALE1-0 OUT: NANCY D : PCSCALE1-0

444

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 5

GENERATOR

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
	2.				
	3.				
	4.				

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9/22/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 22 Year 14

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: SRS NATIONAL - Darrell Len — Signature: [signature] #444 — Month 09 Day 22 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

DESIGNATED FACILITY

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month Day Year 9/23/14

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR
444

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599057
DATE: 09/23/2014
TIME: 06:29 - 07:02

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: ICC4 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: ICC / ICC ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 94740 LBS
TARE: 36020 LBS
NET: 58720 LBS
CELL/TANK: PB

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	29.3600	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

ICC

64

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 6

GENERATOR

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9/22/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 22 Year 14

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Eddie Bentch ICI — Signature: [signature] — Month 9 Day 22 Year 14
Transporter 2 Printed/Typed Name — Signature: Eddie Bentch — Month 9 Day 23 Year 14

DESIGNATED FACILITY

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except ~~as noted in Item~~ 17a
Printed/Typed Name: Alan Gilman — Signature: [signature] — Month 9 Day 23 Year 14

DESIGNATED FACILITY TO GENERATOR

169-BLC-O 6 10498 (Rev. 9/09)

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599072
DATE: 09/23/2014
TIME: 07:07 - 07:31

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: M CRA8 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 102640 LBS
TARE: 35400 LBS
NET: 67240 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	33.6200	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver: MW

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

CRA

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number: N/A
2. Page 1 of 1
3. Emergency Response Phone: 860-559-8390
4. Waste Tracking Number: 5195- 7

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06105
Generator's Phone 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National
U.S. EPA ID Number: N/A

7. Transporter 2 Company Name:
U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T	
2.						
3.						
4.						

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5195
less than 50 ppm PCB soil
9/22/14

14. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS
Signature:
Month 9 Day 22 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: MARK WEATHERWAX
Signature:
Month 9 Day 22 Year 14
Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name:
Signature:
Month Day Year 9/23/14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599064
DATE: 09/23/2014
TIME: 06:38 - 07:13

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: CRA8 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 116220 LBS
TARE: 36680 LBS
NET: 79540 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	39.7700	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver: Bob

IN: NANCY ~~B: PCSCALE1-0~~ OUT: NANCY B : PCSCALE1-0

CRA

8

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 8

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9/22/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 22 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Robert L Miner — Signature: Robert L Miner — Month 9 Day 22 Year 14
Transporter 2 Printed/Typed Name — Signature — Month 9 Day 22 Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 23 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

WS NE / ONTARIO COUNTY LANDFILL
Division of Casella Waste Systems
79 NYS Route 5&20
anley, NY 14561

TICKET: 599385
DATE: 09/24/2014
TIME: 06:07 - 06:45

STOMER: LE-00451 / PRO TECK LLC
ULCUST: WO: 0 APPROVAL #:
IGIN: CC / CONNECTICUT
CK: SRS444 TRAILER:
ERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
ILER: SRS / SRS ROUTE: NA / NON APPLICABLE
MENT: 5196

P.O.:
GROSS: 93740 LBS
TARE: 32720 LBS
NET: 61020 LBS
CELL/TANK: P8

ERIAL	QUANTITY	UNIT
/ INDUSTRIAL WASTE	30.5100	ST

ertify under penalty of perjury that I am familiar with wastes
horized at this facility and that to the best of my knowledge all
te contained in this load is authorized for disposal at this facility.
ghmaster: Driver:

NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

SRS 444

444

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 14

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9-23-14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 23 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: SRS NATIONAL - Darrell Lew — Signature: [signature] #444 — Month 09 Day 23 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 24 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

444

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599386
DATE: 09/24/2014
TIME: 06:09 - 06:46

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: SRSXLT TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 93980 LBS
TARE: 36520 LBS
NET: 57460 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	28.7300	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B: PCSCALE1-0

XCT

XLT

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 13

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06105
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9/23/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 23 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: KEVIN HILL — Signature: [signature] — Month 9 Day 23 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [illegible] — Signature: [signature] — Month 9 Day 24 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599387
DATE: 09/24/2014
TIME: 06:10 - 06:48

CUSTOMER: LE-00451 / PRO TECK LLC
P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 90920 LBS
ORIGIN: CC / CONNECTICUT
TARE: 34940 LBS
TRUCK: SRSXXX TRAILER: NET: 55980 LBS
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	27.9900	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

XXX

XXX

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 11

GENERATOR

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	~~Non Hazardous waste solid, Non DOT,~~ Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9/23/14

14. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 23 Year 14

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 23 Year 14
Transporter 2 Printed/Typed Name — Signature — Month — Day — Year

DESIGNATED FACILITY

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month — Day — Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 24 Year 14

169-BLC-O 6 10498 (Rev. 9/09) DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599389
DATE: 09/24/2014
TIME: 06:20 - 06:51

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: CRA3 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPEDFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 109080 LBS
TARE: 36580 LBS
NET: 72500 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	36.2500	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

CRA

CRA 3

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 9

5. Generator's Name and Mailing Address

CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106

Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)

CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address

Ontario County Landill
1679 Rt. 5&20
Stanley, NY 14561 USA

Facility's Phone: 585-526-4420

U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information

weight is estimated
Approval #5196
less than 50 ppm PCB soil

9-23-14

14. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 23 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Marco Benito — Signature: [signature] — Month 9 Day 23 Year 14

Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 24 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599391
DATE: 09/24/2014
TIME: 06:21 - 06:53

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: CRA21 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 111540 LBS
TARE: 35840 LBS
NET: 75700 LBS
CELL/TANK: PB

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	37.8500	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

CRA

021

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5195- 10

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
	2.				
	3.				
	4.				

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9/23/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 23 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Adam Fields — Signature: [signature] — Month 9 Day 23 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 24 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599396
DATE: 09/24/2014
TIME: 06:22 - 07:00

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: SRS333 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 83040 LBS
TARE: 35360 LBS
NET: 47680 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	23.8400	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

333

333

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 12

GENERATOR

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9/23/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 23 Year 14

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: CHRIS BURGESS — Signature: [signature] — Month 9 Day 23 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

DESIGNATED FACILITY

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 24 Year 14

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599416
DATE: 09/24/2014
TIME: 07:38 - 07:58

CUSTOMER: LE-00451 / PRO TECK LLC
P.O.:
HAULCUST: WO: 0 APPROVAL #:
GROSS: 83480 LBS
ORIGIN: CC / CONNECTICUT
TARE: 35860 LBS
TRUCK: SRSXXL TRAILER:
NET: 47620 LBS
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	23.8100	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained ~~in this load~~ is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

XXC

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 15

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
9-23-14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 9 Day 23 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Paul Rietdyke — Signature: [signature] — Month 9 Day 23 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 24 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599634
DATE: 09/25/2014
TIME: 06:06 - 06:46

CUSTOMER: LE-00451 / PRO TECK LLC
P.O.:
HAULCUST: WO: 0 APPROVAL #:
GROSS: 91560 LBS
ORIGIN: CC / CONNECTICUT
TARE: 34960 LBS
TRUCK: SRSXXX TRAILER:
NET: 56600 LBS
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	28.3000	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-O OUT: NANCY B : PCSCALE1-O

XXX

XXX

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 19

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.				
3.				
4.				

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
SRS XXX
O.S.D. 9/24/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 24 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Kevin Riestle — Signature: [signature] — Month 9 Day 24 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month Day Year

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599635
DATE: 09/25/2014
TIME: 06:07 - 06:48

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: SRS333 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 87880 LBS
TARE: 35540 LBS
NET: 52340 LBS
CELL/TANK: P0

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	26.1700	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver: 333

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

333

333

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 18

GENERATOR

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
O.S.D. 9/24/14
SRS 333

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 24 Year 14

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: CHRIS BURGESS — Signature: [signature] — Month 9 Day 24 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

DESIGNATED FACILITY

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 25 Year 14

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599636
DATE: 09/25/2014
TIME: 06:16 - 06:51

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: CRA29 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 108100 LBS
TARE: 35540 LBS
NET: 72560 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	36.2800	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

CRA

CRA 29

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 16

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06105
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
175 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.				
3.				
4.				

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil

O.S.D. 9/24/14

CRA 29

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 24 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: James A Mead — Signature: James A Mead — Month 9 Day 24 Year 14

Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 24 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09) DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599650
DATE: 09/25/2014
TIME: 06:30 - 07:17

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #: P.O.:
ORIGIN: CC / CONNECTICUT
TRUCK: CRA1 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196

GROSS: 89540 LBS
TARE: 36160 LBS
NET: 53380 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	26.6900	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY 0 : PCSCALE1-0

CRA

CRA 1

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 17

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06105
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
	2.				
	3.				
	4.				

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
O.S.D. 9/24/14
CRA1

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 24 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: [illegible] — Signature: [signature] — Month 09 Day 24 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [illegible] — Signature: [signature] — Month 9 Day 24 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 599682
DATE: 09/25/2014
TIME: 08:17 - 08:37

CUSTOMER: LE-00451 / PRO TECK LLC
P.O.:
HAULCUST: WO: 0 APPROVAL #:
GROSS: 81860 LBS
ORIGIN: CC / CONNECTICUT
TARE: 35940 LBS
TRUCK: SRSXXL TRAILER:
NET: 45920 LBS
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196
CELL/TANK: PB

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	22.9600	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

XXL

XXL

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 20

GENERATOR

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06105
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
O.S.D. 9/24/14
SRS XXL

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 24 Year 14

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Paul Rietdyke — Signature: [signature] — Month 9 Day 24 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

DESIGNATED FACILITY

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name — Signature: [signature] — Month Day Year 9 25 14

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 600135
DATE: 09/29/2014
TIME: 06:04 - 06:38

CUSTOMER: LE-00451 / PRO TECK LLC P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 84720 LBS
ORIGIN: CC / CONNECTICUT TARE: 34320 LBS
TRUCK: SRSXXX TRAILER: NET: 50400 LBS
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196 CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	25.2000	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

XXX

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 21

GENERATOR

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
OSD 9/26/14
SRS XXX

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 26 Year 14

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Kevin Rietdyk — Signature: [signature] — Month 09 Day 26 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

DESIGNATED FACILITY

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 24 Year

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 600136
DATE: 09/29/2014
TIME: 06:06 - 06:39

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: SRS222 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 82220 LBS
TARE: 33960 LBS
NET: 48260 LBS

CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	24.1300	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

222

22

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 23

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T	
2.						
3.						
4.						

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
OSD 9/26/14
SRS 222

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 26 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Tom Provencher — Signature: [signature] — Month 9 Day 26 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month Day Year

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 600363
DATE: 09/30/2014
TIME: 06:04 - 08:24

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: CRA12 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 93780 LBS
TARE: 37180 LBS
NET: 56600 LBS

CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	28.3000	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY ~~B: PCSCALE1-0~~ OUT: NANCY B : PCSCALE1-0

CRA

12

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196-25

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06105
Generator's Phone 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name: — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
OSD: 9/29/14
CRA 12

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 29 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: BILL PETERS — Signature: [signature] — Month 09 Day 29 Year 14
Transporter 2 Printed/Typed Name: — Signature: — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 30 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 600364
DATE: 09/30/2014
TIME: 06:06 - 08:25

CUSTOMER: LE-00451 / PRO TECK LLC
P.O.:
HAULCUST: WO: 0 APPROVAL #:
GROSS: 95780 LBS
ORIGIN: CC / CONNECTICUT
TARE: 35920 LBS
TRUCK: CRA30 TRAILER:
NET: 59860 LBS
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	29.9300	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

CRA

C 30

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 26

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1.	Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil

OSD: 9/29/14

CRA 30

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 29 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: [illegible] — Signature: [signature] — Month 9 Day 29 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: Mary Gilmer — Signature: [signature] — Month 9 Day 30 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09) DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 600365
DATE: 09/30/2014
TIME: 06:07 - 08:26

CUSTOMER: LE-00451 / PRO TECK LLC
P.O.:
HAULCUST: WO: 0 APPROVAL #:
GROSS: 98980 LBS
ORIGIN: CC / CONNECTICUT
TARE: 36480 LBS
TRUCK: CRA8 TRAILER:
NET: 62500 LBS
GENERATOR: CREC / CAPITOL REGIONPEDFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	31.2500	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

CRA

C8

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 27

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
	1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T	
	2.					
	3.					
	4.					

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
CRA 8
OSD 9/29/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 29 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Robert L Mauer — Signature: Robert L Mauer — Month 09 Day 29 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [illegible] — Signature: [signature] — Month 9 Day 30 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 600368
DATE: 09/30/2014
TIME: 06:26 - 08:38

CUSTOMER: LE-00451 / PRO TECK LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: CRA3 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: CRA / CRA TRUCKING ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 103820 LBS
TARE: 36540 LBS
NET: 67280 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	33.6400	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

CRA

3

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 24

GENERATOR

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06105
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
	1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
	2.				
	3.				
	4.				

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
CRA 3

OSD: 9/29/14

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 29 Year 14

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Marco Genito — Signature: [signature] — Month 9 Day 26 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

DESIGNATED FACILITY

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [signature] — Signature: [signature] — Month 9 Day 30 Year 14

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 600435
DATE: 09/30/2014
TIME: 10:41 - 11:19

CUSTOMER: LE-00451 / PRO TECK LLC
P.O.:
HAULCUST: WO: 0 APPROVAL #:
GROSS: 83760 LBS
ORIGIN: CC / CONNECTICUT
TARE: 36040 LBS
TRUCK: SRSXLT TRAILER:
NET: 47720 LBS
GENERATOR: CREC / CAPITOL REGIONPROFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196/28
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	23.8600	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B: PCSCALE1-0

XLT

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
N/A	1	860-559-8390	5196- 28

5. Generator's Name and Mailing Address
CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106
Generator's Phone: 860-509-3722

Generator's Site Address (if different than mailing address)
CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5&20
Stanley, NY 14561 USA
Facility's Phone: 585-526-4420
U.S. EPA ID Number: N/A

9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T
2.				
3.				
4.				

13. Special Handling Instructions and Additional Information
weight is estimated
Approval #5196
less than 50 ppm PCB soil
OSD: 09/29/14
SRS XLT

14. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month 09 Day 29 Year 14

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: K. Hill — Signature: [signature] — Month 9 Day 29 Year 14
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a
Printed/Typed Name: Thomas A Rafferty — Signature: [signature] — Month 9 Day 29 Year 14

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

444

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	N/A	1	860-559-8390	5196- 29

5. Generator's Name and Mailing Address

CREC
147 Charter Oak Avenue Attn Bob Saunders
Hartford, CT 06106

Generator's Phone 860-509-3722

Generator's Site Address (if different than mailing address)

CREC
176 Cumberland Ave
Wethersfield, CT 06109

6. Transporter 1 Company Name: SRS National — U.S. EPA ID Number: N/A

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address

Ontario County Landill
1879 Rt. 5&20
Stanley, NY 14561 USA

Facility's Phone: 585-526-4420

U.S. EPA ID Number: N/A

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
	1. Non Hazardous waste solid, Non DOT, Non RCRA regulated	001	DT	22	T	
	2.					
	3.					
	4.					

13. Special Handling Instructions and Additional Information

weight is estimated
Approval #5196
less than 50 ppm PCB soil

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

Generator's/Offeror's Printed/Typed Name: ROBERT L. SAUNDERS — Signature: [signature] — Month / Day / Year

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

16 Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: SRS NATIONAL - DARRELL LEN — Signature: [signature] — Month 09 Day 30 Year 14

Transporter 2 Printed/Typed Name — Signature — Month / Day / Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month / Day / Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name — Signature: [signature] — Month 10 Day 14 Year

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09)

DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 600577
DATE: 10/01/2014
TIME: 06:05 - 06:49

CUSTOMER: LE-00451 / PRO TECH LLC
HAULCUST: WO: 0 APPROVAL #:
ORIGIN: CC / CONNECTICUT
TRUCK: SRS444 TRAILER:
GENERATOR: CREC / CAPITOL REGIONPEDFILE #: 5196
HAULER: SRS / SRS ROUTE: NA / NON APPLICABLE
COMMENT: 5196

P.O.:
GROSS: 86860 LBS
TARE: 32680 LBS
NET: 54180 LBS
CELL/TANK: P8

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	27.0900	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver: 444

IN: NANCY B: PCSCALE1-0 OUT: NANCY B : PCSCALE1-0

444

Appendix F

Remediation Contractor's Paperwork

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Jose L Almendarez

Home Address: 19 roggles street

City, State and Zip Code: Providence, RI 02908

Telephone Number: (401) 345 - 5275

Date of Birth: 11-6-78

Social Security Number: _____ - _____ - 1936

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Rozo Alberto
Print Name of Physician

11-09-2013
Date of Examination

Signature of Physician

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Updated 12/2003

Dr. Alberto Rozo
40-46 74th St
Elmhurst, N.Y. 11373
License #187566

NPI 1295796464

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Jose L Amendarez

Home Address: 19 Ruggles St

City, State and Zip Code: Providence RI 02908

Telephone Number: (401) 2616529

Date of Birth: 11-06-1978

Social Security Number: -1976

ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Rozo Alberto
First Name of Physician

November 21 2012
Date of Examination

Signature of Physician

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo
40-46 74th St.
Elmhurst, N.Y. 11373
License #187566

Updated 12/2005

WIESE CONSTRUCTION INC.

282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Jose Almendarez DATE 10-12-12

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-12-12

PROTOCOL Smoke

_X_ PASS ___ FAIL

TESTER NAME Benjamin Bargnesi

TESTER SIGNATURE

VORTEX

Environmental Training Center

This is to certify that

JOSE ALMENDAREZ

has successfully completed the requisite training for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1[illegible]0.120

11/17/12	[illegible]
Date of Course	Training [illegible]
11/17/13	1213[illegible]
Expiration Date	Group Certifi[illegible]

3670 West Shore Road, Unit #1, Warwick, RI 02886 1.[illegible]

WIESE CONSTRUCTION INC.

282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Jose Leonardo Almendares DATE 10-17-13

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-17-13

PROTOCOL Smoke

_X_ PASS ____ FAIL

TESTER NAME Benjamin Bargnesi

TESTER SIGNATURE

VORTEX

Environmental Training Center

This is to certify that

JOSE ALMENDAREZ

has successfully completed the requisite training
and passed the course exam for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/09/13
Date of Course

Training Provider

11/09/14
Expiration Date

131099
Group Certificate Number

3670 West Shore Road, Unit #1, Warwick, RI 02886 1.800.VORTEXX

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Wilmer Guerra

Home Address: 640 Chalkstone AV

City, State and Zip Code: Providence RI 02908

Telephone Number: (401) 489-9922

Date of Birth: 2/28/81

Social Security Number: 645-09-0902 ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr. Rozo Alberto
Print Name of Physician

Signature of Physician

187566
State License Number

November 21 2012
Date of Examination

40 46 74 St
Address

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo
40-46 74th St.
Elmhurst, N.Y. 11373
License #187566

Updated 12/2003

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Wilmer Guevara

Home Address: 29 Grant Av

City, State and Zip Code: Cranston RI 02920

Telephone Number: (401) 215-0811

Date of Birth: 2/28/81

Social Security Number: _____-_____-0902

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr. Rozo Alberto
Print Name of Physician

Signature of Physician

187 566
State License Number

11-9-2013
Date of Examination

40 46 74 St
Address

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Updated 12/2003

Dr. Alberto Rozo
40-46 74th St
Elmhurst, N.Y. 11373
License #187566

NPI 1295796464

WIESE CONSTRUCTION INC.

282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Wilmer Guevara DATE 10-17-13

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-17-13

PROTOCOL Smoke

_X_ PASS ____ FAIL

TESTER NAME Benjamin Bargnesi

TESTER SIGNATURE

NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Wilmer Guevara DATE 10-12-12

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-12-12

PROTOCOL Smoke

_X_ PASS ___ FAIL

TESTER NAME Benjamin Bargnesi

TESTER SIGNATURE

VORTEX

Environmental Training Center

This is to certify that

WILMER GUEVARA

has successfully completed the requisite training
and passed the course exam for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/09/13
Date of Course

Training Provider

11/09/14
Expiration Date

131099
Group Certificate Number

3670 West Shore Road, Unit #1, Warwick, RI 02886 1.800.VORTEXX

VORTEX

Environmental Training Center

This is to certify that

WILMER GUEVARA

has successfully completed the requisite training for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/17/12	[illegible]
Date of Course	Training Provider
11/17/13	121383
Expiration Date	Group Certificate Number

3570 West Shore Road, Unit #1, Warwick, RI [illegible] [illegible]

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Melvin A Sequine

Home Address: 839 Atwells Ave

City, State and Zip Code: Providence RI 02909

Telephone Number: (401) 955-6382

Date of Birth: 11 20 81

Social Security Number: 234-99-6938

ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Rozo Alberto
Print Name of Physician

Signature of Physician

187566
State License Number

November 21 2012
Date of Examination

40 46 74 St
Address

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo
40-46 74th St.
Elmhurst, N.Y. 11373
License #187566

Updated 12/2005

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Melvin A Izaguirre

Home Address: 839 Atwells Ave

City, State and Zip Code: Providence RI 02909

Telephone Number: (401) 644-8948

Date of Birth: 11 20 81

Social Security Number: 238-99-9683

ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Rozo Alberto
Print Name of Physician

11-9-2013
Date of Examination

Signature of Physician

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Updated 12/2003

Dr. Alberto Rozo
40-46 74th St
Elmhurst, N.Y. 11373
License #187566

NPI 1295796464

WIESE CONSTRUCTION INC.
282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Melvin Izaguirre DATE 10-12-12

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-12-12

PROTOCOL Smoke

_X_ PASS ___ FAIL

TESTER NAME ___Benjamin Bargnesi_____

TESTER SIGNATURE _____

WIESE CONSTRUCTION INC.

282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Melvin Izaguirre DATE 10-17-13

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-17-13

PROTOCOL Smoke

_X_ PASS ____ FAIL

TESTER NAME ____Benjamin Bargnesi_____

TESTER SIGNATURE _____

VORTEX

Environmental Training Center

This is to certify that

MELVIN IZAGUIRRE

has successfully completed the requisite training
and passed the course exam for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/09/13	
Date of Course	Training Provider
11/09/14	131099
Expiration Date	Group Certificate Number

3670 West Shore Road, Unit #1, Warwick, RI 02886 1.800.VORTEXX

VORTE

[illegible]amental Training Center

This is to certify that

MELVIN IZAGU[illegible]

has successfully completed the requisite trai[illegible] for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency [illegible]ponse
Course to Satisfy Requirements of 29 CFR [illegible]

11/17/12	[illegible]
Date of Course	Training [illegible]
11/17/13	1213[illegible]
Expiration Date	Group Certi[illegible]

[illegible] West Shore Road, Unit #1, Warwick, NJ [illegible]

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Marvin Omar Izaguirre

Home Address: 68 Whitmarsh St.

City, State and Zip Code: Prov RI 02407

Telephone Number: (401) 280-5931

Date of Birth: 10-10-1980

Social Security Number: X - X - 9114

☐ ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Rozo Alberto
Print Name of Physician

Signature of Physician

187566
State License Number

November 21 2012
Date of Examination

40 46 74 St
Address

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo
40-46 74th St.
Elmhurst, N.Y. 11373
License #187566

Updated 12/2009

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Marvin O Izaguirre

Home Address: 68 Withmarsh St

City, State and Zip Code: Providence RI 02408

Telephone Number: (401) 500 - 6863

Date of Birth: 10-10-1980

Social Security Number: 035 - 72 - 5114

ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Rozo Alberto
Print Name of Physician

[signature]
Signature of Physician

187 566
State License Number

11-9-2013
Date of Examination

40 46 74 St
Address

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo
40-46 74th St
Elmhurst, N.Y. 11373
License #187566

NPI 1295796464

Updated 12/2003

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Marvin O Doguire

Home Address: 68 Withmarsh St

City, State and Zip Code: Providence RI 02908

Telephone Number: (401) 500 . 6863

Date of Birth: 10-10-1980

Social Security Number: 035 . 72 . 5114

ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr. Rozo Alberto
Print Name of Physician

Signature of Physician

187 566
State License Number

14-9-2013
Date of Examination

40 46 74 St
Address

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo
40-46 74th St
Elmhurst, N.Y. 11373
License #187566

NPI 1295796464

Updated 12/2003

WIESE CONSTRUCTION INC.
282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Marvin Izaguirre

DATE 10-12-12

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-12-12

PROTOCOL Smoke

X PASS ___ FAIL

TESTER NAME Benjamin Borghesi

TESTER SIGNATURE

WIESE CONSTRUCTION INC.

282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Marvin Izaguirre DATE 10-17-13

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-17-13

PROTOCOL Smoke

_X_ PASS ____ FAIL

TESTER NAME Benjamin Bargnesi

TESTER SIGNATURE

VORTEX

Environmental Training Center

This is to certify that

MARVIN IZAGUIRRE

has successfully completed the requisite training
and passed the course exam for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/09/13
Date of Course

Training Provider

11/09/14
Expiration Date

131099
Group Certificate Number

3670 West Shore Road, Unit #1, Warwick, RI 02886 1.800.VORTEXX

VORTEX

Environmental Training Center

This is to certify that

MARVIN IZAGU[illegible]

has successfully completed the requisite training for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Respon[illegible]
Course to Satisfy Requirements of 29 CFR [illegible]

11/17/12
Date of Course

11/17/13
Expiration Date

121[illegible]
Group Certi[illegible]

[illegible] West Shore Road, Unit #1, Warwick, RI [illegible]

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 5th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: ALEX R MEJIA

Home Address: 70 Whitmarsh

City, State and Zip Code: Providence, RI, 02907

Telephone Number: (401) 297 - 7923

Date of Birth: 03-09-1973

Social Security Number: 602 - 58 - 9671

☐ ORIGINAL

Based upon the initial examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Rozo Alberto
Print Name of Physician

November 21 2012
Date of Examination

Signature of Physician

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo
40-46 74th St.
Elmhurst, N.Y. 11373
License #187566

Updated 12/2005

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Alex R mejia.

Home Address: 68 withmarsh st

City, State and Zip Code: Providence RI 02407.

Telephone Number: (401) 297-8643.

Date of Birth: 9-03-75

Social Security Number: ____-____-4671.

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr. Rozo Alberto
Print Name of Physician

Signature of Physician

11-9-2013
Date of Examination

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Updated 12/2003

Dr. Alberto Rozo
40-46 74th St
Elmhurst, N.Y. 11373
License #187566

NPI 1295796464

WIESE CONSTRUCTION INC.

282 FRANKLIN STREET

NORWICH, CT 06360

PHONE: (860) 889-4973 FAX: (860) 889-5035

Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Alex Mejia DATE 10-17-13

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-17-13

PROTOCOL Smoke

_X_ PASS ____ FAIL

TESTER NAME Benjamin Bargnesi

TESTER SIGNATURE

VORTEX

Environmental Training Center

This is to certify that

ALEX MEJIA

has successfully completed the requisite training for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/17/12
Date of Course

Training Director

11/17/13
Expiration Date

121393
Group Certificate Number

[illegible] West Shore Road, Unit [illegible], Warwick, RI [illegible] [illegible]

VORTEX

Environmental Training Center

This is to certify that

ALEX MEJIA

has successfully completed the requisite training
and passed the course exam for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/09/13
Date of Course

Training Provider

11/09/14
Expiration Date

131099
Group Certificate Number

3670 West Shore Road, Unit #1, Warwick, RI 02886 1.800.VORTEXX

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

☐ ORIGINAL

Applicant Name: Elenor Hernandez

Home Address: 72 Ehalant St

City, State and Zip Code: cunberlon RI 02864

Telephone Number: (401) 548-2214

Date of Birth: 10 26 75

Social Security Number: 039-66-5612

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Rozo Alberto
Physician

November 21 2012
Date of Examination

Signature of Physician

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo
40-46 74th St.
Elmhurst, N.Y. 11373
License #187566

Updated 12/2009

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Elenar Hernandez

Home Address: 72 Inglan St

City, State and Zip Code: cumberlan RI 02864

Telephone Number: (401) 548-2214

Date of Birth: 10-25-75

Social Security Number: 039-66-5612

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr. R[redacted]Alberto
Print Name of Phy[redacted]

11-9-2013
Date of Examination

Signature of Physician

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Updated 12/2003

Dr. Alberto Rozo
40-46 74th St
Elmhurst, N.Y. 11373
License #157[illegible]

NPI 1295798464

WIESE CONSTRUCTION INC.
282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Elenar Hernandez DATE 10-12-12

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-12-12

PROTOCOL Smoke

X PASS ___ FAIL

TESTER NAME Benjamin Bargnesi

TESTER SIGNATURE

WIESE CONSTRUCTION INC.

282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Elenar Hernandez DATE 10-17-13

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-17-13

PROTOCOL Smoke

_X_ PASS ____ FAIL

TESTER NAME Benjamin Bargnesi

TESTER SIGNATURE

VORTEX

Environmental Training Center

This is to certify that

ELENAR HERNANDEZ

has successfully completed the requisite training for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR [illegible]

11/17/12	[illegible]
Date of Course	Training [illegible]
11/17/13	121[illegible]
Expiration Date	Group Certification [illegible]

[illegible] West Shore Road, Unit #1, Warwick, RI [illegible]

VORTEX

Environmental Training Center

This is to certify that

ELENAR HERNANDEZ

has successfully completed the requisite training
and passed the course exam for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/09/13
Date of Course

Training Provider

11/09/14
Expiration Date

131099
Group Certificate Number

3670 West Shore Road, Unit #1, Warwick, RI 02886 1.800.VORTEXX

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Roger A Izaguirre

Home Address: 70 Whitmarsh St

City, State and Zip Code: Providence RI 02907

Telephone Number: (401) 680-3634

Date of Birth: 06-08-90

Social Security Number: _____-_____-7946

ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr. Rozo Alberto
Print Name of Physician

Signature of Physician

11-9-2013
Date of Examination

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Updated 12/2003

Dr. Alberto Rozo
40-46 74th St
Elmhurst, N.Y. 11373
License #187566

NPI 1295796464

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Roger A Izaguirre

Home Address: 70 Whitmarsh St

City, State and Zip Code: Providence, Rhode Island 02909

Telephone Number: (401) 935-6392

Date of Birth: 06-08-1990

ORIGINAL

Social Security Number: _____-_____-_____

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Rozo Alberto
Print Name of Physician

[signature]
Signature of Physician

187 566
State License Number

November 21 2012
Date of Examination

40 46 74 St
Address

718 458 1515
Telephone Number

Please do Dr. Alberto Rozo medical information with this form.
40-46 74th St.
Elmhurst, N.Y. 11373
License #187566

Updated 12/2003

WIESE CONSTRUCTION INC.
282 FRANKLIN STREET
NORWICH, CT 06360
PHONE (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Roger Izaguirre DATE 10-12-12

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-12-12

PROTOCOL Smoke

X PASS ___ FAIL

TESTER NAME Benjamin Bargnesi

TESTER SIGNATURE

WIESE CONSTRUCTION INC.

282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Roger Izaguirre DATE 10-17-13

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-17-13

PROTOCOL Smoke

_X_ PASS ____ FAIL

TESTER NAME Benjamin Bargnesi

TESTER SIGNATURE

VORTE[redacted]

Environmental Training Center

This is to certify that

ROGER IZAGUI[redacted]

has successfully completed the requisite training for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR [redacted]

11/17/12
Date of Exposure

[redacted]
Instructor

11/17/13
Expiration Date

1213[redacted]
Course Number

[redacted]

VORTEX

Environmental Training Center

This is to certify that

ROGER IZAGUIRRE

has successfully completed the requisite training
and passed the course exam for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/09/13
Date of Course

Training Provider

11/09/14
Expiration Date

131099
Group Certificate Number

3670 West Shore Road, Unit #1, Warwick, RI 02886 1.800.VORTEXX

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos ....

Applicant Name: Dolmin Emunguia

Home Address: 8 Stuart St

City, State and Zip Code: Pawtucket RI 02860

Telephone Number: (401) 500-6382

Date of Birth: 04/19/80

Social Security Number: 314-89-4782

ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Rozo Alberto
Print Name of Physician

11-9-2013
Date of Examination

[signature]
Signature of Physician

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo
40-46 74th St
Elmhurst, N.Y. 11373
License #187566
NPI 1295796464

Updated 12/2003

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Domin Emunguia

Home Address: 8 Stuart St

City, State and Zip Code: Pawtucket RI 02860

Telephone Number: (401) 500-6382

Date of Birth: 04/19/80

Social Security Number: 314-89-4782

☐ ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr. Rozo Alberto
Print Name of Physician

Signature of Physician

11-9-2013
Date of Examination

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo
40-46 74th St
Elmhurst, N.Y. 11373
License #187566

NPI 1295796464

Updated 12/2003

WIESE CONSTRUCTION INC.

282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Darwin Munguia DATE 3-5-14

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-17-13

PROTOCOL Smoke

_X_ PASS ____ FAIL

TESTER NAME ____Benjamin Bargnesi_____

TESTER SIGNATURE _____

CERTIFICATE OF ACHIEVEMENT

This is to certify that

Darwin Munguia
of
Wiese Construction, INC

diligently and with merit completed training in a

10-hour Occupational Safety and Health Training Course

ENVIRONMENTAL TRAINING AND ASSESSMENT
62 WASHINGTON STREET
MIDDLETOWN, CT 06457

Stephen Craig

Stephen J. Craig, Director of Training

7/12/2008
Date

Certificate #:OS10-00321
Site of Course: Middletown, CT

VORTEX

Environmental Training Center

This is to certify that

DARWIN MUNGUIA

has successfully completed the requisite training for:

"INITIAL" (40 hrs.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/21/11-12/1/11 [N]
Dates of Course

Training Provider

12/1/12
Expiration Date

111353
Class Certificate Number

3576 West Shore Road, Unit #1, Warwick, RI 02886 1.800.VORTEXX

VORTEX

Environmental Training Center

This is to certify that

DARWIN MUNGUIA

has successfully completed the requisite training
and passed the course exam for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/09/13
Date of Course

Training Provider

11/09/14
Expiration Date

131099
Group Certificate Number

3670 West Shore Road, Unit #1, Warwick, RI 02886 1.800.VORTEXX

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Juan C Carlos

Home Address: 837 ATWELLS AV

City, State and Zip Code: PROVIDENCE RI 02909

Telephone Number: (401) 421-4627

Date of Birth: 9-19-61

Social Security Number: 035-68-1673

ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☑ is ☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Dr Roza Alberto
Print Name of Physician

11-09-2013
Date of Examination

Signature of Physician

40 46 74 St
Address

187 566
State License Number

718 458 1515
Telephone Number

Please do not include any other medical information with this form.

Updated 12/2008

Dr. Alberto Roza
40-46 74th St
Elmhurst, N.Y. 11373
License #[illegible]
NPI 1[illegible]

WIESE CONSTRUCTION INC.
282 FRANKLIN STREET
NORWICH, CT 06360
PHONE: (860) 889-4973 FAX: (860) 889-5035
Ben@wiese-construction.com

RESPIRATOR FIT TEST
QUALITATIVE TEST

NAME Juan Carlos DATE 3-5-14

LOCATION Norwich, CT

RESPIRATOR

TYPE Half Face

MANUFACTURER North

MODEL 7700

SIZE Medium

RESULTS

DATE 10-17-13

PROTOCOL Smoke

_X_ PASS ____ FAIL

TESTER NAME ____Benjamin Bargnesi_____

TESTER SIGNATURE _____

OSHA

11-004070362

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety and Health

JUAN GONZALES

JOHN CARBONE 3/30/13

(Trainer name – print or type) (Course and date)

OSHA

[redacted]

This card acknowledges that the recipient has successfully completed a 30-hour Occupational Safety and Health Training Course in Construction Safety and Health

[redacted]

(Trainer name – print or type) (Course end date)

OSHA

[redacted]

This card acknowledges that the recipient has successfully completed a [redacted] Course in

[redacted]

[redacted]

OSHA

11-004070361

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

FELIPE CARDENAS

JOHN CARBONE 3/30/13

(Trainer name – print or type) (Course end date)

OSHA

[redacted]

OSHA

11-004070363

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

ANDERSON CARRANZA

JOHN CARBONE 3/30/13

(Trainer name – print or type) (Course end date)

OSHA

11-004070365

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

CHRISTOVAL JIMENEZ

JOHN CARBONE 3/30/13

(Trainer name – print or type) (Course end date)

OSHA

11-004070367

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

ROGER IZAGUIRRE

JOHN CARBONE 3/30/13

(Trainer name – print or type) (Course end date)

OSHA

11-004070366

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

MELVIN IZAGUIRRE

JOHN CARBONE 3/30/13

(Trainer name – print or type) (Course end date)

OSHA Occupational Safety and Health Administration

11-004059706

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

DARWIN MUNGUIA

JOHN CARBONE 12/5/12

(Trainer name – print or type) (Course end date)

OSHA Occupational Safety and Health Administration

11-004059707

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

JOSE ALEMNDAREZ

JOHN CARBONE 12/5/12

(Trainer name – print or type) (Course end date)

OSHA Occupational Safety and Health Administration

11-004070369

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

SELVIN MEJIA

JOHN CARBONE 3/30/13

(Trainer name – print or type) (Course end date)

OSHA Occupational Safety and Health Administration

11-004059708

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

ALEX MEJIA

JOHN CARBONE 12/5/12

(Trainer name – print or type) (Course end date)

VORTEX

Environmental Training Center

This is to certify that

BENJAMIN BARNESI

has successfully completed the requisite training
and passed the course exam for:

"ANNUAL REVIEW" (8 hr.)
Hazardous Waste Operations and Emergency Response
Course to Satisfy Requirements of 29 CFR 1910.120

11/09/13	
Date of Course	Training Provider
11/09/14	131099
Expiration Date	Group Certificate Number

3670 West Shore Road, Unit #1, Warwick, RI 02886 1.800.VORTEXX

Johnson Occupational Medicine Center

140 Hazard Avenue, Enfield, CT 06083
Phone: (860)763-7665 Fax: (860)763-7676

PHYSICAL EXAMINATION AND OCCUPATIONAL HEALTH ASSESSMENT

CLEARANCE FORM

Name Gilberto Delvalle DOB 5/12/72 Date 4/25/14

Employer AAFS Job Title Foreman.

Physical Examination: ☐ Post Offer ☐ Periodic ☑ Respirator Clearance (see form) ☑ Other Airborne Clearance

Based upon the examinee's medical history, physical exam, and other testing authorized by the employer, *my assessment of the examinee's current medical condition is:*

☑ Medically recommended for performing the essential functions of the position without accommodations:

☐ Pending drug screen results ☐ Pending PPD & labs

☐ As of today's medical evaluation, the employee appears to be free from communicable diseases.

☐ Medical follow-up recommended for problem not affecting work fitness.

☐ Cleared to work: PPD Read _____ and Labs Drawn ____

☐ NOT medically recommended for performing the essential functions of the position. Accommodations are not identified which will eliminate the risk of substantial harm

☐ Deferred pending: ☐ Further testing ☐ Outside medical records ☐ Specialist exam or note

☐ Results Received _____ and Cleared as above.

☐ Based upon significant risk of substantial harm, this employee could pose a directed threat to self or others. Accomodations which may decrease the threat and enable the employee to be medically qualified to perform essential functions of the position are listed below:

ACCOMODATIONS SUGGESTED:

RESTRICTIONS SUGGESTED:

[ ] Sedentary work only.
[ ] Limited lifting, carrying, pushing, pulling to _____ lbs. frequently and _____ lbs. occasionally.
[ ] No use of {R} {L} Arm / Leg for [ ] Any work [ ] Repetitive work [ ] Hard work
[ ] No overhead work.
[ ] Medication may cause drowsiness. May not operate vehicles.
[ ] Bend/Twist : [ ] None [ ] Seldom [ ] Occasionally
[ ] Other: _____

David Ozimek, PA-C
Michael Erdil, MD

Medical Provider's Signature: _____
Date: 5/9/14 D Ozimek PA

Results sent to company: ☐ Assessment only ☐ Audiogram ☐ Entire PE tests Date sent _____ _____ _____

AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: GILBERTO DELVALLE JR.

Social Security #: 2399

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 04/26/13

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: _____ Date: 04/26/13

Administrator: _____ Date: 04/26/13

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aalscorp.com
Affirmative Action / Equal Opportunity Employer

AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: GILBERTO DELVALLE JR.

Social Security #: 2399

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 04/25/14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: _____ Date: 04/25/14

Administrator: _____ Date: 04/25/14

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Benbow, Mark A.

Address: 176 lincoln street apt 9

WATERBURY CT 06708

Employee SSN: XXX-XX-5524

Employer: AAIS

Check Type of Respirator(s) To Be Used (Check ✓ ALL that apply)

- ☐ Air-purifying (non-powered)
- ☐ Air-purifying (powered)
- ☐ Atmosphere supplying Respirator
- ☐ Combination air-line and SCBA
- ☐ Continous-Flow Respirator
- ☐ Supplied-Air Respirator
- ☐ Open Circuit SCBA
- ☐ Closed Circuit SCBA
- ☐ Dust Mask
- ☐ 1/2 Face with Canisters
- ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ✓ ALL That Apply When Wearing Respirator)

- ☐ High Places
- ☐ Enclosed Places
- ☐ Protective Clothing
- ☐ Temperature Extremes
- ☐ Mostly Cold
- ☐ Mostly Hot
- ☐ Other: _____

Questionare will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Extent of Useage (Check ✓ ALL that apply)

- ☐ On a daily basis _____ Total Hours
- ☐ Occasionally - but not more than twice a week _____ Total Hours
- ☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ✓ ALL that apply)

- ☐ Light
- ☐ Moderate
- ☐ Heavy

Exposure to Hazardous Materials (Check ✓ ALL that apply)

- ☐ Arsenic
- ☐ Coke Oven
- ☐ Cadmium
- ☐ Methylene Chloride
- ☐ Textiles
- ☐ Benzene
- ☐ Cotton Seed / Dust
- ☐ Formaldehyde
- ☐ Lead
- ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ✓ ALL that apply)

- ☐ Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- ☑ Class I - No Restrictions on Respirator Use
- ☐ Class II - Some Specific Use Restrictions ☐ To be used for Emergency Response or Escape Only ☐ Other: _____
- ☐ Class III - Respirator Use is NOT PERMITTED
- ☐ Further Testing / Evaluation is Required. [2]
- ☐ Fit Test Required ☐ Fit Test Performed Satisfactorily
- ☐ Fit Test Performed Unsatisfactorily ☐ Fit Test NOT Performed at: Concentra Medical Centers (C
- ☐ Special prescription eyewear needed to accommodate respirator ☐ Special prescription eyewear needed to accommodate respirator
- ☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

[1] Physician or other Licensed Healthcare Professional
[2] Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

Neha Bathela, PA-C
Physician's Name (Printed)

Physician's License Number (Optional in Most States)

4/30/14
Date of Exam

4/30/15
Expires On

MAY-14-2014 15:14 Concentra Urgent Care 860 291 1896 P.002

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

Service Date: 04/30/2014

Medical Surveillance - Asbestos

Patient:	Benbow, Mark A.	Job Title:	
SSN:	XXX-XX-5524	Employer:	AAIS
DOB:	04/27/1963	Address:	PO Box 26066
Gender:	M		West Haven, CT 065168066
Marital Status:	S	Job Contact:	Daniella Pellegrino
Address:	176 lincoln street apt 9	Role:	Primary Contact
	WATERBURY, CT 06708	Phone:	(203) 932-2992 Ext.: 219
Home Phone:	(860) 707-0038	Fax:	(203) 932-9892
Work Phone:	Ext.:	Race:	ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 04/30/2014 in accordance with: ____29 CFR 1926.1101.
____40 CFR 763.121.

The following was performed:

- [x] Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- [ ] Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- [ ] Review of information from previous medical examinations if available.
- [x] A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- [x] A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- [x] A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- [ ] NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- [x] The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

Provider Signature

4/30/14
Date

MAY-14-2014 15:14 Concentra Urgent Care 860 291 1896 P.003

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5501 Fax (860) 291-1895

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 04/30/2014

Employee Name: Benbow, Mark A.

Employee SSN: XXX-XX-5524

Address:
176 lincoln street apt 9

WATERBURY CT 06708

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ✓ one that applies)

- ☑ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ✓ ALL that apply)

- ☑ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Neha Batheja, PA-C
PLHCP Name (printed)

Employee's Signature

4/30/15
Expiration Date

[1] Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

MAY-14-2014 15:14 Concentra Urgent Care 860 291 1895 P.004

AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: MARK BENBOW

Social Security #: 5524

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 04/30/14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: Mark Benbow Date: 04/30/14

Administrator: [signature] Date: 04/30/14

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

OSHA Occupational Safety and Health Administration

11-002616637

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety And Health Training Course in

Construction Safety and Health

Mark Benbow

Byron Treado

(Trainer name – print or type)

5/8/2010

(Course end date)

Training Certificate

MARK BENBOW

Has successfully completed 8 hour refresher training for
Hazardous Waste Operations and Emergency Response
In accordance with 29 CFR 1910.120

Course Completion Date: 2/3/2014

Expiration Date: 2/3/2015

Certificate # AIS020314-16

Trainer: Rich Meier #63456

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Gomez, Jesus

Address: 61 rittenhouse terrace

SPRINGFIELD MA 01108

Employer: AAIS

Employee SSN: XXX-XX-6251

Check Type of Respirator(s) To Be Used (Check ✓ALL that apply)

- ☐ Air-purifying (non-powered)
- ☐ Air-purifying (powered)
- ☐ Atmosphere supplying Respirator
- ☐ Combination air-line and SCBA
- ☐ Continous-Flow Respirator
- ☐ Supplied-Air Respirator
- ☐ Open Circuit SCBA
- ☐ Closed Circuit SCBA
- ☐ Dust Mask
- ☐ 1/2 Face with Canisters
- ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ✓ALL That Apply When Wearing Respirator)

- ☐ High Places
- ☐ Enclosed Places
- ☐ Protective Clothing
- ☐ Temperature Extremes
- ☐ Mostly Cold
- ☐ Mostly Hot
- ☐ Other: _____

Questionare will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Extent of Useage (Check ✓ALL that apply)

- ☐ On a daily basis _____ Total Hours
- ☐ Occasionally - but not more than twice a week _____ Total Hours
- ☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ✓ALL that apply)

- ☐ Light
- ☐ Moderate
- ☐ Heavy

Exposure to Hazardous Materials (Check ✓ALL that apply)

- ☐ Arsenic
- ☐ Benzene
- ☐ Coke Oven
- ☐ Cotton Seed / Dust
- ☐ Cadmium
- ☐ Formaldehyde
- ☐ Methylene Chloride
- ☐ Lead
- ☐ Textiles
- ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on seperate forms, in seperate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ✓ALL that apply)

- ☐ Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- ☑ Class I - No Restrictions on Respirator Use
- ☐ Class II - Some Specific Use Restrictions ☐ To be used for Emergency Response or Escape Only ☐ Other: _____
- ☐ Class III - Respirator Use is NOT PERMITTED
- ☐ Further Testing / Evaluation is Required. [2]
- ☐ Fit Test Required ☐ Fit Test Performed Satisfactorily
- ☐ Fit Test Performed Unsatisfactorily ☐ Fit Test NOT Performed at: Concentra Medical Centers (CT)
- ☐ Special prescription eyewear needed to accommodate respirator ☐ Special prescription eyewear needed to accommodate respirator
- ☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

[1] Physician or other Licensed Healthcare Professional
[2] Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Neha Batheja, PA-C

Physician's Signature

Physician's Name (Printed)

7/8/14 Date of Exam

7/8/15 Expires On

Physician's License Number (Optional in Most States)

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

Service Date: 07/08/2014

Medical Surveillance - Asbestos

Patient: Gomez, Jesus
SSN: XXX-XX-6251
DOB: 05/22/1968
Gender: M
Marital Status: S
Address: 61 rittenhouse terrace
SPRINGFIELD, MA 01108
Home Phone: (413) 330-4865
Work Phone: Ext.:

Job Title:
Employer: AAIS
Address: PO Box 26066
West Haven, CT 065168066
Job Contact: Daniella Pellegrino
Role: Primary Contact
Phone: (203) 932-2992 **Ext.:** 219
Fax: (203) 932-9892

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 07/08/2014 in accordance with: ____29 CFR 1926.1101.
____40 CFR 763.121.

