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HON. JOHN M. XIFARAS *
RETIRED JUSTICE OF THE SUPERIOR COURT

ADMITTED TO PRACTICE
*MASSACHUSETTS
°DISTRICT OF COLUMBIA
#FLORIDA
+NEW YORK
-RHODE ISLAND

Rec'd SEP 29 2015 CH

September 23, 2015

Regional Freedom of Information Officer
U.S. EPA, Region 1 (OARM01-6)
5 Post Office Square, Suite 100
Boston, MA 02109-3912
(617) 918-1102

Re: FOIA Request

Dear Sir or Madam:

This is a request under the Freedom of Information Act. I am requesting that I be provided a certified copy of the following records:

> All records concerning asbestos shingle removal work performed in May of 2012 at the residential property located at 23 Seventh Street, New Bedford, MA 02740. Please see copy of DEP forms (5 pages) and waste shipment record (1 page) attached as Exhibits A and B for your reference.

Please be advised that