The following was performed:

- [x] Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- [ ] Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- [ ] Review of information from previous medical examinations if available.
- [x] A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- [x] A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- [ ] A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- [ ] NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- [x] The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

Provider Signature

7/14/14.
Date

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 07/08/2014

Employee Name:
Gomez, Jesus

Employee SSN: XXX-XX-6251

Address:
31 rittenhouse terrace

SPRINGFIELD MA 01108

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ✓ one that applies)

- ☑ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ✓ ALL that apply)

- ☑ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to **Concentra Medical Centers (CT)** so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator.Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Neha Batheja, PA-C
PLHCP Name (printed)

Employee's Signature

7/8/15
Expiration Date

[1]Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

CONCENTRA URGENT CARE
701 MAIN ST
EAST HARTFORD, CT 06108
860-289-5561

EasyOne™ DIAGNOSTIC 6.4
© ndd 2000-2010
SN 102318 RecNo 3674
07/08/2014 01:53pm

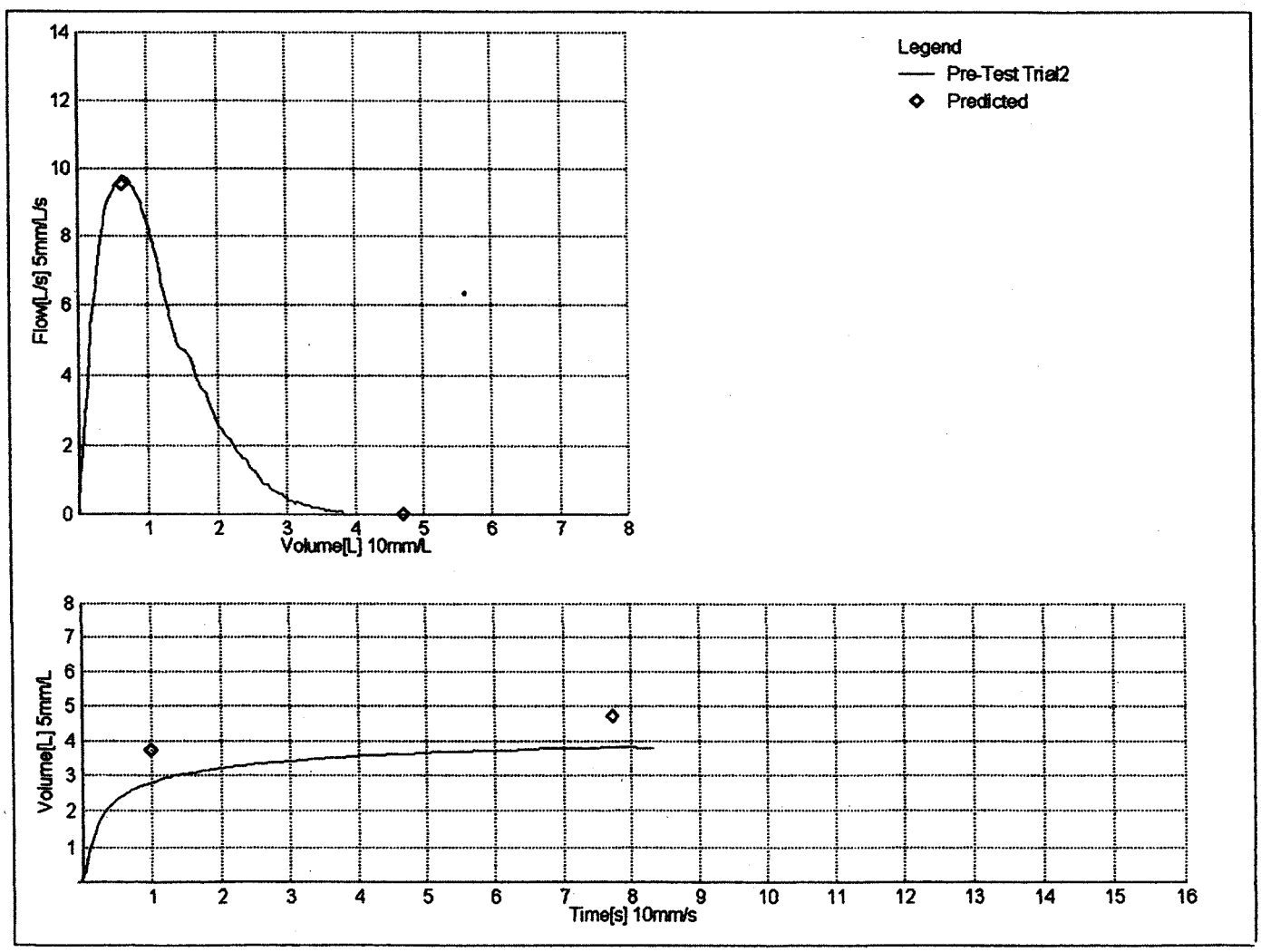
Patient Information		Test Information	
Name	JGOMEZ	Test Date/Time	07/08/2014 01:51pm
ID	6251	Post Time	--:--
Age	46	Test Mode	DIAGNOSTIC
Height	5 ft 8 in	Interpretation	GOLD/Hardie
Weight	133 lbs,BMI 20.4	Predicted Ref	NHANES III
Gender	MALE	Value Select	BEST VALUE
Ethnic	HISPANIC	Tech ID	
Smoker	YES	Automated QC	ON
Asthma	NO	BTPS (IN/EX)	-.-/ 1.02

Test Results — Your FEV1 is 76% Predicted. Your Lung Age is 76

Parameter	Pre-Test Best	Trial2	Trial1	Trial4	Pred	%Pred
FVC[L]	3.83*	3.83*	3.79*	3.80*	4.71	81
FEV1[L]	2.86*	2.84*	2.86*	2.84*	3.75	76
FEV1/FVC[%]	74.8	74.2	75.5	74.9	79.9	94
PEF[L/min]	587.3	587.3	562.6	631.5	571.9	103
FEF25-75[L/s]	2.01*	2.01*	2.21	2.11	3.72	54
FET[s]	7.73	7.73	9.00	8.27	-.--	--

* Indicates Below LLN or Significant Post Change

Pre-Test: FEV1 Var=0.02L 0.8%; FVC Var=0.03L 0.8%; Session Quality A
Interpretation: Restriction probable; further examinations recommended



Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

OYER TO COMPLETE THE FOLLOWING :

loyee Name: Gomez, Jesus

loyer: AAIS

Address:
158 College Street
SPRINGFIELD MA 01109

Employee SSN: XXX-XX-6251

ck Type of Respirator(s) To Be Used (Check ✓ALL that apply)

- Air-purifying (non-powered)
- [x] Air-purifying (powered)
- Atmosphere supplying Respirator
- Combination air-line and SCBA
- Continous-Flow Respirator
- Supplied-Air Respirator
- Open Circuit SCBA
- [ ] Closed Circuit SCBA
- Dust Mask
- [x] 1/2 Face with Canisters
- [x] Full Face with Canisters

ke: _____ Model: _____ Cartridge: _____

cial Work Conditions
eck ✓ ALL That Apply When Wearing Respirator)

- High Places
- [x] Enclosed Places
- [x] Protective Clothing
- Temperature Extremes
- [x] Mostly Cold
- [x] Mostly Hot
- Other: _____

estionare will be: [ ] HAND CARRIED [ ] MAILED [ ] OTHER

Extent of Useage (Check ✓ALL that apply)

- [x] On a daily basis 8, 10 Total Hours
- [x] Occasionally - but not more than twice a week ____ Total Hours
- [ ] Rarely - or for Emergency situations only ____ Total Hours

Expected Physical Effort Required (Check ✓ALL that apply)

- [ ] Light
- [ ] Moderate
- [ ] Heavy

Exposure to Hazardous Materials (Check ✓ALL that apply)

- [ ] Arsenic
- [ ] Coke Oven
- [ ] Cadmium
- [ ] Methylene Chloride
- [ ] Textiles
- [ ] Benzene
- [ ] Cotton Seed / Dust
- [ ] Formaldehyde
- [x] Lead
- [ ] Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

H AN WILL COMPLETE THE FOLLOWING

is report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act DA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information ust be collected and maintained on seperate forms, in seperate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

ased upon my findings, I have determined that this individual (Check ✓ALL that apply)

- [x] Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- [x] Class I - No Restrictions on Respirator Use
- [ ] Class II - Some Specific Use Restrictions
- [ ] Class III - Respirator Use is NOT PERMITTED
- [ ] Further Testing / Evaluation is Required.[2]
- [ ] Fit Test Required
- [ ] Fit Test Performed Unsatisfactorily
- [ ] Special prescription eyewear needed to accommodate respirator
- [ ] Facial hair needs to be shaved to assure tight seal on certain face masks.
- [ ] To be used for Emergency Response or Escape Only
- [ ] Other: _____
- [ ] Fit Test Performed Satisfactorily
- [ ] Fit Test NOT Performed at: Concentra Medical Centers (CT
- [ ] Special prescription eyewear needed to accommodate respirator

[1] Physician or other Licensed Healthcare Professional
[2] Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ✓ ALL that apply)

- [x] The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- [ ] The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- [x] In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature: [signature]

Physician's Name (Printed): Teresa A [signature]

Physician's License Number (Optional in Most States): CT 031139

Date of Exam: 7/9/13

Expires On: 7/9/14

Print Date: 07/09/2013

SELECTIVE DEMOLITION ASBESTOS LEAD MOLD

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: Jesus Gomez

Social Security #: 014-62-6257

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: 385 Pleasant St Southington CT

Date Tested: 7/10/13

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: Jesus Gomez Date: 7-10-13

Administrator: Edward Braga Date: 7-10-13

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

RESPIRATOR FIT TEST

Employee Name: Jesus Gomez

Social Security #: 6251

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: Depaulo Middle School

Date Tested: 7-11-2014

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30 Small, Medium or Large)

Test Results: Pass – Fail

Type of Respirator: Racal PAPR

Test Results: Pass – Fail

Other Type of Respirator

Test Results: Pass – Fail

Employee Signature: _____ Date: 7-11-2014

Administrator: _____ Date: 7-11-2014

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

OSHA Occupational Safety and Health Administration

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety and Health

Jesus Gomez

Robert Misurelli RM — 10/4/11

(Trainer name – print or type) — (Course end date)

Training Certificate

JESUS GOMEZ

Has successfully completed 8 hour refresher training for
Hazardous Waste Operations and Emergency Response
In accordance with 29 CFR 1910.120

Course Completion Date: 2/3/2014

Expiration Date: 2/3/2015

Certificate # AIS020314-44

Trainer: Rich Meier #63456

State of Connecticut Online Enterprise Site | State of Connecticut

Lookup Detail View

Name

Name
MIGUEL A REYNOSO

License Information lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	3761	11/30/2014	12/03/2008	Miguel A Reynoso	ACTIVE	None

Generated on 11/21/2013 1:51:58 PM

Service Date: 05/01/2014

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1695

Medical Surveillance - Asbestos

Patient: Reynoso, Miguel A.
SSN: XXX-XX-7061
DOB: 11/11/1965
Gender: M
Marital Status: S
Address: 111 Sherbrooke Ave
Apt 101
HARTFORD, CT 06106
Home Phone: (860) 328-6042
Work Phone: (203) 932-2992 Ext.:

Job Title:
Employer: AAIS
Address: PO Box 26066
West Haven, CT 065168066
Job Contact: Daniella Pellegrino
Role: Primary Contact
Phone: (203) 932-2992 Ext.: 219
Fax: (203) 932-9892

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 05/01/2014 in accordance with: ____29 CFR 1926.1101.
____40 CFR 763.121.

The following was performed:

- [x] Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- [ ] Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- [ ] Review of information from previous medical examinations if available.
- [x] A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- [x] A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- [ ] A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- [ ] NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- [x] The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

Provider Signature

5/1/14
Date

© 1996-2014 Concentra Operating Corporation All Rights Reserve

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 05/01/2014

Employee SSN: XXX-XX-7061

Employee Name:
Reynoso, Miguel A.

Address:
111 Sherbrooke Ave
Apt 101
HARTFORD CT 06106

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ✓ one that applies)

- ☑ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ✓ ALL that apply)

- ☑ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator.Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Neha Batheja, PA-C
PLHCP Name (printed)

X Miguel A Reynoso
Employee's Signature

5/1/15
Expiration Date

[1] Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Reynoso, Miguel A.

Employer: AAIS

Address:
111 Sherbrooke Ave
Apt 101
HARTFORD CT 06106

Employee SSN: XXX-XX-7061

Check Type of Respirator(s) To Be Used (Check ✓ALL that apply)

- ☐ Air-purifying (non-powered)
- ☐ Air-purifying (powered)
- ☐ Atmosphere supplying Respirator
- ☐ Combination air-line and SCBA
- ☐ Continous-Flow Respirator
- ☐ Supplied-Air Respirator
- ☐ Open Circuit SCBA
- ☐ Closed Circuit SCBA
- ☐ Dust Mask
- ☐ 1/2 Face with Canisters
- ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ✓ ALL That Apply When Wearing Respirator)

- ☐ High Places
- ☐ Enclosed Places
- ☐ Protective Clothing
- ☐ Temperature Extremes
- ☐ Mostly Cold
- ☐ Mostly Hot
- ☐ Other: _____

Questionare will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Extent of Useage (Check ✓ALL that apply)

- ☐ On a daily basis _____ Total Hours
- ☐ Occasionally - but not more than twice a week ____ Total Hours
- ☐ Rarely - or for Emergency situations only ____ Total Hours

Expected Physical Effort Required (Check ✓ALL that apply)

- ☐ Light
- ☐ Moderate
- ☐ Heavy

Exposure to Hazardous Materials (Check ✓ALL that apply)

- ☐ Arsenic
- ☐ Benzene
- ☐ Coke Oven
- ☐ Cotton Seed / Dust
- ☐ Cadmium
- ☐ Formaldehyde
- ☐ Methylene Chloride
- ☐ Lead
- ☐ Textiles
- ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on seperate forms, in seperate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ✓ALL that apply)

- ☐ Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- ☑ Class I - No Restrictions on Respirator Use
- ☐ Class II - Some Specific Use Restrictions ☐ To be used for Emergency Response or Escape Only ☐ Other: _____
- ☐ Class III - Respirator Use is NOT PERMITTED
- ☐ Further Testing / Evaluation is Required. [2]
- ☐ Fit Test Required ☐ Fit Test Performed Satisfactorily
- ☐ Fit Test Performed Unsatisfactorily ☑ Fit Test NOT Performed at: Concentra Medical Centers (CT
- ☐ Special prescription eyewear needed to accommodate respirator ☐ Special prescription eyewear needed to accommodate respirator
- ☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

[1] Physician or other Licensed Healthcare Professional

[2] Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

Neha Batheja, PA-C
Physician's Name (Printed)

Physician's License Number (Optional in Most States)

5/1/14
Date of Exam

5/1/15
Expires On

AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: MIGUEL REYNOSO

Social Security #: 7061

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 05/01/14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: _____ Date: 05/01/14

Administrator: _____ Date: 05/01/14

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

OSHA Occupational Safety and Health Administration

11-002648094

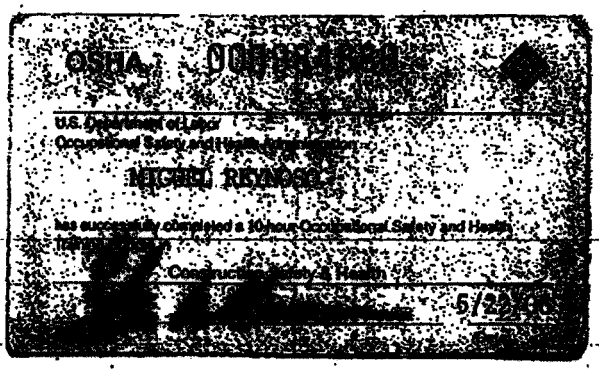
This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety and Health

Miguel Reynoso

R.Meier #63456 — (Trainer name – print or type)

4/22/2011 — (Course end date)


OSHA
U.S. Department of Labor
Occupational Safety and Health Administration
MICHEL REYNOSO
has successfully completed a 10-hour Occupational Safety and Health
Construction Safety & Health
5/22/09

Training Certificate

Miguel Reynoso

Has successfully completed 8 hour refresher training for Hazardous Waste Operations & Emergency Response in accordance with 29 CFR 1910.120

Course Completion Date: 03/27/2013

Expiration Date: 03/27/2014

Certificate # AIS032713-22

Trainer: Rich Meier

Concentra Medical Centers (CT)
370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

RECEIVED JUN 2 1 2014

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Office Date: 06/20/2014

Employee Name: Cacace, Salvatore

Employee SSN: XXX-XX-1550

Address: 43 Highland Ave

BRANFORD CT 06405

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ✓ one that applies)

- ☑ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ✓ ALL that apply)

- ☑ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator.Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Employee's Signature

H ZUSMAN

PLHCP Name (printed)

Expiration Date

Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)
370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

Service Date: 06/20/2014

Medical Surveillance - Asbestos

Patient:	Cacace, Salvatore	**Job Title:**	
SSN:	XXX-XX-1550	**Employer:**	AAIS
DOB:	03/17/1979	**Address:**	PO Box 26066
Gender:	M		
Marital Status:	S		West Haven, CT 065168066
Address:	43 Highland Ave	**Job Contact:**	Daniella Pellegrino
		Role:	Primary Contact
	BRANFORD, CT 06405	**Phone:**	(203) 932-2992 **Ext.:** 219
Home Phone:	(203) 444-9381	**Fax:**	(203) 932-9892
Work Phone:	**Ext.:**	**Race:**	ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 06/20/2014 in accordance with: ____29 CFR 1926.1101.
____40 CFR 763.121.

The following was performed:

- [x] Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- [ ] Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- [ ] Review of information from previous medical examinations if available.
- [x] A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- [x] A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- [ ] A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- [ ] NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- [x] The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

Provider Signature

6/20/14
Date

© 1996 -2014 Concentra Operating Corporation All Rights Reserve

Concentra Medical Centers (CT)
370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Cacace, Salvatore

Address: 43 Highland Ave
BRANFORD CT 06405

Employer: AAIS

Employee SSN: XXX-XX-1550

Check Type of Respirator(s) To Be Used (Check ✓ALL that apply)

- ☐ Air-purifying (non-powered) ☐ Air-purifying (powered)
- ☐ Atmosphere supplying Respirator
- ☐ Combination air-line and SCBA
- ☐ Continous-Flow Respirator
- ☐ Supplied-Air Respirator
- ☐ Open Circuit SCBA ☐ Closed Circuit SCBA
- ☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ✓ ALL That Apply When Wearing Respirator)

- ☐ High Places ☐ Enclosed Places ☐ Protective Clothing
- ☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot
- ☐ Other: _____

Questionare will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Extent of Useage (Check ✓ALL that apply)

- ☐ On a daily basis _____ Total Hours
- ☐ Occasionally - but not more than twice a week ____ Total Hours
- ☐ Rarely - or for Emergency situations only ____ Total Hours

Expected Physical Effort Required (Check ✓ALL that apply)

☐ Light ☐ Moderate ☐ Heavy

Exposure to Hazardous Materials (Check ✓ALL that apply)

- ☐ Arsenic ☐ Benzene
- ☐ Coke Oven ☐ Cotton Seed / Dust
- ☐ Cadmium ☐ Formaldehyde
- ☐ Methylene Chloride ☐ Lead
- ☐ Textiles ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on seperate forms, in seperate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ✓ALL that apply)

- ☐ Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- ☑ Class I - No Restrictions on Respirator Use
- ☐ Class II - Some Specific Use Restrictions ☐ To be used for Emergency Response or Escape Only ☐ Other: _____
- ☐ Class III - Respirator Use is NOT PERMITTED
- ☐ Further Testing / Evaluation is Required. [2]
- ☐ Fit Test Required ☐ Fit Test Performed Satisfactorily
- ☐ Fit Test Performed Unsatisfactorily ☐ Fit Test NOT Performed at: Concentra Medical Centers (C
- ☐ Special prescription eyewear needed to accommodate respirator ☐ Special prescription eyewear needed to accommodate respirator
- ☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

[1] Physician or other Licensed Healthcare Professional
[2] Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s)

Physician's Signature

H. ZUSMAN
Physician's Name (Printed)

10 3976 / CT
Physician's License Number (Optional in Most States)

6/20/14
Date of Exam

Expires On

EasyOne™ DIAGNOSTIC 6.7
© ndd 2000-2010
SN 111239 RecNo 404
06/20/2014 02:43pm

Patient Information

Name	
ID	048801550
Age	35
Height	5 ft 10 in
Weight	377 lbs,BMI 54.6
Gender	MALE
Ethnic	CAUCASIAN
Smoker	NO
Asthma	NO

Test Information

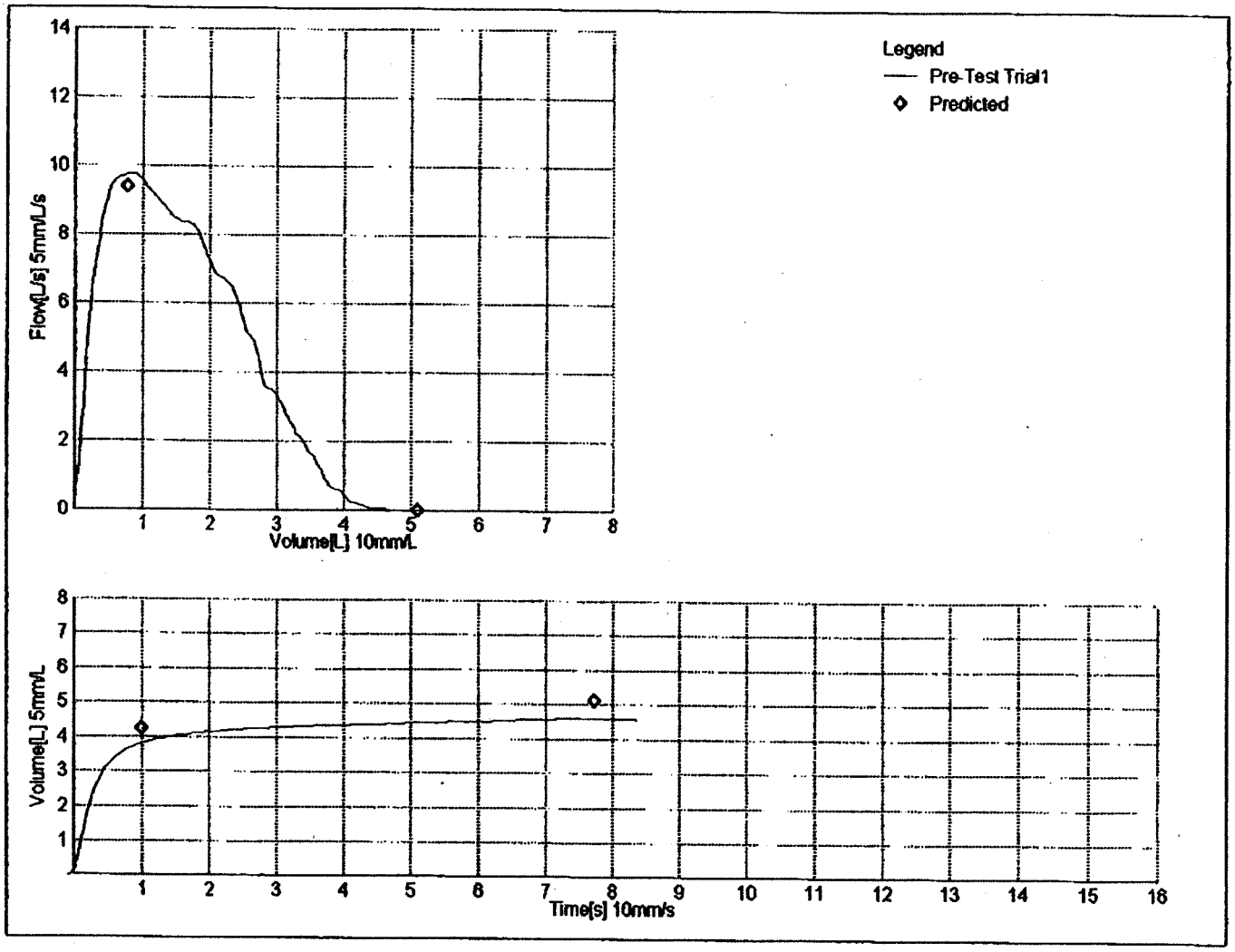
Test Date/Time	06/20/2014 02:41pm
Post Time	--:--
Test Mode	DIAGNOSTIC
Interpretation	GOLD/Hardie
Predicted Ref	Knudson83
Value Select	BEST VALUE
Tech ID	
Automated QC	ON
BTPS (IN/EX)	-.-/ 1.02

Test Results Your FEV1 is 91% Predicted

Parameter	Pre-Test Best	Trial1	Trial3	Trial2	Pred	%Pred
FVC[L]	4.63	4.63	4.44	4.45	5.11	91
FEV1[L]	3.84	3.84	3.74	3.68	4.23	91
FEV1/FVC[%]	82.9	82.9	84.2	82.8	83.0	100
PEF[L/min]	586.1	586.1	573.4	555.9	565.2	104
FEF25-75[L/s]	4.54	4.54	4.83	4.12	4.46	102
FET[s]	7.73	7.73	7.29	7.86	-.--	--

Pre-Test Interpretation: FEV1 Var=0.10L 2.6%; FVC Var=0.19L 4.0%; Normal Spirometry; Session Quality C

Standing CT



AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: SAL CACACE

Social Security #: 1550

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 06/20/14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: _____ Date: 06/20/14

Administrator: _____ Date: 06/20/14

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

YALE-NEW HAVEN HOSPITAL

Yale-New Haven Hospital Occupational Health Plus
A Component of Worker Health Solutions

Physical Examination Recommendation Form

Date: 1/15/14

Name: Austin Miller

Employer Name: AATS

Department: Warehouse Position: AATS

Based on my understanding of the above job requirements, and my review of the findings of an appropriate examination, it is my opinion that the applicant:

- ☒ Has no medical contraindication for the job.
- ☐ Is medically able to perform the essential functions of the job if the following recommended accommodations are met: _____
- ☐ Is medically unable to perform the essential functions of the job.
- ☐ Decision is pending further medical information as follows: _____
- ☐ Recommend follow-up with private medical doctor.

Specialty Exams

1. **Prework Screen Recommendation** (job specific functional capacity examination if applicable.
   - ☐ Meets functional requirements
   - ☐ Does *not* meet functional requirements

   Comments: _____

2. **PPD (when applicable):** ☐ Negative ☐ Positive Date: _____

Clinician Signature: _____ Date: 1-15-14

Physical recommendation form.doc 5/99,2/10, 10/12

YALE-NEW HAVEN HOSPITAL

Yale-New Haven Hospital Occupational Health Plus
A Component of Worker Health Solutions

Respiratory Certification

A. To Be Completed By the Appropriate Employer Representative.

Company: AATS Date: 1/15/14

Employee Name: Austin Miller

Type of respirator (Circle all that apply.)

1. Air Purifying Mask
2. Chemical Cartridge or Canister Mask
3. Atmosphere Supplying or Powered-Air Purifying Respirator
4. Self Contained Breathing Apparatus (SCBA)

B. & C. To Be Completed by Examining Clinician (Do not place diagnoses on this form.)

B. Status (Circle one.)

1. Physically able to use any respirator; see Section C1 for limitations, if any
2. Physically able to use type of respirator indicated above – Type (#)_____; see Section C1 for limitation, if any.
3. Not able to wear respirator.
4. Cannot be determined at this time; see Section C2 for recommendations, if any.

C. Limitations or Recommendations (Circle all that apply.):

1. Limitations
   - a. Possible face fit problems due to facial characteristics (i.e., beard, hollow cheeks, etc.)
   - b. Uses full or partial dentures or has no teeth
   - c. Uses contact lenses
   - d. Has impaired sense of smell
   - e. Has impaired sense of taste
   - f. Has perforated eardrum(s)
   - g. Has allergy to _____
   - h. Needs to wear eyeglasses
   - i. Needs spectacle inserts
   - j. Temporary clearance for _____ weeks pending _____
   - k. Other: _____

2. Recommendations
   - a. Needs stress test
   - b. Needs EKG
   - c. Needs chest x-ray
   - d. Needs pulmonary function test
   - e. Re-evaluation in _____ months/years
   - f. Needs to be observed wearing respirator for _____ week(s
   - g. Other: Stop Smoking

Date: 1-15-14

Clinician Signature: _____

Clinician Name: _____

(PLEASE PRINT)

A copy of this certificate letter has been provided to the employee. _____ (Initials)

Occupational Health Plus
a Component of Worker Health Solutions

YALE-NEW HAVEN HOSPITAL

Date: 1/15/14

AAIS
Company Name

Address- street

City, State Zip

Austin Miller
Candidate or Employee's name
175 Millpond Rd. Apt. 108
Address- street
Hamden CT 06514
City, State, Zip
12/24/90
DOB

Asbestos Physician Opinion Letter

Per OSHA Standard 29 CFR Section 1910.1001 covering the occupational exposure to Asbestos and the OSHA Respirator Standard 1910.134, the above mentioned candidate or employee was examined. The evaluation included a medical and work history, a complete physical exam, a review of a standardized respiratory disease questionnaire provided in Appendix D, Part I of this standard, pulmonary function tests and a chest x-ray when appropriate per the OSHA Asbestos Standard for General Industry.

Status

As a result of this evaluation no medical condition was detected that would place the employee at increased risk of material health impairment from exposure to asbestos. The following recommendations are listed below:

1. Limitations

a. None
b. other:

2. Recommendations

a. None
b. needs further evaluation
c. needs follow up by Primary Care Physician

The employee should use appropriate protective equipment such as clothing or respirators as defined in the standard. The candidate is also cleared to wear an appropriate respirator. If a chest x-ray was performed, a Board Certified Radiologist with B read certification reviewed the results and concluded that no radiographic evidence of asbestos exposure was present.

The employee has been advised of the increased risk of lung cancer attributed to the combined effect of smoking and asbestos.

Sincerely,
P. Amato M.D.
J. Pito, M.D.
N. Browning, M. D.

S. Fair, P.A.C.
J. Pinto, P.A.C.
S. Atkins, P.A.C.

Worker Health Solutions
317 Foxon Road (Route 80)
East Haven, CT 06513
203.466.5600

Occupational Health Plus
84 North Main Street, 2nd Floor
Branford, CT 06405
203.789.5195

Occupational Health Plus
2080 Whitney Avenue, Suite 150
Hamden, CT 06518
203.789.6240

Occupational Health Plus
175 Sherman Avenue, 5th Floor
New Haven, CT 06511
203.789.3721

AAIS

SELECTIVE DEMOLITION • ASBESTOS • LEAD • MOLD

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: AUSTIN MILLER

Social Security #: 7508

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 01/15/14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: _____ Date: 01/15/14

Administrator: _____ Date: 01/15/14

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

Training Certificate

AUSTIN MILLER

Has successfully completed 40 hour training for
Hazardous Waste Operations and Emergency Response
In accordance with 29 CFR 1910.120

Course Completion Date: 4/26/2014

Expiration Date: 4/26/2015

Certificate # AIS042614-4

Trainer: Rich Meier #63456

RJMEIER

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Dyson, Lashawn P.

Employer: American Environmental Inc

Check Type of Respirator(s) To Be Used (Check ✓ALL that apply)

- ☐ Air-purifying (non-powered) ☐ Air-purifying (powered)
- ☐ Atmosphere supplying Respirator
- ☐ Combination air-line and SCBA
- ☐ Continous-Flow Respirator
- ☐ Supplied-Air Respirator
- ☐ Open Circuit SCBA ☐ Closed Circuit SCBA
- ☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ✓ ALL That Apply When Wearing Respirator)

- ☐ High Places ☐ Enclosed Places ☑ Protective Clothing
- ☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot
- ☐ Other: _____

Questionare will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Address:
31 Annawan Street Apt j3

HARTFORD CT 06114

Employee SSN: XXX-XX-5089

Extent of Useage (Check ✓ALL that apply)

- ☑ On a daily basis 5 Total Hours
- ☐ Occasionally - but not more than twice a week ____ Total Hours
- ☐ Rarely - or for Emergency situations only ____ Total Hours

Expected Physical Effort Required (Check ✓ALL that apply)

☐ Light ☑ Moderate ☐ Heavy

Exposure to Hazardous Materials (Check ✓ALL that apply)

- ☐ Arsenic ☐ Benzene
- ☐ Coke Oven ☑ Cotton Seed / Dust
- ☐ Cadmium ☐ Formaldehyde
- ☐ Methylene Chloride ☑ Lead
- ☐ Textiles ☐ Chromium

Other(s): Asbestos

EVALUATION AUTHORIZATION BY: _____
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE **DO NOT WRITE BELOW THIS LINE** **DO NOT WRITE BELOW THIS LINE**

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

eport may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act .) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on seperate forms, in seperate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ✓ALL that apply)

- ☐ Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- ☐ Class I - No Restrictions on Respirator Use
- ☑ Class II - Some Specific Use Restrictions ☐ To be used for Emergency Response or Escape Only ☐ Other: _____
- ☐ Class III - Respirator Use is NOT PERMITTED
- ☐ Further Testing / Evaluation is Required. [2]
- ☐ Fit Test Required ☐ Fit Test Performed Satisfactorily
- ☐ Fit Test Performed Unsatisfactorily ☑ Fit Test NOT Performed at: Concentra Medical Centers (C
- ☐ Special prescription eyewear needed to accommodate respirator ☐ Special prescription eyewear needed to accommodate respirator
- ☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

[1] Physician or other Licensed Healthcare Professional
[2] Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

Physician's Name (Printed): Neha Batheja, PA-C

Physician's License Number (Optional in Most States)

Date of Exam: 5/8/14

Expires On: 5/8/15

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 05/08/2014

Employee Name: Dyson, Lashawn P.

Employee SSN: XXX-XX-5089

Address:
31 Annawan Street Apt j3

HARTFORD CT 06114

Employer: American Environmental Inc

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ✓ one that applies)

- ☑ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ✓ ALL that apply)

- ☑ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
  Require further testing by your private physician who must submit a written report of his/her findings to **Concentra Medical Centers (CT)** so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator.Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Employee's Signature

Neha Batheja, PA-C
HCP Name (printed)

7/1/5
Expiration Date

[1]Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: LASHAWN DYSON

Social Security #: 5089

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 06/20/14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

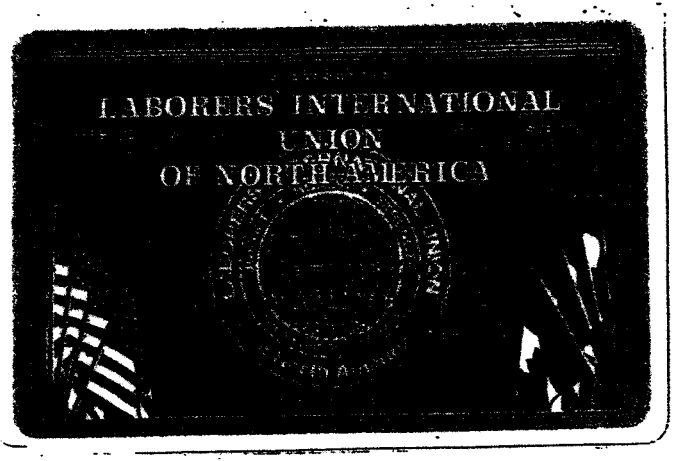
Type of Respirator: 3M Full Face / Pass

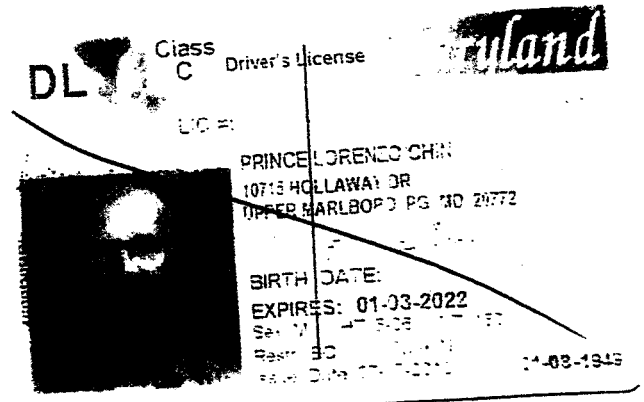
Type of Respirator : 3M P.A.P.R. / Pass

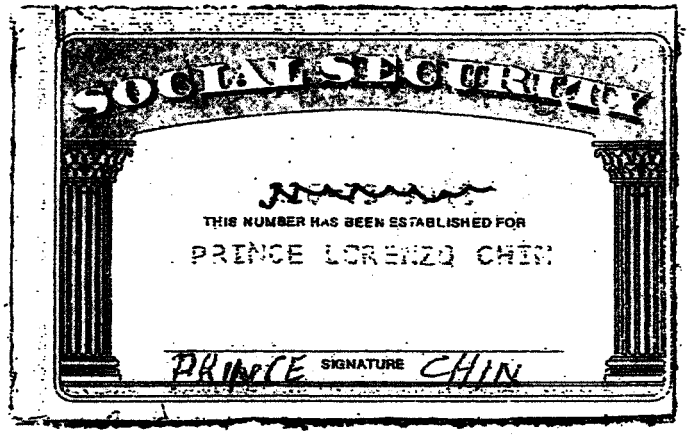
Employee Signature: _____ Date: 06/20/14

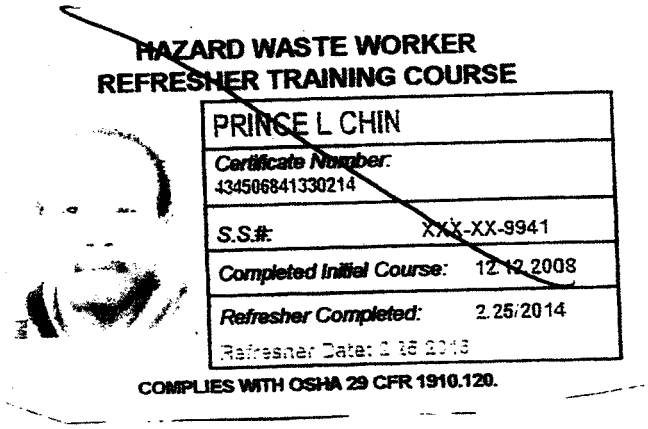
Administrator: _____ Date: 06/20/14

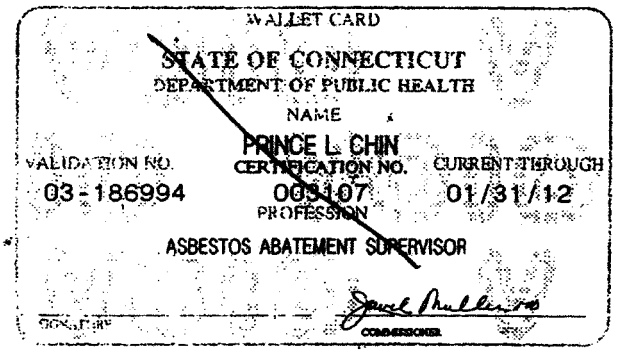
802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

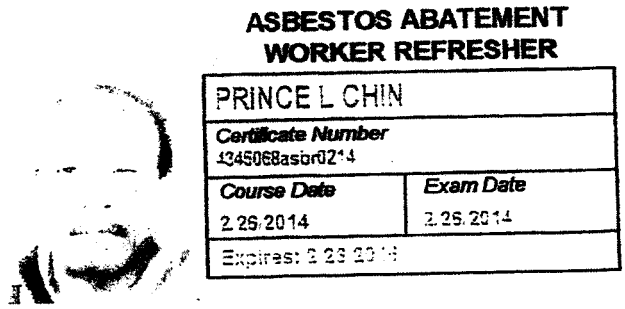

LABORERS' INTERNATIONAL
UNION
OF NORTH AMERICA

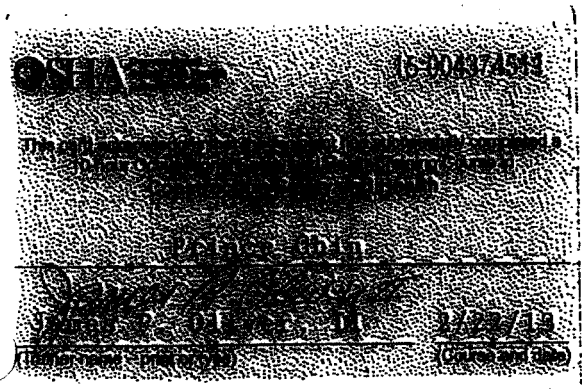

DL
Class C
Driver's License
LIC #:
PRINCE LORENZO CHIN
10715 HOLLAWAY DR
UPPER MARLBORO PG MD 20772
BIRTH DATE:
EXPIRES: 01-03-2022

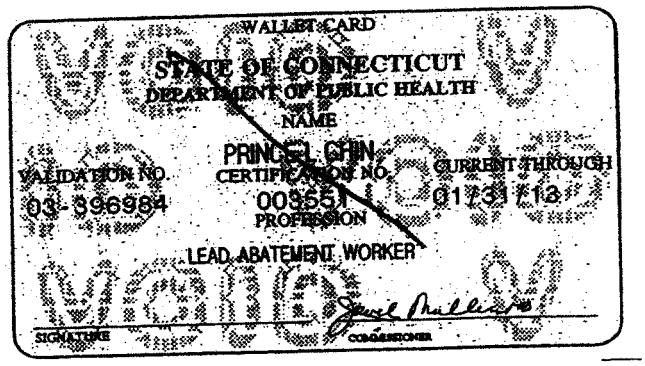

SOCIAL SECURITY
THIS NUMBER HAS BEEN ESTABLISHED FOR
PRINCE LORENZO CHIN
PRINCE SIGNATURE CHIN


HAZARD WASTE WORKER
REFRESHER TRAINING COURSE
PRINCE L CHIN
Certificate Number:
434506841330214
S.S.#: XXX-XX-9941
Completed Initial Course: 12.12.2008
Refresher Completed: 2.25/2014
Refresher Date: 2.26.2016
COMPLIES WITH OSHA 29 CFR 1910.120.


WALLET CARD
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NAME
PRINCE L CHIN
VALIDATION NO.
03-186994
CERTIFICATION NO.
003107
CURRENT THROUGH
01/31/12
PROFESSION
ASBESTOS ABATEMENT SUPERVISOR
SIGNATURE
COMMISSIONER


ASBESTOS ABATEMENT
WORKER REFRESHER
PRINCE L CHIN
Certificate Number
4345068asbr0214
Course Date
2.26.2014
Exam Date
2.26.2014
Expires: 2.26.2016


OSHA
16-004374511
Prince Chin
(Course and date)


WALLET CARD
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NAME
PRINCE L CHIN
VALIDATION NO.
03-396984
CERTIFICATION NO.
003551
CURRENT THROUGH
01/31/13
PROFESSION
LEAD ABATEMENT WORKER
SIGNATURE
COMMISSIONER

Concentra Medical Centers (CT)
60 Watson Blvd STRATFORD, CT 06615
Phone: (203) 380-5945 Fax: (203) 380-5953

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 06/06/2014

Employee Name: Chin, Prince

Employee SSN: XXX-XX-9941

Address:
10715 HOLLOWAY DRIVE

UPPER MARLBORO MD 20772

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ✓ one that applies)

- ☑ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ✓ ALL that apply)

- ☑ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to **Concentra Medical Centers (CT)** so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator.Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

PLHCP Name (printed)

Physician or other Licensed Healthcare Professional

Employee's Signature

Expiration Date

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)
60 Watson Blvd STRATFORD, CT 06615
Phone: (203) 380-5945 Fax: (203) 380-5953

Service Date: 06/06/2014

Medical Surveillance - Asbestos

Patient: Chin, Prince
SSN: XXX-XX-9941
DOB: 01/03/1949
Gender: M
Marital Status: M
Address: 10715 HOLLOWAY DRIVE
UPPER MARLBORO, MD 2077
Home Phone: (203) 993-5670
Work Phone: Ext.:

Job Title:
Employer: AAIS
Address: PO Box 26066
West Haven, CT 065168066
Job Contact: Daniella Pellegrino
Role: Primary Contact
Phone: (203) 932-2992 **Ext.:** 219
Fax: (203) 932-9892

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 06/06/2014 in accordance with: ____29 CFR 1926.1101.
____40 CFR 763.121.

The following was performed:

- [x] Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- [ ] Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- [ ] Review of information from previous medical examinations if available.
- [x] A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- [x] A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- [x] A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- [ ] NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- [x] The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

A. Zisman
Provider Signature

6/6/14
Date

Concentra Medical Centers (CT)
60 Watson Blvd STRATFORD, CT 06615
Phone: (203) 380-5945 Fax: (203) 380-5953

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 06/06/2014

Employee Name: Chin, Prince

Employee SSN: XXX-XX-9941

Address:
10715 HOLLOWAY DRIVE

UPPER MARLBORO MD 20772

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ✓ one that applies)

- ☑ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ✓ ALL that apply)

- ☑ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to **Concentra Medical Centers (CT)** so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator.Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Employee's Signature

PLHCP Name (printed)

Expiration Date

[1]Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: PRINCE CHIN

Social Security #: 9941

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 06/06/14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: _____ Date: 06/06/14

Administrator: _____ Date: 06/06/14

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

Concentra Medical Centers (CT)
370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

Service Date: 06/19/2014

Medical Surveillance - Asbestos

Patient:	Gooden, Oswald	Job Title:	
SSN:	XXX-XX-2844	Employer:	AAIS
DOB:	03/16/1972	Address:	PO Box 26066
Gender:	M		
Marital Status:	S		West Haven, CT 065168066
Address:	500 Seaview Ave	Job Contact:	Daniella Pellegrino
		Role:	Primary Contact
	BRIDGEPORT, CT 06607	Phone:	(203) 932-2992 Ext.: 219
Home Phone:	(203) 543-1802	Fax:	(203) 932-9892
Work Phone:	Ext.:	Race:	ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 06/19/2014 in accordance with: ____29 CFR 1926.1101.
____40 CFR 763.121.

The following was performed:

- [x] Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- [ ] Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- [ ] Review of information from previous medical examinations if available.
- [x] A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- [x] A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- [ ] A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- [ ] NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- [x] The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

Provider Signature

6/20/14
Date

Concentra Medical Centers (CT)

370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 06/19/2014

Employee Name: Gooden, Oswald

Employee SSN: XXX-XX-2844

Address:
500 Seaview Ave

BRIDGEPORT CT 06607

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ✓ one that applies)

- ☑ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ✓ ALL that apply)

- ☑ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to **Concentra Medical Centers (CT)** so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator.Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Employee's Signature

H. Zusman
PLHCP Name (printed)

Expiration Date

[1]Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)
370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Gooden, Oswald

Employer: AAIS

Address: 500 Seaview Ave
BRIDGEPORT CT 06607

Employee SSN: XXX-XX-2844

Check Type of Respirator(s) To Be Used (Check ✓ALL that apply)

- ☐ Air-purifying (non-powered)
- ☐ Air-purifying (powered)
- ☐ Atmosphere supplying Respirator
- ☐ Combination air-line and SCBA
- ☐ Continous-Flow Respirator
- ☐ Supplied-Air Respirator
- ☐ Open Circuit SCBA
- ☐ Closed Circuit SCBA
- ☐ Dust Mask
- ☐ 1/2 Face with Canisters
- ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ✓ALL That Apply When Wearing Respirator)

- ☐ High Places
- ☐ Enclosed Places
- ☐ Protective Clothing
- ☐ Temperature Extremes
- ☐ Mostly Cold
- ☐ Mostly Hot
- ☐ Other: _____

Questionare will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Extent of Useage (Check ✓ALL that apply)

- ☐ On a daily basis ____ Total Hours
- ☐ Occasionally - but not more than twice a week ____ Total Hours
- ☐ Rarely - or for Emergency situations only ____ Total Hours

Expected Physical Effort Required (Check ✓ALL that apply)

- ☐ Light
- ☐ Moderate
- ☐ Heavy

Exposure to Hazardous Materials (Check ✓ALL that apply)

- ☐ Arsenic
- ☐ Coke Oven
- ☐ Cadmium
- ☐ Methylene Chloride
- ☐ Textiles
- ☐ Benzene
- ☐ Cotton Seed / Dust
- ☐ Formaldehyde
- ☐ Lead
- ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE **DO NOT WRITE BELOW THIS LINE** **DO NOT WRITE BELOW THIS LINE**

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

[illegible]SICIAN WILL COMPLETE THE FOLLOWING

[illegible] report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on seperate forms, in seperate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ✓ALL that apply)

- ☑ Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- ☑ Class I - No Restrictions on Respirator Use
- ☐ Class II - Some Specific Use Restrictions
- ☐ To be used for Emergency Response or Escape Only
- ☐ Other: _____
- ☐ Class III - Respirator Use is NOT PERMITTED
- ☐ Further Testing / Evaluation is Required. [2]
- ☐ Fit Test Required
- ☐ Fit Test Performed Satisfactorily
- ☐ Fit Test Performed Unsatisfactorily
- ☐ Fit Test NOT Performed at: Concentra Medical Centers (CT
- ☐ Special prescription eyewear needed to accommodate respirator
- ☐ Special prescription eyewear needed to accommodate respirator
- ☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

[1] Physician or other Licensed Healthcare Professional

[2] Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

H. Z[illegible]
Physician's Signature

H. ZUSMAN
Physician's Name (Printed)

0.3976 / CT
Physician's License Number (Optional in Most States)

6/20/14
Date of Exam

Expires On

AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: OSWALD GOODEN

Social Security #: 2844

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 06/20/14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: Oswald Gooden Date: 06/20/14

Administrator: [signature] Date: 06/20/14

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

RICHARD B. WEIN, M.D.
Internal Medicine

25 Fair Street
Wallingford, Connecticut 06492
(203) 269-0381

May 5th, 2014

TO WHOM IT MAY CONCERN:

KURT DOMINGUE HAS NO WORK RESTRICTIONS AND IS CLEARED TO USE A RESPIRATIOR:

PLEASE FEEL FREE TO CONTACT MY OFFICE FOR ANY ADDITIONAL INFORMATION.

RICHARD B WEIN MD

DEA # AW1078509

RICHARD B. WEIN, M.D.
25 FAIR STREET
WALLINGFORD, CT 06492
203-269-0381

NAME _____

ADDRESS _____ DATE 5/5/14

℞ Kurt Domingue has no work restrictions and is cleared to use a respirator

☐ Label

Refill _____ times PRN NR

_____ M.D.

To insure brand name dispensing, prescriber must write 'No Substitution' on the prescription.

07/28/94 01-K10368065

AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: KURT DOMINGUE

Social Security #: ~~[illegible]~~ 7969

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: 23 Fresh Meadow Road

Date Tested: 6/2/14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: _____ Date: 6/2/14

Administrator: _____ Date: 6/2/14

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

Concentra Medical Centers (CT)
370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 05/30/2014

Employee Name: Simmons, Avanti

Employee SSN: XXX-XX-4506

Address:
40 Carmel st

NEW HAVEN CT 06511

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ✓ one that applies)

- ☑ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ✓ ALL that apply)

- ☑ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to **Concentra Medical Centers (CT)** so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☑ Need to stop smoking.

(Check ✓ ALL that apply)

- ☐ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator.Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Employee's Signature

PLHCP Name (printed)

5/30/15
Expiration Date

[1] Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)
370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Simmons, Avanti

Address: 40 Carmel st

NEW HAVEN CT 06511

Employer: AAIS

Employee SSN: XXX-XX-4506

Check Type of Respirator(s) To Be Used (Check ✓ALL that apply)

- ☐ Air-purifying (non-powered)
- ☐ Air-purifying (powered)
- ☐ Atmosphere supplying Respirator
- ☐ Combination air-line and SCBA
- ☐ Continous-Flow Respirator
- ☐ Supplied-Air Respirator
- ☐ Open Circuit SCBA
- ☐ Closed Circuit SCBA
- ☐ Dust Mask
- ☑ 1/2 Face with Canisters
- ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Extent of Useage (Check ✓ALL that apply)

- ☑ On a daily basis 8 Total Hours
- ☐ Occasionally - but not more than twice a week ____ Total Hours
- ☐ Rarely - or for Emergency situations only ____ Total Hours

Expected Physical Effort Required (Check ✓ALL that apply)

- ☐ Light
- ☐ Moderate
- ☐ Heavy

Special Work Conditions (Check ✓ ALL That Apply When Wearing Respirator)

- ☐ High Places
- ☐ Enclosed Places
- ☐ Protective Clothing
- ☐ Temperature Extremes
- ☐ Mostly Cold
- ☐ Mostly Hot
- ☐ Other: _____

Exposure to Hazardous Materials (Check ✓ALL that apply)

- ☐ Arsenic
- ☐ Benzene
- ☐ Coke Oven
- ☐ Cotton Seed / Dust
- ☐ Cadmium
- ☐ Formaldehyde
- ☐ Methylene Chloride
- ☐ Lead
- ☐ Textiles
- ☐ Chromium

Other(s): _____

Questionare will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

EVALUATION AUTHORIZATION BY: _____
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE **DO NOT WRITE BELOW THIS LINE** **DO NOT WRITE BELOW THIS LINE**

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on seperate forms, in seperate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ✓ALL that apply)

- ☐ Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- ☑ Class I - No Restrictions on Respirator Use
- ☐ Class II - Some Specific Use Restrictions
- ☐ To be used for Emergency Response or Escape Only
- ☐ Other: _____
- ☐ Class III - Respirator Use is NOT PERMITTED
- ☐ Further Testing / Evaluation is Required. [2]
- ☐ Fit Test Required
- ☐ Fit Test Performed Satisfactorily
- ☐ Fit Test Performed Unsatisfactorily
- ☐ Fit Test NOT Performed at: Concentra Medical Centers (CT)
- ☐ Special prescription eyewear needed to accommodate respirator
- ☐ Special prescription eyewear needed to accommodate respirator
- ☑ Facial hair needs to be shaved to assure tight seal on certain face masks.

[1] Physician or other Licensed Healthcare Professional
[2] Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature _____ Physician's Name (Printed) _____

Physician's License Number (Optional in Most States) 027665 Date of Exam _____ Expires On 5/30/15

Concentra Medical Centers (CT)
370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax (203) 503-0492

Service Date: 05/30/2014

Medical Surveillance - Asbestos

Patient: Simmons, Avanti
SSN: XXX-XX-4506
DOB: 12/11/1986
Gender: M
Marital Status: S
Address: 40 Carmel st
NEW HAVEN, CT 06511
Home Phone: (203) 887-9231
Work Phone: **Ext.:**

Job Title:
Employer: AAIS
Address: PO Box 26066
West Haven, CT 065168066
Job Contact: Daniella Pellegrino
Role: Primary Contact
Phone: (203) 932-2992 **Ext.:** 219
Fax: (203) 932-9892

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 05/30/2014 in accordance with: ____29 CFR 1926.1101.
____40 CFR 763.121.

The following was performed:

- [x] Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- [ ] Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- [ ] Review of information from previous medical examinations if available.
- [x] A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- [x] A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- [ ] A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- [ ] NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- [ ] The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): Worked c̄ asbestos x 7years

Provider Signature

5/30/14
Date

AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: Avanti Simmons

Social Security #: 4506

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: 23 Freshmeadow Road

Date Tested: 5/30/14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: _____ Date: 5/30/14

Administrator: _____ Date: 05/30/14

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

Medical evaluation for respiratory protection

In compliance with 29.CFR 1910.134 Respiratory Protection Standard and CFR 1926.1101 Asbestos Exposure in Construction

ANDO-MED, INC
44-01 21st St. 3rd Fl.
Long Island City, NY 11101
tel.:(718) 349-3235

All the information that you provide in this questionnaire is strictly confidential and will become part of your medical record.

Date: 4/12/2014

Patient Information

Patient SSN: ***365-27-0156*** Patient Name: (First/MI/Last) ***Manuel Isaias Auqui Oleas***	Sex: **Male**	Date of Birth: (mm/dd/yyyy) ***12/20/1975***
Patient address: ***249 Chapel St. New Haven, CT 06513***		
Telephone number: ***(203) 285-9474***		

Examination

HEIGHT:	WEIGHT:	BP:	PULSE:	RESP:
5'03	160			

Have you ever had any respiratory problems:
shortness of breath: No
chest pain: No
wheezing: No

Tobacco: No	Do you use tobacco?..... O Currently O Previously O Never
	If previously, when did you quit?..... How many per day?.....

The above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Based upon medical examination which included pulmonary function test it is my opinion that the above named patient

IS **IS NOT**

physically qualified to wear a respirator in the performance of his/her job.

RENATA UKOWSKA MD
Attending Physician MED
NBHN # 400333 Lic # 251258
NPI # 1467608563 MMIS # 698866

print name of physician

signature of physician

ANDO
International Organization, Inc

Safety & Environmental Training • Consulting

QUALITATIVE RESPIRATORY FIT TEST

This Respirator Fit Test is valid for the period of twelve (12) months from the date of test.

Name: ISAIAS AUQUI

Address 749 CHAPEL ST

SSN: 0156 **DOB:** 12/20/75 **TEL.** 7032859474

RESPIRATORS TESTED - SUCCESSFUL TEST

Test Agent : 1. Irritant Smoke ✓ **2. Odorous Vapor**____ **3. Taste Test**____

HALF FACE MASK ONLY

BRAND NAME (1) NORTH **(2)**____ **SIZE (1)** M **(2)**____

TEST DATE 4/12/2014 **FIT TEST NUMBER** 04122014-HF-CA-15

Name of person performing respiratory fit test Confesor Acosta

Signature Confesor Acosta

44-01 21st Street 3rd Floor Long Island City, NY 11101 • Tel: 718)349-3235 • Fax: (718)349-3238
www.andointernational.com

NORTH STAR
Center for Human Development Inc

2550 Main St Suite One
Hartford CT 06120 · Ph.860-246-3526 · Fax 860-548-0871
NorthStarCHD.org

Certifies that

Isaias Auqui xxx-xx 0156

has successfully met certificate requirements for

40 Hours HAZWOPER Operations Initial Training

In accordance with
OSHA 29 CFR 1910.120

Certificate Number: 071114HAZWI029

Course Date: July 07-11, 2014

Examination Date: July 11, 2014

Expiration Date: July 11, 2015

Guido A. Cortes, CPEA, CPHSA, CMC
Training Director

Jewel Brown, Certifying Official

Medical evaluation for respiratory protection

In compliance with 29.CFR 1910.134 Respiratory Protection Standard and CFR 1926.1101 Asbestos Exposure in Construction

ANDO-MED, INC
44-01 21st St. 3rd Fl.
Long Island City, NY 11101
tel.:(718) 349-3235

All the information that you provide in this questionnaire is strictly confidential and will become part of your medical record.

Date: 02-01-14

Patient Information

Patient SSN: 031-57-0674 **Patient Name:** (First/MI/Last) Luis Guzman	**Sex:** M ● F ○	**Date of Birth:** (mm/dd/yyyy) 1/27-04-75
Patient address: 220 Monson St		
telephone number: 2036069692		

Examination

HEIGHT:	WEIGHT:	BP:	PULSE:	RESP:
5'05	170			

Have you ever had any respiratory problems:
shortness of breath: NC
chest pain: NC
wheezing: NC

Tobacco: NC	Do you use tobacco?..... ○ Currently ○ Previously ○ Never
	If previously, when did you quit?..... How many per day?.....

The above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Based upon medical examination which included pulmonary function test it is my opinion that the above named patient IS / IS NOT physically qualified to wear a respirator in the performance of his/her job.

print name of physician

signature of physician

ANDO *Safety & Environmental Training • Consulting*
International Organization, Inc.

QUALITATIVE RESPIRATORY FIT TEST

This Respirator Fit Test is valid for the period of twelve (12) months from the date of test.

Name: Luis Guzman Pizarro

Address: 220 Munson St. Apt 2 New Haven CT 06511

SSN: 031-57-0674 **DOB:** 7/27/1974 **TEL:** (203) 606-9692

RESPIRATORS TESTED - SUCCESSFUL TEST

Test Agent : 1. Irritant Smoke_____ 2. Odorous Vapor_____ 3. Taste Test_____

HALF FACE MASK ONLY

BRAND NAME: (1) NORTH (2)_____ SIZE (1) M (2)_____

TEST DATE: 2/01/2014 **FIT TEST NUMBER:** 02012014-NP- B

Name of person performing respiratory fit test Nicolas Portela

Signature Nicolas Portela

ANDO International Inc.
44-01 21st Street, #30
Long Island City, NY 11101
Tel: (718) 349-3235

44-01 21st Street 3rd Floor Long Island City, NY 11101 • Tel: 718)349-3235 • Fax: (718)349-3238
www.andointernational.com

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 07/09/2014

Employee Name: Mateo, Nelson J.

Employee SSN: XXX-XX-3048

Address:
PO Box 261565

HARTFORD CT 06126

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ✓ one that applies)

- ☑ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ✓ ALL that apply)

- ☑ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to **Concentra Medical Centers (CT)** so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☑ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator.Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

K. Ryder PA-C
PLHCP Signature

Nelson J Mateo
Employee's Signature

Kelly Ryder PA-C
PLHCP Name (printed)

7/9/15
Expiration Date

[1] Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Mateo, Nelson J.

Employer: AAIS

Address: PO Box 261565
HARTFORD CT 06126

Employee SSN: XXX-XX-3048

Check Type of Respirator(s) To Be Used (Check ✓ALL that apply)

- ☐ Air-purifying (non-powered)
- ☐ Air-purifying (powered)
- ☐ Atmosphere supplying Respirator
- ☐ Combination air-line and SCBA
- ☐ Continous-Flow Respirator
- ☐ Supplied-Air Respirator
- ☐ Open Circuit SCBA
- ☐ Closed Circuit SCBA
- ☐ Dust Mask
- ☐ 1/2 Face with Canisters
- ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ✓ ALL That Apply When Wearing Respirator)

- ☐ High Places
- ☐ Enclosed Places
- ☐ Protective Clothing
- ☐ Temperature Extremes
- ☐ Mostly Cold
- ☐ Mostly Hot
- ☐ Other: _____

Questionare will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Extent of Useage (Check ✓ALL that apply)

- ☐ On a daily basis _____ Total Hours
- ☐ Occasionally - but not more than twice a week ____ Total Hours
- ☐ Rarely - or for Emergency situations only ____ Total Hours

Expected Physical Effort Required (Check ✓ALL that apply)

- ☐ Light
- ☐ Moderate
- ☐ Heavy

Exposure to Hazardous Materials (Check ✓ALL that apply)

- ☐ Arsenic
- ☐ Benzene
- ☐ Coke Oven
- ☐ Cotton Seed / Dust
- ☐ Cadmium
- ☐ Formaldehyde
- ☐ Methylene Chloride
- ☐ Lead
- ☐ Textiles
- ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE

PLHCP[1] WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

ICIAN WILL COMPLETE THE FOLLOWING

Report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on seperate forms, in seperate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ✓ALL that apply)

- ☑ Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- ☐ Class I - No Restrictions on Respirator Use
- ☐ Class II - Some Specific Use Restrictions ☐ To be used for Emergency Response or Escape Only ☐ Other: _____
- ☐ Class III - Respirator Use is NOT PERMITTED
- ☐ Further Testing / Evaluation is Required. [2]
- ☐ Fit Test Required ☐ Fit Test Performed Satisfactorily
- ☐ Fit Test Performed Unsatisfactorily ☑ Fit Test NOT Performed at: Concentra Medical Centers (C
- ☐ Special prescription eyewear needed to accommodate respirator ☐ Special prescription eyewear needed to accommodate respirator
- ☑ Facial hair needs to be shaved to assure tight seal on certain face masks.

[1] Physician or other Licensed Healthcare Professional
[2] Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ✓ ALL that apply)

- ☑ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☑ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

K. Ryder PA-C
Physician's Signature

Kelly Ryder PA-C
Physician's Name (Printed)

CT 002185
Physician's License Number (Optional in Most States)

7/9/14
Date of Exam

7/9/15
Expires On

Concentra Medical Centers (CT)
701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

Service Date: 07/09/2014

Medical Surveillance - Asbestos

Patient:	Mateo, Nelson J.	**Job Title:**	
SSN:	XXX-XX-3048	**Employer:**	AAIS
DOB:	12/22/1968	**Address:**	PO Box 26066
Gender:	M		West Haven, CT 065168066
Marital Status:	S	**Job Contact:**	Daniella Pellegrino
Address:	PO Box 261565	**Role:**	Primary Contact
	HARTFORD, CT 06126	**Phone:**	(203) 932-2992 **Ext.:** 219
Home Phone:	(860) 798-4947	**Fax:**	(203) 932-9892
Work Phone:	**Ext.:**	**Race:**	ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 07/09/2014 in accordance with: ____29 CFR 1926.1101.
____40 CFR 763.121.

The following was performed:

- [x] Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- [x] Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- [x] Review of information from previous medical examinations if available.
- [x] A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- [x] A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- [ ] A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- [ ] NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- [x] The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

Provider Signature

7/9/15
Date

AAIS

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: Nelson J. Mateo

Social Security #: 3848

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 8-29-14

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30 Small, Medium or Large)

Test Results: Pass – Fail

Type of Respirator: Racal PAPR

Test Results: Pass – Fail

Other Type of Respirator

Test Results: Pass – Fail

Employee Signature: Nelson J Mateo Date: 8-29-14

Administrator: Miguel Rosario Date: 8-29-14

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

AAIS SELECTIVE DEMOLITION • ASBESTOS • LEAD •

NATIONAL DEMOLITION ASSOCIATION

CAT

RESPIRATOR FIT TEST

Employee Name: Nelson J. Mateo

Social Security #: 3048

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: 385 Pleasant St Southington CT

Date Tested: 7/10/13

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Racal PAPR / Pass

Type of Respirator: 3M Full Face / Pass

Type of Respirator : 3M P.A.P.R. / Pass

Employee Signature: Nelson J Mateo Date: 7.10.13

Administrator: Edward Braga Date: 7.10 13

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • www.aaiscorp.com
Affirmative Action / Equal Opportunity Employer

WIESE CONSTRUCTION AND ENVIRONMENTAL SERVICE INC.
282 FRANKLIN ST.
NORWICH, CT 06360

860-889-4973 Fax 860-889-5035

DAILY LOG NOTES

PROJECT Discovery Academy. DATE 8/5/2013

LOCATION 176 Cumberland road Willimantic

NOTES 7:00 Am on site
we are working on set up
containment on area #2 garage side
we have pipes and fittings
will be done under one day containment
set up only.

WIESE CONSTRUCTION AND ENVIRONMENTAL SERVICE INC.
282 FRANKLIN ST.
NORWICH, CT 06360
860-889-4973
Fax 860-889-5035

DAILY LOG NOTES

PROJECT discovery Academy. DATE 8/6/2013.

LOCATION 176 Cumberland road wethersfield.

NOTES 7:00 AM on site for asbestos Containment of area #1 garage. at this moment we are working on

1) garage area #1 we have pipes and air sell pipe
we are going to do one big containment

set up only.

WIESE CONSTRUCTION AND ENVIRONMENTAL SERVICE INC.
282 FRANKLIN ST.
NORWICH, CT 06360

860-889-4973

Fax 860-889-5035

DAILY LOG NOTES

PROJECT Discovery Academy. DATE 8/7/2013.

LOCATION 176 cumberland road. wethersfield ct.

NOTES 7:00 AM on site we are working on garage area. area (#1)
set up containment we have pipes / fittings.
we are going to one big containment
full containment

WIESE CONSTRUCTION AND ENVIRONMENTAL SERVICE INC.
282 FRANKLIN ST.
NORWICH, CT 06360

860-889-4973

Fax 860-889-5035

DAILY LOG NOTES

PROJECT Discovery Academy DATE 8/8/2013.

LOCATION 176 Cumberland road wethersfield.

NOTES 7:00 Am on site we are working on set up containment only will be set up getting ready for tomorrow removal.

Set up containment only.

WIESE CONSTRUCTION AND ENVIRONMENTAL SERVICE INC.
282 FRANKLIN ST.
NORWICH, CT 06360

860-889-4973

Fax 860-889-5035

DAILY LOG NOTES

PROJECT Asbestos removal - DATE 8-9-2013.

LOCATION 176 Cumberland road Wethersfield Ct.

NOTES 7:00 Am on site we are working on cafeteria and kitchen area. on cafeteria we are set up poly for containment we have floor tile and 40 feet of pipe insulation

at this moment we are working on set up containment only. we can't do any abatement at this moment do to the we don't have power

we will get back on monday to regular activity.

WIESE CONSTRUCTION AND ENVIRONMENTAL SERVICE INC.
282 FRANKLIN ST.
NORWICH, CT 06360

860-889-4973

Fax 860-889-5035

DAILY LOG NOTES

PROJECT Crec D Armory. DATE 8/12/2013.

LOCATION 176 Cumberland road Wethersfield

NOTES 7:00 am on site
we are working on PCC Abatement demolition only.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 8/13/2013.

JOB SITE LOCATION 176 Cumberland Av Wethersfield Ct

SITE SUPERVISOR Marvin O Izaguirre.

EMPLOYEES ON SITE

Asbestos. Melvin Izaguirre / Alex Mejia / Wilmer Guevara.

JOB NOTES 6:00 Am on site we are working.
on Containment #3 Floor tile/mastic only.
Containment has being aprove by stacy of Fuss O'Neil
6:00 Am we stared to do removal on the floor tile
we have water and one negative
Abatement was done at 8:45 am.
now (Fuss O'Neil) will do air test wich will be
(PCM) sampling by 10:30 they were done
now they are going to there office to read
the samples
at 3:45 stacy from from Fuss O'Neil
Call me the air test fail
we are going to do one more tomorrow.
at 7:00 Am. (date) 8/27/2013.

WIESE CONSTRUCTION AND ENVIRONMENTAL SERVICE INC.
282 FRANKLIN ST.
NORWICH, CT 06360

860-889-4973

Fax 860-889-5035

DAILY LOG NOTES

PROJECT Asbestos removal. DATE 8/14/2013.

LOCATION 176 Cumberland AV Witherfield ct.

NOTES 7:00 Am on site we are working. on set up Containment on garage side at this moment we are working on set up Containment
NO removal.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 8/15/13

JOB SITE LOCATION 176 Cumberland AV Wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCB on the main bld only.

WIESE CONSTRUCTION AND ENVIRONMENTAL SERVICE INC.
282 FRANKLIN ST.
NORWICH, CT 06360

860-889-4973

Fax 860-889-5035

DAILY LOG NOTES

PROJECT Asbestos removal - DATE 8-16-2013.

LOCATION 176 Cumberland road Wethersfield ct.

NOTES 7:00 Am on site we are working on cafeteria and kitchen area. on cafeteria we are set up poly for containment we have floor tile and 40 feet of pipe insulation

At this moment we are working on set up containment only. We can't do any abatement at this moment do to the we don't have power

We will get back on monday to regular activity.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 8/19/2013.

JOB SITE LOCATION 176 Cumberland Av Wethersfield Ct

SITE SUPERVISOR Marvin D Izaguirre.

EMPLOYEES ON SITE

Asbestos. Melvin Izaguirre / Alex Mejia / Wilmer Guevara.

JOB NOTES 6:00 am on site we are working.
on Containment #3 Floor tile/mastic only.
containment has being aprove by stacy of Fuss O'Neil
6:00 am we stared to do removal on the floor tile
we have water and one negative
abatement was done at 8:45 am.
now (Fuss O'Neil) will do air test wich will be
(PCM) sampling by 10:30 they were done
now they are going to there office to read
the samples
at 3:45 stacy from from Fuss O'Neil
call me the air test fail
we are going to do one more tomorrow.
at 7:00 AM (date) 8/27/2013.

WIESE CONSTRUCTION AND ENVIRONMENTAL SERVICE INC.
282 FRANKLIN ST.
NORWICH, CT 06360

860-889-4973

Fax 860-889-5035

DAILY LOG NOTES

PROJECT Asbestos abatement. DATE 8/29/2013.

LOCATION 176 Cumberland road wethersfield.

NOTES 7:00 Am on site we are working on the removal of the area #1 we have pipes insulation and some fittings. at 8 am we had the (ok) from Russ y O'Neill to start removal on the first containment we have hot / cold water at the shower this containment is being done under a full containment.
(3) Employees are working on the removal. we have project monitor on site at all the time.

Now Starty from Russ y O'Neill will be working on air test.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 8/21/2013

JOB SITE LOCATION 176 Cumberland AV Wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos
and [redacted] on the south [redacted] bld only.
we have floor tile and mastic on
the west side we have about 600 sf.
of floor tile and mastic only.
Pre abatement was done
now we are working on the
removal also we are doing
air sampling on the the first floor
they were done and the are dumpy.
so the are Redoing it

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 8/22/2013.

JOB SITE LOCATION 176 Cumberland av Wethersfield.

SITE SUPERVISOR Marvin Omar Zaguan.

EMPLOYEES ON SITE (5) Melvin Izaguirre.
Wilmer Guevara. Roger Zaguan
Jose L Almendares.

JOB NOTES 7:00 Am on site.
we are working on set up containment on First floor we have floor tile and mastic to be remove we are going to do two containment floor

set up only.

WIESE CONSTRUCTION AND ENVIRONMENTAL SERVICE INC.
282 FRANKLIN ST.
NORWICH, CT 06360

860-889-4973

Fax 860-889-5035

DAILY LOG NOTES

PROJECT Asbestos removal. DATE 8/23/2013.

LOCATION 176 Cumberland AV. wethersfield ct.

NOTES 7:00 Am on site we are working. on set up Containment on garage side at this moment we are working on set up Containment
NO removal.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 8/26/2013.

JOB SITE LOCATION 176 Cumberland AV Wethersfield CT

SITE SUPERVISOR Marin O Izaguirre.

EMPLOYEES ON SITE

Asbestos. Melvin Izaguirre / Alex mejia. / Wilmer Guevara.

JOB NOTES 6:00 Am on site we are working.
on Containment # 3 Floor tile / mastic only.
Containment has bring aprove by story of Fuss O'Neil
6:00 Am we stard to do removal on the floor tile
we have water and one negative
Abatement was done at 8:45 am.
now (Fuss O'Neil) will do air test with white
(PCM) sampling by 10:30 they were done
now they are going to there office to read
the samples
at 3:45 story from Fuss & O'Neil
Call me the air test fail
we are going to do one more tomorrow.
at 7:00 AM. (date) 8/27/2013.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 8/27/2013

JOB SITE LOCATION 176 Cumberland AV Wethersfield. Ct.

SITE SUPERVISOR Marvin & Izaguire.

EMPLOYEES ON SITE (3) (Marvin) (Melvin) (Wilmer).

JOB NOTES at this moment at 6:00 AM
we are working only at FINAL Clean up
or the containment the din't pass the air test
so we are doing it ~~[illegible]~~ againg this morning.
at 6:00 AM ~~[illegible]~~
we have two employees working on a final cleanup.
7:00 AM Fuss & O'Neill are going in for one more air sample
9:00 AM they have the air samples
11:45 AM samples were read and they pass.

Floor tile/mastic.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 8/28/2013

JOB SITE LOCATION 176 Cumberland Av Wethersfield.

SITE SUPERVISOR Marvin Omar Guijarro.

EMPLOYEES ON SITE

(4) marvin / melvin / Alex / ~~[illegible]~~ wilmer.

JOB NOTES 6:00 am on site we are working on containment on first floor we have first floor floor tile/mastic we also have pipes insulation:
9:00 am we are going to break coffee.
9:20 we are going back to work.
Containment got finish at 11:40 am
now Russ of O'Neill is going in to work on a visual inspection on this containment.
we have (900) SF of floor tile/mastic and some pipes.
@ 2:45 they went inside to take out all air sample
at 4:30 pm story from Russ of O'Neill call me with the air test results: and it pass.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 8/29/13

JOB SITE LOCATION 176 Cumberland AV Wethersfield. Ct.

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
We are working on the first floor containment we have floor tile and mastic. We also are working on exterior work we have windows we are set up containment on the first floor we are going to be on the removal by tomorrow

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 8/30/2013.

JOB SITE LOCATION 176 Cumberland AV: wetherfield.

SITE SUPERVISOR marvin D Ilaguirre.

EMPLOYEES ON SITE (3) marvin / wilmer / melvin /

JOB NOTES 6 Am on site we are working on man's lockerroom we have about 200 LF pipes / fitting stacy is going in to do a visual inspection on it 9:00 Am

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 9-02-2013

JOB SITE LOCATION 176 Cumberland Av · wethersfield ct.

SITE SUPERVISOR Marvin Omar Izaguirre.

EMPLOYEES ON SITE # total # 5.

JOB NOTES 7:00 Am on site we are working on top floor we are going to start doing removal after coffe break. stacy from Fuss O'Neil is on site for pre abatement on thise floor Containment has pass inspection now we are going to start 9:30 am we went inside to start removing floor only.

will be removing flooring all day long today

we have negative air also we have hot/cold water in the shower

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 9-3-201

JOB SITE LOCATION 176 Cumberland AV Wethersfield.

SITE SUPERVISOR Marvin Omar Zaguen.

EMPLOYEES ON SITE

JOB NOTES 7:00 AM on site we are
we are working on DCV only and set up
containment on the second floor. Abatement
we are not doing no remove we are
set up only

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 9-4-13

JOB SITE LOCATION 176 Cumberland Av wethersfield. ct.
SITE SUPERVISOR Marvin Omar Fajardo
EMPLOYEES ON SITE (4.)

JOB NOTES 7:00 AM on site we are working on floor tile and mastic also have Pipe insulation
We have about 12,000 sf of floor
Hot water is on
we keep removing floor tile
We have (20) boxes.
9:00 all floor tile have bring remove
Now we are working on
mastic also we are working on Pipes insulation.
we are done for the day.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 9-05-2013.

JOB SITE LOCATION 136 Cumberland Rd Wethersfield.

SITE SUPERVISOR Marvin Izquierdo.

EMPLOYEES ON SITE

JOB NOTES 7:00 AM we are working on kitchen Abutment we are doing floor tile and mod block insulation
Containment is done all Removal has been done

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 9-06-2013.

JOB SITE LOCATION 136 Cumberland Rd Willimantic.
SITE SUPERVISOR Marvin Izquierdo.
EMPLOYEES ON SITE

JOB NOTES 7:00 AM we are working on kitchen abutment we are doing floor tile and mod block insulation
Containment is done all removal has being done

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 9/9/13

JOB SITE LOCATION 176 Cumberland AV wethersfie

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
also have guys working on the PCb
East side wall
we are working on the south / main bld we have PCb on the east side wall / exterior Asbestos on the main bld
we have guys taking all asbestos
from the main bld exterior wall vapor barrier
all of this is baing done all of ong

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Main Basement

Date 9-10-20

JOB SITE LOCATION 176 Cumberland AV Wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
We are working on the main basement main bldg.
We have a full shower and a full basement
of Asbestos to remove 16,000 SF of floor tile/mastic
Pipes insulation stacy from Fuss g O'Neill is on site.
We do have a full containment (8) Negative units
the they are working 24/7.
We are removin floor tile at this moment
We have 25 boxes in the containment ready to go
3:00 We change all negative air filters on all units
turn off the water for the day.
6:00 We are going home.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 10-02-2013

JOB SITE LOCATION 176 Cumberland Av · Wethersfield Ct.

SITE SUPERVISOR Marvin Omar Izaguirre

EMPLOYEES ON SITE # total # 5.

JOB NOTES 7:00 Am on site we are working on top floor we are going to start doing removal after coffe break. stacy from Fuss O'Neil is on site for pre abatement on thise floor Containment has pass inspection now we are going to start 9:30 am we went inside to start removing floor only.

will be removing flooring all day long today

we have negative air also we have hot/cold water in the shower

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 10-03-2013.

JOB SITE LOCATION 176 Cumberland Rd wethersfield.

SITE SUPERVISOR Marvin Omar Izquierdo

EMPLOYEES ON SITE

Doyer Izquierdo / Wilmer Guevara / Jose L Almendarez.

JOB NOTES 7:00 am on site we are working floor removal / mastic we have hot / cold water on site.
we have negative air on the containment.
we are working only on floor side.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 10-04-2013

JOB SITE LOCATION 176 Cumberland av wethersfield. ct.

SITE SUPERVISOR marvin D Izaguirre.

EMPLOYEES ON SITE (5)

JOB NOTES 7:00 pm on site we are working on Mastic removal. will keep working on mastic all day long today The mastic will bi done today will be working on EMOL Clean up on monday so foss D'Will will do air sampling on monday morning.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 10/07/2013.

JOB SITE LOCATION 176 Cumberland Rd Wethersfield.

SITE SUPERVISOR Marvin O Izayvire.

EMPLOYEES ON SITE

JOB NOTES we are working on 3rd floor
Clean up we are doing a final Clean up
on this containment
Fuss n Will is on site for
air Clean up
Kenth from Fuss n Will is on site
to do a air sampling on this containment

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 10-08-2013.

JOB SITE LOCATION 176 Cumberland Rd Wethersfield Ct.

SITE SUPERVISOR Marvin O Gayuni.

EMPLOYEES ON SITE

JOB NOTES 7:00 am on site we are working on window containment on garage side this containment is located on the area #1
We are doing ([redacted])

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 10-09-2013

JOB SITE LOCATION 176 Cumberland AV Wethersfield.

SITE SUPERVISOR Marvin Omar Goyuen.

EMPLOYEES ON SITE

JOB NOTES 7:00 AM on site we are
we are working on DCV only and set up
containment on the second floor. Abatement
we are not doing no removal we are
set up only

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 10-10-2013

JOB SITE LOCATION 176 Cumberland Av. Wethersfield.
SITE SUPERVISOR Manuel Omar Izquierre
EMPLOYEES ON SITE
5 employees on site.

JOB NOTES 7:00 Am on site we are working only on the pin house containment
we have negative / this containment is being done under a full containment
Hot water / Cold water is on the shower
we have pipe insulation
all the pipes inside this containment will be treated as asbestos contain material
3:30 containment is all done.
stacy will be taking air samples on this containment tomorrow morning

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 10-11-2013.

JOB SITE LOCATION 176 cumberland AV wethersfield.
SITE SUPERVISOR Marvin O Gayman.
EMPLOYEES ON SITE

JOB NOTES 7:00 Am on site
we are working on (PCV.) removal
on north side ~~[illegible]~~ containment garage side
area # 2
we have one window/one door to be remove
from this containment
(note) stacy is working on Pen house
containment they will be (Tem)
also she will be ~~[illegible]~~ taking samples on the PCV.
on garage side as well.
9:00 Am we are going to have coffee break.
9:20 Am we went back to work
will Keep working on PCV. only.
2:00 PM we are going home for the day.
be back monday.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 11-13-2013

JOB SITE LOCATION 176 Cumberland Av wethersfield.
SITE SUPERVISOR Marvin Omar Ezquivire
EMPLOYEES ON SITE (4)

JOB NOTES 7:00 am on site
we are working on the first floor containment-
East side we are under containment we have
floor tile and Pipe insulation, we have (6) negative airs
working Hot water Cold water and water inside
the containment.
@ 9:00 am we are all going for coffee time.
9:20 am we are going in for removal on the
East side. we will keep working on to
lunch with the floor removal.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 11-14-13

JOB SITE LOCATION 176 Cumberland Av wethersfield. Ct.

SITE SUPERVISOR Marvin Omar Izquierdo

EMPLOYEES ON SITE (4.)

JOB NOTES 7:00 am on site we are working on floor tile and mastic also have Pipe insulation
We have about 12,000 sf of floor
Hot water is on
we keep removing floor tile
We have (20) boxes.
9:00 all floor tile have being remove
now we are working on
mastic also we are working on Pipes insulation.
we are done for the day.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

main Basement

1/3/2014
Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on the main basement main bld.
this is our first day on this Containment
stacy from Fuss y O'Neill is on site Ready for
Dice Abatement inspection we are ready to go
we do have a full Containment (8) Negative unis
full Shower on the first floor elevation
north stairwell
we have 16,000 SF of floor tile and
6/7 SFO of Pipes insulation
we are going to be working long days
to get this done.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

1/6/2014

Date

JOB SITE LOCATION 176 Cumberland AV Wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
We are working on the main basement main bldg.
We have a full shower and a full basement of Asbestos to remove 16,000 SF of floor tile/mastic
Pipes insulation stacy from Fuss g O'Neill is on site.
We do have a full containment (8) Negative units
the they are working 24/7.
We are removin floor tile at this moment
We have 25 boxes in the containment ready to go
3:00 We change all negative air filters on all units
turn off the water for the day.
6:00 We are going home.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Basement main bldg

Date 1/7/2014

JOB SITE LOCATION 176 Cumberland AV Wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
We are working on the main Basement we have 16000 sf floor tile and Pipes to remove under full containment
we have (8) Negatives working to make all the floor the we need we also have a full Shower on the first floor entrance.
Fuss y O'Neill, s on site
we are going to be working a lot of hrs to get this done
(6:00 Pm) we are going to leave now all Negative airs filters have bein Change

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

main Basement

1/8/2014

Date

JOB SITE LOCATION 176 Cumberland AV wethersfie

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on main Basement we have floor tile and mastic and Pipes insulation also had some Plaster
mostly all floor tile has being remove now
we have (20) Baxes full of floor tile and Pipes.
we are working on trying to finish this area by Friday
we are all done for the day.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360 East side. 1/9/2014
Date

JOB SITE LOCATION 176 Cumberland AV Wethersfield
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
We keep working on this containment
we have about (80) more windows to go
we have a full containment one negative air.
Per floor also have a full shower
Fuss. Gonell is on site for PM
we have only (3) employees working on this containment so we are working on PCb / Asbestos
we are all done for the day.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

main b/dy Basement

Date 1/10/2014

JOB SITE LOCATION 176 Cumberland AV Wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on the Basement on the main b/dy we have floor tile Pipes insulation
We have floor tile and mastic 16,000 SF of mastic and floor tile
we have out of Pipes insulation.
this is the FINAL day of removal and FINAL Clean up.
all of the removal is done.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 1-11-20

JOB SITE LOCATION 176 Cumberland AV Wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on the East side wall
we have PCb windows all of this windows are going be going in a PCb Containner the we have on site
Russ. y Olnell is on site for (PM) Project monitor
we have a full Containment the keep fixing every day because the the win keep taking it down but we keep working on it
end is ~~[illegible]~~ Friday time to go home for the week be back monday

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

East side wall.

1/13/201

Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
We are working on the PCb windows East side now this containment is all up and running but the win is really a Problome but we are doing the best to keep going also
Negative air a full shower
Fuss y O'Neill is onsite for monitoring.
all of this windows are being disposed as PCb
4:00 it [redacted] time to go home.
done for the day.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

East side wall

1/14/2014
Date

JOB SITE LOCATION 176 Cumberland AV Wethersfield
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCB on the main bld only.
We are working on removing all windows from this side (East side main bldg)
we have (120) windows all of this work is being done under a full containment we have a negative air unit on itch floor also have a full shower we are removing about (30) windows at day
(12) Pm we keep removing windows we are goin to be removin window for next couple days.
we have (2) main lift in side the work area.
4:30 we are all done for the day be back tomorrow

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

south connector
East side
1/15/2014
Date

JOB SITE LOCATION 176 Cumberland AV wethersfield
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on PCb only also.
we have PCb windows on this side
all this windows are being done under a full containment we have one negative unit
ful shower one main lift this containment
is being done ~~[illegible]~~ under two ~~[illegible]~~ containments
(westsides first / west / is next,
all windows are done now we are going to
work a ~~[illegible]~~ west side this work
we are going to do two containmen but
we are going to ~~do~~ put them together.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

1/16/2014
south connecter

Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on the second half of the connecter side we have west / East
the east side is all ready done now
we are ~~[illegible]~~ working on the west side
all of this work have being done under a full containment all of the windows will be remove today we have one negative
we have ~~a~~ one negative air full shower
(6:00 PM) all window are done on this connecter

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 1-17-201

JOB SITE LOCATION 176 Cumberland AV Wethersfield
SITE SUPERVISOR Marvin D. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on a final Clean up only.
all windows have being remove from the wall now fuss & O'Neill will do brick samples on the west side only we are taking the containment everything has being Clean up now we all of the waste will go into a PCb Containner

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

North Stairwell : 1/18/2014

Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
Saturday we are working on the final cleanup of the containment all the Plaster has being remove now we are cleaning only
Bruss from Fuss & O'Neill is an site to do air clearance today will have air clearance by monday 1/20/2014.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

south east side wall main bldg. 1/22/2014

Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are set up containment on the south east side wall will take us one full day to have the ready.
will be ready by tomorrow

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

south east side wall

1/23/2014.
Date

JOB SITE LOCATION 176 Cumberland AV Wethersfield
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
this is the First day of Abatement on this side
now we are going to be working on.
window removal stacy from Russ O'Neill
gave us the ok to get going with the removal
on this side we have a full Containment
one negative a full shower system
PCb labels
we have 180 windows to remove on this containm
this Containment will take me more than a week
we are also working on interior Abatement

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

South East side w main bldg 1-24-20

Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
End it Friday we keep working on windows.
Now we are on windows removal only.
all of this windows are being done under the PCb Regulation by (EPA)
Full Containment. we have
Fuss y O'Neill on site for Project monitor
also we are working on door frame and Pipes Chase
Now it's time to go home and be back 1 monday
and keep removing windows.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

south east side
main bldg 1/27/2014

Date

JOB SITE LOCATION 176 Cumberland AV Wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on main bldg south side wall we have about 180 windows to remove
under a full containment we have negative in place we also have a shower
two main lift to inside the work area
(3) employs are working on this containment of all the time
12:1m lunch time
12:30 will be working on removal for the rest of the day.
4:30 be back tomorrow

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Elevator door 1/28/2014
Date

JOB SITE LOCATION 176 Cumberland AV wethersfield
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
We are working on 3rd floor containment we have 2 containment to work on Per. floor all this containment are being done we have pipes on Chace and we also have door frames all of this work is being done all on a dayly base
(3) Pm containments all done
fuss & O'Neill is going in and work on Pre abatement inspection.
3.30 Pm we are ready to go and star removing door frame.
5:30 Pm all Abatement is all done.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Vertical Chase

Date 1/29/201

JOB SITE LOCATION 176 Cumberland AV Wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on all Vertical Chase and all elevator doors this week, we are doing one floor per week
we have one negative unit on ich containment all this work takes one full day to set up containments and to remove all the material.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

south wall main.
1/30/2014.

Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex mejia
Elenor hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on the south wall east side PCb Clean up.
all of the windows have being remove and put them in a PCb Containner.
all materials is Clean out now
Russ g O'Neill will do PCb text

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

1/31/2014
north stairwell.

Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex mejia
Elenor hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are going in to the work area.
we have all the windows remove from the north stairwell. Now we are working on removing all of the brick.
(12 pm) we keep removing bricks
this containment will be done by monday 2/3/20
for fussy O'Neill to take samples from the brick. on monday.
all of the brick will be going in a PCb Containner we have 2 of them on site

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

2/5/2014
Date

JOB SITE LOCATION 176 Cumberland AV wethersfield
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are going to be set up. Contain all containment has being done now
we are going to be working on Removal
Fuss O'Neill is not on site for Pre abatement
on this level do to wether so we
got the ok we are removing floor tile
we have (6) negative air we have Hot / Cold
water will be working
on floor Tile only we also have pipes insulation
on the bathrooms. there is about 18,000 sf
floor tile wi bi back tomorrow

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

2nd floor

2/06/2014

Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are going in for floor tile removal
on the second floor we have (6) negative units
(9) we change on negative filters also we are pick up on the material from the floor as we removing
(12) we are going to have a lunch
(12:30) now we are going to start removing mastic with mastic removal.
4:00 we are on done for the day.
by back to morow

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

2/07/14

2nd floor

Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are going to be removin floor tile and mastic also we are going to be working on the Pipes insulation.
all of the floor tile has being remove now we are in the Drosses to finish mastic
(12 pm) all floor tile is on baxes we keep working on mastic removal
we are going to Change on of Negative filters and go home for the day

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

2/10/2014
Date

JOB SITE LOCATION 176 Cumberland AV wethersfield
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are working on set up containment on the Penthouse and east side wall south bld we have (2) day of set up containment only.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

2/11/2014

Date

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are working on the south bld
we have Asbestos at the Penthouse
the we being working for (3) days set up for Asbestos containment.
we have (4) Negative on site
we are going to be removing Asbestos all day long today Fuss & O'Neill will be on site for monetoring the site
also we have PCb removal on the ~~so~~ east sid

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

2/12/2014
Date

JOB SITE LOCATION 176 Cumberland AV wethersfield
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
Penthouse Asbestos Clean up on the Penthouse we have (5) guys working
we have (4) Negative airs working on the Penthouse we have 38 boxes to fill in the Containment all of the removal will be done by 1/14/2014.
we have water on site for the Asbestos we also have PCb.
~~other~~ on the exterior of the

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

2/13/2014
Date

JOB SITE LOCATION 176 Cumberland AV wethersfield
SITE SUPERVISOR Marvin O. Izaquirre
EMPLOYEES ON SITE (6)
Marvin Izaquirre / Melvin Izaquirre / Roger Izaquirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are working on the south bld Penthouse Asbestos we have 6000 / 7000 sf of Pipes insulation on the Penthouse all of this being done under one Containment
we have (4) Negative working on this Containment all of the material is going to be on boxes we also have Hot / Cold water
3:30 pm we are all done with all of the removal will be working on the final Clean up tomorrow

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

2/14/2014
Date

JOB SITE LOCATION 176 Cumberland AV Wethersfield
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are working on the Penthouse Final Cleanup. also have guys working on the PCb exterior work.
Final Cleanup was done at 1:00 pm
now Fussy O'Neill will do air Clearence on 2/17/2014
we Change all Negative air filters.
also Clean up the Shower
we keep working on the PCb East sid wall

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 2/17/

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
We are working on set up containment on the first floor.
and PCb removal on the south wall south bld.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 2/18/2

JOB SITE LOCATION 176 Cumberland AV wethersfie

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
We are working on set up containment on the first floor only.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 2/19-2

JOB SITE LOCATION 176 Cumberland AV wethersfie.
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos
and PCb on the south. bld only.
We are working on the first floor
Containment
Fuss G O'Neill is on site for Dree abatement
inspection on the Containment
and we are all set to get going on the
removor
we have floor tile and mastic
this floor will be done on (3) Containment
we ~~also~~ also have 3 guys working on
PCb Xterior Containment
This Containment will take me about (3)
days to get going on ~~it~~ and be done

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 2/20/2

JOB SITE LOCATION 176 Cumberland AV wethersfie

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are working on the south bld
we are removing floor tile and mastic
we also have fittins and some pipes
we have 4 negative airs working
water is on
Fuss O'Neill is on site [redacted]
at this moment we have (3) employees
working on the PCb exterior windows
all removal will be done today
we are all done for the day
also PCb guys are done for the day
5:00 PM

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 2/21/1

JOB SITE LOCATION 176 Cumberland AV wethersfie

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 2/24/2

JOB SITE LOCATION 176 Cumberland AV wethersfie

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are working on the first floor containment we have floor tile and mastic
we are set up for containment only.
we have about 2,800 sf of floor tile on this area. now
we have (3) negative unist on this area will be on the containment by 2/25/2014.
but we are working on the PCb. removal on the west side wall.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

2/25/2014.
Date

JOB SITE LOCATION 176 Cumberland AV wethersfield
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are working on the south bld
first floor containment, we have
floor tile and mastic also have
PCb Abatement on the ~~[illegible]~~ ~~floor~~ west
side wall
all this two area are being done
by tomorrow - 2/26/2014.
so fussy O'Neill wi be taking air sampling
on the brick and the first floor
containment also

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

2/26/2014
Date

JOB SITE LOCATION 176 Cumberland AV wethersfie
SITE SUPERVISOR Marvin O. Izaguirre
EMPLOYEES ON SITE (6)
Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the south bld only.
we are working on first floor containment
also we are working on the west side Asbestos panels exterior work.
all of the floor tile and mastic has being remove as well all the panels from the sout bld
now fuss y O'Neill we be working on the air clearence from this area —

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 2/27/

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos and PCb on the main bld only.
we are working on the South bld.
all windows have being done
now we are working on the PCb removal
Fuss & O'Neill is going to have air clearance on the first floor containment
all PCb is done on the south bld
stacy from Fuss O'Neill is taking sand on the brick. and air clearance on the first floor containment.
and we are done for the day.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 3-3-20

JOB SITE LOCATION 176 Cumberland AV wethersfie

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elmer Hernandez.

JOB NOTES 7:00 on site working on Asbestos
and [illegible] on the south bld only.
we are working on the south bld
west side wall we have small Containment
about 600 SF of floor tile
now Kenth from Fuss and O'Neill
will be doing Pre abatement inspection on
the Pre abatement is done will be working
on the removal tomorrow.

Wiese Construction, Inc.
282 Franklin Street
Norwich, CT 06360

Date 3-4-2

JOB SITE LOCATION 176 Cumberland AV wethersfield

SITE SUPERVISOR Marvin O. Izaguirre

EMPLOYEES ON SITE (6)

Marvin Izaguirre / Melvin Izaguirre / Roger Izaguirre
Wilmer Guevara / Jose L. Almendares / Alex Mejia
Elenor Hernandez.

JOB NOTES 7:00 on site working on Asbestos
and [redacted] on the south [redacted] bld only.
we have floor tile and mastic on
the west side we have about 600 sf
of floor tile and mastic only.
Pre abatement was done
now we are working on the
removal also we are doing
air sampling on the the first floor
they were done and the are dirty.
so the are Redoing it

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-4973 [illegible]-construction.com

Pa

DAILY SIGN IN SHEET

DATE: 8/5/2013.

SUPERVISOR: Marvin Izaq

PROJECT: Discovery Academy of Wethersfield

	Print Name	Signature
1	Marvin Omar Izaguirre.	
2	Melvin Izaguirre.	
3	Wilmer Guevara	
4	Jose L Almendares.	
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-4973 www.wiese-construction.com Fa

DAILY SIGN IN SHEET

DATE: 8/6/2013 SUPERVISOR: Marvin Izaguirre

PROJECT: Discovery Academy of Wethersfield.

	Print Name	Signature
1	Marvin O Izaguirre.	
2	Melvin Izaguirre.	
3	Wilmer Guevara	
4	Jose L Almendares.	
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-4973 www.wiese-construction.com Fax: (860) 889-5035

DAILY SIGN IN SHEET

DATE: 8-7-2013. SUPERVISOR: Marvin O Izaguirre.

PROJECT: Discovery Academy of Wethersfield.

	Print Name	Signature
1	Marvin O Izaguirre.	
2	Melvin Izaguirre.	
3	Wilmer Guevara.	
4	Jose L. Almendares.	
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-497[illegible] [illegible]ese-construction.com Fa[illegible]

[illegible]Y [illegible]GN IN SHEET

DATE: 8/8/2013. SUPERVISOR: Marvin

PROJECT: Discovery Academy of Withasfird

	Print Name	Signature
1	Marvin D Izquierdo.	Marvin D Izquierdo
2	Melvin Izquierdo	Melvin Izquierdo
3	Wilmer Cuevas	Wilmer Cuevas
4	Jose L Almandares	Jose L Almandares
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-497[illegible]
[illegible]ese-construction.com
F[illegible]

[illegible]Y [illegible]GN IN SHEET

DATE: 8-9-2013.

SUPERVISOR: Marvin Izay[illegible]

PROJECT: CREC Discovery Academy of Wethersfi[illegible]

	Print Name	Signature
1	Marvin O. Izayuirre.	
2	Melvin Izayuirre.	
3	Roger Izayuirre..	
4	Wilmer Guevara.	
5	[redacted] Jose L. Almandarz.	
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

860 504 7603

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-4973 [illegible]wiese-construction.com Fax

DAILY SIGN IN SHEET

DATE: 8/12/2013 SUPERVISOR: marvin Izaguirre

PROJECT: Cree Discovery Academy of Wethersfield

	Print Name	Signature
1	marvin O Izaguirre.	
2	melvin Izaguirre.	
3	Roger Izaguirre.	
4	Wilmer Guevara.	
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-4973 www.wiese-construction.com Fa

DAILY SIGN IN SHEET

DATE: 8/13/2013. SUPERVISOR: Marvin Izaguirre

PROJECT: Erec Discovery Academy of Wethersfield.

	Print Name	Signature
1	Marvin Omar Izaguirre.	Asbestos. ✓
2	Roger Izaguirre.	Asbestos. ✓
3	Melvin Izaguirre	Asbestos. ✓
4	Wilmer Guerrero.	Asbestos. ✓
5	Jose L Almendares.	Asbestos. ✓
6	Alex Mejia.	
7	Anderson Carranza.	
8	Selvin Mejia.	
9	Cristoval Jimenez.	
10	Felipe Cardenal.	
11	Darwin Munguia.	
12	Elmer Hernandez	
13		
14		
15		
16		
17		
18		
19		

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-4973 [illegible]wiese-construction.com Fax

DAILY SIGN IN SHEET

DATE: 8/14/2013 SUPERVISOR: Marvin Izay

PROJECT: Tree Drewdery Atarany of Wethersfie

	Print Name	Signature
1	Marvin Izaguirre.	
2	Melvin Gaguera	
3	Roger Izaguirre.	
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Crec Asbestos/PCB DATE 8/15/13

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Wilmer Carrion.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Alvarado.	PCB.

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-4973 [illegible]-construction.com Fa

DAILY SIGN IN SHEET

DATE: 8-16-2013.

SUPERVISOR: Marvin Izaguirre

PROJECT: CREC Discovery Academy of Wethersfie

	Print Name	Signature
1	Marvin O. Izaguirre.	
2	Melvin Izaguirre.	
3	Roger Izaguirre.	
4	Wilmer Guevara.	
5	[redacted] Jose L. Almendares.	
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-4973 [illegible]ese-construction.com

DAILY SIGN IN SHEET

DATE: 8/19/2013. SUPERVISOR: Marvin Izaguirre

PROJECT: Erec Discovery Academy of Wethersfield

	Print Name	Signature
1	Marvin Omar Izaguirre.	Asbestos. ✓
2	Roger Izaguirre.	Asbestos. ✓
3	Melvin Izaguirre	Asbestos - ✓
4	Wilmer Guerrero.	Asbestos. ✓
5	Jose L Almendares.	Asbestos. ✓
6	Alex Mejia.	
7	Anderson Carranza.	
8	Selvin Mejia.	
9	Cristoval Jimenez.	
10	Felipe Cardenal.	
11	Darwin Munguia.	
12	Elmer Hernandez	
13		
14		
15		
16		
17		
18		
19		

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-4973 www.wiese-construction.com Fa

DAILY SIGN IN SHEET

DATE: 8/20/2013 SUPERVISOR: marvin Izag

PROJECT: Erec discovery Academy of Wethersfield

	Print Name	Signature
1	marvin D Izaguirre	
2	melvin Izaguirre	
3	alex mejia	
4	Wilmer Guevara	
5	Stacy Vanderveer	[signature]
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 8/21/2013

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	Asbestos supervisor
Melvin Izaguirre	Asbestos Labor
Elmar Hernandez	Asbestos Labor
Jose L Almendares	Asbestos Labor
Wilmer Guevara	Asbestos Labor

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 8/22/2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
marvin O Izquierdo.	Asbestos supervisor
melvin Izquierdo.	Asbestos Labor
Jose L Almendarez.	Asbestos Labor
Wilmer Guevara	Asbestos Labor.

WIESE CONSTRUCTION
282 Franklin Street
Norwich, CT 06360
Phone: (860) 889-4973
[illegible]-construction.com
Fa

DAILY SIGN IN SHEET

DATE: 8/23/2013.

SUPERVISOR: Marvin Izaguirre

PROJECT: Tree Dewatering Atarany of Wethersfield

	Print Name	Signature
1	Marvin Izaguirre.	
2	Melvin Izaguirre	
3	Roger Izaguirre.	
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 8/26/2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin Omar Zuyum.	Asbestos supervisor.
Melvin Izuyum.	asbestos worker.
Alex mejia.	asbestos worker.
Wilmer Carvajal.	asbestos worker.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 8/27/2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izaguirre.	supervisor.
Melvin Guzman.	Asbestos Labor.
Wilmer Cuevas	Asbestos Labor.
X. Bruce Gregoire	Asbestos Proj mgr
Stacy VanDerveer	Asbestos Proj Mon

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 8/28/2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin Omar Izayuirre.	Asbestos supervisor
Melvin Izayuirre.	Asbestos worker
Wilmer Cuevas.	asbestos worker.
Alex mejia.	asbestos worker

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Crec Asbestos/PCB DATE 8/29/13

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	Asbestos supervisor.
Wilmer Carrion.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Almendares.	PCB.

DAILY JOB SHEET

DATE 8/30/2013.

SUPERVISOR Marvin Omar Izaguirre.

PROJECT Asbestos Abatement.

EMPLOYEES ON SITE	HRS. @ PROJECT
Marvin O Izaguirre	
Melvin Izaguirre.	
Wilmar Garcia.	

WORK PERFORMED:
Asbestos abatement of garage side man's locker room

MATERIALS TO SITE:

TRUCKING:

NOTES:

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 9-02-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin D Izaguirre.	Asbestos supervisor.
Melvin Izaguirre.	Asbestos worker.
Wilmer Carvajal.	Asbestos worker
Jose L Almendares.	Asbestos worker.
Roger Izaguirre	Asbestos worker.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 9-3-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izaguirre.	Asbestos supervisor.
Melvin Guyum.	Asbestos worker
Wilmer Guevara.	Asbestos worker.
Jose L Almendares.	Asbestos worker.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 9-4-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izaguirre.	[redacted] Asbestos supervisor.
Marvin Izaguirre.	Asbestos labor.
Jose L Almandares.	Asbestos labor.
Alex mejia.	Asbestos labor.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 9-05-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izaguirre.	Asbestos supervisor
Alex Mesia.	Asbestos Labor.
Wilmer Guevara.	Asbestos Labor.
Jose Almandares.	Asbestos Labor.
Melvin Izaguirre.	Asbestos Labor.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

28652

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 9-06-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Grayson.	supervisor.
wilmer Guevara.	Asbestos worker.
Jose L Almandares.	Asbestos worker.
alex mejia.	Asbestos worker.
Melvin Izquierdo.	Asbestos worker.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Crec Asbestos/PCB DATE 9/9/13

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Walter Carrion.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Alvarados.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

main bldg Basement

PROJECT Crec Asbestos/PCB DATE 9-10-2013

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	Asbestos supervisor.
Walter Carrera.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCB
Jose L Alvarado.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 10-02-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin D Izquierdo	Asbestos supervisor
Melvin Izquierdo	Asbestos worker
Wilmer Larvara	Asbestos worker
Jose L Almandares	Asbestos worker
Roger Izquierdo	Asbestos worker

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 10-03-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izquierdo.	~~[illegible]~~ asbestos supervisor
Roger Izquierdo.	Asbestos Labor
Jose L Almandares.	asbestos Labor
Wilmer Guevara.	wilmer Guevara.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 10-04-2013

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izaguirre	Asbestos supervisor
Mylvin O Izaguirre (PCV)	Asbestos Labor
Alex Mejia (PCV)	Asbestos Labor
Roger Izaguirre	Asbestos Labor
Jose L Almendares	Asbestos Labor
Wilmer Guevara	Asbestos Labor

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 10-07-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izaguirre	Asbestos supervisor
Wilmer Luciano	Asbestos Labor
Jose L Almandares	Asbestos Labor

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 10-08-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izaguirre.	Asbestos supervisor.
Melvin Izaguirre.	Asbestos worker
Wilmer Guevara.	Asbestos worker.
Jose L Alvarados.	Asbestos worker.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 10-09-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izaguirre.	Asbestos supervisor.
Melvin Guzman.	asbestos worker
Wilmer Guevara.	Asbestos worker.
Jose L Almandares.	asbestos worker.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 10-10-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izquierdo.	Asbestos supervisor.
Marlvin Izquierdo.	Asbestos worker.
Wilmer Guevara.	Asbestos worker.
Jose L Almandares	Asbestos worker.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 10-11-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izaguirre.	Asbestos worker.
Melvin Izaguirre.	Asbestos worker.
Jose L Almendares.	Asbestos worker.
Elmer Hernandez.	Asbestos worker

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT [redacted] DATE 11-13-2013

LOCATION [redacted] IELD, CT

EMPLOY[redacted]	CATEGORY OF WORK
Man[redacted]	[redacted] Asbestos supervise
Mat[redacted]	Asbestos labor
Jose L [redacted]	Asbestos labor
Alex mejia	Asbestos labor

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT CREC DISCOVERY ACADEMY DATE 11-14-2013.

LOCATION 176 CUMBERLAND ROAD WETHERSFIELD, CT

EMPLOYEE	CATEGORY OF WORK
Marvin O Izaquira.	[redacted] Asbestos supervisor.
Marvin Izaquira.	Asbestos Labor.
Jose L Almandares.	Asbestos Labor.
Alex mejia.	Asbestos Labor.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

[redacted] ldy Basement.

PROJECT Cree [redacted] /3/2014

LOCATION 176 Cumb[redacted]

EMPLOYEE	[redacted]RY OF WORK
Marvin Izaguirre	supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Alvarados.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

main bldg Basement

PROJECT Crec Asbestos/PCB DATE 1/6/2014

LOCATION 176 Cumberland AV. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Wilmer Carrera.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCB
Jose L Alvarado.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

main Bldg Basement.

PROJECT Cree Asbestos/PCb DATE 1/7/2014

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Crec Asbestos/PCB DATE 1/8/2014 main Bldg Basement

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Wilmer Carrion.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCB
Jose L Alvarados.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

East side wall Pcb

PROJECT Cree Asbestos/Pcb DATE 1/9/2014

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	Pcb
Jose L Alvarados.	Pcb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

Main Bldg Basement
1/~~[illegible]~~/2014

PROJECT Cree Asbestos/PCb DATE 1/10/2014

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Walmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Alvarados.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

elevator door 1st floor.

PROJECT Crec Asbestos/PCB DATE 11/11/2014

LOCATION 176 Cumberland AV. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin IZayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Wilmer Carrasco.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Alvarado.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Cree Asbestos/PCb East side wall DATE 1/13/2014.

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	asbestos supervisor.
Walmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

East side wall.

PROJECT Cree Asbestos/PCb DATE 1/19/2014.

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Walmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Alvarados.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

south connecter.

PROJECT Cree Asbestos/PCb DATE 1/15/2014.

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

South Connector west

PROJECT Crec Asbestos/PCB DATE 1/16/2014

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Walter Carrion.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Alvarados.	PCB.
Minor Hernandez.	

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

Final Clean up.
south connecter

PROJECT Cree Asbestos/PCb DATE 1/17/2014

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

main bldg.
north stairwell

PROJECT Cree Asbestos/PCb DATE 1/18/2014

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

main bldg boiler room.

PROJECT Cree Asbestos/PCb DATE 1/22/2014

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

south east side wall main bldg

PROJECT Crec Asbestos/PCB DATE 1/23/2014

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Wilmer Carrow.	Asbestos supervisor.
Alex mejia.	Asbestos worker.
Darwin f munguia.	PCB
Jose L Alvarados.	PCB.
Alexander hernandez.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Crec Asbestos/PCB

DATE 1/24/2014 south east side wall main bldg.

LOCATION 176 Cumberland AV. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Wilmer Carrera.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Alvarados.	PCB.
Alexander Hernandez.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

south east side main bldg

PROJECT Crec Asbestos/PCB DATE 7/27/2014

LOCATION 176 Cumberland AV. wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Wilmer Carrera.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Alvarados.	PCB.
Elmer hernandez	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

elevator door 3rd Floor.

PROJECT Crec Asbestos/PCB DATE 1/28/2014.

LOCATION 176 Cumberland AV. Waterbury

EMPLOYEE	CATEGORY OF WORK
Marvin Izquierdo	site supervisor.
Melvin Izquierdo	Asbestos worker.
Roger Izquierdo	asbestos supervisor.
Wilmer Carrion.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Alvarados.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

Vertical Chase 2nd Floor

PROJECT Cree Asbestos/PCb DATE 1/29-2014

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Walmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

south wall main bldg

PROJECT Crec Asbestos/PCB DATE 1-30-2014.

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Wilmer Carrasco.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Alvarados.	PCB.
Elmer Hernandez	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

vertical Phase 1st floor

PROJECT Crec Asbestos/Pcb DATE 1/30/2014

LOCATION 176 Cumberland AV. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	Asbestos supervisor.
Wilmer Carrera.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Alvarados.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

2nd Floor.

PROJECT Cree Asbestos/PCb DATE 2-05-2014.

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin IZaguirre	Asbestos worker.
Roger IZaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

2nd Floor.

PROJECT Cree Asbestos/PCb DATE 2-06-2014

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

2nd Floor.

PROJECT Cree Asbestos/PCb DATE 2-07-2014.

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Cree Asbestos/PCb DATE 2/10 - 2014.

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

Penthouse.

PROJECT Crec Asbestos/Pcb DATE 2/11-2014.

LOCATION 176 Cumberland AV. Litchfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	Asbestos supervisor.
Wilmer Carrona.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Almendares.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Crec Asbestos/PCB DATE 2-12-2014

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izquierdo	site supervisor.
Melvin Izquierdo	Asbestos worker.
Roger Izquierdo	asbestos supervisor.
Wilmer Carrero.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin A Munguia.	PCB
Jose L Almendares.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Cree Asbestos/PCb DATE 2/13/2014

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Cree Asbestos/PCb DATE 2-14-2014

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Cree Asbestos/PCb DATE 2/17/2013.
south bld.

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Crec Asbestos/PCB DATE 2/18/2014
South bld.

LOCATION 176 Cumberland Av. Westfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Wilmer Guzman	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCB
Jose L Alvarados.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

south bld.

PROJECT Crec Asbestos/PCB DATE 2/19/2014

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	asbestos supervisor.
Wilmer Carrow.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCB
Jose L Almendares.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Cree Asbestos/PCb DATE 2/29-2014 south bld.

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

south bld.

PROJECT Cree Asbestos/PCb DATE 2/21/2014.

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin IZaguirre	Asbestos worker.
Roger Izaguirre	Asbestos supervisor.
Wilmer Guevara.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCb
Jose L Almendares.	PCb.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Crec Asbestos/PCB DATE 2/24-2014.

LOCATION 176 Cumberland AV. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin Izayura	Asbestos worker.
Roger Izayura	asbestos supervisor.
Wilmer Carrera.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCB
Jose L Alvarados.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Cree Asbestos/PCB DATE 2/25/2014.

LOCATION 176 Cumberland AV. Wethersfield

EMPLOYEE		CATEGORY OF WORK
Marvin Izaguirre	Asb	site supervisor.
Melvin IZaguirre	Asb	Asbestos worker.
Roger Izaguirre	Asb.	Asbestos supervisor.
Wilmer Guevara	PCB	Asbestos supervisor.
Alex Mejia.	PCB	Asbestos worker.
Darwin F Munguia.	PCB.	PCB
Jose L Almendares.	PCB.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

south bld.

PROJECT Crec Asbestos/PCB DATE 2/26/2014

LOCATION 176 Cumberland Av. Litchfield

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura Asb	site supervisor.
Melvin Izayura Asb	Asbestos worker.
Roger Izayura Asb.	asbestos supervisor.
Wilmer Carrera. PCB	Asbestos supervisor.
Alex Mejia. PCB	Asbestos worker.
Darwin F Munguia. PCB	PCB
Jose L Alvarado. PCB.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

south bld.

PROJECT Crec Asbestos/PCB DATE 2/27/2014

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izayura	site supervisor.
Melvin IZayura	Asbestos worker.
Roger IZayura	asbestos supervisor.
Wilmer Cuevas.	Asbestos supervisor.
Alex Mejia.	Asbestos worker.
Darwin F Munguia.	PCB
Jose L Alvarados.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Crec Asbestos/PCB DATE 3-3-2014
south bld.

LOCATION 176 Cumberland Av. Willimantic

EMPLOYEE	CATEGORY OF WORK
Marvin Izaguirre	site supervisor.
Melvin Izaguirre	Asbestos worker.
Roger Izaguirre	asbestos supervisor.
walter Carrion. demo only	Asbestos supervisor.
Alex mejia.	Asbestos worker.
Darwin f munguia.	PCB
Jose L Alvarados.	PCB.

Wiese Construction Inc.
282 Franklin Street
Norwich, CT 06360-4556
TEL. 860-889-4973 ben@wiese-construction.com FAX 860-889-5035

DAILY SIGN IN

PROJECT Crec Asbestos/PCB DATE 3-4-2014

LOCATION 176 Cumberland AV. Litchfield

EMPLOYEE		CATEGORY OF WORK
Marvin Izayura	✓	site supervisor.
Melvin Izayura	✓	Asbestos worker.
Roger Izayura	✓	asbestos supervisor.
Wilmer Carrion.	Demo only.	Asbestos supervisor.
Alex Mejia.	Demo only	Asbestos worker.
Darwin A Munguia.	Demo only	PCB
Jose L Almendares.	Demo. only	PCB.

Appendix G

Fuss & O'Neill EnviroScience Paperwork

Appendix G

1) PCB Pre-Abatement Checklists

FUSS & O'NEILL
EnviroScience, LLC

PCB PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD	DATE:	9-30-13
CONTAINMENT (9)	GARAGE - CENTRAL	MONITOR:	S VANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

PCB (≥50ppm) CAULK - WALL & FLOOR JOINTS - ~~110LF~~ (SV) ~~146~~ 110LF CAULK

- FLOOR JOINT ~~96LF~~ (SV) 60LF +2 WALL JOINTS @25LF EA = 50LF + ADJACENT BLOCK

~~96~~ +50 146

SETUP ↳ ~~FLOOR JOINT EXTENDS ALMOST ENTIRE EAST-WEST LENGTH OF GARAGE~~ NO CAULK ON WESTSIDE

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ☑ Large objects enclosed with poly	Check taping
CONTAINMENT		
Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed:	☑ Regular power to area cut off	Lockout/Tagout
	☑ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☑ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures
DECON		
Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place ☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns ☑ One shower for every 10 workers ☑ Supplied with warm water	Must be strong, water tight Check strength Kept closed until ∢ bag-out
Equip. Decon:	~~☐ 2 chambers on rigid frame~~ ~~☐ Airlocks~~ ~~☐ 2 layers 6 mil~~	
NEGATIVE AIR		
Negative Air units working:	☑ 4 air exchanges per hour ☐ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM
POSTING & LABELING		
Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☑ Labels ready for waste with generator's name and address of site	Doorways posted too
PERSONAL PROTECTIVE EQUIPMENT		
Respirators:	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

WALL REMOVING JOINT ON NORTHSIDE WILL PENETRATE INTO HAZMAT STORAGE ROOM - POLY WALL HAS BEEN CONSTRUCTED ~~ON~~ INSIDE HAZMAT STORAGE ROOM TO MAINTAIN INTEGRITY OF CONTAINMENT AFTER CAULK REMOVAL

FUSS & O'NEILL
EnviroScience, LLC

PCB PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	DATE:	9-30-13
CONTAINMENT:	(10) GARAGE - SOUTH EAST CORNER	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

PCB (≥50ppm) (SV) CAULK - WALL JOINT 10LF + ADJACENT BLOCK

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☐ Review work area with contractor ☐ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ☐ Large objects enclosed with poly	Check taping
CONTAINMENT		
Criticals in place:	☐ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☐ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed:	☐ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☐ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☐ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures
DECON		
Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns	Check strength
	☑ One shower for every 10 workers ☑ Supplied with warm water	Kept closed until
Equip. Decon:	~~☐ 2 chambers on rigid frame ☐ Airlocks ☐ 2 layers 6 mil~~	< bag-out
NEGATIVE AIR		
Negative Air units working:	☐ 4 air exchanges per hour ☐ Pressure differential of 0.02" w.g. ☐ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☐ Adequate power	No. of units = Room volume/ 15/flow in CFM
POSTING & LABELING		
Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☑ Labels ready for waste with generator's name and address of site	Doorways posted too
PERSONAL PROTECTIVE EQUIPMENT		
Respirators:	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

SHOWER ~~+ NEG AIR UNIT~~ (SV) WILL BE MOVED FROM GARAGE CONTAINMENT FOR FLOOR JOINT

FUSS & O'NEILL
EnviroScience, LLC

PCB PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	DATE:	10-3-13
CONTAINMENT: (17)	GARAGE SOUTH WALL	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

WINDOW CAULK (EXTERIOR) (36LF) & ADJACENT BRICK (288SF); (24LF) (~~[illegible]~~SF)
EXTERIOR DOOR CAULK (17LF) & ADJ. BRICK (136SF); 2 INTERIOR WALL EXPANSION JOINTS
& ADJACENT BLOCK (~~[illegible]~~SF) 384SF

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping
CONTAINMENT		
Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed:	☑ Regular power to area cut off	Lockout/Tagout
	☑ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☑ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures
DECON		
Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns ☑ One shower for every 10 workers ☑ Supplied with warm water	Check strength Kept closed until bag-out
Equip. Decon:	☐ ~~2 chambers on rigid frame~~ ☐ ~~Airlocks~~ ☐ ~~2 layers 6 mil~~	
NEGATIVE AIR		
Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM
POSTING & LABELING		
Signs in place:	☐ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too
PERSONAL PROTECTIVE EQUIPMENT		
Respirators:	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

1152" x 2 = 2304" → 192SF

CHECKING ON DOOR CAULK SITUATION 12' x 8" x 2 = ~~[illegible]~~ x2 = 384SF

FUSS & O'NEILL
EnviroScience, LLC

PRE-ABATEMENT CHECKLIST (PCB)

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	1716 CUMBERLAND AVE, WETHERSFIELD	DATE:	10-10-13
CONTAINMENT: (13)	GARAGE NORTH + FLOOR JOINT	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

NW NEW WINDOW CAULK (39LF) ; ~~FLOOR JOINT CAULK (60LF)~~
DOOR CAULK (HAZMAT STORAGE Rm) (30LF)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ☐ ~~Large objects enclosed with poly~~	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed:	☑ Regular power to area cut off	Lockout/Tagout
	☑ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☑ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns ☑ One shower for every 10 workers ☑ Supplied with warm water	Check strength Kept closed until ◁ bag-out
Equip. Decon:	☐ ~~2 chambers on rigid frame~~ ☐ ~~Airlocks~~ ☐ ~~2 layers 6 mil~~	

NEGATIVE AIR

Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☑ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators:	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

FUSS & O'NEILL
EnviroScience, LLC

PCB PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD CT	DATE:	10-14-13
CONTAINMENT: (W)	GARAGE CONNECTOR EAST (WINDOW/DOOR)	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

WINDOW CAULK (~~37~~ 31 LF) (8), DOOR CAULK (~~30~~ 18 LF) (6) (4)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed:	☑ Regular power to area cut off	Lockout/Tagout
	☑ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☑ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns ☑ One shower for every 10 workers ☐ Supplied with warm water	Check strength Kept closed until ◁ bag-out
Equip. Decon:	~~☐ 2 chambers on rigid frame~~ ~~☐ Airlocks~~ ~~☐ 2 layers 6 mil~~	

NEGATIVE AIR

Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☑ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators:	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

BROKEN GLASS SHOULD BE PICKED UP/ REMOVED PRIOR TO BEGINNING ABATEMENT. CRACKED ~~GLAS~~ PANE SHOULD BE TAPED TO PREVENT BREAKAGE

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	DATE:	10-15-13
CONTAINMENT (17)	LOADING AREA SOUTH	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

INTERIOR WALL EXPANSION JOINT CAULK (2@ 12LF) 3ea joint
DOOR JOINT CAULK ~~(illegible)~~ - 2 VERTICAL JOINTS EXTERIOR (14LF)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☐ Review work area with contractor ☐ Review scope with contractor	Get phone nos.
Check setup:	☑ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping
CONTAINMENT		
Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed:	☑ Regular power to area cut off	Lockout/Tagout
	☑ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☑ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures
DECON		
Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns ☑ One shower for every 10 workers ☐ Supplied with warm water	Check strength Kept closed until bag-out
Equip. Decon:	~~☐ 2 chambers on rigid frame~~ ~~☐ Airlocks~~ ~~☐ 2 layers 6 mil~~	
NEGATIVE AIR		
Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM
POSTING & LABELING		
Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☑ Labels ready for waste with generator's name and address of site	Doorways posted too
PERSONAL PROTECTIVE EQUIPMENT		
Respirators:	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	
FIELD NOTES		

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	Discovery Academy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 Cumberland Ave, Wethersfield	DATE:	10-16-13
CONTAINMENT: (18)	Garage West Wall	MONITOR:	SVanderveer
CONTRACTOR:	Wiese Construction	SUPERVISOR:	Marvin

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

Door Caulk - 1 horizontal joint (18LF) + 1 door (18LF)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☐ Review work area with contractor ☐ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping
CONTAINMENT		
Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed:	☑ Regular power to area cut off	Lockout/Tagout
	☑ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☑ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures
DECON		
Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns ☑ One shower for every 10 workers ☑ Supplied with warm water	Check strength Kept closed until ◄ bag-out
Equip. Decon:	~~☐ 2 chambers on rigid frame~~ ~~☐ Airlocks~~ ~~☐ 2 layers 6 mil~~	
NEGATIVE AIR		
Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM
POSTING & LABELING		
Signs in place:	☐ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too
PERSONAL PROTECTIVE EQUIPMENT		
Respirators:	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	
FIELD NOTES		

FUSS & O'NEILL
EnviroScience, LLC

PCB PRE-ABATEMENT CHECKLIST

PROJECT NAME:	Discovery Academy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	Wethersfield	DATE:	10-24-2013
CONTAINMENT: 20	Cafeteria - south wall windows	MONITOR:	Neely
CONTRACTOR:	Wiese	SUPERVISOR:	R Pane

☒ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

glazing / caulking - 1034 LF

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☐ Contractor's License ☐ State Notification ☐ AWP, if applicable ☒ Training Certs ☒ Workers' Licenses ☒ Medicals ☒ Fit-Testing	Be sure all are up to date
Talk to contractor:	☒ Review work area with contractor ☒ Review scope with contractor	Get phone nos.
Check setup:	☒ Pre-cleaning completed ☐ Large objects enclosed with poly	Check taping
CONTAINMENT		
Criticals in place:	☒ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☒ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed:	☒ Regular power to area cut off	Lockout/Tagout
	☒ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☒ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☒ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures
DECON		
Decon installed:	☐ Decon contiguous to work area (unless remote applied for) ☐ 3 chambers, airlocks between each ☐ Sign-in sheet in place ☐ 2 layers of 6 mil poly ☐ Water filtered to 5 microns ☐ One shower for every 10 workers ☐ Supplied with warm water	Must be strong, water tight Check strength Kept closed until bag-out
Equip. Decon:	☐ 2 chambers on rigid frame ☐ Airlocks ☐ 2 layers 6 mil	
NEGATIVE AIR		
Negative Air units working:	☒ 4 air exchanges per hour ☒ Pressure differential of 0.02" w.g. ☒ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☐ Adequate power	No. of units = Room volume/ 15/flow in CFM
POSTING & LABELING		
Signs in place:	☒ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too
PERSONAL PROTECTIVE EQUIPMENT		
Respirators:	☐ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☒ Adequate supply of disposable coveralls on site ☒ Gloves and shoe covers on site if needed	

FIELD NOTES

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	Discovery Academy	PROJECT NO.:	20110979 A2E
SITE LOCATION:	Wethersfield CT	DATE:	10-24-2013
CONTAINMENT: 19	Cafeteria northwall windows	MONITOR:	Nerly
CONTRACTOR:	Wiese Construction	SUPERVISOR:	K Pane

☒ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

caulking/glazing door and windows - 516LF see back of sheet -

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☒ Contractor's License ☐ State Notification ☐ AWP, if applicable ☒ Training Certs ☒ Workers' Licenses ☒ Medicals ☒ Fit-Testing	Be sure all are up to date
Talk to contractor:	☒ Review work area with contractor ☒ Review scope with contractor	Get phone nos.
Check setup:	☒ Pre-cleaning completed ☐ Large objects enclosed with poly	Check taping
CONTAINMENT		
Criticals in place:	☒ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☐ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed:	☒ Regular power to area cut off	Lockout/Tagout
	☒ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☒ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☒ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures
DECON		
Decon installed:	☒ Decon contiguous to work area (unless remote applied for) ☒ 3 chambers, airlocks between each ☐ Sign-in sheet in place ☒ 2 layers of 6 mil poly ☐ Water filtered to 5 microns ☐ One shower for every 10 workers ☐ Supplied with warm water	Must be strong, water tight Check strength Kept closed until ✓ bag-out
Equip. Decon:	☐ 2 chambers on rigid frame ☐ Airlocks ☐ 2 layers 6 mil	
NEGATIVE AIR		
Negative Air units working:	☒ 4 air exchanges per hour ☒ Pressure differential of 0.02" w.g. ☒ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☒ Adequate power	No. of units = Room volume/ 15/flow in CFM
POSTING & LABELING		
Signs in place:	☒ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too
PERSONAL PROTECTIVE EQUIPMENT		
Respirators:	☐ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☒ Adequate supply of disposable coveralls on site ☒ Gloves and shoe covers on site if needed	

FIELD NOTES

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	Discovery Academy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 Cumberland Ave, Wethersfield CT	DATE:	11-21-13
CONTAINMENT: 29	West Wall Windows - Main Bldg	MONITOR:	SVandervoer
CONTRACTOR:	Weise Construction	SUPERVISOR:	Murvin

☐ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

PCB Window Caulk (Exterior) (160LF) : Associated Brick (88 SF)
(See Worksite Diagram)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☐ State Notification ☐ AWP, if applicable ☑ Training Certs ☐ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with~~ poly	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: Contractor Responsible	☑ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☐ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place ☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns ☑ One shower for every 10 workers ☑ Supplied with warm water	Must be strong, water tight Check strength Kept closed until bag-out
Equip. Decon:	☐ 2 chambers on rigid frame ☐ Airlocks ☐ 2 layers 6 mil	

NEGATIVE AIR

Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☐ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators: Contractor Responsible	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	Discovery Acadcmy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 Cumberland Ave, Wethersfield, CT	DATE:	11-29-13
CONTAINMENT:	West Wall Windows - Main Building	MONITOR:	B Gregoire
CONTRACTOR:	Weise Construction	SUPERVISOR:	Murvin

☐ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

PCB Window Caulk (Exterior) & Associated Brick (88SF)
PCB Caulk: 160LF (See Work-Site Diagram)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: Contractor Responsible	☑ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☐ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns ☑ One shower for every 10 workers ☑ Supplied with warm water	Check strength Kept closed until bag-out
Equip. Decon:	☐ 2 chambers on rigid frame ☐ Airlocks ☐ 2 layers 6 mil	

NEGATIVE AIR

Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators: Contractor Responsible	☐ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

Re-Build of Containment after High winds destroyed Initial Containment Area

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	1716 CUMBERLAND AVE, WETHERSFIELD	DATE:	12-5-13
CONTAINMENT (31)	SOUTH WALL WINDOWS - WEST	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

PCB WINDOW CAULK (EXTERIOR) & ASSOCIATED BRICK (59SF)

window wall = 44'H × 48'L = 184LF (2verts+2hori) + 5m window ~~48~~ 6'×18' = 48LF see reverse

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: Contractor Responsible	☑ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☐ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns	Check strength
	☑ One shower for every 10 workers ☑ Supplied with warm water	Kept closed until bag-out
Equip. Decon:	~~☐ 2 chambers on rigid frame~~ ~~☐ Airlocks~~ ~~☐ 2 layers 6 mil~~	

NEGATIVE AIR

Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators: Contractor Responsible	☐ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	DATE:	12-9-13
CONTAINMENT: (32)	MAIN BLDG - NORTH WALL WINDOW W	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

EXTERIOR WINDOW CAULK (122LF) + ASSOCIATED BRICK (51SF)
2 vertical JOINTS @ 24LF + 1 HORIZONTAL @ 74LF

74
+48
122

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: Contractor responsible	☐ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ~~☐ Floors covered with 2 layers of 6 mil poly to 12" up wall~~	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☑ Water filtered to 5 microns ☑ One shower for every 10 workers ☐ Supplied with warm water	Check strength Kept closed until < bag-out
Equip. Decon:	~~☐ 2 chambers on rigid frame~~ ~~☐ Airlocks~~ ~~☐ 2 layers 6 mil~~	

NEGATIVE AIR

Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators: Contractor responsible	☐ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

AREA INSIDE NORTH ENTRY DOOR & CEILING NEEDS CRITICAL BARRIER → ACM PLASTER

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD	DATE:	12-19-2013
CONTAINMENT: 39	NORTH WALL WINDOWS - EAST	MONITOR:	Neely
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

EXTERIOR WINDOW CAULK (288 LF) + ASSOCIATED BRICK (193SF)
ALSO BLIND FLASHING/VAPORBARRIER (193SF)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☐ Review work area with contractor ☐ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ☐ Large objects enclosed with poly	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, ~~windows~~, vents criticalled with 2 layers of 6-mil poly ☐ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: contractor responsible	☒ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☐ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☐ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☒ Decon contiguous to work area (unless remote applied for) ☒ 3 chambers, airlocks between each ☐ Sign-in sheet in place ☒ 2 layers of 6 mil poly ☐ Water filtered to 5 microns ☐ One shower for every 10 workers ☐ Supplied with warm water	Must be strong, water tight Check strength Kept closed until < bag-out
Equip. Decon:	☐ 2 chambers on rigid frame ☐ Airlocks ☐ 2 layers 6 mil	

NEGATIVE AIR

Negative Air units working:	☐ 4 air exchanges per hour ☐ Pressure differential of 0.02" w.g. ☐ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☐ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators: contractor responsible	☐ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☒ Adequate supply of disposable coveralls on site ☐ Gloves and shoe covers on site if needed	

FIELD NOTES

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	DATE:	1-6-14
CONTAINMENT: 43	EAST WALL WINDOWS (MAIN)	MONITOR:	Neal
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	K Pane

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

EXTERIOR WINDOW CAULK (148LF) ~~+ DOOR CAUL~~
+ ASSOCIATED BRICK (50SF)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ☐ Large objects enclosed with poly	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: Contractor Responsible	☐ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☐ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☐ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☒ Decon contiguous to work area (unless remote applied for) ☒ 3 chambers, airlocks between each ☐ Sign-in sheet in place ☒ 2 layers of 6 mil poly ☐ Water filtered to 5 microns ☐ One shower for every 10 workers ☐ Supplied with warm water	Must be strong, water tight Check strength Kept closed until bag-out
Equip. Decon:	☐ 2 chambers on rigid frame ☐ Airlocks ☐ 2 layers 6 mil	

NEGATIVE AIR

Negative Air units working:	☐ 4 air exchanges per hour ☐ Pressure differential of 0.02" w.g. ☐ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☐ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☒ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators: Contractor Responsible	☐ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☒ Adequate supply of disposable coveralls on site ☒ Gloves and shoe covers on site if needed	

FIELD NOTES

Note - containment flex down during night of 1-6 to 1-7.

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD	DATE:	1-15-14
CONTAINMENT: (44)	SOUTH CONNECTOR – ~~WEST~~	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED SEE REVERSE

PCB WINDOW CAULK (EXTERIOR) * – ~~15LF~~

PCB WINDOW GLAZING (TAN – INTERIOR) – LF

AREA 7
(5x7) x ~~[illegible]~~ 34 (x2)
(3x7) x 4

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping
CONTAINMENT		
Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: contractor responsible	☑ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☐ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures
DECON		
Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☐ Water filtered to 5 microns ☑ One shower for every 10 workers ☐ Supplied with warm water	Check strength Kept closed until bag-out
Equip. Decon:	~~☐ 2 chambers on rigid frame~~ ~~☐ Airlocks~~ ~~☐ 2 layers 6 mil~~	
NEGATIVE AIR		
Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM
POSTING & LABELING		
Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too
PERSONAL PROTECTIVE EQUIPMENT		
Respirators: contractor responsible	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

CONTAINMENT INITIALLY ONLY WEST HALF OF CONNECTOR – EAST SIDE WAS INCORPORATED PRIOR TO VISUAL CLEARANCE

(containment approved, abatement begins, east incorporated, abatement completed, visual clearance (final))

FUSS & O'NEILL
EnviroScience, LLC

PCB
PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	DATE:	1-23-14
CONTAINMENT: (48)	MAIN Bldg - SOUTH WALL WINDOWS - EAST	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

EXTERIOR WINDOW CAULK 294 LF + ASSOCIATED BRICK 73 SF
+ Asbestos vapor barrier 73 SF

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ☑ ~~Large objects enclosed with poly~~	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: contractor responsible	☑ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☐ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☐ Water filtered to 5 microns ☑ One shower for every 10 workers ☐ Supplied with warm water	Check strength Kept closed until < bag-out
Equip. Decon:	☐ ~~2 chambers on rigid frame~~ ☐ ~~Airlocks~~ ☐ ~~2 layers 6 mil~~	

NEGATIVE AIR

Negative Air units working:	☑ 4 air exchanges per hour ☐ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators: contractor responsible	☐ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

GRATES TO TRANSFORMER VAULTS COVERED W/ POLY. GROUND ~~UNDER~~ UNDER WORK AREA ~~TO~~ BE COVERED IN POLY WHILE WORKING. Pipe penetration in south wall to be sealed.
Louvers on generator closed

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	DATE:	1-31-14
CONTAINMENT:	(56) NORTH STAIRWELL WINDOWS	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

2 vertical joints @ 44LF (88LF TOTAL) + ASSOCIATED BRICK (59SF)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping
CONTAINMENT		
Criticals in place:	☐ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☐ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: Contractor responsible	☑ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☐ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures
DECON		
Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☐ Water filtered to 5 microns ☑ One shower for every 10 workers ☐ Supplied with warm water	Check strength Kept closed until bag-out
Equip. Decon:	~~☐ 2 chambers on rigid frame ☐ Airlocks ☐ 2 layers 6 mil~~	
NEGATIVE AIR		
Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM
POSTING & LABELING		
Signs in place:	☐ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too
PERSONAL PROTECTIVE EQUIPMENT		
Respirators: Contractor responsible	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

2 holes noted on west vertical @ building

FUSS & O'NEILL
EnviroScience, LLC

PCB
PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	DATE:	2-11-14
CONTAINMENT:	(59) SOUTH BLDG - EAST WALL	MONITOR:	SVANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

EXTERIOR PCB WINDOW CAULK (146 LF) & ASSOCIATED BRICK (89 SF)
89 SF

STEPS	ACTIVITIES	NOTES
SETUP		
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ☐ Large objects enclosed with poly	Check taping
CONTAINMENT		
Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: contractor responsible	☑ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ☐ Floors covered with 2 layers of 6 mil poly to 12" up wall	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures
DECON		
Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	Must be strong, water tight
	☑ 2 layers of 6 mil poly ☐ Water filtered to 5 microns ☑ One shower for every 10 workers ☐ Supplied with warm water	Check strength Kept closed until < bag-out
Equip. Decon:	☐ 2 chambers on rigid frame ☐ Airlocks ☐ 2 layers 6 mil	
NEGATIVE AIR		
Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM
POSTING & LABELING		
Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too
PERSONAL PROTECTIVE EQUIPMENT		
Respirators: contractor responsible	☐ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☐ Gloves and shoe covers on site if needed	

FIELD NOTES

(9) SIDP AREA 9 - Abatement begun prior to SV inspection - KN may have inspected earlier without completing form

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	1976 CUMBERLAND AVE WETHERSFIELD CT	DATE:	2-18-14
CONTAINMENT:	(61) SOUTH BLDG - SOUTH WALL WINDOWS	MONITOR:	S VANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

EXTERIOR WINDOW CAULK (212 LF) & ASSOCIATED BRICK (142 SF)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: contractor responsible	☑ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ~~☐ Floors covered with 2 layers of 6 mil poly to 12" up wall~~	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☑ Decon contiguous to work area (unless remote applied for) ☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place ☑ 2 layers of 6 mil poly ☐ Water filtered to 5 microns ☑ One shower for every 10 workers ☐ Supplied with warm water	Must be strong, water tight Check strength Kept closed until < bag-out
Equip. Decon:	~~☐ 2 chambers on rigid frame ☐ Airlocks ☐ 2 layers 6 mil~~	

NEGATIVE AIR

Negative Air units working:	☑ 4 air exchanges per hour ☑ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators: contractor responsible	☐ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☐ Gloves and shoe covers on site if needed	

FIELD NOTES

GLASS PANELS ON WINDOW WALL ALREADY REMOVED INTACT

SOME PRECLEANING REMAINS TO BE DONE

FUSS & O'NEILL
EnviroScience, LLC

PCB

PRE-ABATEMENT CHECKLIST

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	1716 CUMBERLAND AVE WETHERSFIELD CT	DATE:	2-24-11
CONTAINMENT:	(63) SOUTH BUILDING - WEST WALL	MONITOR:	S VANDERVEER
CONTRACTOR:	WIESE CONSTRUCTION	SUPERVISOR:	MARVIN

☑ Std. Containment ☐ AWP Containment ☐ Mini-Enclosure ☐ Glovebag ☐ Other:

MATERIALS & QUANTITIES TO BE ABATED

EXTERIOR WINDOW CAULK (148LF) + ASSOCIATED BRICK (99SF)

SETUP

STEPS	ACTIVITIES	NOTES
Put copies in site notebook of:	☑ Contractor's License ☑ State Notification ☐ AWP, if applicable ☑ Training Certs ☑ Workers' Licenses ☑ Medicals ☑ Fit-Testing	Be sure all are up to date
Talk to contractor:	☑ Review work area with contractor ☑ Review scope with contractor	Get phone nos.
Check setup:	☐ Pre-cleaning completed ~~☐ Large objects enclosed with poly~~	Check taping

CONTAINMENT

Criticals in place:	☑ All doorways, windows, vents criticalled with 2 layers of 6-mil poly ☑ All openings, fixtures, etc. covered with 4 mil poly or better	Duct tape on edges
Working electrical installed: contractor responsible	☑ Regular power to area cut off	Lockout/Tagout
	☐ Power supplied by GFCI's or panel installed by licensed electrician	Wired to main
Area polyed:	☑ Walls covered with 2 layers of 4 mil poly and fixed to hold up well ~~☐ Floors covered with 2 layers of 6 mil poly to 12" up wall~~	All seams glued and taped
Safety ready:	☐ Fire extinguisher in place ☐ All emergency phone numbers posted ☐ Duct tape arrows on poly walls indicate exit from containment	Emergency procedures

DECON

Decon installed:	☑ Decon contiguous to work area (unless remote applied for)	Must be strong, water tight
	☑ 3 chambers, airlocks between each ☐ Sign-in sheet in place	
	☑ 2 layers of 6 mil poly ☐ Water filtered to 5 microns	Check strength
	☑ One shower for every 10 workers ☐ Supplied with warm water	Kept closed until bag-out
Equip. Decon:	~~☐ 2 chambers on rigid frame~~ ~~☐ Airlocks~~ ~~☐ 2 layers 6 mil~~	

NEGATIVE AIR

Negative Air units working:	☑ 4 air exchanges per hour ☐ Pressure differential of 0.02" w.g. ☑ Discharges to outdoors ☐ Spare units ready inside containment ☐ Smoke testing shows good flow throughout ☑ Adequate power	No. of units = Room volume/ 15/flow in CFM

POSTING & LABELING

Signs in place:	☑ OSHA warning signs posted at all approaches to work area ☐ Labels ready for waste with generator's name and address of site	Doorways posted too

PERSONAL PROTECTIVE EQUIPMENT

Respirators: contractor responsible	☑ Fit testing matches mask worn ☐ PAPR worn for Class I start	Observe fit checks of workers entering
Protective Clothing:	☑ Adequate supply of disposable coveralls on site ☑ Gloves and shoe covers on site if needed	

FIELD NOTES

LIFT IS PARKED OUTSIDE CONTAINMENT - CONTAINMENT AREA TOO SMALL FOR ADEQUATE VENTILATION OF FUMES FROM LIFT. THEY ARE ALSO MINIMIZING THE AMOUNT OF TIME THE LIFT RUNS. WINDOW GLASS BEING REMOVED PRIOR TO ABATEMENT.

Appendix G

2) Certificates of Final Visual Inspection

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 10-3-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	BUILDING:	GARAGE
CONTAINMENT:	(9) GARAGE - CENTER WALL JOINTS		
CONTRACTOR:	WIESE CONSTRUCTION		

☑ PASS ☐ FAIL

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: _____

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. 2 INTERIOR WALL JOINT CAULK	QTY:	50LF	2. ADJACENT BLOCK	QTY:	~~800~~ SF 68SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ☑ Pipes ☐ ~~Mechanical Equipment~~
☑ Duct Work ☑ Vertical Surfaces ☐ ~~Decon Unit~~ ☐ ~~Contractor's Equipment~~
☐ ~~Fixtures~~ ☑ ~~Enclosed Items~~ ☐ ~~Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☑ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

ADJACENT BLOCK = 8" x 25' x 2 = ~~400SF~~ 34SF x 2 JOINTS = ~~800~~ SF 68SF

WORKSITE DIAGRAM #6

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) [signature] (SIGNATURE)

Kathleen Pane [signature]

I have read and understand these results.

Contractor's Supervisor: Marvin O Goyer (PRINTED) Marvin O Goyer (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 10-3-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	BUILDING:	GARAGE
CONTAINMENT:	10 GARAGE SOUTH EAST		
CONTRACTOR:	WIESE CONSTRUCTION		

☑ PASS ☐ FAIL

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: 50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☑ REGULATED ☐ NON-REGULATED

1. EXPANSION WALL JOINT CAULK	QTY:	10 LF	2. ADJACENT BLOCK	QTY:	~~160 SF~~ 13.4 SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ☑ Pipes ☐ ~~Mechanical Equipment~~
☑ Duct Work ☑ Vertical Surfaces ☐ ~~Decon Unit~~ ☐ ~~Contractor's Equipment~~
☐ ~~Fixtures~~ ☐ ~~Enclosed Items~~ ☐ ~~Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

ADJACENT BLOCK = 8" REMOVED x 10' = ~~960~~ ~~80SF~~ ~~x 2~~ = ~~160SF~~

↳ .67' x 10' = 6.7SF x 2 = 13.4 SF

WORKSITE DIAGRAM #6

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER [signature]
PRINTED Kathleen Pane SIGNATURE

I have read and understand these results.

Contractor's Supervisor: Marvin O Izuguirre [signature]
PRINTED SIGNATURE

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 10-10-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETH	BUILDING:	GARAGE
CONTAINMENT: (12)	GARAGE SOUTH (WINDOWS, DOOR & 2 WALL JOINTS-CAULK)		☑ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☑ REGULATED ☐ NON-REGULATED

1. WINDOW CAULK	QTY:	36 LF	2. WALL EXPANSION JOINT CAULK	QTY:	24 LF
3. DOOR CAULK	QTY:	17 LF	4. ACM INTERIOR GLAZING	QTY:	150 LF
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

ASSOCIATED BRICK = 52 SF

WORK SITE DIAGRAMS #6 & 8

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: Stacy VANDERVEER (PRINTED) Kathleen Pane (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin D Dupuis (PRINTED) Marvin D Dupuis (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 10-14-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	BUILDING:	GARAGE
CONTAINMENT:	(13) GARAGE - NORTH WALL		☑ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. WINDOW CAULK	QTY:	39LF	2. DOOR CAULK	QTY:	30LF
3. ASBESTOS INTERIOR GLAZING	QTY:	180LF	4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

ASSOCIATED BRICK = 46SF

WORK SITE DIAGRAMS #6 & 9

CERTIFICATION

I certify that this containment was inspected by me this day

EnviroScience Inspector: STACY VANDERVEER (PRINTED) Kathleen Pure (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin O Dwyum (PRINTED) Marvin O Dwyer (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 10-15-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	Discovery Academy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 Cumberland Ave, Wethersfield	BUILDING:	Garage - Connector
CONTAINMENT:	#4 Garage Connector East		☑ PASS ☐ FAIL
CONTRACTOR:	Wiese Construction		

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☑ REGULATED ☐ NON-REGULATED

1. Window Caulk	QTY:	31 LF	2. Door Caulk	QTY:	18 LF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

Associated brick = 33 SF

WORKSITE DIAGRAM #11

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: Stacy VanDerveer K. Pane [signature]
PRINTED SIGNATURE

I have read and understand these results.

Contractor's Supervisor: Marvin O Dwyer [signature]
PRINTED SIGNATURE

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 10-15-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	1716 CUMBERLAND AVE, WETHERSFIELD	BUILDING:	GARAGE
CONTAINMENT:	2 GARAGE NORTHEAST		☑ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >1ppm <50ppm → Treated as >50

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☑ REGULATED ☐ NON-REGULATED

1. DOOR CAULK	QTY:	18LF	2.	QTY:	
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ☐ ~~Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ☐ ~~Contractor's Equipment~~
~~☐ Fixtures~~ ☐ ~~Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

NO PRE-ABATEMENT VISUAL INSPECTION PERFORMED

Associated brick = 12SF

WORK SITE DIAGRAM #10

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) K. Pare (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin D Izquierdo (PRINTED) Marvin D Izquierdo (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 10-16-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	BUILDING:	~~GIT~~ GARAGE CONNECTOR
CONTAINMENT:	(1) LOADING AREA SOUTH		☑ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION		

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. WALL CAULK	QTY:	24 LF	2. DOOR CAULK	QTY:	14 LF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

associated brick = 25sf

WORKSITE DIAGRAMS # 6 & 12

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) Kathleen Pare (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin O Izquierdo (PRINTED) Marvin Izq (SIGNATURE)

FUSS & O'NEILL EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 10-16-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	BUILDING:	GARAGE
CONTAINMENT:	(18) GARAGE WEST WALL		
CONTRACTOR:	WIESE CONSTRUCTION		

☑ PASS ☐ FAIL

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >1ppm <50ppm / Treating as >50PPM

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☑ REGULATED ☐ NON-REGULATED

1. DOOR CAULK (HORIZONTAL)	QTY:	18 LF	2. DOOR CAULK	QTY:	18LF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☐ Floor ☐ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☐ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

EXTERIOR DOOR CAULK TESTED AS >1ppm <50ppm, BUT TREATED AS >50ppm FOR DISPOSAL. HORIZONTAL DOOR CAULK AT TOP OF ROLL-UP DOOR (NO VERTICAL CAULK)

Associated brick =24SF WORKSITE DIAGRAM # 13

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER [signature]
PRINTED Kathleen Pane SIGNATURE [signature]

I have read and understand these results.

Contractor's Supervisor: Marvin O Elzuvirre [signature]
PRINTED SIGNATURE

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 10-30-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	Discovery Academy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 Cumberland Ave, Wethersfield	BUILDING:	Kitchen/Cafeteria
CONTAINMENT:	29 Cafeteria South & East Walls		
CONTRACTOR:	Wiese Construction (Marvin)		

☑ PASS ☐ FAIL

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. Exterior Window Caulk	QTY:	~~165~~ 157 LF	2. Associated Brick	QTY:	29 SF
3. Door Caulk	QTY:	~~38~~ 39 LF	4. Associated Brick	QTY:	38 SF
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☑ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

Includes southwest door on west wall. See ~~same~~ work site diagram for sampling locations — number of samples differs from SIDP due to construction details (metal window framework, unit configuration) Work site diagram #14

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: Stacy VanderVeer PRINTED Kathleen Pane SIGNATURE

I have read and understand these results.

Contractor's Supervisor: Marvin Izquierdo PRINTED Marvin Izquierdo SIGNATURE

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 10-30-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	BUILDING:	KITCHEN/CAFETERIA
CONTAINMENT:	KITCHEN NORTH WALL		
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ PASS ☐ FAIL

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. EXTERIOR WINDOW CAULK	QTY:	84LF	2. ASSOCIATED BRICK	QTY:	28SF
3. DOOR CAULK	QTY:	22LF	4. ASSOCIATED BRICK	QTY:	14SF
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☑ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

SEE WORK SITE DIAGRAM FOR SAMPLING LOCATIONS - NUMBER OF SAMPLES DIFFERS FROM SIAP DUE TO REMOVAL OF WINDOW FRAMES (CAULK NOT IN CONTACT WITH SILLS) & LACK OF SUBSTRATE ADJACENT TO DOOR WORK SITE DIAGRAM #15

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) Stacy Vanderveer (SIGNATURE) Kathleen Pace

I have read and understand these results.

Contractor's Supervisor: Marvin D Izquierdo (PRINTED) Marvin Izquierdo (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 11-4-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	Discovery Academy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 Cumberland Ave Wethersfield	BUILDING:	Cafeteria
CONTAINMENT:	24 Cafeteria West		
CONTRACTOR:	Wiese Construction (Marvin)		

☑ PASS ☐ FAIL

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. Window Caulk	QTY:	62LF	2. Associated Brick	QTY:	42SF
3. Door Caulk	QTY:	17LF	4. Associated Brick	QTY:	12SF
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☑ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

(no preabatement check) Wipe samples on window horizontals
no sample on door horizontal - no caulk
Soil grab to follow, pending soil excavation WORKSITE DIAGRAMS #17 & 18

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: Stacy VanderNeer (PRINTED) Kathleen Pare (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin Gaye (PRINTED) Marvin Gaye (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 12-3-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETHERSFIELD	BUILDING:	MAIN
CONTAINMENT:	#1 MAIN - WEST WALL WINDOWS		
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ PASS ☐ FAIL

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: 50

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☑ REGULATED ☐ NON-REGULATED

1. WINDOW CAULK	QTY:	160 LF	2. ASSOCIATED BRICK	QTY:	88 SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ☑ Mechanical Equipment
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ☑ Contractor's Equipment
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

no pre-abatement visual inspection performed. REFER TO WORK SITE DIAGRAM FOR SAMPLING LOCATIONS
→ #23

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) [signature] (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin Bogyun (PRINTED) [signature] (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 12-13-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD	BUILDING:	MAIN
CONTAINMENT:	31 SOUTH WALL WINDOWS - WEST		
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ PASS ☐ FAIL

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☑ REGULATED ☐ NON-REGULATED

1. EXTERIOR WINDOW CAULK	QTY:	188LF	2. ASSOCIATED BRICK	QTY:	623F
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ☐ Mechanical Equipment
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ☐ Contractor's Equipment
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☑ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

WASTE TO BE LOADED OUT AFTER VERIFICATION SAMPLING. REFER TO DIAGRAM FOR SAMPLE LOCATIONS. SEPARATE FINAL VISUAL COMPLETED FOR BLIND FLASHING/VAPOR BARRIER REMOVED. WORK SITE DIAGRAMS #24 & 25

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) Kathleen Pane (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin Zuyvirn (PRINTED) Marvin Zuy (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 12-17-13 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD	BUILDING:	MAIN
CONTAINMENT #:	NORTH WALL WINDOWS-WEST		☑ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50 ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. EXTERIOR WINDOW CAULK	QTY:	122LF	2. ASSOCIATED BRICK	QTY:	82SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ☑ Mechanical Equipment
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ☑ Contractor's Equipment
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☑ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

SEPARATE FINAL VISUAL COMPLETED FOR BLIND FLASHING / VAPOR BARRIER REMOVED.

WORKSITE DIAGRAMS #26 & 27

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) Kathleen Pine (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin Izquierdo (PRINTED) Marvin Izquierdo (SIGNATURE)

FUSS & O'NEILL EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 12-27-13 ☒ Removal ☐ Cleanup

PROJECT NAME:	Discovery Academy	PROJECT NO.:	20110979 A2E
SITE LOCATION:	Wethersfield CT	BUILDING:	North
CONTAINMENT:	39 North face - eastside		
CONTRACTOR:	Wise		

☒ PASS ☐ FAIL

☒ Standard Containment ☐ None Highest Amount of PCB by PPM: _____

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. Window caulk	QTY:	188'	2. Vapor barrier (ASB)	QTY:	125 SF
3. Associated Brick	QTY:	125SF	4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☐ Floor ☒ Horizontal Surfaces ☐ Pipes ☐ Mechanical Equipment
☐ Duct Work ☒ Vertical Surfaces ☒ Decon Unit ☐ Contractor's Equipment
☐ Fixtures ☐ Enclosed Items ☐ Other:

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☒ Wipe ☒ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

Bottom sill did not need verification testing. Top piece of granite with caulking removed as ACM. No caulking remains seen during verification testing from left.

WORKSITE DIAGRAMS # 26 & 28

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: Kenneth Nealy (PRINTED) [signature] (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin O'Gorgeure (PRINTED) [signature] (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 1-14-14 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE, WETH	BUILDING:	MAIN
CONTAINMENT:	(43) EAST WALL WINDOWS		
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ PASS ☐ FAIL

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50 ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. EXTERIOR WINDOW CAULK	QTY:	148 LF	2. ASSOCIATED BRICK	QTY:	51 SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor SEE NOTE ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

CALCULATIONS ON REVERSE. CHIP SAMPLES ALONG VERTICAL JOINTS ONLY - FOR HORIZONTAL JOINT, ADJOINING SUBSTRATE (STONE SILL) WAS REMOVED. TOP HORIZONTAL JOINS TO ROOF FLASHING WHICH WILL BE REMOVED. SMALL BITS OF DEBRIS ON FLOOR - WILL BE CLEANED UP. WORKSITE DIAGRAM #29

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER [signature]
PRINTED SIGNATURE

I have read and understand these results.

Contractor's Supervisor: Marvin Izquierdo [signature]
PRINTED SIGNATURE

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 1-20-14 ☑ Removal ☐ Cleanup

PROJECT NAME:	Discovery Acudemy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	1776 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	SOUTH CONNECTOR
CONTAINMENT:	44 SOUTH CONNECTOR		☑ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☑ REGULATED ☐ NON-REGULATED

1. EXTERIOR WINDOW CAULK	QTY:	1060LF	2. ASSOCIATED BRICK	QTY:	38SF
3. INTERIOR WINDOW GLAZING	QTY:	1473LF	4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☐ Floor ☐ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☐ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

CHIP VERIFICATION SAMPLES TO BE TAKEN AT A LATER DATE - OK PER KPANE
CALCULATIONS ON REVERSE. INTERIOR WINDOW GLAZING >1ppm <50ppm - Treated as >50ppm
WORKSITE DIAGRAM #34

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER [signature]
PRINTED SIGNATURE

I have read and understand these results.

Contractor's Supervisor: Marvin Izquierdo [signature]
PRINTED SIGNATURE

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 1-30-14 ☒ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	MAIN
CONTAINMENT:	(48) SOUTH WALL WINDOWS - EAST		
CONTRACTOR:	WIESE		

☒ PASS ☐ FAIL

☒ Standard Containment ☐ None Highest Amount of PCB by PPM: >50

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. EXTERIOR WINDOW CAULK	QTY:	294LF	2. ASSOCIATED BRICK (VERT)	QTY:	30SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☒ Floor ☒ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☒ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ☒ Enclosed Items ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☒ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☒ Wipe ☒ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

26 wipe samples + 1 dup. 9 chip samples + 1 DUP

WORK SITE DIAGRAMS # 24 & 33

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) _____ (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin Guy (PRINTED) Marvin Guy (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 2-4-14 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	1716 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	MAIN
CONTAINMENT:	(56) NORTH STAIRWELL WINDOWS		☑ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. EXTERIOR WINDOW CAULK	QTY:	88LF	2. ASSOCIATED BRICK	QTY:	59SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☐ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

BRICK: .67x88LF → 59SF NO SAMPLES AT TOP – WINDOW CAULKED TO FLASHING, WHICH WILL BE REMOVED. Demolition going on 1st floor at just outside containment

Debris on floor and on dirt. WORKSITE DIAGRAM #31

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: Kenneth Neady (PRINTED) K Neady (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin O Guyer (PRINTED) Marvin O Guyer (SIGNATURE)

FUSS & O'NEILL EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 2-12-14 ☒ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	SOUTH
CONTAINMENT:	(59) SOUTH BUILDING - EAST WALL		
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☒ PASS ☐ FAIL

☒ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. EXTERIOR WINDOW CAULK	QTY:	146LF	2. ASSOCIATED BRICK	QTY:	89SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☒ Floor ☒ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☒ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☒ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

REFER TO WORKSITE DIAGRAM #41. SOME SAMPLES WILL NOT BE TAKEN DUE TO NO BRICK REMAINING SAMPLES AROUND CENTER WINDOWS (C + D ON DIAGRAM) NOT TAKEN - NO MATERIAL IN CONTACT WITH CAULK REMAINS - FRAME CAULKED TO CONCRETE SILL & SILL REMOVED

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) [signature] (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin Goyne (PRINTED) Marvin O Goyne (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 2-20-14 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	SOUTH
CONTAINMENT:	(61) SOUTH BLDG - SOUTH WALL WINDOWS		☑ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☑ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. EXTERIOR WINDOW CAULK	QTY:	212LF	2. ASSOCIATED BRICK	QTY:	142 SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ☐ ~~Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ☐ ~~Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☑ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

2 vertical joints @ 26LF = 52LF
4 horizontal joints @ 36LF = 144LF
4 vertical joints @ 4LF = 16LF
212LF x .67 = 142

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) _____ (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin D Dwyer (PRINTED) Marvin D Dwyer (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 2-25-14 ☒ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD	BUILDING:	SOUTH
CONTAINMENT:	(63) SOUTH BUILDING - WEST WALL WINDOWS (SIDP AREA 11)		
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☒ PASS ☐ FAIL

☒ Standard Containment ☐ None Highest Amount of PCB by PPM: >50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. EXTERIOR WINDOW CAULK	QTY:	148LF	2. ASSOCIATED BRICK	QTY:	99SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☒ Floor ☒ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☒ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☒ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

NO SAMPLES NECESSARY FOR (SV) CENTER WINDOWS - CAULK IS BETWEEN FRAME & CONCRETE SILL, & BOTH REMOVED IN ENTIRETY

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) [signature] (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin Gaynor (PRINTED) [signature] (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 2-27-14 ☒ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	2011E979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	SOUTH
CONTAINMENT:	166 SOUTH BUILDING - NORTH WALL WINDOWS - EAST		
CONTRACTOR:	WIESE CONSTRUCTION (MARVIN)		

☐ PASS
☐ FAIL

☒ Standard Containment ☐ None Highest Amount of PCB by PPM: >50 ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. EXTERIOR ~~PC~~ WINDOW CAULK	QTY:	138 LF	2. ASSOCIATED BRICK	QTY:	93 SF
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☐ Floor ☐ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☐ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☒ Chip ☐ Soil Grab ☐ Other _____

FIELD NOTES

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) [signature] (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Marvin O Duguirre (PRINTED) [signature] (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 4-10-14 ☒ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	1776 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	MAIN
CONTAINMENT:	MAIN BUILDING - SOUTH WALL (SIDP AREA 6)		☐ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION (Simon)		

☐ Standard Containment ☒ None Highest Amount of PCB by PPM: >1 <50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. SOIL	QTY:	8.33 yd³	2.	QTY:	
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

~~☐ Floor~~ ☐ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☐ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☐ Chip ☒ Soil Grab ☐ Other _____

FIELD NOTES

SOIL EXCAVATED ADDITIONAL 12" DEPTH → 1'D x 5'W x 45'L = 225 ft³ → 8.33 yd³
REFER TO WORKSITE DIAGRAM #60 → TOTAL DEPTH NOW 20"
SOIL SAMPLE 4-11-14 BG (RESAMPLE)

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) _____ (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: LITTLE (PRINTED) _____ (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 4-10-14 ☒ Removal ☐ Cleanup

PROJECT NAME:	Discovery Academy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 Cumberland Ave Wethersfield CT	BUILDING:	Main
CONTAINMENT:	Main Building - South Wall (SIBP Area 6)		☒ PASS ☐ FAIL
CONTRACTOR:	Wiese Construction (Simon)		

☐ Standard Containment ☒ None Highest Amount of PCB by PPM: >1 <50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. Soil	QTY:	3.35 yd3	2.	QTY:	
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

~~☐ Floor~~ ☐ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☐ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☐ Chip ☒ Soil Grab ☐ Other _____

FIELD NOTES

ADDITIONAL SOIL REMOVAL TO CHECK FOR HORIZONTAL MIGRATION - 4/4/14
7 SAMPLES TAKEN (REFER TO WORKSITE DIAGRAM #60) - REMOVED 45'L x 3'W x .67'D
(8" DEPTH) = 90.5 FT3 → 3.35 yd3 → SOIL DISPOSED INTO PCB WASTE CAN

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: Stacy VanderVeer (PRINTED) _____ (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Little (PRINTED) _____ (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 4-10-14 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	1716 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	MAIN
CONTAINMENT:	MAIN BUILDING - NORTH WALL (SIDP AREA 4)		☐ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION		

☐ Standard Containment ☑ None Highest Amount of PCB by PPM: >1 <50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. SOIL	QTY:	0.25 YD³	2.	QTY:	
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

~~☐ Floor~~ ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☐ Chip ☑ Soil Grab ☐ Other _____

FIELD NOTES

SOIL EXCAVATED ADDITIONAL 8" DEPTH → .67'D x 5'W x 2'L = 6.7 FT³ = .25 YD³
REFER TO WORKSITE DIAGRAM #58. → TOTAL DEPTH NOW 32"
SOIL SAMPLE 4-10-14 SV (RESAMPLE)

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER _____
PRINTED SIGNATURE

I have read and understand these results.

Contractor's Supervisor: SIMON _____ _____
PRINTED SIGNATURE

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 4-10-14 ☒ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	MAIN
CONTAINMENT:	MAIN BUILDING - EAST WALL (SIDP AREA 5)		
CONTRACTOR:	WIESE CONSTRUCTION (SIMON)		

☐ PASS
☐ FAIL

☐ Standard Containment ☒ None Highest Amount of PCB by PPM: _____

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. SOIL	QTY:	2.5 YD³	2.	QTY:	
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

~~☐ Floor~~ ☒ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☒ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☐ Chip ☒ Soil Grab ☐ Other _____

FIELD NOTES

SOIL EXCAVATED ADDITIONAL 12" DEPTH, 12" WIDTH → 16 x 1'w x 68'L = 68 FT³ = 2.5 YD³
REFER TO WORKSITE DIAGRAM #59 TOTAL DEPTH 36" ±
SOIL SAMPLE 4-11-14 BG (RESAMPLE)

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) _____ (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: SIMON LITLE (PRINTED) _____ (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 4-17-14 ☑ Removal ☐ Cleanup

PROJECT NAME:	Discovery Academy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 Cumberland Ave, Wethersfield CT	BUILDING:	Main
CONTAINMENT:	SIDP Areas 6 & 5		
CONTRACTOR:	Wiese Construction (Simon)		

☐ PASS
☐ FAIL

☐ Standard Containment ☒ None Highest Amount of PCB by PPM: 71 < 50ppm

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. Soil	QTY:	3.75yd³	2.	QTY:	
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

~~☐ Floor~~ ~~☐ Horizontal Surfaces~~ ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ~~☐ Vertical Surfaces~~ ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☐ Chip ☑ Soil Grab ☐ Other _____

FIELD NOTES

Soil Excavated Additional 12" Depth at SIDP Area 6: 5, 6, & 7 and SIDP Area 5: 5

See Worksite Diagrams #59 and #60

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: Bruce Gregoire (PRINTED) _____ (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: S. Little (PRINTED) _____ (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 4-23-14 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	CAFETERIA
CONTAINMENT:	CAFETERIA SOUTH WALL (Area 15)		☐ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION (SIMON)		

☐ Standard Containment ☑ None Highest Amount of PCB by PPM: _____

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. SOIL (11-7-13)	QTY:	74 FT³ → 2.7 YD³	2. SOIL (1-9-14)	QTY:	~~.083~~ 150 FT³ → 5.6 YD³
3. SOIL (1-16-14)	QTY:	.083 FT³ → .003 YD³	4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☐ Floor ☐ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☐ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☐ Chip ☑ Soil Grab ☐ Other _____

FIELD NOTES

INITIAL/ORIGINAL AMOUNT OF SOIL REMOVED 11-7-13. ALSO 1-9-14 & 1-16-14
45'L x 5'W x 4"D (11-7-13) 45'L x 5'W x 8"D (1-9) 1'W x 1'L x 1"D (1-16)
8 YD³ TOTAL 74 FT³ → 2.7 YD³ 150 FT³ → 5.6 YD³ .083 FT³ → .003 YD³

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) _____ (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: LITTLE (PRINTED) _____ (SIGNATURE)

REFERENCE WORK SITE DIAGRAM #18

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 4-23-14 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	SOUTH
CONTAINMENT:	SOUTH Bldg-SOUTH WALL-WEST (AREA 10)		☐ PASS ☐ FAIL
CONTRACTOR:	WIESE CONSTRUCTION (SIMON)		

☐ Standard Containment ☑ None Highest Amount of PCB by PPM: _____

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. SOIL (3-21-14)	QTY:	165 FT³	2.	QTY:	
3.	QTY:	→ 6.11 yd³	4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☐ Floor ☐ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☐ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☐ Chip ☑ Soil Grab ☐ Other _____

FIELD NOTES

INITIAL/ORIGINAL AMOUNT OF SOIL REMOVED 3-21-14

4"D x 100' L x 5' W = 165 FT³ → 6.11 yd³

REFERENCE WORKSITE DIAGRAM # 53

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) _____ (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: LITTLE (PRINTED) _____ (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 4-23-14 ☑ Removal ☐ Cleanup

PROJECT NAME:	DISCOVERY ACADEMY	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 CUMBERLAND AVE WETHERSFIELD CT	BUILDING:	MAIN
CONTAINMENT:	NORTH WALL (AREA 4), EAST WALL (AREA 5), SOUTH WALL (AREA 6)		☐ PASS ☐ FAIL
CONTRACTOR:			

☐ Standard Containment ☑ None Highest Amount of PCB by PPM: _____

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. SOIL - AREA 4	QTY:	49 YD³	2. SOIL - AREA 5	QTY:	27 YD³
3. SOIL - AREA 6	QTY:	116 YD³	4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

☑ Floor ☑ Horizontal Surfaces ~~☐ Pipes~~ ~~☐ Mechanical Equipment~~
~~☐ Duct Work~~ ☑ Vertical Surfaces ~~☐ Decon Unit~~ ~~☐ Contractor's Equipment~~
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

☐ Capsur ☐ TechXtract ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

☐ Wipe ☐ Chip ☑ Soil Grab ☐ Other _____

FIELD NOTES

INITIAL/ORIGINAL AMOUNTS OF SOIL REMOVED - Area 4 - 4/7, Area 5 - 4/2, Area 6 - 3/28
SEE REVERSE FOR CALCULATIONS. REFERENCE WORK SITE DIAGRAMS #58, 59, 57 RESPECTIVELY

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: STACY VANDERVEER (PRINTED) _____ (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: LITTLE (PRINTED) _____ (SIGNATURE)

FUSS & O'NEILL
EnviroScience, LLC

Certificate of Final Visual Inspection

Polychlorinated Biphenyls Abatement

Date: 6-18-14 ☑ Removal ☐ Cleanup

PROJECT NAME:	Discovery Acudemy	PROJECT NO.:	20110979.A2E
SITE LOCATION:	176 Cumberland Ave, Wethersfield, CT	BUILDING:	Huzmut Storage Area
CONTAINMENT:	N/A		
CONTRACTOR:	Wiese Construction		

☐ PASS ☐ FAIL N/A

☐ Standard Containment ☑ None Highest Amount of PCB by PPM: _____

MATERIALS REMOVED (E.G., CAULKING, GLAZING, SOILS, ETC.) ☐ REGULATED ☐ NON-REGULATED

1. Soil	QTY:	28 CF	2.	QTY:	
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

~~☐ Floor~~ ~~☐ Horizontal Surfaces~~ ~~☐ Pipes~~ ☑ Mechanical Equipment
~~☐ Duct Work~~ ~~☐ Vertical Surfaces~~ ~~☐ Decon Unit~~ ☑ Contractor's Equipment
~~☐ Fixtures~~ ~~☐ Enclosed Items~~ ~~☐ Other:~~

TYPE OF CLEANING SOLVENT USED BY CONTRACTOR

~~☐ Capsur~~ ~~☐ TechXtract~~ ☐ Other _____

TYPE OF VERIFICATION SAMPLING PERFORMED BY ENVIROSCIENCE

~~☐ Wipe~~ ~~☐ Chip~~ ~~☐ Soil Grab~~ ~~☐ Other~~ _____

FIELD NOTES

Removed 8Ft X 14Ft X 3 inchs of Soil From Huzmut Storage Area Hole to Support Remediation Sampling For PCB's/PAH's
Total Soil Removed 28CF

CERTIFICATION

I certify that this containment was inspected by me this day.

EnviroScience Inspector: Bruce Gregoire (PRINTED) _____ (SIGNATURE)

I have read and understand these results.

Contractor's Supervisor: Little (PRINTED) _____ (SIGNATURE)

Appendix G

3) Site Logs

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

146 Hartford Road, Manchester, CT 06040

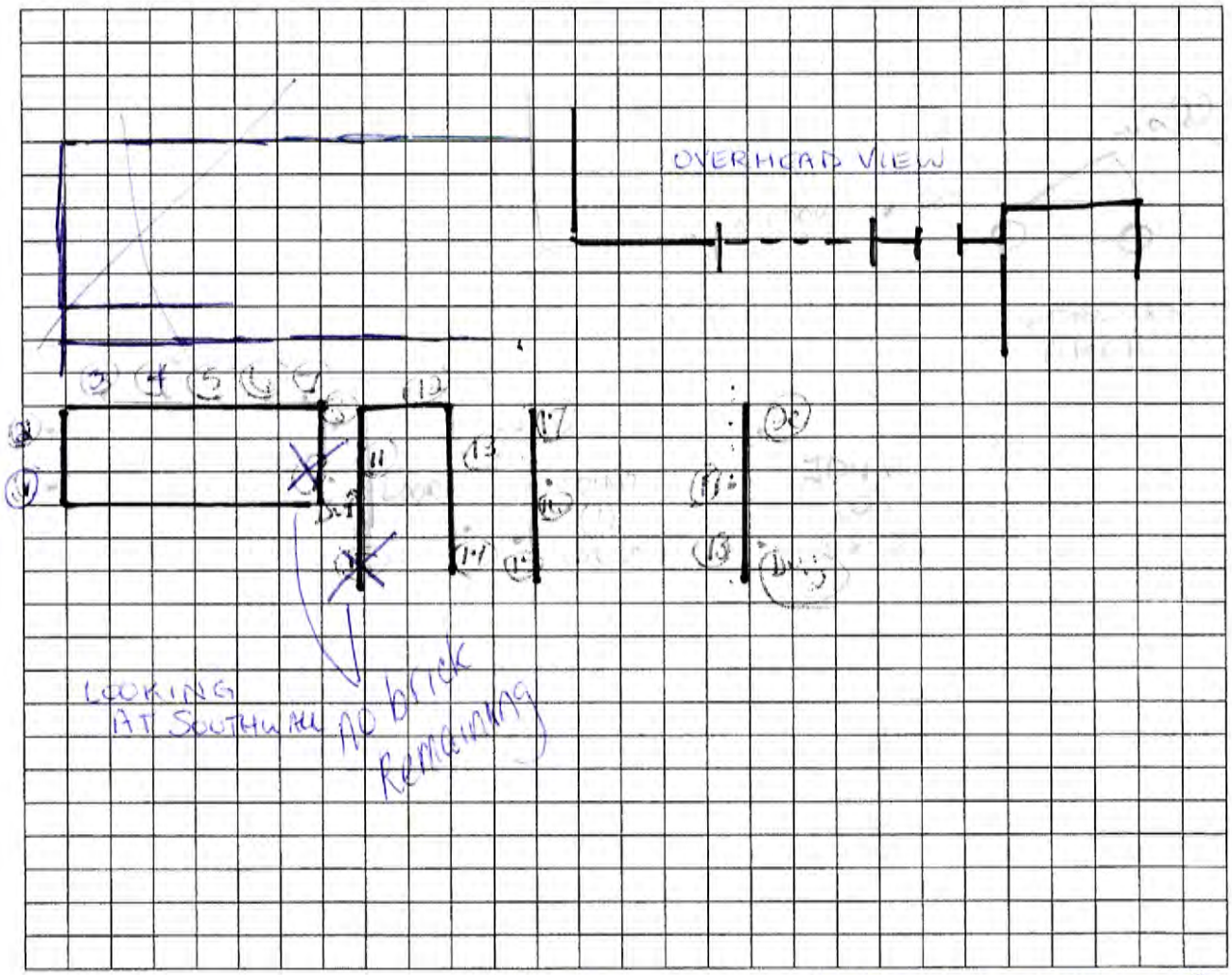
(860) 646-2469 Fax (860) 649-6883

(8)

Work Site Diagram

10-11-13

Project Number: 20110179.A2E
Project Name: DISCOVERY ACADEMY
Work Area: GARAGE - SOUTH (AREA 19 ON SIDE; ALSO AREA 21)
Building Identification/Address:
Amount of Material Removed: CAULK - WINDOW, DOOR & 2 WALL EXPANSION JOINTS
Comments: WINDOW - 8-9 samples (2 EA VERTICAL, 5 HORIZONTAL)
DOOR - 4 SAMPLES
WALL JOINTS - 6 SAMPLES (3 @ EA JOINT) (AREA 21)



CONTAINMENT (12) PCB

Window - samples 1-8
DUP 1-? (no 9 - no brick remains)
door - samples 11-14
(no 10 - no brick remains)
Joint - West - samples 15-17
Joint - East - samples 18-2
+ DUP 2 (20)

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

146 Hartford Road, Manchester, CT 06040

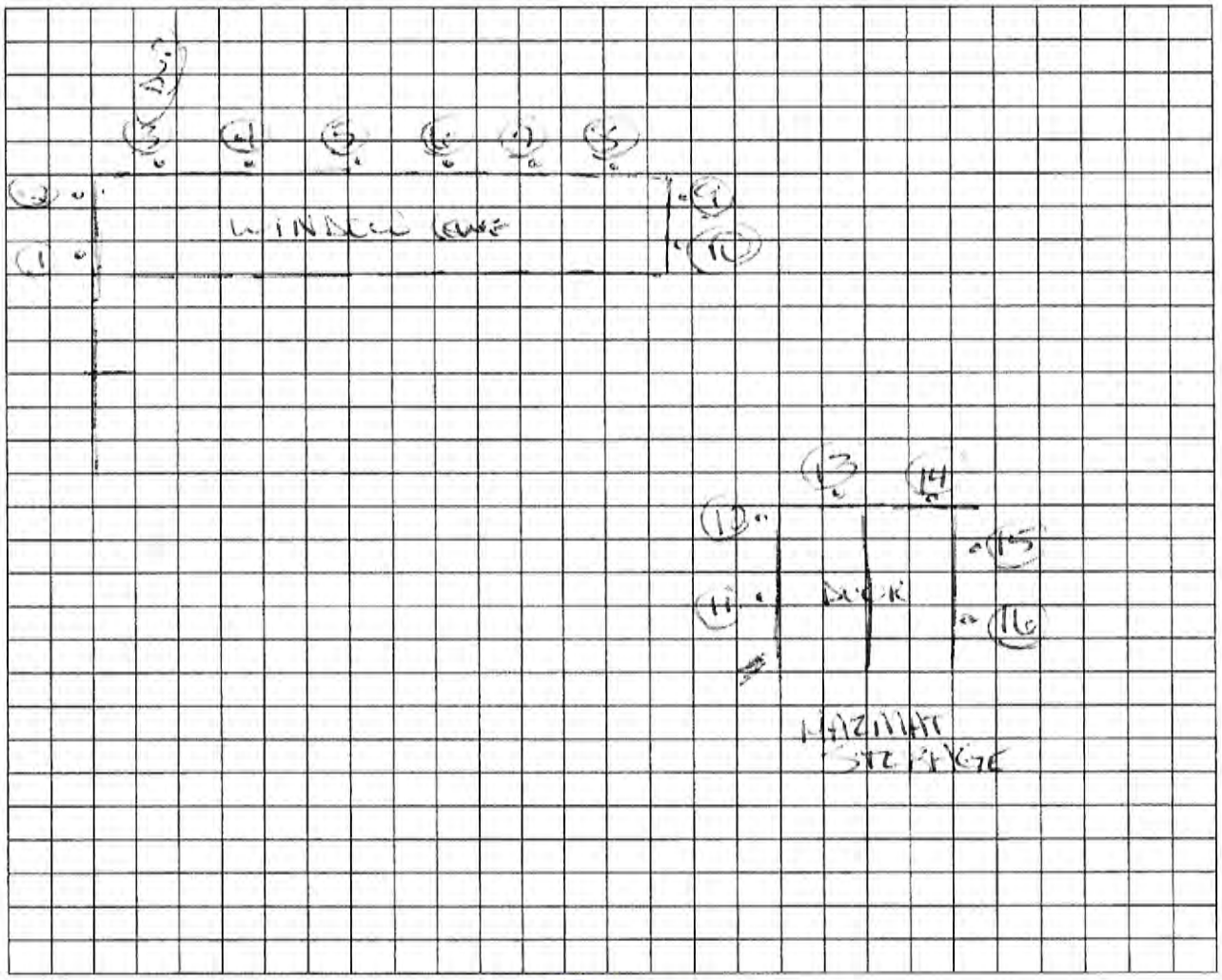
(860) 646-2469 Fax (860) 649-6883

9 10-14-13

Work Site Diagram

Project Number: 20110979.A2E
Project Name: DISCOVERY ACADEMY
Work Area: GARAGE
Building Identification/Address: GARAGE NORTH (AREA 3 ON SIDP)
Amount of Material Removed: Window Caulk (4 [illegible]) + DOOR CAULK
Comments: Window Caulk - 10 samples
Door Caulk - 6 samples
+ 1 Dup (#3)

1 SQ = 2 LF



CONTAINMENT 13 PCB

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

146 Hartford Road, Manchester, CT 06040

(860) 646-2469 Fax (860) 649-6883

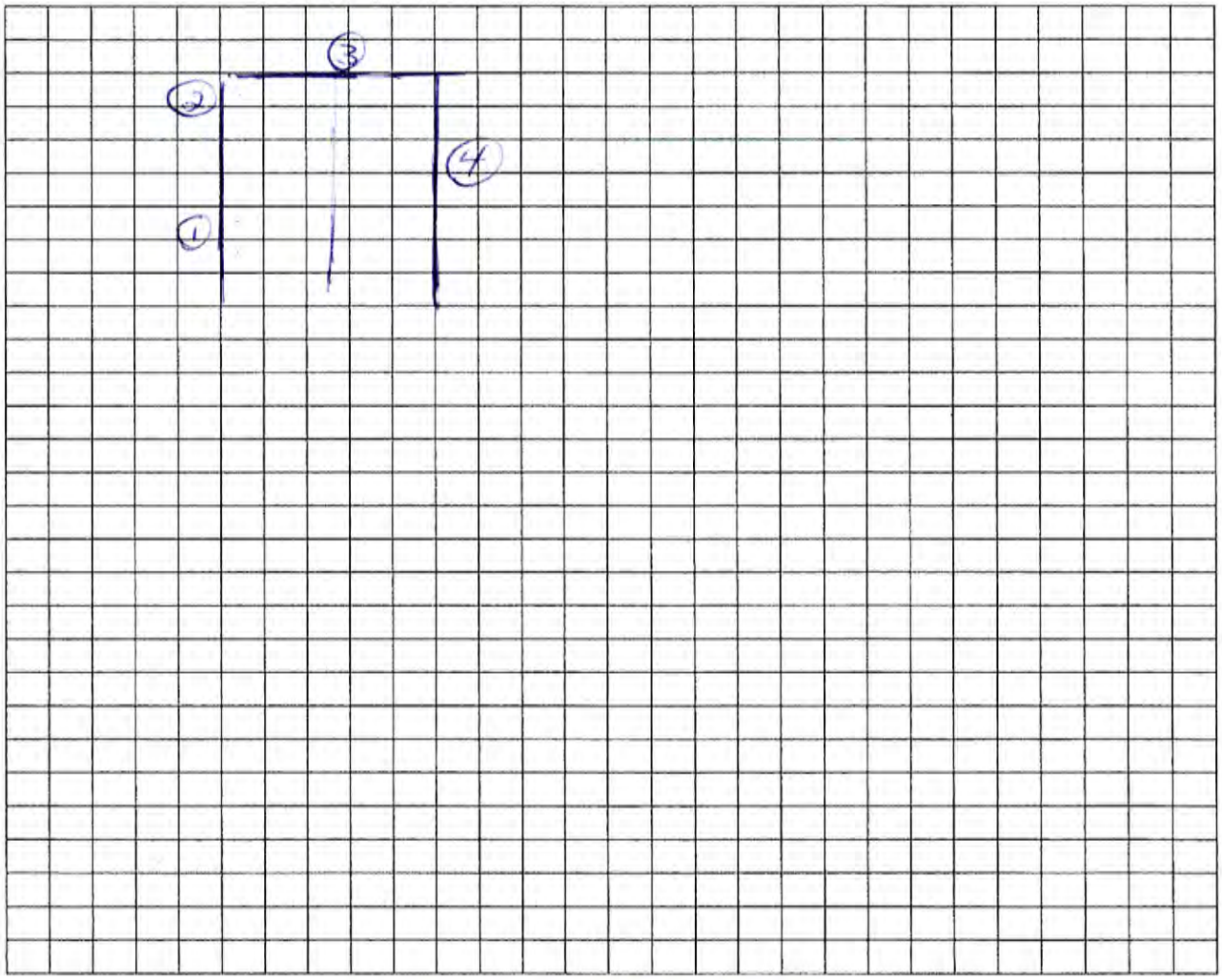
(10)

Work Site Diagram

10-15-13

Project Number: 20110979.A2E
Project Name: Discovery Academy
Work Area: Garage Northeast (SIDP Area 3)
Building Identification/Address:
Amount of Material Removed: Door Caulk 18LF
Comments: 4 Samples

N



Containment (21) PCB

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

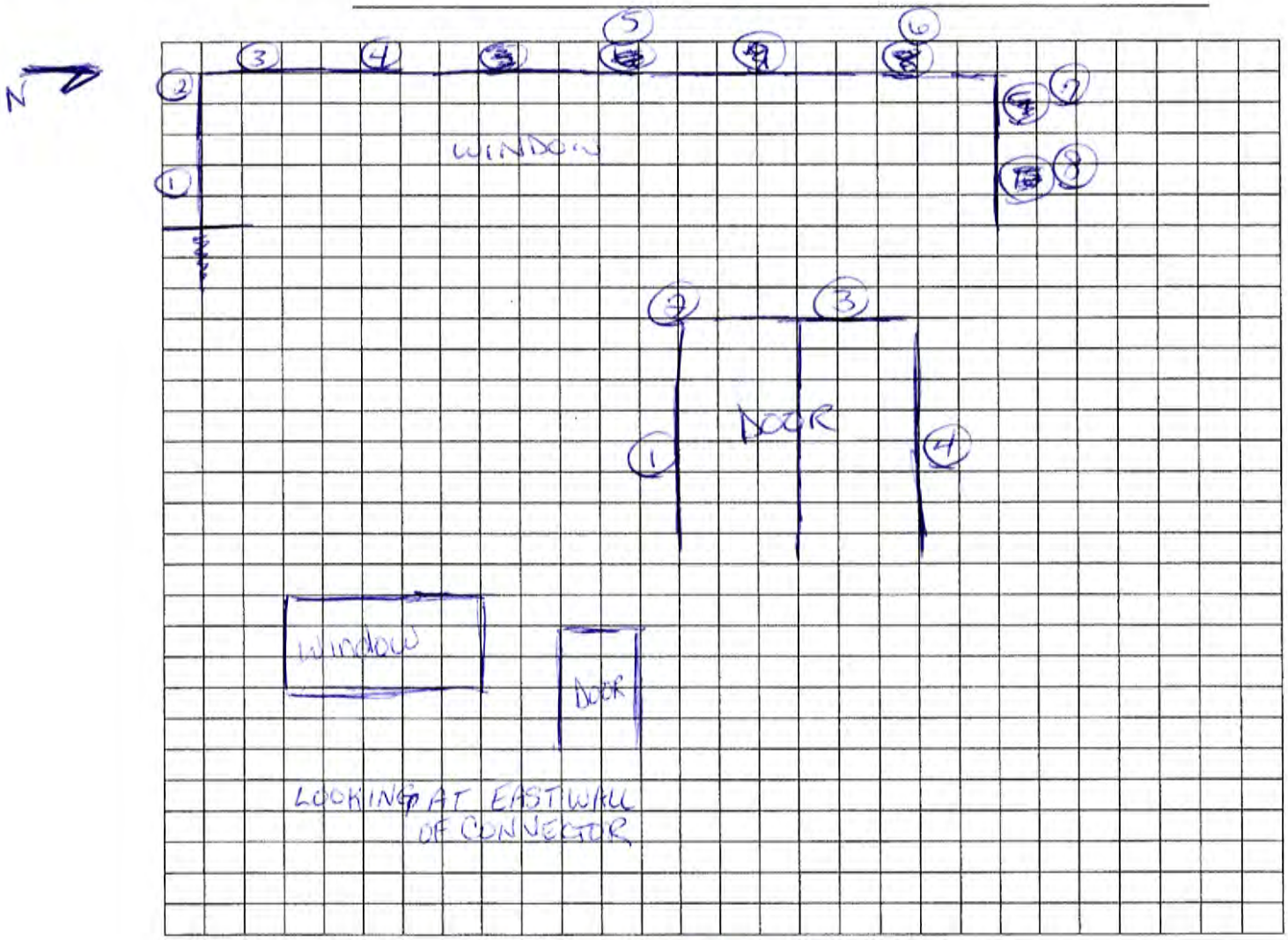
146 Hartford Road, Manchester, CT 06040

(860) 646-2469 Fax (860) 649-6883

Work Site Diagram

(11) 10-15-13 - 10-16-13

Project Number: 20110979.A2E
Project Name: DISCOVERY ACADEMY
Work Area: GARAGE CONNECTOR EAST (SIDP AREA 3)
Building Identification/Address:
Amount of Material Removed: WINDOW CAULK 31LF + DOOR CAULK 19LF (PCB)
Comments: 8 samples - window ; 4 samples door



CONTAINMENT (14) PCB

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

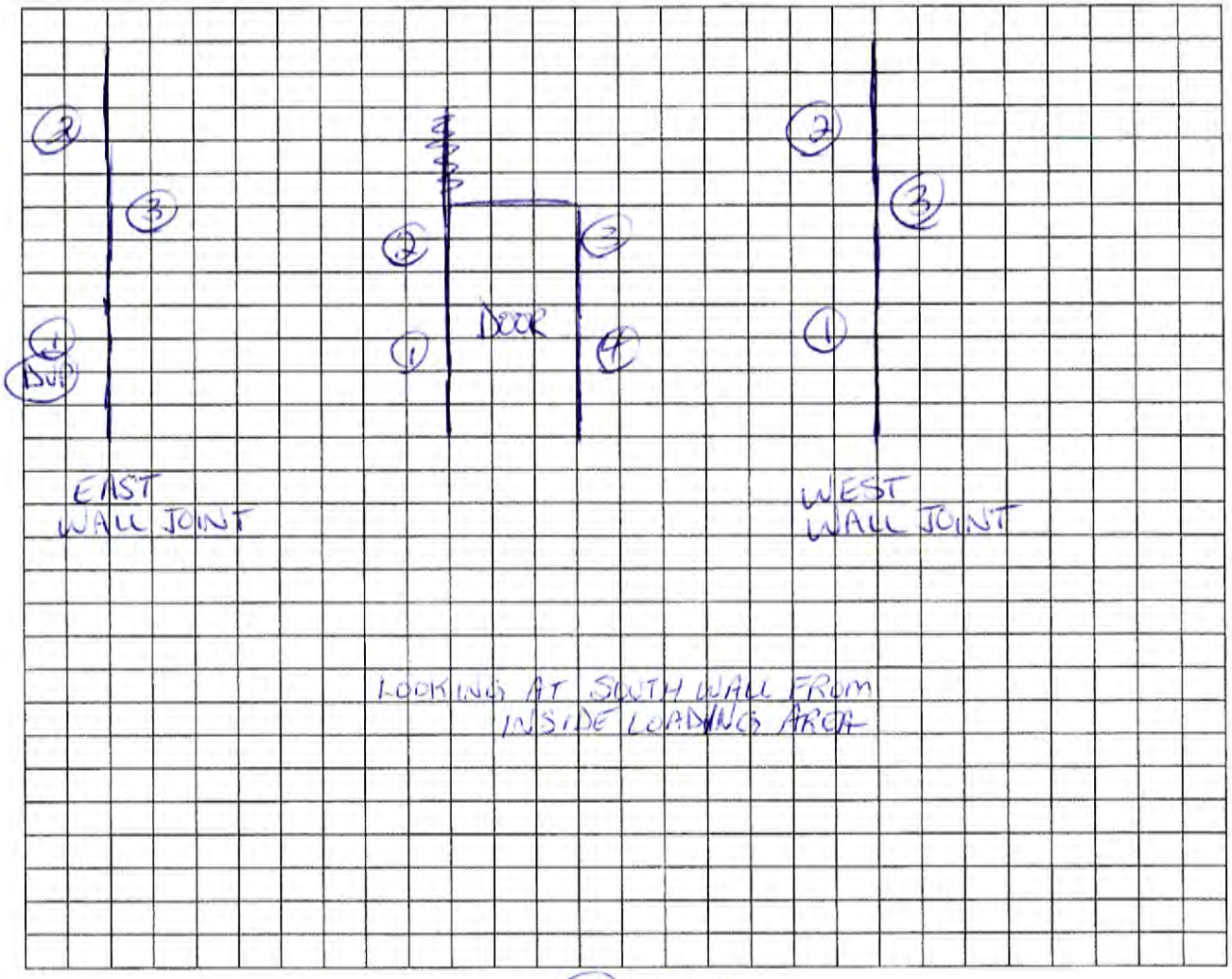
146 Hartford Road, Manchester, CT 06040

(860) 646-2469 Fax (860) 649-6883

Work Site Diagram (12) 10-16-13

Project Number: 20110979.A2E
Project Name: DISCOVERY ACADEMY
Work Area: LOADING AREA SOUTH (SIDP AREA 21)
Building Identification/Address:
Amount of Material Removed: WALL JOINTS - 2@ 12LF CAULK, DOOR CAULK - 2 vertical @ 7LF = 14LF
Comments: Wall joints - 3 samples ea. joint = 6 + 1 DUP
DOOR - 4 samples

A-2



CONTAINMENT (17) PCB

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

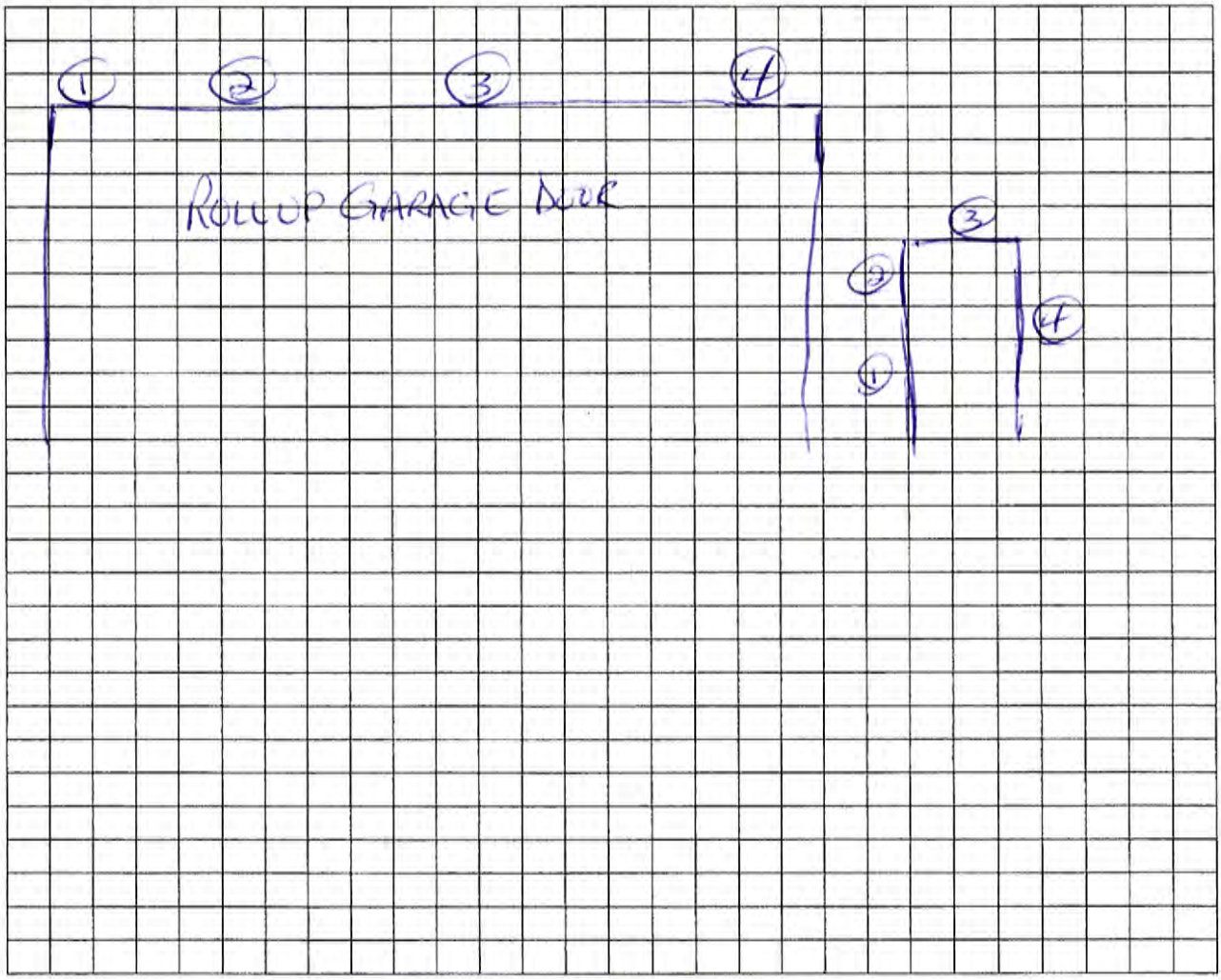
146 Hartford Road, Manchester, CT 06040

(860) 646-2469 Fax (860) 649-6883

Work Site Diagram

(13) 10-16-13

Project Number: 20110979.A2E
Project Name: DISCOVERY ACADEMY
Work Area: GARAGE WEST WALL (SIDE AREA 1)
Building Identification/Address:
Amount of Material Removed: HORIZONTAL DOOR JOINT = 18 LF CAULK, DOOR = 18 LF CAULK
Comments:



CONTAINMENT (18) PCB

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

146 Hartford Road, Manchester, CT 06040

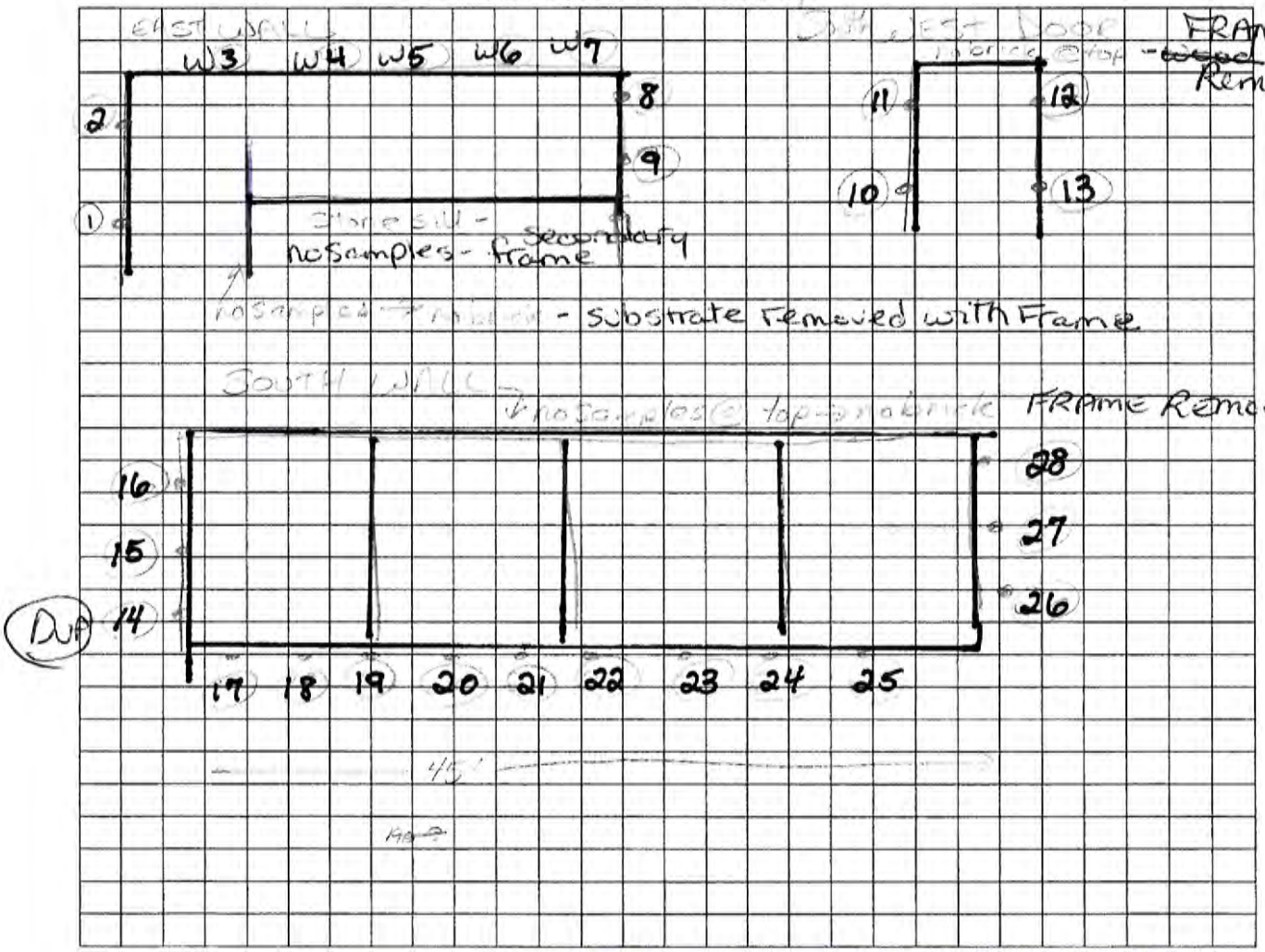
(860) 646-2469 Fax (860) 649-6883

(14)

Work Site Diagram

10-30-13

Project Number: [illegible]
Project Name: DISCOVERY ACADEMY
Work Area: CAFETERIA SOUTH & EAST WALLS + SW DOOR (SIDP AREAS 14, 15, 16)
Building Identification/Address:
Amount of Material Removed: PCB window & door trunk
Comments: wipe samples on: top of SOUTHWEST DOOR, NORTH SIDE OF EAST DOOR, SOUTH SIDE OF EAST WINDOWS, TOP OF SOUTH WINDOWS - ~~[illegible]~~ ~~[illegible]~~. SAMPLES 17-25 are stone. Windows ~~[illegible]~~ metal frames which were removed in entirety



CONTAINMENT (20) PCB

EAST WALL WINDOW/DOOR
SAMPLES 1-9 (3-7 wipes)

SOUTHWEST DOOR (WEST WALL)
SAMPLES 10-13

SOUTH WALL WINDOWS
SAMPLES 14-28 (17-25 STONE)
+ DUP (14)

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

146 Hartford Road, Manchester, CT 06040

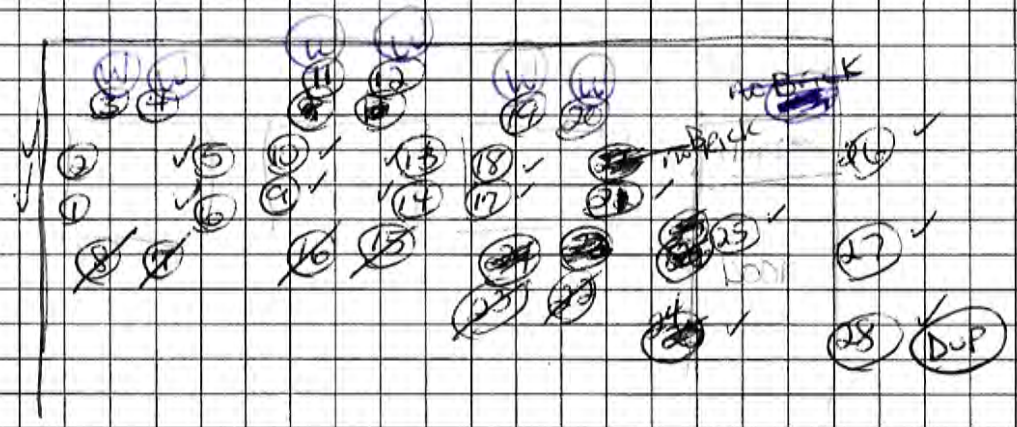
(860) 646-2469 Fax (860) 649-6883

(15)

Work Site Diagram

10-31-13

Project Number: [illegible]
Project Name: [illegible]
Work Area: [illegible] (SIDP AREA 18)
Building Identification/Address:
Amount of Material Removed: [illegible]
Comments:



SAMPLES - 7, 8, 15, 16, 22, 23 - NOT TAKEN/SUBMITTED
- CAULK DID NOT CONTACT REMAINING SILL
- WINDOW WAS IN A SECONDARY FRAME

- ONLY 2 SAMPLES ON EAST SIDE OF DOOR
- NO SUBSTRATE REMAINING - REMOVED WITH FRAME

CONTAINMENT (19) PCB

BRICK SAMPLES 1, 2, 5, 6, 9, 10, 13, 14, 17, 18, 25, 26, 27, 28 + DUP (28)

WIPES 3, 4, 11, 12, 19, 20

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

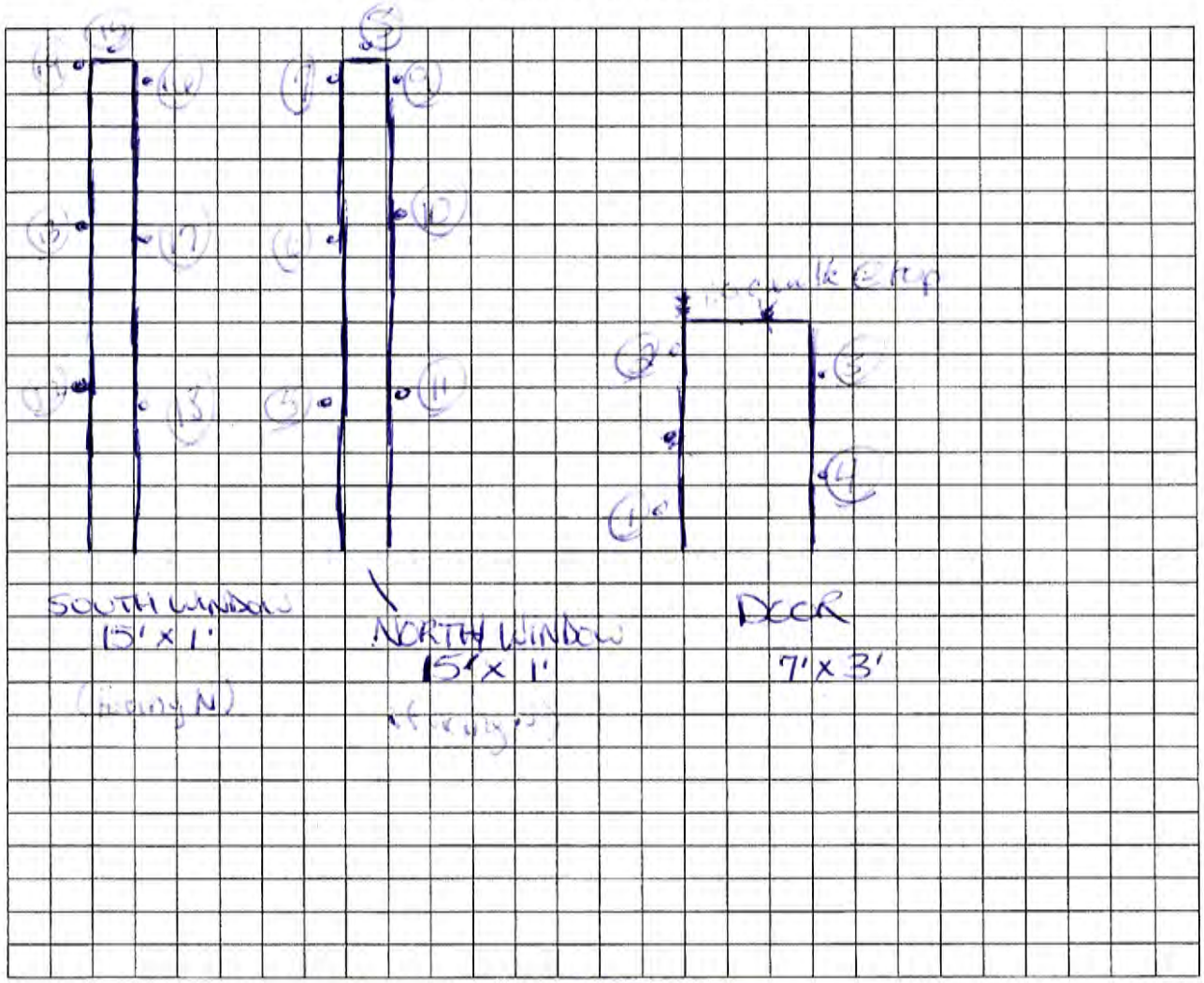
146 Hartford Road, Manchester, CT 06040

(860) 646-2469 Fax (860) 649-6883

(17) 11-4-13

Work Site Diagram

Project Number: 20110979.A2E b
Project Name: Discovery Academy
Work Area: Cafeteria West (SIDP Area 16)
Building Identification/Address:
Amount of Material Removed: PCB Caulk - Windows (2@ 31LF) + Door (17LF)
Comments: 7 Samples each window; 4 Samples - door



CONTAINMENT (24) PCB

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	11-7-13			20110979.A2E

Sheet No 1 of 1

(18)

HM-00
AREA 15 - CAFETERIA SOUTH
PCB SOIL VERIFICATION SAMPLING

AFTER REMOVAL OF 4" SOIL

15A
14A
13A
11A
9A
16A
7A
5A 5B
3A
1A

RESAMPLE 11-20-13
SAMPLE @ 4"-8" DEPTH
1A, 3A, 5A, 7A, 9A, 11A, 13A,
14A, 15A, 16A

not submitted as of 12-2-13
↳ samples discarded

1-9-14 - WILL REMOVE AN ADDITIONAL
6" OF SOIL & RESAMPLE.
PESTICIDES BELOW REMEDIATION LEVELS

ASSOCIATED WITH
CONTAINMENT (24) PCB

Samples 1A, 3A, 5A, 7A, 9A, 11A, 13A,
14A, 15A, 16A

1-14-14 SAMPLE 5A @ 1.2 ppm, ALL OTHERS <1 ppm

NEED TO REMOVE 1"-2" SOIL ~~BETWE~~ BETWEEN AREAS 3-7
& RESAMPLE 5B 1-16-14

5B PASSES

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

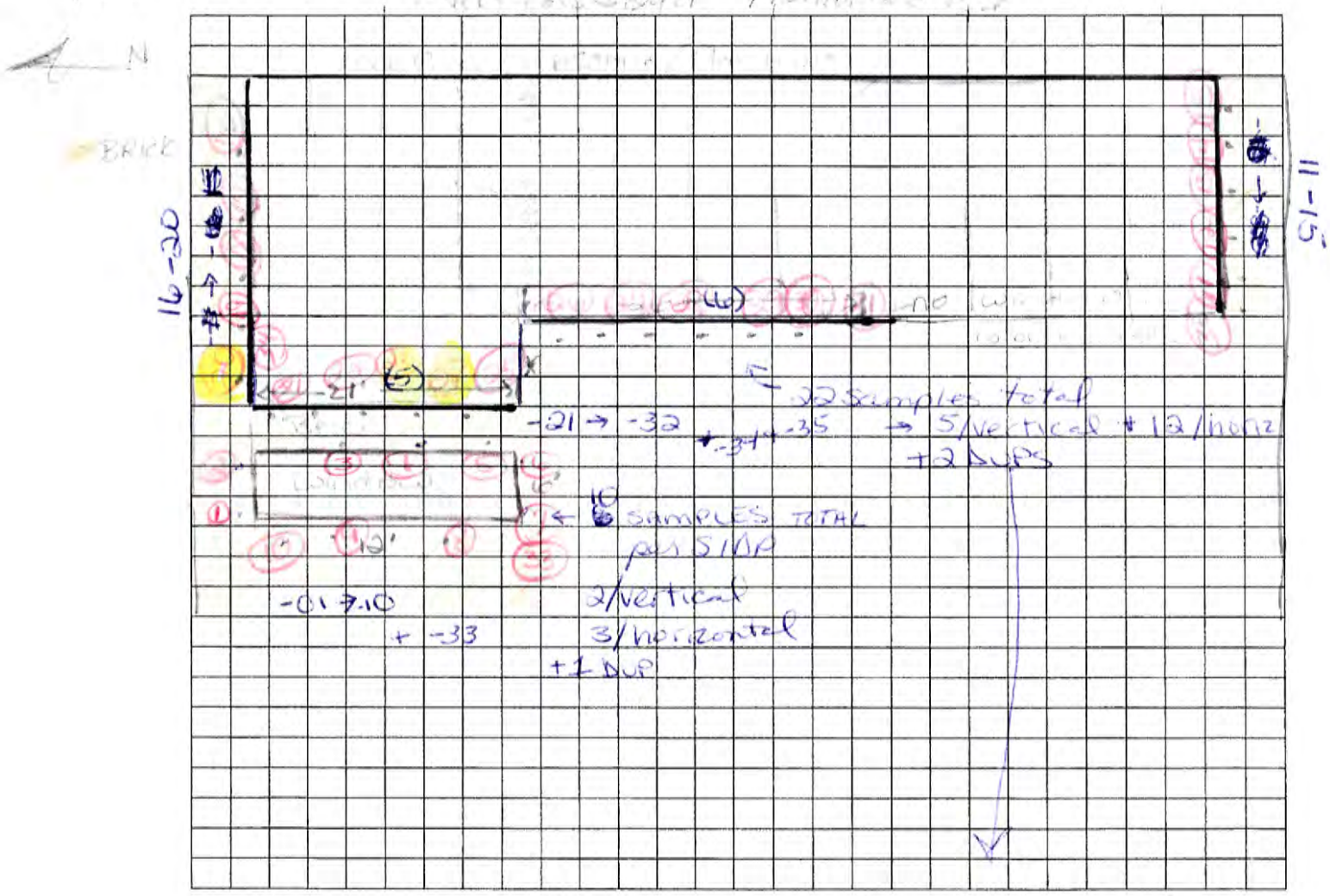
146 Hartford Road, Manchester, CT 06040

(860) 646-2469 Fax (860) 649-6883

(23)

Work Site Diagram 12-3-13

Project Number: 2011C979.A2E
Project Name: DISCOVERY ACADEMY
Work Area: MAIN BUILDING - WEST WALL WINDOWS (AREA - 17? ~~18?~~ SIDP)
Building Identification/Address:
Amount of Material Removed: PCB CAULK (160 LF) + Associated Brick (88 SF)
Comments:



48
75
123
24
147
12
159

48
47
95
36
131
x.61

F:\Admin\FORMS\work site diagram 0407.doc

CONTAINMENT (29) PCB

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

146 Hartford Road, Manchester, CT 06040

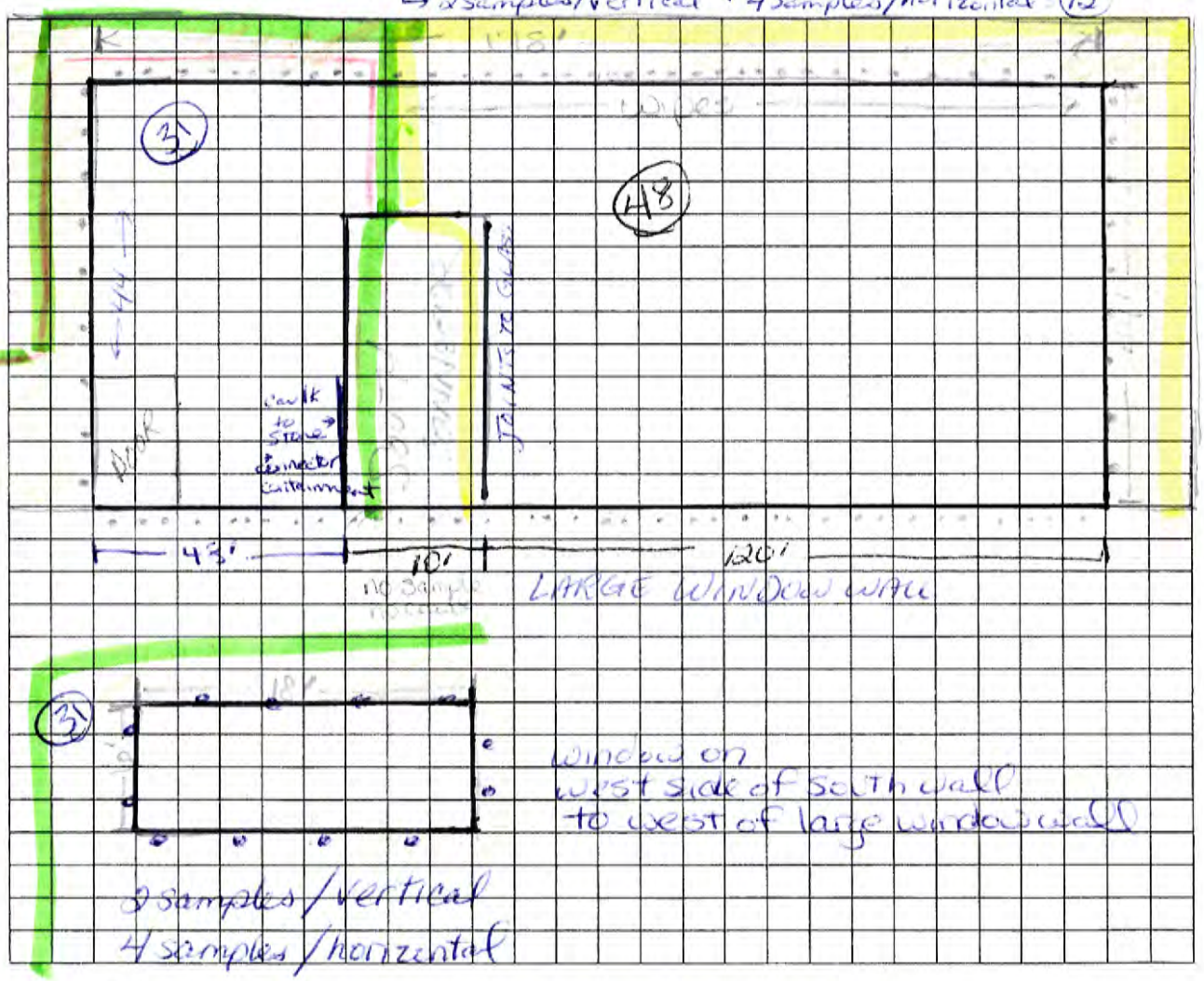
(860) 646-2469 Fax (860) 649-6883

(31) South wall windows west 12-5 → 12-13-13
48) South wall windows - east 1-23 → 2-6-14

Work Site Diagram

(24)

Project Number: 20110979.A2E
Project Name: Discovery Academy
Work Area: Main Building - South wall windows (Areas 6+14 in photos, per SIDP only Area 6)
Building Identification/Address:
Amount of Material Removed: PCB Caulk
Comments: 1 window system with 2 verticals @ 44LF + 2 horizontals @ 178LF
↳ 9 samples/vertical + 36 samples/horizontal = (90)
1 window system with 2 verticals @ 44LF + 2 horizontals @ 18LF
↳ 2 samples/vertical + 4 samples/horizontal = (12)



South wall windows - West containment
→ Smaller window west of window wall (12 samples)
+ window wall west of connector (29 samples)

South wall windows - east containment
→ 2 horiz @ 130' → 24 samples bottom, 26 samples top > (50) + dups
→ 1 vert @ 44' → 9 samples → 9

178
- 48
130

WORK SITE DIAGRAM #25

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	12-6-13			20110979.A2E

SOUTH WALL WINDOWS - WEST

Diagram ~~24~~ 25

Sheet No of

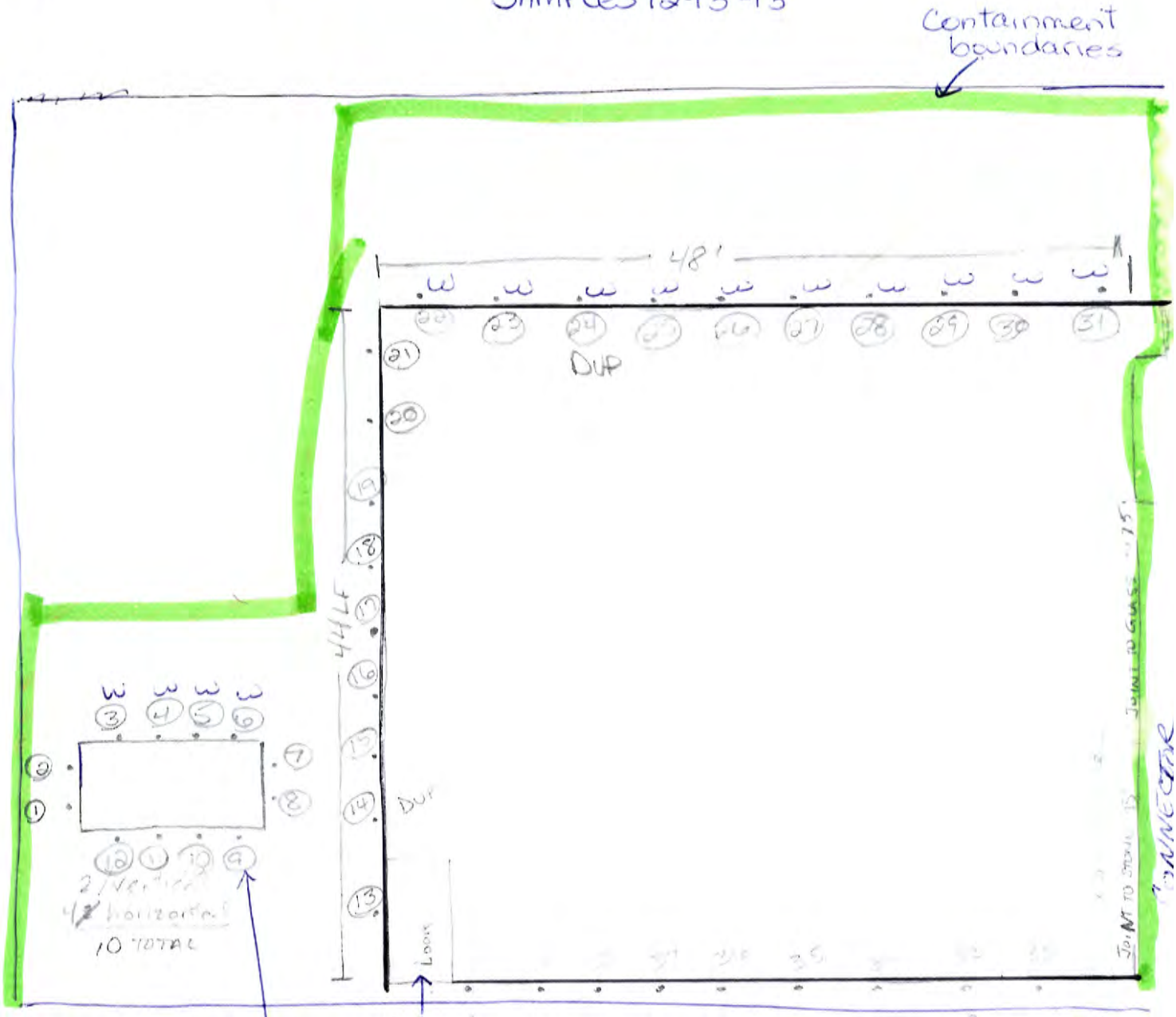
VERIFICATION SAMPLING PLAN

SIDP AREA ~~14~~ 17

1 SQ = 2 LF

CONTAINMENT: 31 PCB

SAMPLES 12-13-13



no sample door frame no caulk

Window is shown higher from ground than actual

9/vertical
10/top horizontal
9/bottom horizontal
28 TOTAL
+2 dup

12
28
10
dups
42

FUSS & O'NEILL
EnviroScience, LLC

www.fando.com

146 Hartford Road, Manchester, CT 06040

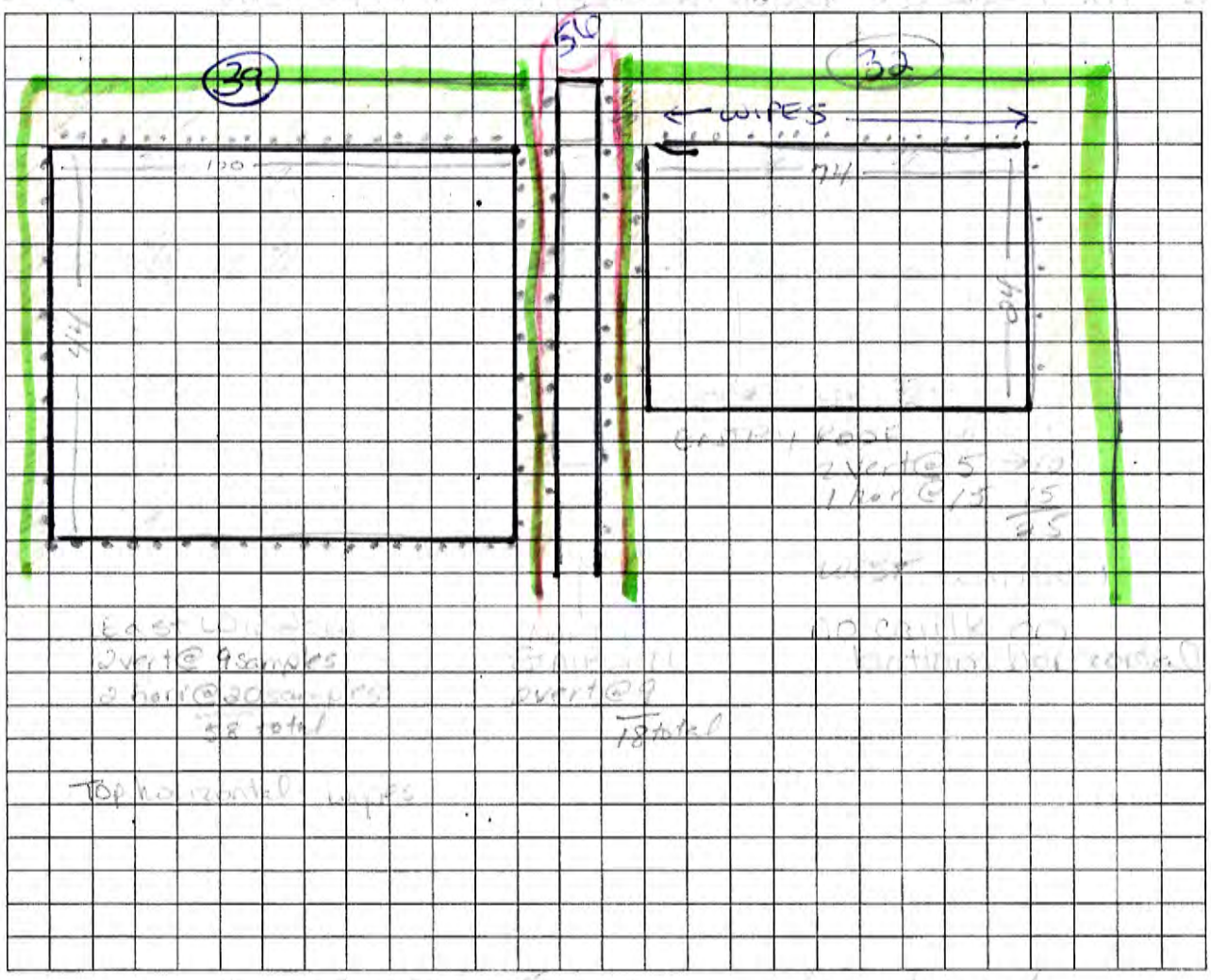
(860) 646-2469 Fax (860) 649-6883

Containment (32) North Wall Windows - West 12-9 → 12-17 13
CONTAINMENT (39) North Wall Windows - East 12-18 → 12-27-13
containment (56) North Stairwell Windows 1-31 → 2-4-13

Work Site Diagram (26)

Project Number: 20110979.A2E
Project Name: DISCOVERY ACADEMY
Work Area: MAIN BUILDING - NORTH WALL WINDOWS (AREA 4)
Building Identification/Address:
Amount of Material Removed: PCB CAULK
Comments: [illegible] - on SILP - no caulk

not to scale



58 + 18 + 25 + 4 = ~~105~~ 101 samples AREA 4

Security window - no caulk

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	1-6-14			20110979.A2E

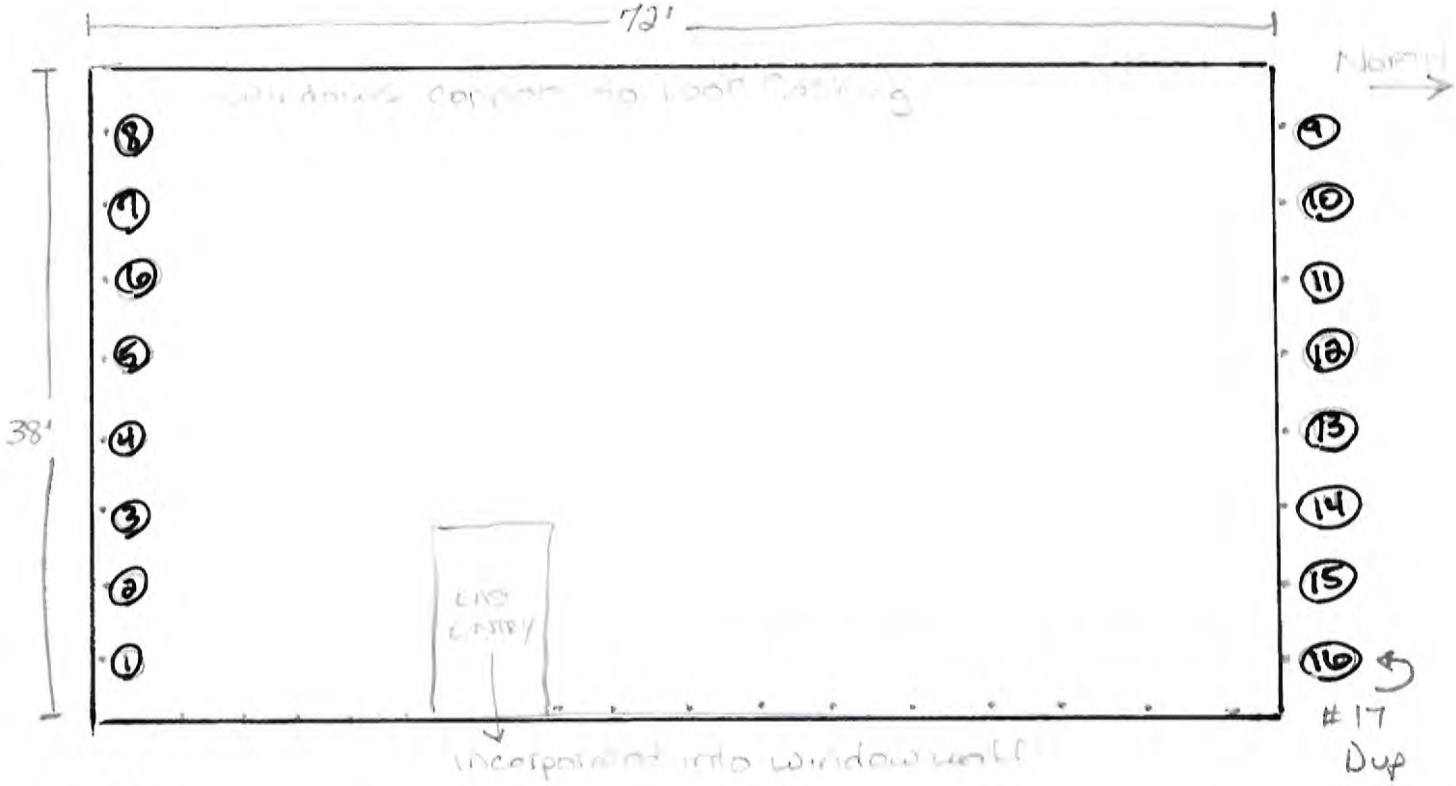
WORK SITE DIAGRAM #29
EAST WALL WINDOWS (MAIN)

Sheet No
of

CONTAINMENT ~~42~~ 43 AREA 5 ON SIDP

PCB VERIFICATION SAMPLING PLAN

NOT TO SCALE



per SIDP
2 verticals @ 38LF ea → 8 chip samples ea → 16 TOTAL + 1 DUP
1 horizontal @ 72LF → 15 chip samples ~~+15~~
31 TOTAL per SIDP

Top horizontal connects to roof flashing (to be removed)
→ no material to sample

bottom horizontal connects to granite sill (as with North wall windows EAST) - ~~may~~ do not need to sample
- Sill removed

WORK SITE DIAGRAM #33

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	1-22-14			20110979.A2E

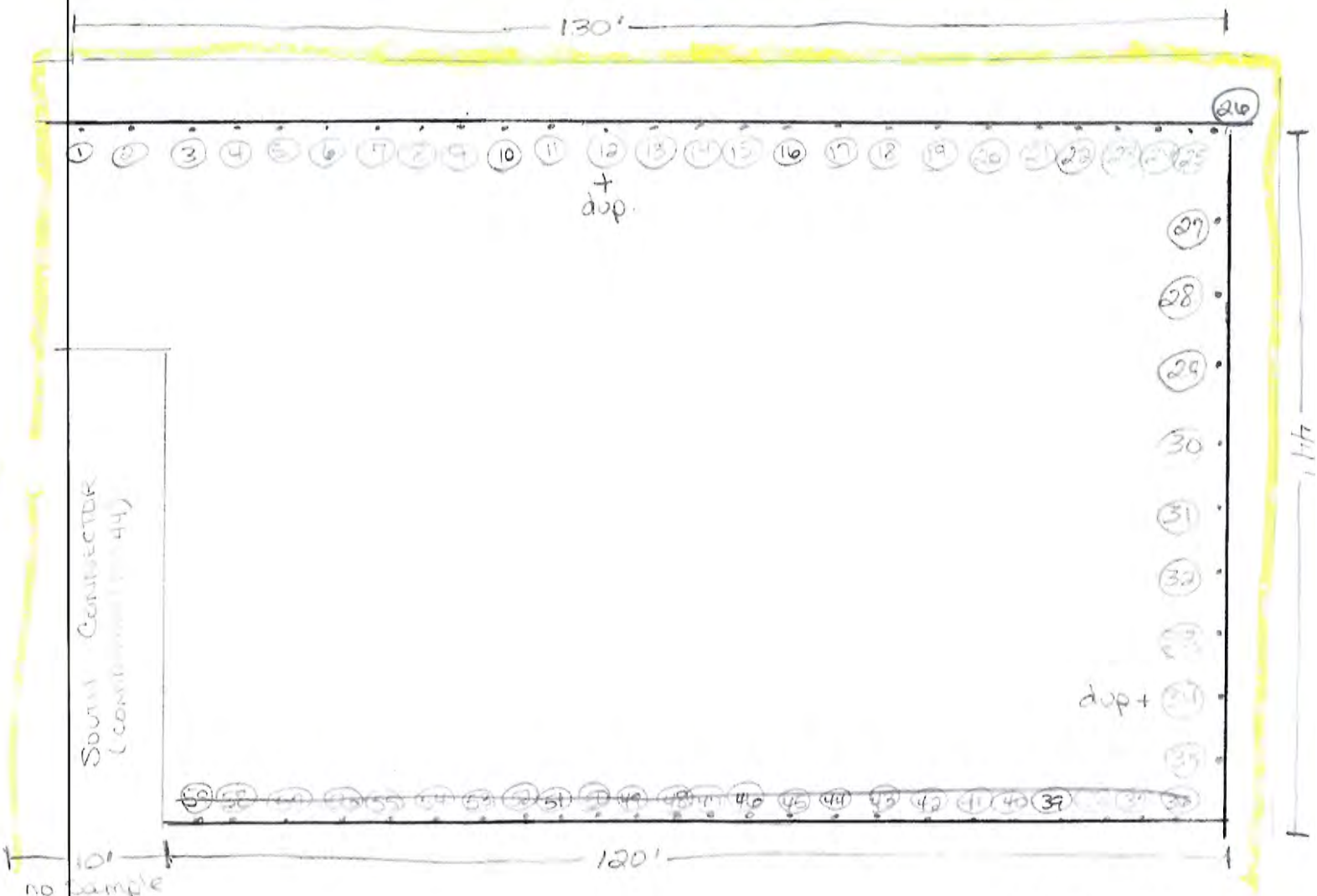
MAIN BUILDING - SOUTH WALL WINDOWS - EAST (#48) | Sheet No of

PCB Verification Sampling Plan

not to scale

Area 16 on SIDP

BRICK



no sample no caulk

35 samples
+ 8 dup samples
31 total

1 VERTICAL JOINT @ 44LF → 9 samples (chip)

1 Horizontal (TOP) JOINT @ 130LF → 26 samples (wipe)

1 Horizontal (Bottom) JOINT @ 120LF → 24 samples — no sampling needed
Samples 36 - 59 not taken -
Caulk is frame to granite sill &
Sill will be removed completely
(reference site log 12-26-13)
Sill will be inspected for visual cleanliness

WORK SITE DIAGRAM #41

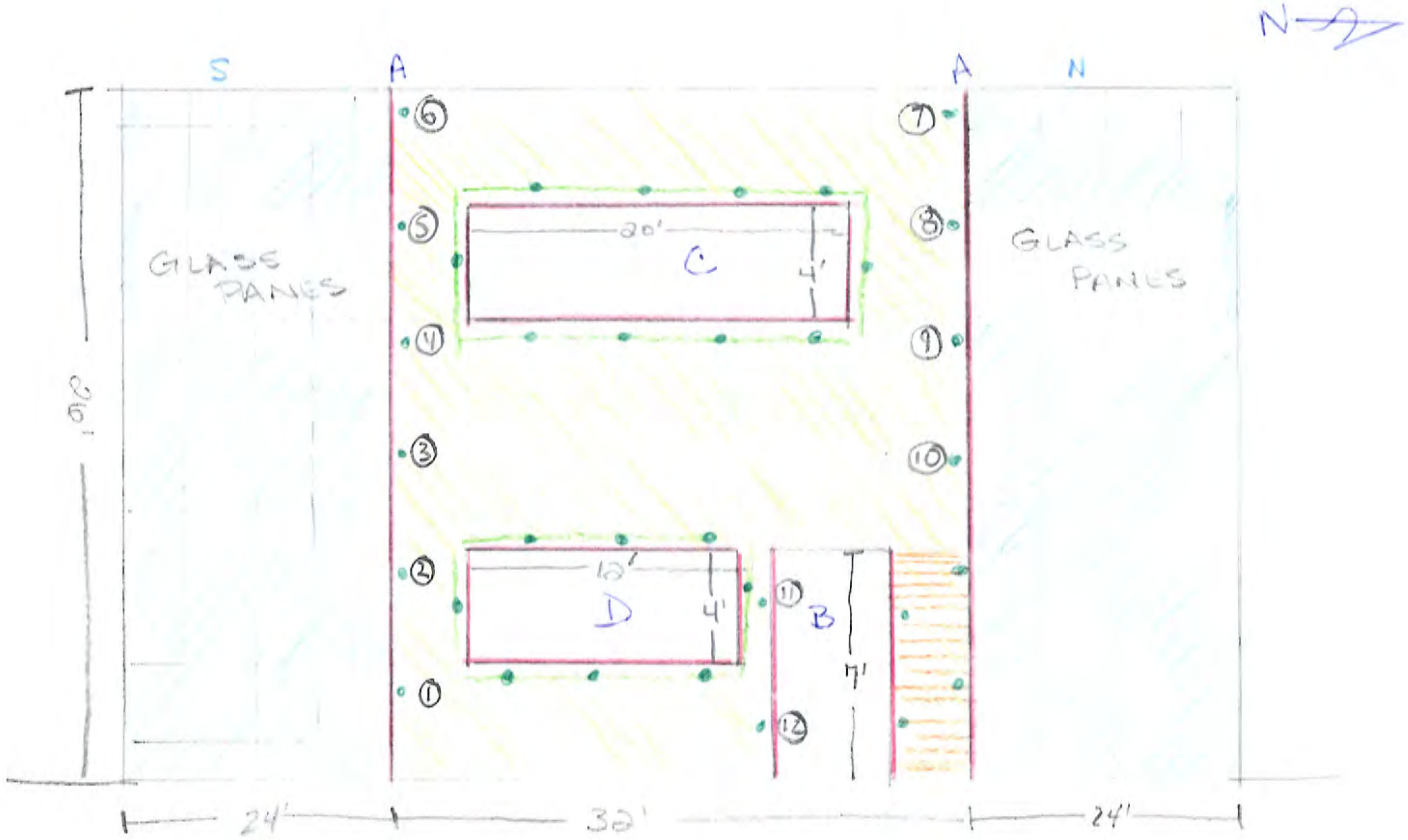
FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	2-10-14			20110979.A2E

(59) SOUTH BUILDING - EAST WALL (SIDP AREA 9) | Sheet No of

PCB VERIFICATION SAMPLING PLAN

not to scale

SAMPLES 2-12-14



10 ~~12~~ samples A - 2 window systems (north + south) - 1 vertical joint ea @ 2 LF (2 vertical joints total ↓)
6 chip samples/joint → 12 samples - 2 samples - no brick

2 ~~4~~ samples B - Door with 2 vertical joints @ 7 LF ea N vertical - no brick
2 chip samples/joint → 4 samples 2 samples remaining

~~10 samples~~ C - window (2nd floor) - 2 verticals @ 4 LF + 2 horizontals @ 20 LF
no samples - sill removed
1 chip/vertical → 2 chip samples
4 chip/horizontal → 8 chip samples

~~6 samples~~ D - window (1st floor) - 2 verticals @ 4 LF + 2 horizontals @ 12 LF
no samples - sill removed
1 chip sample/vertical → 2 chip samples
3 chip samples/horizontal → 6 chip samples

34 samples

TRANSITE PANELS

BRICK

NO BRICK REMAINS - nothing to sample

concrete sill caulked to frame sill removed - caulk but no contact with brick - no sample needed

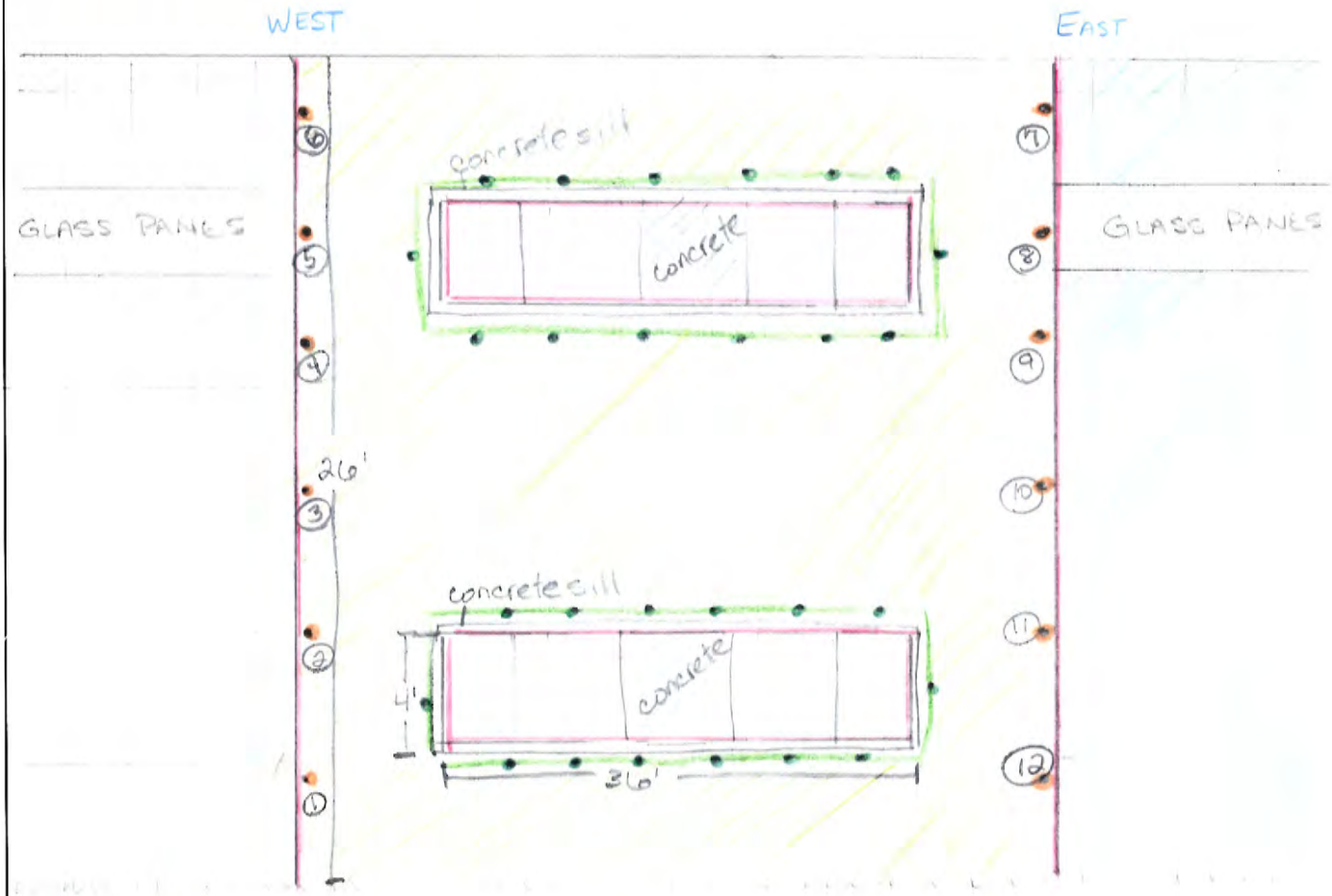
WORK SITE DIAGRAM # 43

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	2-18-14			20110979.A0E

(61) SOUTH BUILDING - SOUTH WALL WINDOWS (SIDP AREA 10) | Sheet No of

PCB VERIFICATION SAMPLING PLAN

not to scale



Per SIDP

- 2 vertical joints @ 6 LF ea → 6 chip samples/joint → 12 samples

Center windows -

- 2 vertical joints @ 4 LF ea /window → 1 chip sample/joint x4 joints → 4 samples
- 2 horizontal joints @ 36 LF ea/window → 8 chip samples/joint x4 joints → 32 samples

→ caulk is between metal frame & concrete sill
concrete sill to be removed in entirety → no samples needed
caulk had no contact with brick

TRANSITE PANELS

BRICK

concrete sill caulked to frame - sill removed

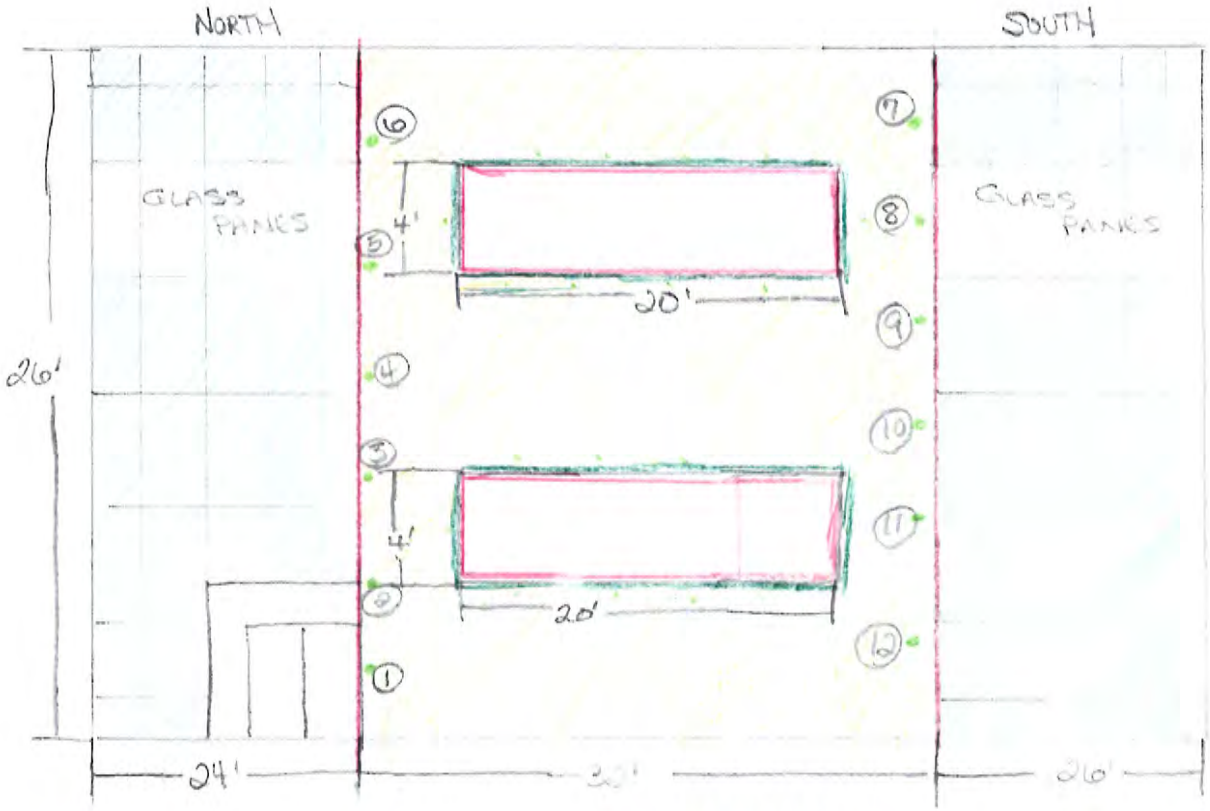
WORK SITE DIAGRAM #4/6

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	2-24-14			

(63) SOUTH BUILDING - WEST WALL WINDOWS - SIDP AREA 11 | Sheet No of

NOT TO SCALE

PCB VERIFICATION SAMPLING ~~PCB~~ LOCATIONS



BRICK

TRANSITE PANELS

— Concrete sill - caulked to frame, sill removed - no samples needed

— PCB CAULK

PER SIDP
2 VERTICAL JOINTS @ 26LF ea → 6 SAMPLES/JOINT → 12 SAMPLES

(3)(4) 4 VERTICAL ~~CON~~ JOINTS (SV) @ 4LF ea → 1 sample/joint
- JOINT TO SILL, SILL REMOVED
- NO SAMPLES NEEDED

2 HORIZONTAL JOINTS @ 12LF ea → 3 samples/joint
- JOINT TO SILL, SILL REMOVED
- NO SAMPLES NEEDED

2 HORIZONTAL JOINTS @ 20LF ea → 4 samples/joint
- JOINT TO SILL, SILL REMOVED
- NO SAMPLES NEEDED

PER SIDP → 30 samples TOTAL
- 18 samples - concrete sill, removed
12 samples Remain

★ 1ST FLOOR WINDOW IS 20' HORIZONTAL NOT 12' AS INDICATED IN SIDP

SAMPLE DATE: 2-25-14

WORK SITE DIAGRAM #48

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	2-27-14			20110979.A2E

(Lde) SOUTH BUILDING - NORTH WALL WINDOWS - EAST

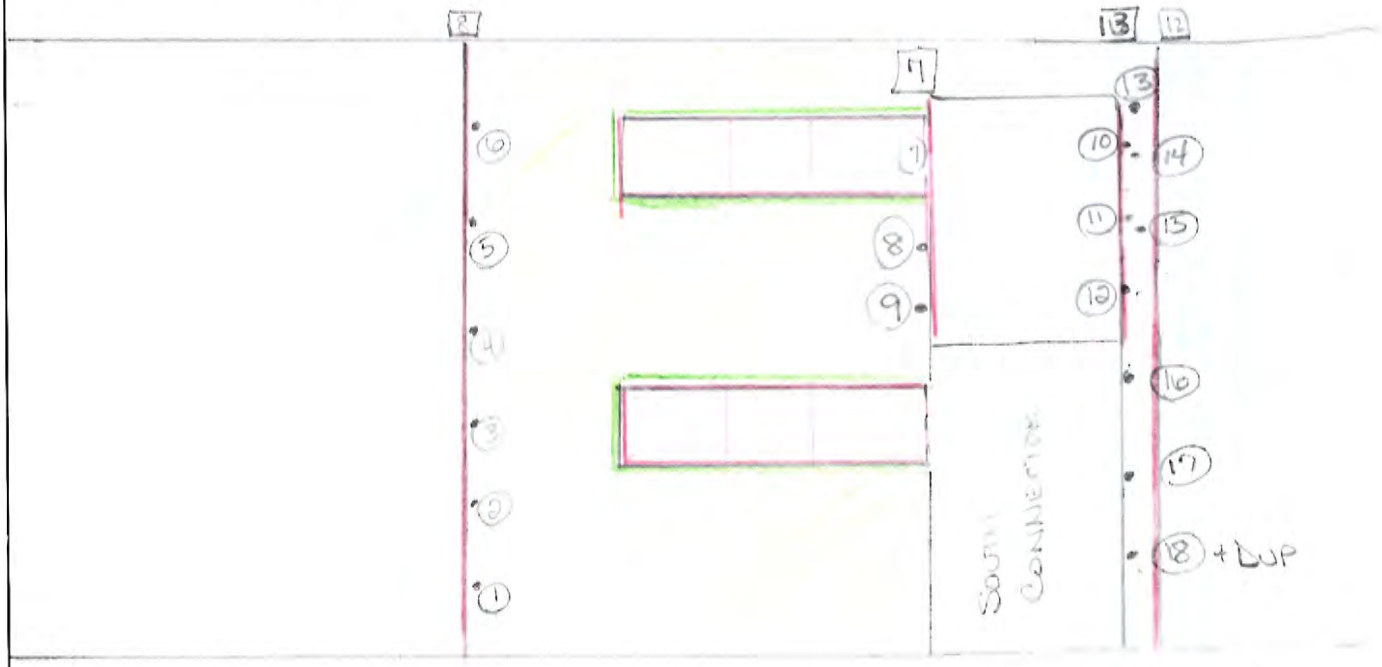
Sheet No of

not to scale

PCB VERIFICATION SAMPLING LOCATIONS

REFER ALSO TO WORK SITE DIAGRAM # 34

SIDP AREAS 7 8 12 13



7 NOT SUFF MTL - NO BRICK

TRANSITE PANELS

BRICK

PCB CAULK

CONCRETE SILL - REMOVED INTERMITTENTLY

VERIFICATION SAMPLES 2-27-14

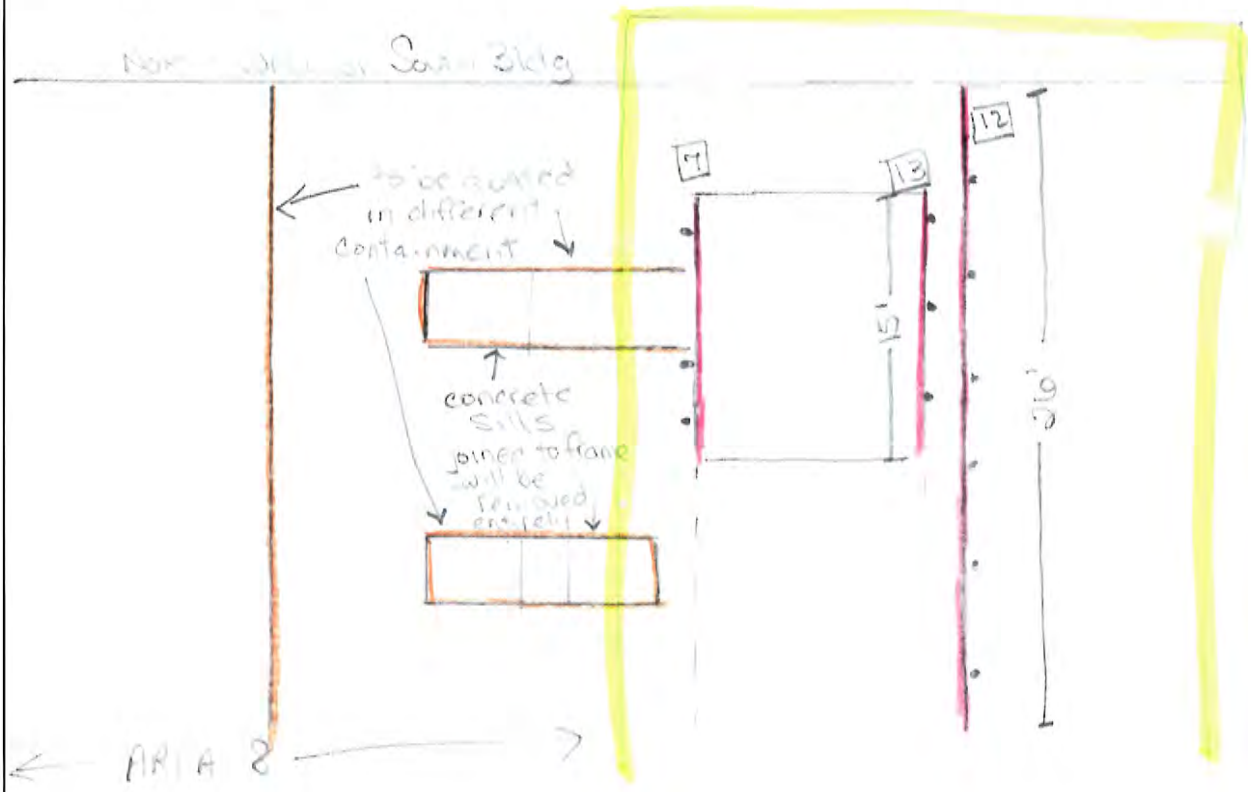
WORK SITE DIAGRAM #34

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	1-23-14			20110979.A2E

SOUTH CONNECTOR (Containment #44) | Sheet No of

PCB Verification Sampling Plan
SIBP Areas 7, 12, 13

not to scale



Area 7 - 1: 15' vertical joint → 3 chip samples
Area 12 - 1 - 26' vertical joint → 6 chip samples
Area 13 - 1 - 15' vertical joint → 3 chip samples

12 samples total

Area 8 to be abated separately

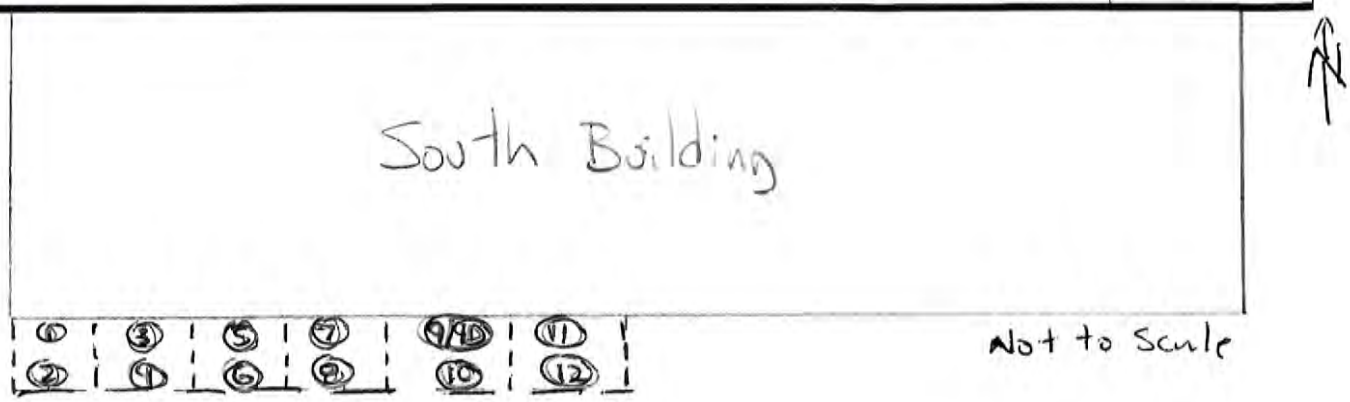
final visual 1-20-14
verification samples

WORK SITE DIAGRAM #53

FUSS & O'NEILL

Prepared By	Date	Checked By	Date	Project No
BG	3-21-14			20110979.A2E

Sheet No
of



Area 10

PCB Soil Verification Sampling Locations
Area 10 - South Building - South Side - West
After Removal of 4" Soil

Worksite Diagram #57

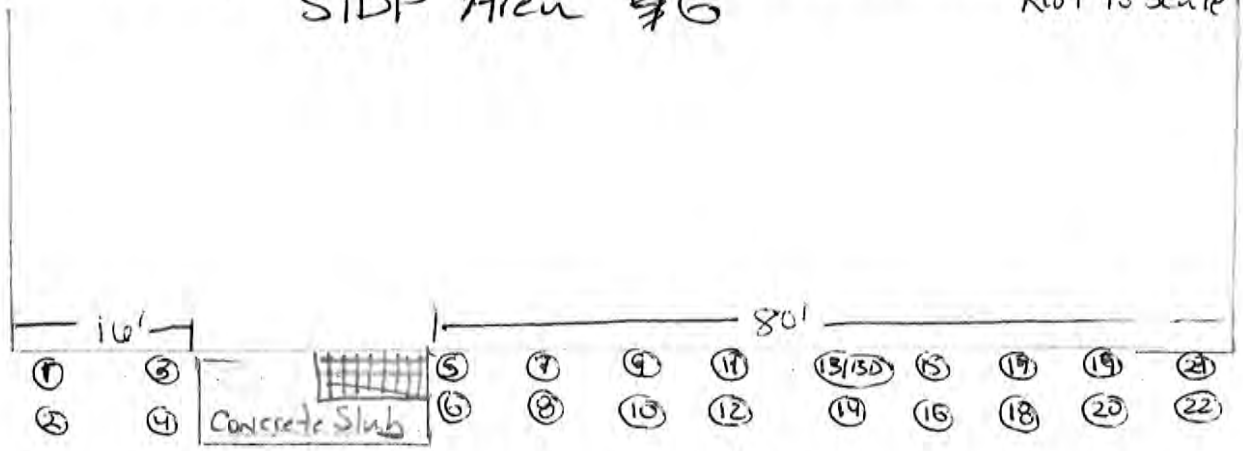
FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	Brice G	3-28-14			20110979.A2E

Main Building PCB Soil Removal - South Wall

Sheet No of

SIDP Area #6

Not to Scale



Main Building

Samples 1 → 4 : 24" Depth - PCB, Chlordane

Samples 5 → 22 : 8" Depth - PCB

(27)

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	12-16-13			20110979.A2E

WORKSITE DIAGRAM (27) CONTAINMENT (32) PCB — Sheet No of

SIDP AREA 4 MAIN BLDG

NORTH WALL WINDOWS - WEST

2 VERTICAL JOINTS @ 24 LF EA
1 HORIZONTAL @ 74 LF (TOP)

NO SUBSTRATE REMAINS ON BOTTOM HORIZONTAL

ENTRY / 1ST FLOOR FACE no brick remaining

2 verticals @ 24 LF → 5 samples/vert (chips) = 10 samples

1 vertical @ 74 LF → 15 samples (wipes) = 15 samples + 1 duplicate

26 samples

RESAMPLED 6 – 20 3/31/14

HIGHLIGHTED SAMPLES FAILED

(28)

FUSS & O'NEILL

Prepared By	Date	Checked By	Date	Project No
SV	12-20-13			20110979.A2E

WORK SITE DIAGRAM #28

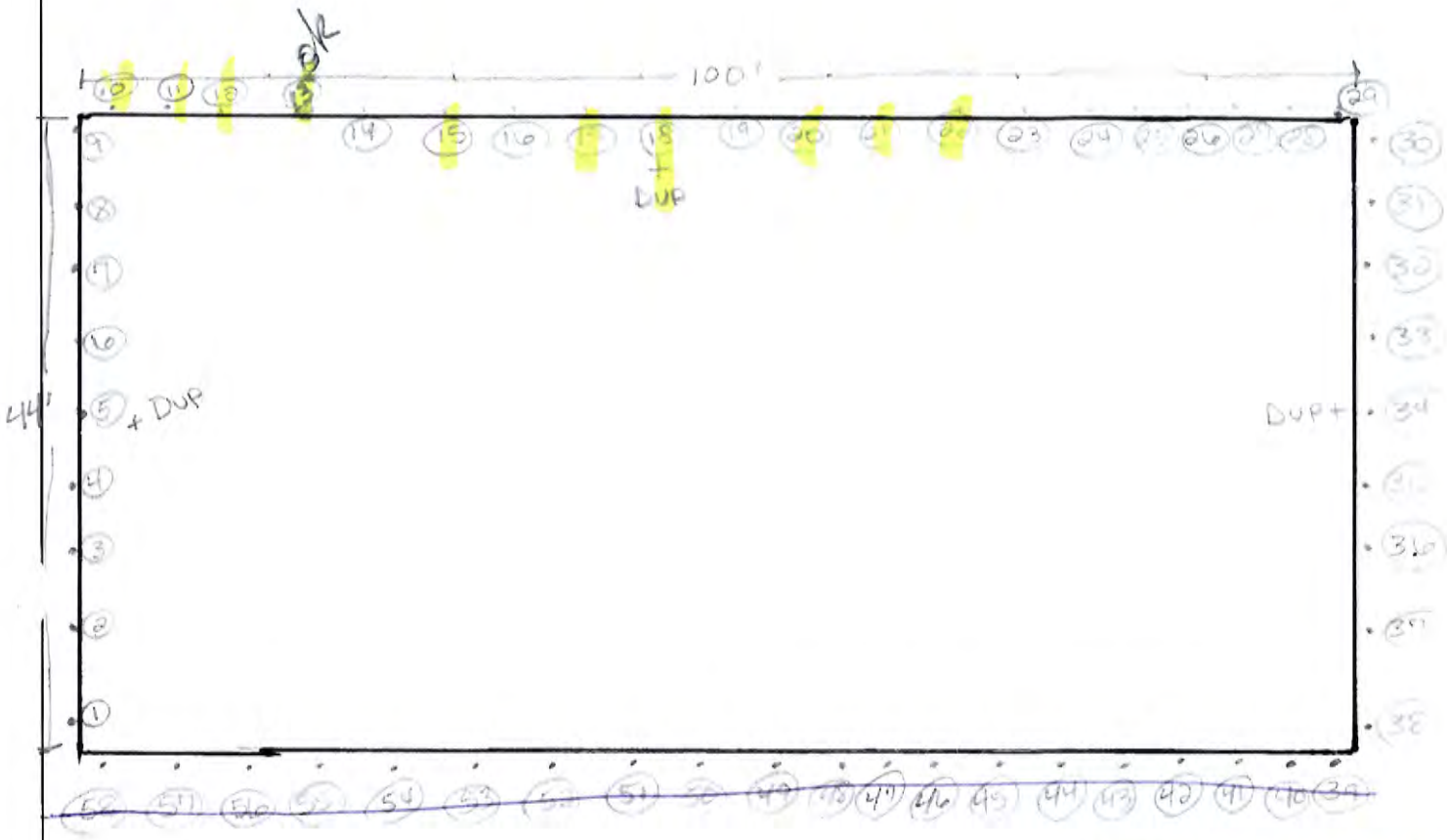
Sheet No of

NORTH WALL WINDOWS - EAST MAIN BLDG
Containment (39)

SIDP AREA 4

not to scale

PCB VERIFICATION SAMPLING PLAN



SAMPLES 39-58
not taken - GRANITE
VISUALLY CLEAN
(SEE SITE LOG 12-26-13)

5 vert walls @ 44 LF = 9 samples each 18
2 horizontals @ 100 LF of samples each = 40
58 samples
+ 3 duplicates
61 total

Top lintel / Samples 10-29 = wipes

RESAMPLE 3-31-14
SAMPLES E10A → E29A

4-2-14 - E27A Lost @ Lab
need to resample

HIGHLIGHTED SAMPLES FAILED

WORK SITE DIAGRAM # 49

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	2-27-14			20110979.A2E

MAIN BUILDING - SOUTH WALL WINDOWS (31) #(48)

Sheet No of

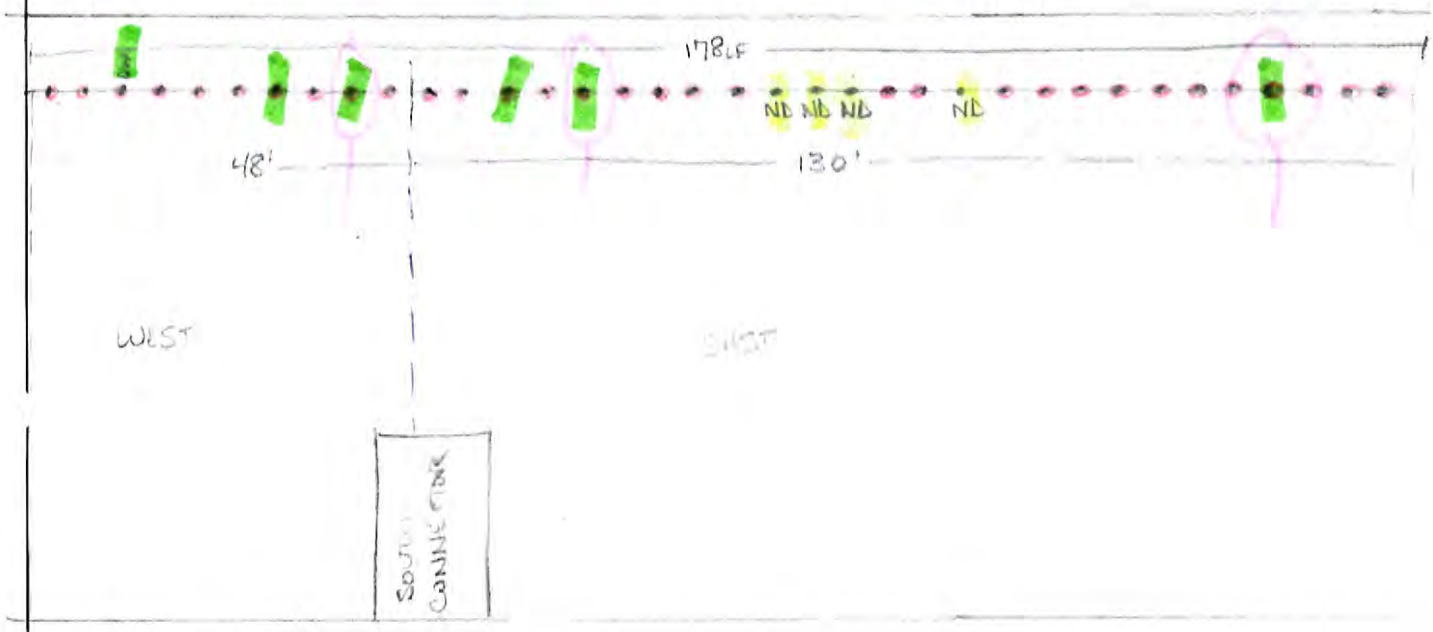
PCB VERIFICATION RE-SAMPLING PLAN
WIPES

not to scale

REFERENCE
WORKSITE DIAGRAMS #24, 25, 33

SIDP Areas 6 + 14

SOUTH WALL TOP HORIZONTAL 178 LF → 36 SAMPLES TOTAL
- 4 SAMPLES PASSED INITIAL
32 + 1 DUP



RESAMPLE #S ARE S-01A – S-32A + S-DUP-A

WEST SIDE

S-01A	= 22		
S-02A	= 23	RESULTS	
S-03A + SDUPA	= 24	1.6	
S-04A	= 25		
S-05A	= 26		
S-06A	= 27		
S-07A	= 28	1.3	
S-08A	= 29		
S-09A	= 30	21.2	B 1.2
S-10A	= 31		

RESAMPLE # ↑ ORIGINAL SAMPLE #

EAST SIDE

S-11A	= 1		
S-12A	= 2		
S-13A	= 3	1.2	
S-14A	= 4		
S-15A	= 5	1.2	B 1.2
S-16A	= 6		
S-17A	= 7		
S-18A	= 8		
S-19A	= 9		
S-20A	= 13		
S-21A	= 14		
S-22A	= 16		

RESAMPLE # ORIGINAL SAMPLE #

S-23A	= 17		
S-24A	= 18		
S-25A	= 19		
S-26A	= 20		
S-27A	= 21		
S-28A	= 22		
S-29A	= 23	1.7	B 4.3
S-30A	= 24		
S-31A	= 25		
S-32A	= 26		

RESAMPLE # ORIGINAL SAMPLE #

HIGHLIGHTED SAMPLES FAILED

WORK SITE DIAGRAM # 49 A

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	2-27-14			20110979.A2E

MAIN BUILDING - SOUTH WALL WINDOWS (31) & (48)

Sheet No of

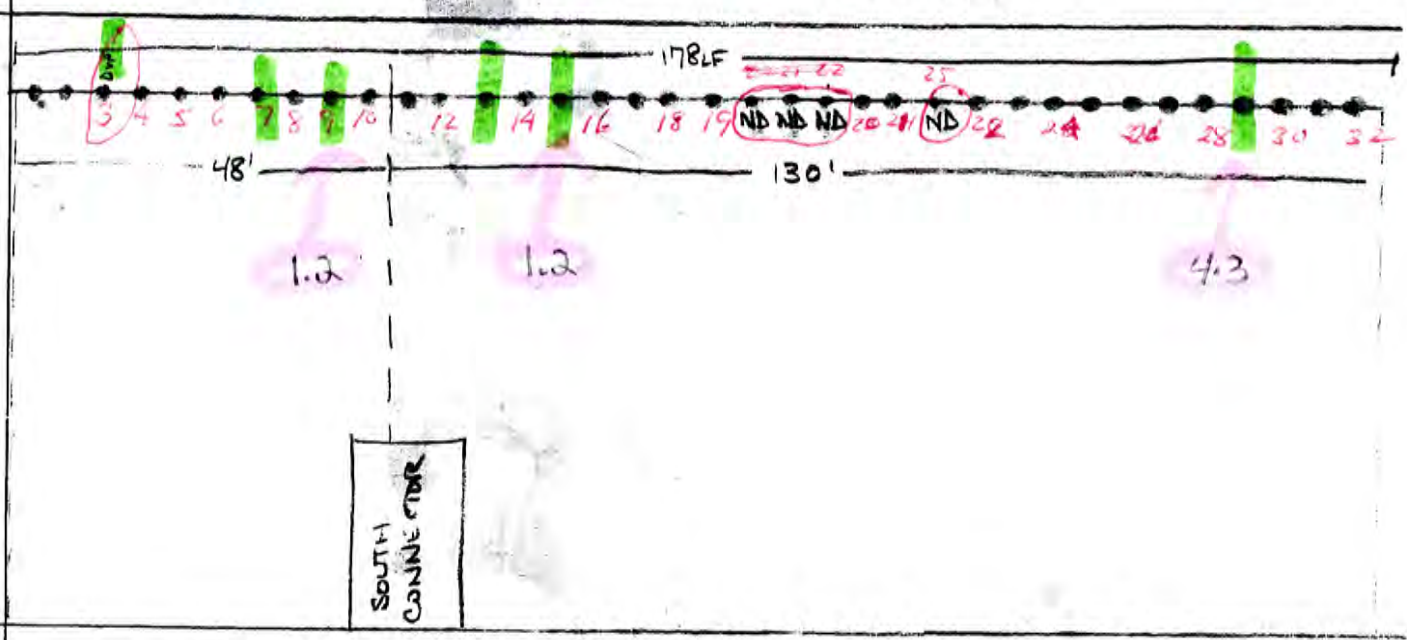
PCB VERIFICATION RE-SAMPLING PLAN
WIPES

not to scale

REFERENCE
WORKSITE DIAGRAMS #24, 25, 33

SIDP Areas 6 + 14

SOUTH WALL TOP HORIZONTAL 178 LF → 36 SAMPLES TOTAL
- 4 SAMPLES PASSED INITIAL
32 + 1 DUP



RESAMPLE #S ARE S-01A – S-32A + S-DUP-A

WEST SIDE

S-01A	= 22	
S-02A	= 23	RESULTS
S-03A + SDUPA	= 24	1.6
S-04A	= 25	
S-05A	= 26	
S-06A	= 27	
S-07A	= 28	1.3
S-08A	= 29	
S-09A	= 30	2.2
S-10A	= 31	
↑ RESAMPLE #	↑ ORIGINAL SAMPLE #	

EAST SIDE

S-11A	= 1	
S-12A	= 2	
S-13A	= 3	
S-14A	= 4	
S-15A	= 5	
S-16A	= 6	
S-17A	= 7	
S-18A	= 8	
S-19A	= 9	
S-20A	= 13	
S-21A	= 14	
S-22A	= 16	
RESAMPLE #	ORIGINAL SAMPLE #	

S-23A	= 17
S-24A	= 18
S-25A	= 19
S-26A	= 20
S-27A	= 21
S-28A	= 22
S-29A	= 23
S-30A	= 24
S-31A	= 25
S-32A	= 26
RESAMPLE #	ORIGINAL SAMPLE #

WORK SITE DIAGRAM #L3

FUSS & O'NEILL

Prepared By	Date	Checked By	Date	Project No
SV	4-9-14			20116799.A2E

MAIN BUILDING - SOUTH WALL WINDOWS

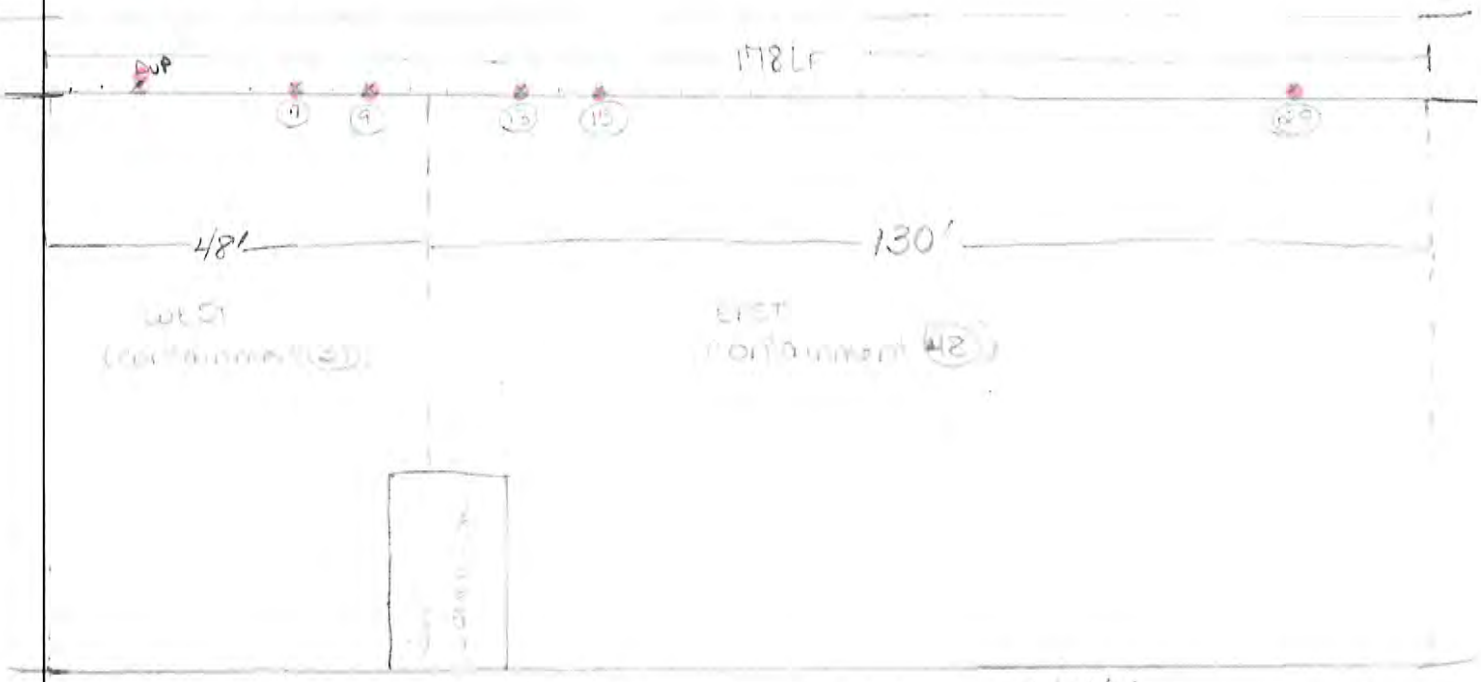
Sheet No of

PCB VERIFICATION SAMPLING - RESAMPLE #2

SIDP AREAS L & 14 LINTEL WIPES

REFERENCE WORK SITE DIAGRAMS # 4/9, 24, 25, 33

not to scale



RESAMPLES -	4/10/14	COMPARABLE TO	3/31/14 RESAMPLE 1 #	ORIGINAL SAMPLE #	
	S-03D-B		S-DUP-A	24	WEST 12/13/13
	S-07-B		S-07A	28	
	S-09-B		S-09A	30	
	S-13-B		S-13A	[illegible]	EAST 3/6/14
	S-15-B		S15A	5	
	S-29-B		S-29A	28	

WORK SITE DIAGRAM # 58

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	4-1-14			20110979.A2E

MAIN BUILDING PCB SOIL REMOVAL - NORTH WALL

Sheet No of

SIDP AREA 4

not to scale

SOIL REMOVAL TO 24" DEPTH, 5' WIDE

(1,3,5,7,9,11,13,15,17,19,21,23,25,27)

1-27 odd COMPOSITE SAMPLES - FOUNDATION = 14

2-28 EVEN COMPOSITE SAMPLES 5' FROM FOUNDATION 14

→ 2,4,6,8,10,12,14,16,18,20,22,24,26,28

DUPLICATES #27 ← 29 DUPLICATE SAMPLES ~~DUP~~ = 1

30 MATRIX SPIKE SAMPLES (3 sample matrix) 1

32

4/10/14 ADDITIONAL 8" SOIL REMOVED (TOTAL = 32")

RESAMPLES: 07A
09A
~~29~~ 30A (MATRIX)
21A

WORK SITE DIAGRAM #59

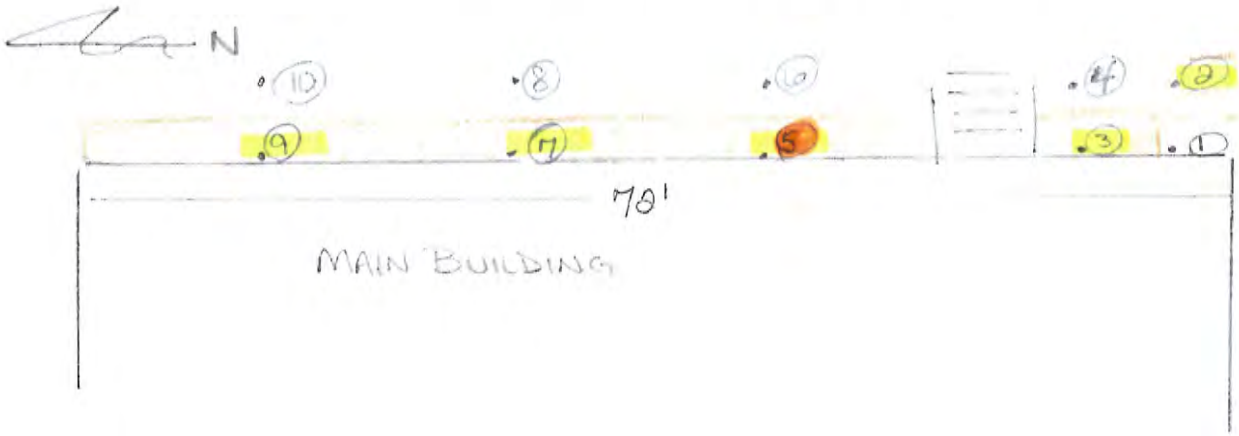
FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	4-1-14			20110919.A2C

MAIN BUILDING PCB SOIL REMOVAL - EAST WALL

Sheet No of

not to scale

SIDP AREA 5



SOIL REMOVAL TO 24" DEPTH
5 COMPOSITE SAMPLES @ FOUNDATION
5 COMPOSITE SAMPLES @ 5' FROM FO[illegible]
10 SAMPLES 4/2/14

RESULTS 4/10/14
SAMPLE 2 - 1.0
3 - 27
5 - 2.5
7 - 2.6
9 - 2.1

REMOVAL ADDITIONAL 12" DEPTH, 10' WIDE ALONG FOUNDATION & RESAMPLE

Retest 04-11-14 (36"D)

Sample E2B -
E3B -
E5B -
E7B -
E9B -

Retest 04-17-14 - An Additional 12" of Soil Removed (48"D)

Sample ESC-

WORK SITE DIAGRAM #59A

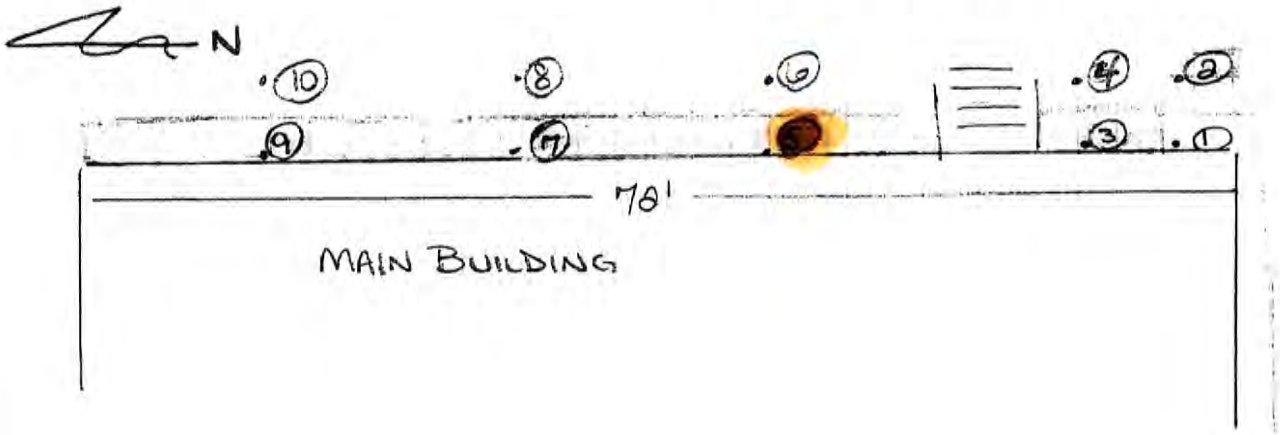
FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	4-1-14			20110979.A2E

MAIN BUILDING PCB SOIL REMOVAL - EAST WALL

Sheet No of

not to scale

SIDP AREA 5



SOIL REMOVAL TO 24" DEPTH
5 - COMPOSITE SAMPLES @ FOUNDATION
5 - COMPOSITE SAMPLES @ 5' FROM FOUNDATION

10 SAMPLES 4/2/14

RESULTS 4/10/14
SAMPLE 2 - 1.0
3 - 27
5 - 2.5
7 - 2.6
9 - 2.1

REMOVE ADDITIONAL 12" DEPTH, 12" WIDE ALONG FOUNDATION & RESAMPLE

4/14/14 Retest (36"D)

E2B
E3B
E5B
E7B
E9B

4/17/14 Retest ADDITIONAL 12" (48"D)

E5C

WORK SITE DIAGRAM #60

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	4-2-14			20110979.A2E

MAIN BUILDING - SOUTH WALL - SIDP AREA 6 | Sheet No of

PCB SOIL VERIFICATION SAMPLING

not to scale

N

@ 8" LEPT REMOVAL - 3-28-14

SAMPLE	RESULT	RL
5	7.2	2
[illegible]		1.9
7	1	
9	1.7	
10	18	
11	2.1	
12	1.2	
13/13b	3.3/5.3	
14	16	
15	3	
16	4.8	
17	1.2	
18	1.6	

SAMPLE 2 → .96

LISTED SAMPLES [illegible]
TO BE [illegible]
GRANITE [illegible] & RE SAMPLED

4/4/14 - HORIZONTAL
ADDITIONAL SOIL REMOVED
[illegible]

① - ⑦ AREA WIDTH
3' (5'-8' FROM BLDG)
RESULTS BELOW CRITERIA

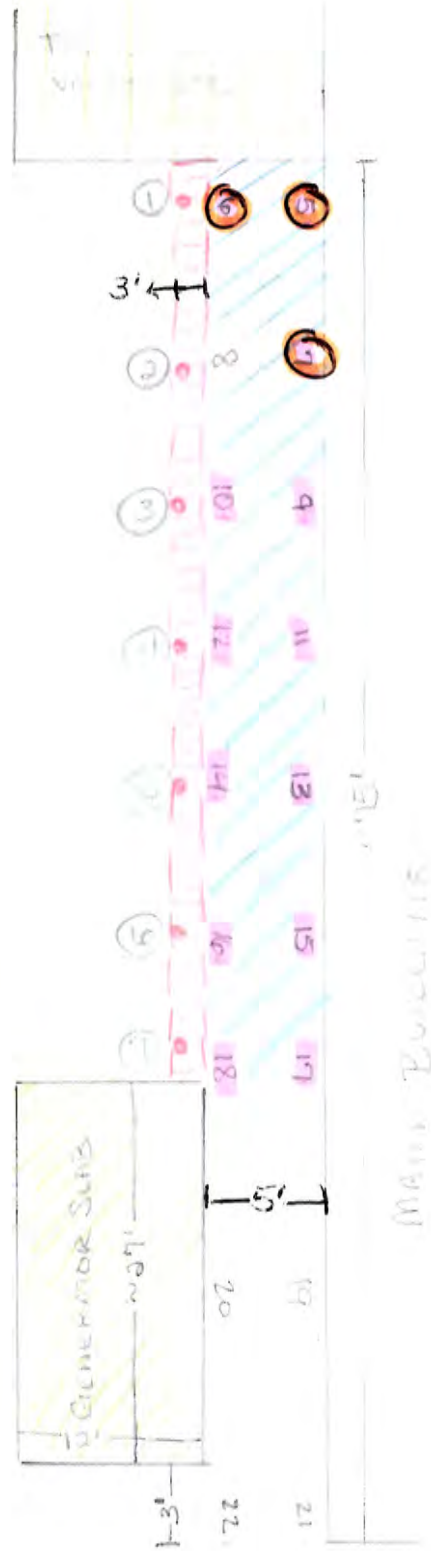
BETWEEN TRANSFORMER VAULT
& GENERATOR SLAB (~45')
REMOVE ADDITIONAL 12" SOIL
@ 0'-5' FROM FOUNDATION (ORIGINAL REMOVAL)
4/10/14

4/11/14 Retest → Excavate Additional ≤ 12"

Sample	Result
SW5B	1.2
SW6B	1.1
SW7B	1.7

Retest 4-17-14 An Additional 12" of Soil Removed

Swample SW5C
SW6C
SW7C



WORK SITE DIAGRAM #6A

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	4-2-14			20110979.A2E

MAIN BUILDING - SOUTH WALL - SIDP AREA 6 | Sheet No of

PCB SOIL VERIFICATION SAMPLING

not to scale

N

@ 8" DEPTH REMOVAL - 3-28-14

SAMPLE	RESULT	RL
5	7.2	2
6		1.9
7	1	
9	1.7	
10	18	
11	2.1	
12	1.2	
13/13D	3.3/5.3	
14	16	
15	3	
16	4.8	
17	1.2	
18	1.6	

SAMPLE 8 → .96

LISTED SAMPLES WILL NEED TO BE REMOVED TO GREATER DEPTH & RE-SAMPLED

4/4/14 - HORIZONTAL

① - ⑦ AREA WIDTH 3' (5'-8' FROM BLDG)
RESULTS BELOW CRITERIA

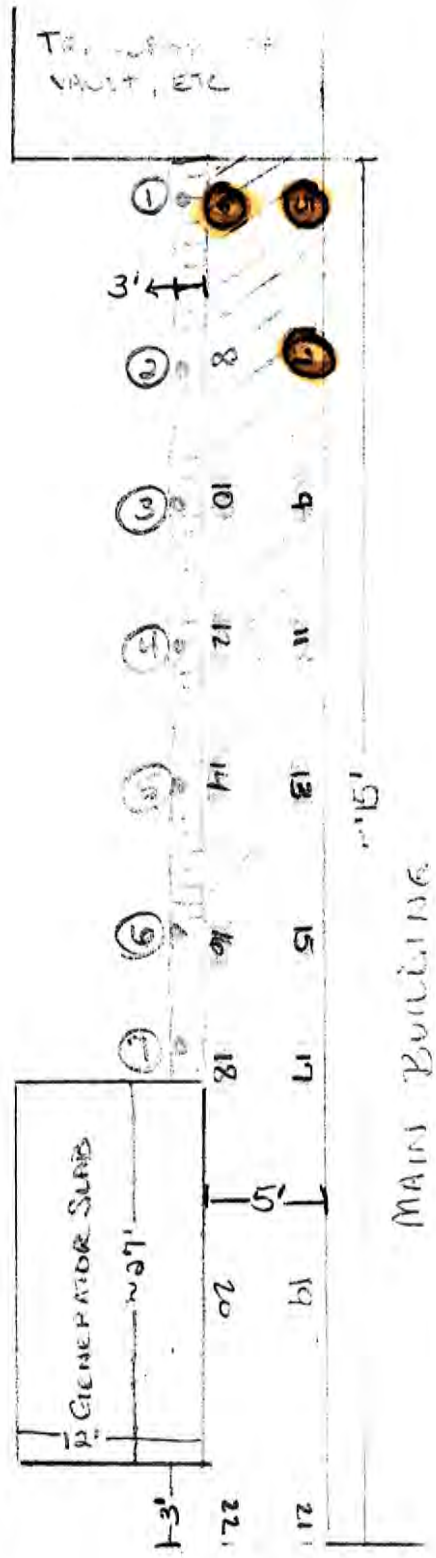
BETWEEN TRANSFORMER VAULT & GENERATOR SLAB (~45')
REMOVE ADDITIONAL 12" SOIL @ 0'-5' FROM FOUNDATION (ORIGINAL REMOVAL)
4/10/14

4/14/14 Retest → Excavate Additional ≤ 12"

Sample	Result
SW5B	1.2
SW6B	1.1
SW7B	1.7

4/17/14 Retest

SW5C
SW6C
SW7C



WORK SITE DIAGRAM #62

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	4-7-14			20110979.A2E

MAIN BUILDING - NORTH WALL WINDOWS

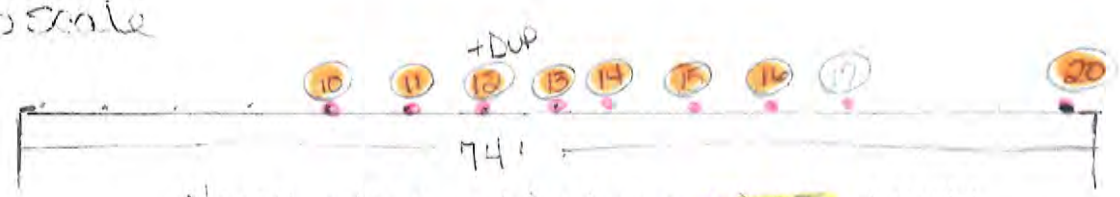
Sheet No of

PCB VERIFICATION SAMPLING - RESAMPLE #2
LINTEL WIPES -

SLDP AREA 4

REFERENCE WORK SITE DIAGRAMS # 27, 28

not to scale



NORTH WALL - WINDOW WEST - LINTEL

RESAMPLES - W10B
W11B
W12B
+ W-DUP-B
W13B
W14B
W15B
W16B
W17B
W20B

NORTH WALL WINDOW - EAST - LINTEL

RESAMPLES - E-10B
E-11-B
E-12-B
E-15-B
E-17-B
E-12-B
+ E-DUP-B
E-20B
E-21B
E-22B

WORK SITE DIAGRAM #63A

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	4-7-14			20110979.A2E

MAIN BUILDING - SOUTH WALL WINDOWS

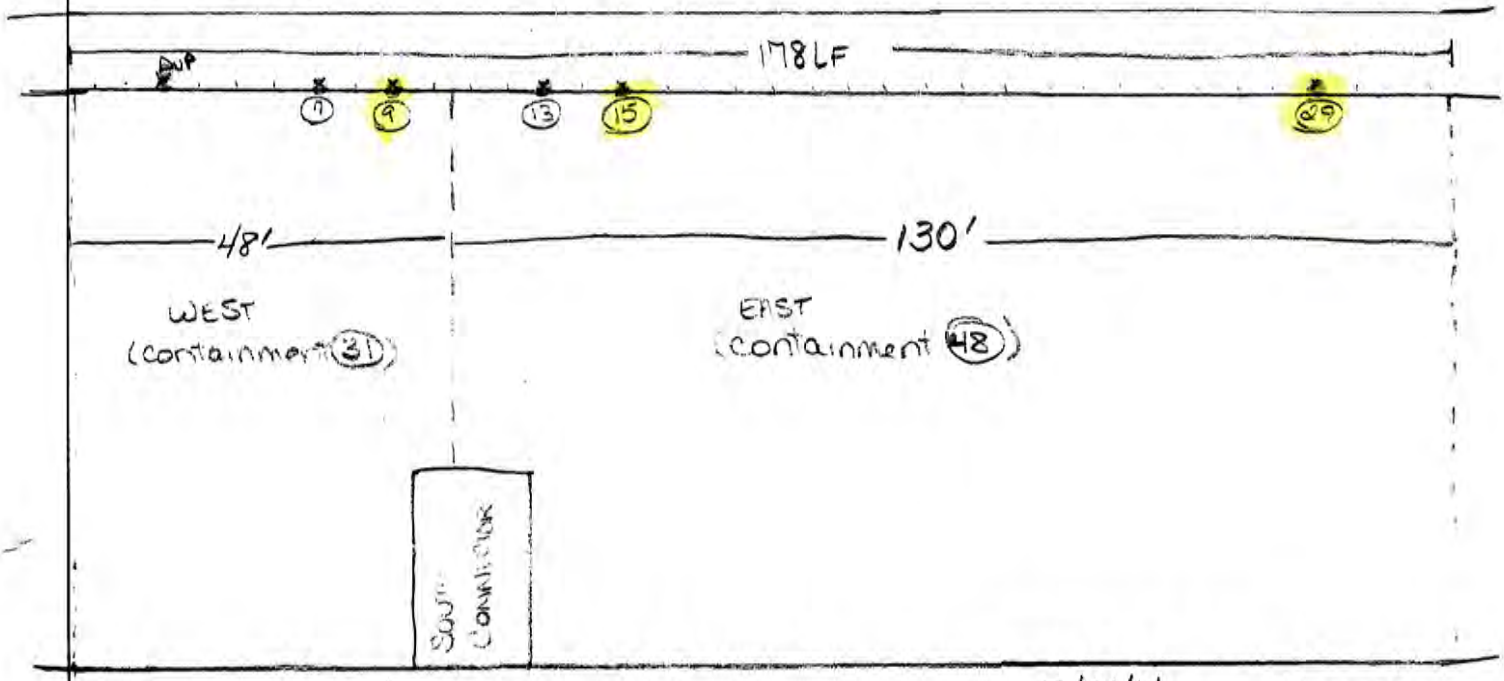
Sheet No of

POB VERIFICATION SAMPLING - RESAMPLE #2

SIDP AREAS 6 & 14 LINTEL WIPES

REFERENCE WORK SITE DIAGRAMS # 49, 24, 25, 33

not to scale



RESAMPLES - 4/10/14	CORRESPONDS TO	3/31/14 RESAMPLE 1 #	ORIGINAL SAMPLE #	
S-03D-B		S-DUP-A	24	WEST 12/13/13
S-07-B		S-07A	28	
S-09-B		S-09A	30	
S-13-B		S-13A	3	EAST 2/6/14
S-15-B		S-15A	5	
S-29-B		S-29A	23	

Verbal 4-15-14

↓

RESAMPLE #3 5/12/14

S-09-C
S-15-C
S-29-C

5/15/14 Received Text message from KP → Passed

WORK SITE DIAGRAM # 62A

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	SV	4-7-14			20110979.A2E

MAIN BUILDING - NORTH WALL WINDOWS

Sheet No of

PCB VERIFICATION SAMPLING - RESAMPLE #2
LINTEL WIPES -

SIDP AREA 4

REFERENCE WORK SITE DIAGRAMS # 27, 28

not to scale

NORTH WALL - WINDOW WEST - LINTEL

RESAMPLES - 4-11-14

W10B
W11B
W12B
+W-DUP-B
W13B
W14B
W15B
W16B
W17B
W20B

NORTH WALL WINDOW - EAST - LINTEL

RESAMPLES - 4-11-14

E-10-B
E-11-B
E-12-B
E-15-B
E-17-B
E-18-B
+E-DUP-B - SAMPLE LOST @ LAB 4-14-14
E20B
E21B
E22B

Verbal 4-16-14

RESAMPLE #3

WEST 5/13/14

W10C
W11C
W12C
W13C
W14C
W15C
W16C
W20C

5/15/14
Received Text message from KP
Passed

EAST 5/12/14

E12C
E17C
E18C
E22C

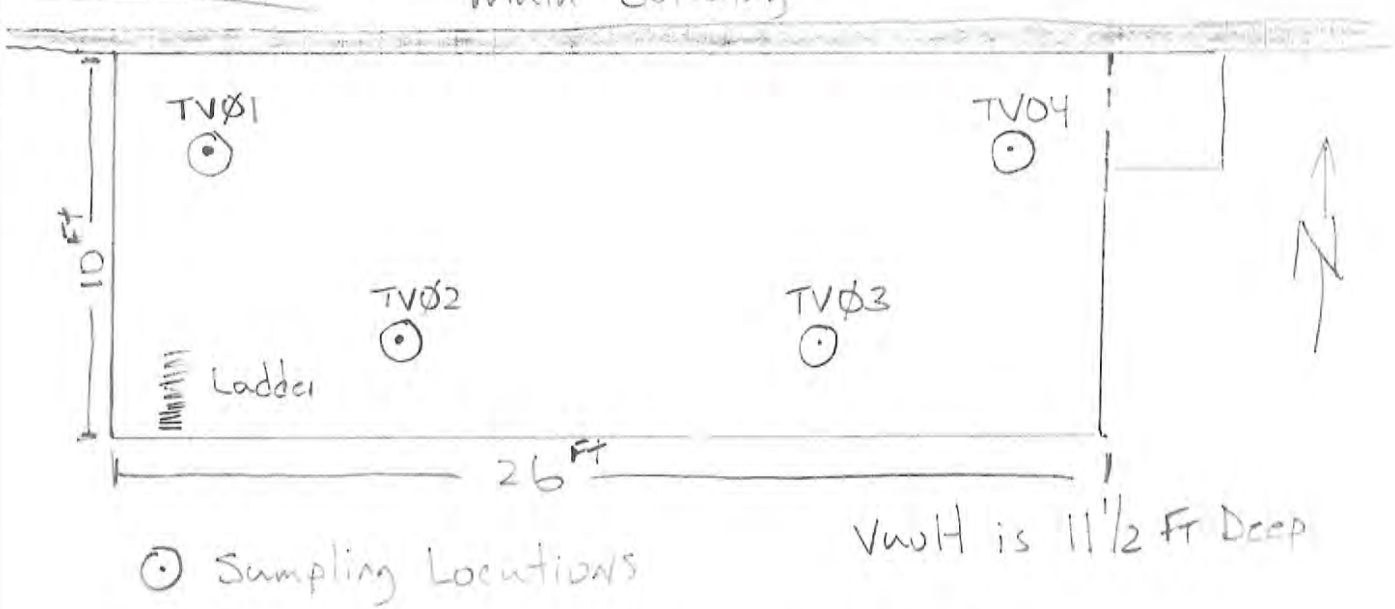
Worksite Diagram #73

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	BGirgoire	5-13-14			20110979.A2E

MAIN BUILDING TRANSFORMER VAULT (SOUTH WALL)

Sheet No
of

Not Scale



Vault is 11½ FT Deep

⊙ Sampling Locations

ADDITIONAL CONCRETE SAMPLING FOR PCBs

Worksite Diagram #73

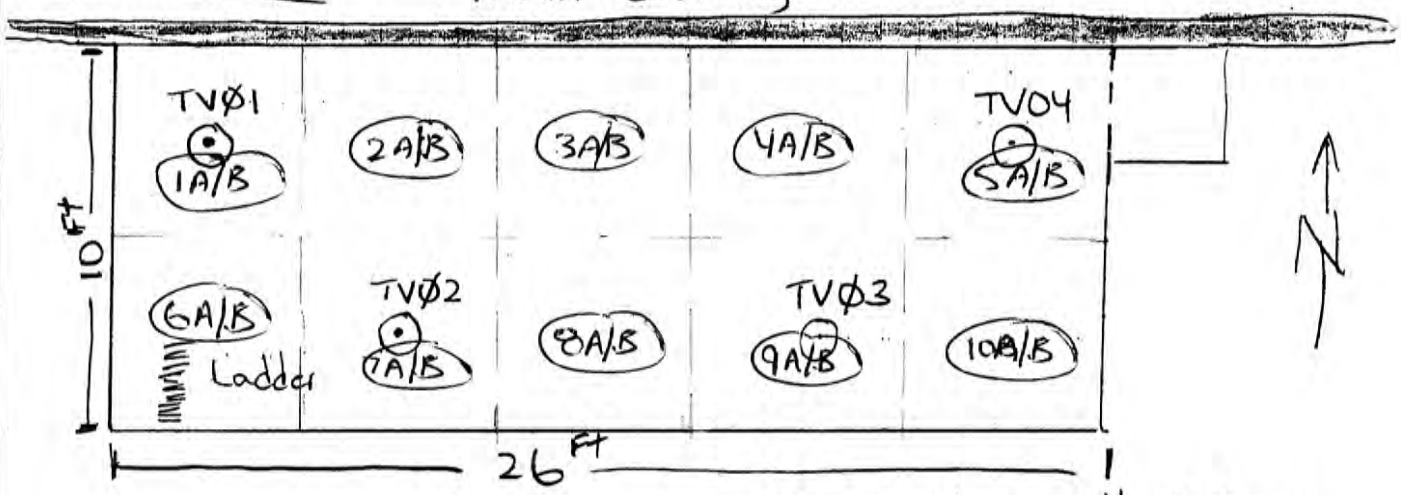
FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	BGregoire	5-13-14			20110979.A2E

MAIN BUILDING TRANSFORMER VAULT (SOUTH WALL)

Sheet No of

Not Scale

Main Building



Vault is 11 1/2 Ft Deep

⊙ Sampling Locations TVØ1 → TVØ4 5/13/14

ADDITIONAL CONCRETE SAMPLING FOR PCBs

Soil Sampling under Concrete Slab Area

1A → 10A: 0-4" Depth Sampled 6/13/14

1B → 10B: 4-8" Depth Sampled 6/13/14

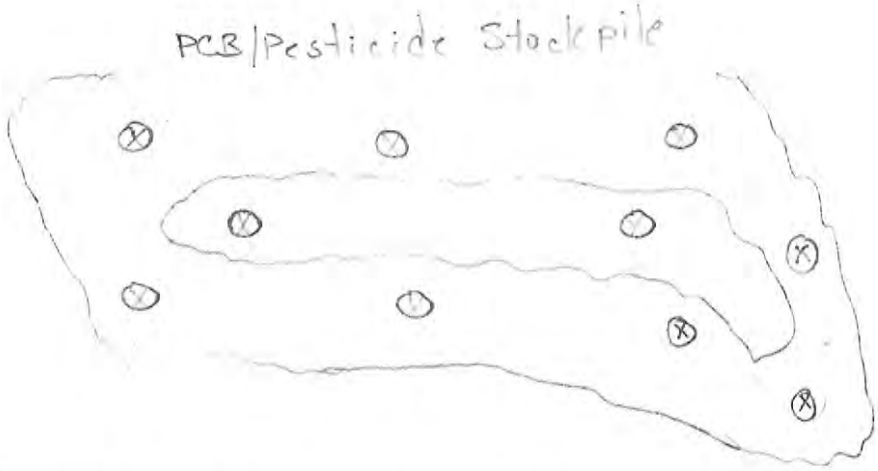
Worksite Diagram #95

FUSS & O'NEILL	Prepared By	Date	Checked By	Date	Project No
	BBregolie	5-23-14			20110979-A2E

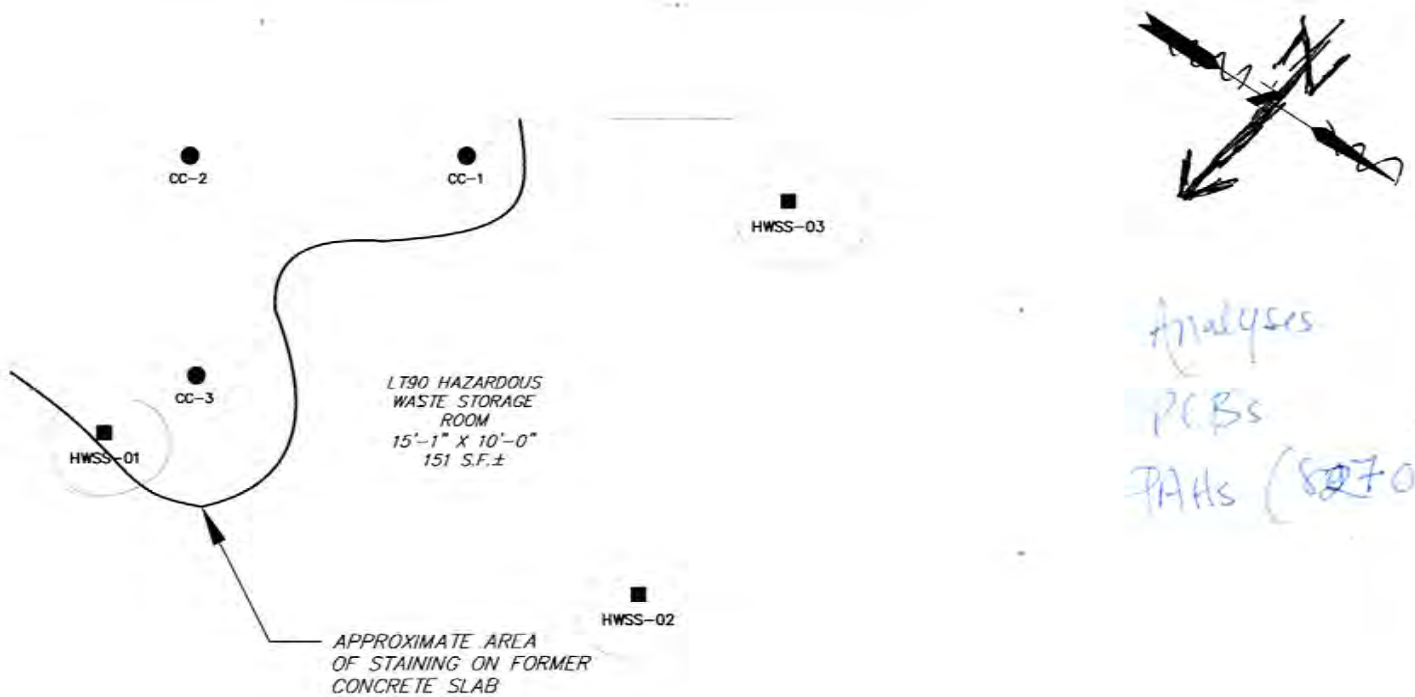
PCB/Pesticide Soil Stockpile

Sheet No 1 of 1

Not To Scale



⊗ Sample Locations for 10-pt composite sample at 0-4" in depth on 5/23/14



Analyses
PCBs
PAHs (8270)

NOTE:

DIMENSIONS, LOCATIONS, AND DEPICTIONS HEREIN ARE APPROXIMATE.

MAP REFERENCE:
BASEMAP COMPILED BY AMENTA/EMMA ARCHITECTS, P.C. ENTITLED "FIRST FLOOR" "CREC DISCOVERY ACADEMY, 176 CUMBERLAND AVENUE, WETHERSFIELD, CONNECTICUT" DATED APRIL 7, 2004, REVISED MAY 13, 2013.

LEGEND

CC-1 — *CONCRETE CHIP SAMPLE LOCATION (COLLECTED BY F&O ON 08/09/2013)*

HWSS-01 — *SOIL SAMPLE LOCATION (COLLECTED BY F&O ON 11/15/2013)*

No.	DATE	DESCRIPTION	DESIGNER	REVIEWER
1			DDC	MH

SCALE: HORZ. 1/2" = 1' VERT.
DATUM: HORZ. VERT.
0 1/4 1/2
GRAPHIC SCALE

FUSS & O'NEILL

LT90 HWSA CLOSURE PLAN

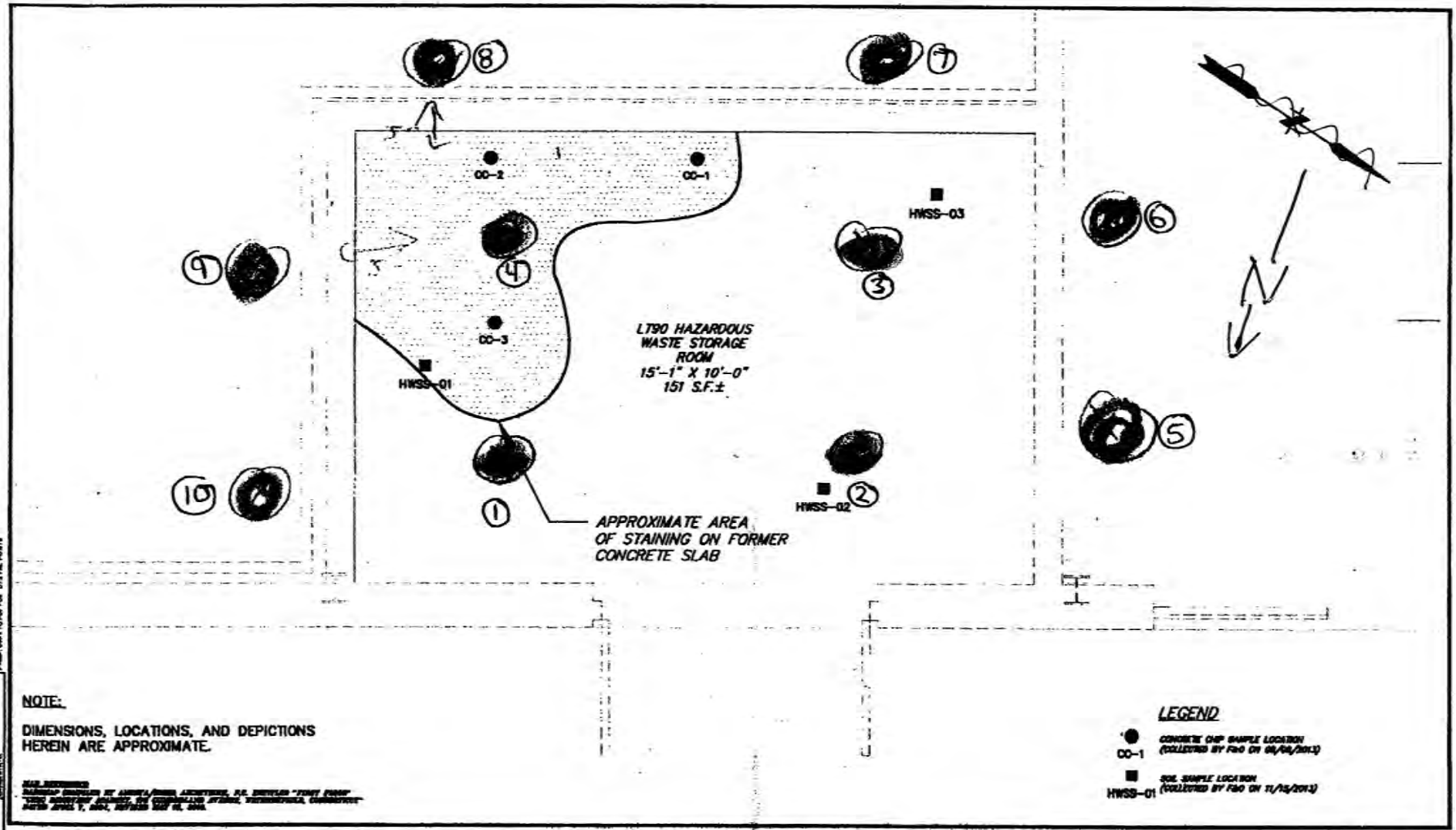
SAMPLING LOCATION PLAN

176 CUMBERLAND AVENUE

WETHERSFIELD CONNECTICUT

PROJ. No. 2011979.A3E
DATE: 12/10/2013

FIGURE 3



FUSS & O'NEILL

LT90 HWSA CLOSURE PLAN

SAMPLING LOCATION PLAN

176 CUMBERLAND AVENUE

WETHERSFIELD CONNECTICUT

FIGURE 3

Sampled 6/18/14: PCB's/PAH's

Sample Number
061814-BG

Site #	0-4"	4-8"	12-18"	20-24"	
1	-1A	1B	1C	1D	
2	2A	2B	2C	2D	matrix spike 3B 4-8" matrix spike Dup 4B 4-8"
3	3A	5B	3C	3D	Duplicate 4C 12-18"
4	4A	6B	5C	4D	
5	5A	7B	6C	5D	matrix spike 6D 20-24" matrix spike Dup 7D 20-24"
6	6A	8B	7C	8D	
7	7A	9B	8C	9D	
8	8A	10B	9C	10D	
9	9A	11B	10C	11D	Duplicate 10A 0-4"
10	11A	12B	11C	12D	

Field Sampling Summary
176 Cumberland Avneue
Wethersfield, Connecticut

- PROJECT NUMBER: 201109793.A20/Task 1 Analyze samples 0-4" and 4-8" for PCBs(via soxhlet 8082)

PROJECT DIRECTOR: Bob May
PROJECT MANAGER: Kathleen Pane – 5585 (cell (860) 510-9290)
ASST. PROJ. MANAGER: Marilee Gonzalez (x5350)/cell 860-989-7861
OnSite Contact: Bruce Gregoire – 860-481-9774

Sampling Summary

Former Hazardous waste storage pad:

Pink locations – Create a five foot grid with four soil locations. Collect soil samples from each location form depth of 0-4", 4-8", 12-18" and 20-24"

- Analyze samples 0-4" and 4-8" for PCBs(via soxhlet 8082)
- Analyze samples 12-18" for PAHs (8270) and PCBs(via soxhlet 8082)
- Hold remaining depths for potential PCB or PAH analysis

Green Locations: Collect six soil sample locations outside of HWSA. Collect soil samples from each location form depth of 0-4", 4-8", 12-18" and 20-24"

- Analyze samples 0-4" for PCBs(via soxhlet 8082) and PAHs (8270)
- Analyze samples 4-8" for PCBs(via soxhlet 8082)
- Hold remaining depths for potential PCB or PAH analysis

QA/QC – ~~Trip blank/one dup at transformer~~ 1 dup/1 ms/msd for every 20 (2)
Lab – Phoenix Lab, GA/Res DEC Criteria, GAPMC
Report To: Marilee Gonzalez of F&O
Indicate no charge for dup

– Decon w/ hexane

Reminders:

IF can't get deep samples use backhoe on-site

Call ahead to meet Bruce Gregoire Enviro Science

dup – No Charge

Construction site, you will need hard hat, vest and steel toes

20110979.A2E Discovery Academy:

Garage area 3 meter sampling grid

A1	A2	A3	A4	A5	A6
B1	B2	B3	B4	B5	B6
C1	C2	C3	C4	C5	C6
D1	D2	D3	D4	D5	D6
E1	E2	E3	E4	E5	E6
F1	F2	F3	F4	F5	F6
G1	G2	G3	G4		
H1	H2	H3	H4	Hazmat storage area	
I1	I2	I3	I4	I5	
J1	J2	J3	J4	J5	J6
K1	K2	K3	K4	K5	K6
L1	L2	L3	L4	L5L	L6
M1	M2	M3	M4	M5	M6

Highlighted areas = Duplicate sample

FUSS & O'NEILL
EnviroScience, LLC

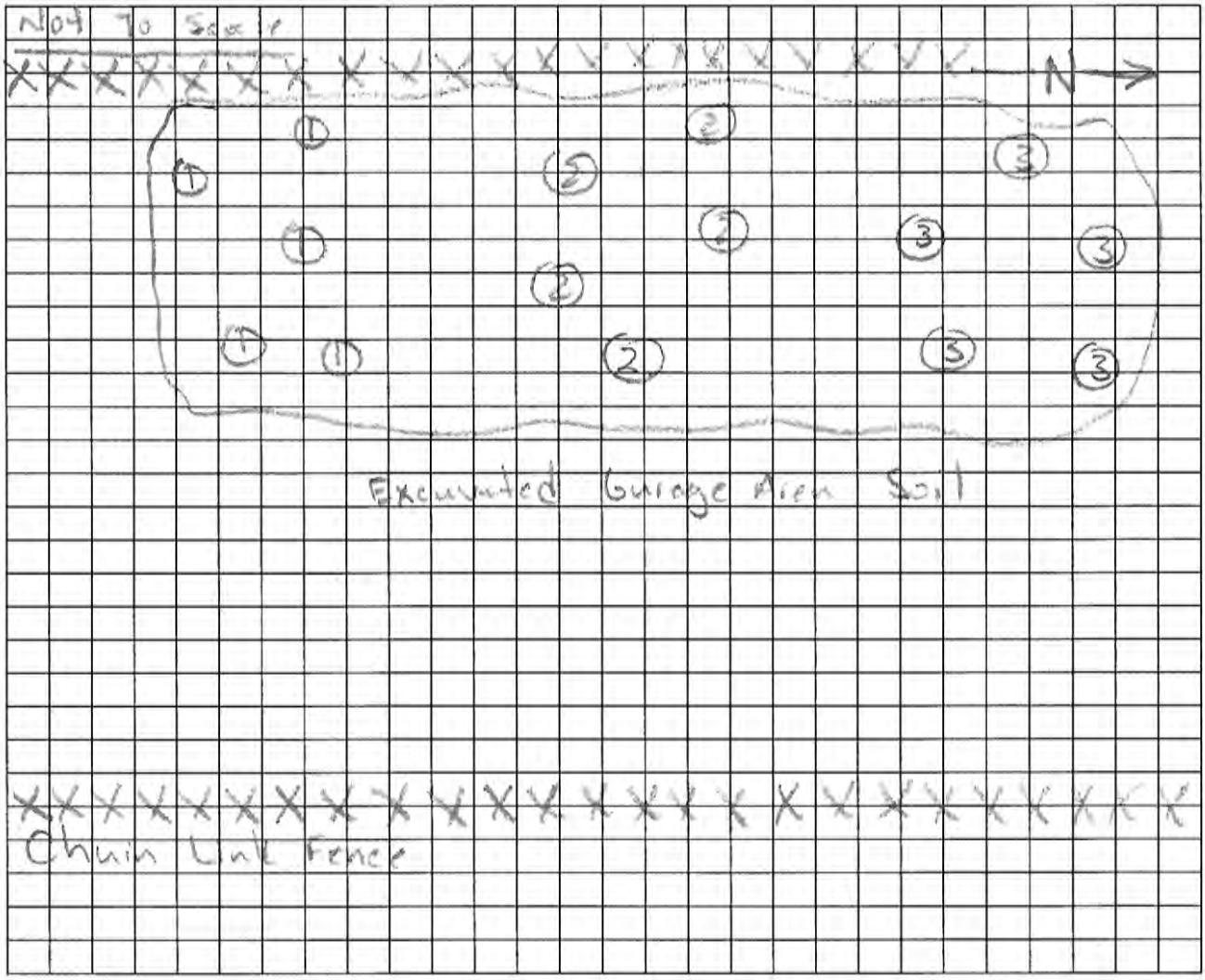
www.fando.com

146 Hartford Road, Manchester, CT 06040

(860) 646-2469 Fax (860) 649-6883

Work Site Diagram

Project Number: 20110979.AZE
Project Name: Discovery Academy
Work Area: Excavated Garage Area Soil Pile in Parking Lot
Building Identification/Address: 176 Cumberland Ave, Wethersfield, CT
Amount of Material Removed: ~1500 Tons
Comments:



Appendix H

Remediation Photos

After PCB Remediation and Exterior Demolition

Another example of PCB Remediation Work Area Construction

Another PCB Remediation Work Area

Example of Exterior PCB Remediation Work Area

Example of PCB Remediation Completion in Window Area

Lower Window PCB Remediation Area

PCB Remediation Window Opening

PCB Remediation Work Area Construction

PCB Removal Window Area

Window PCB Remediation Area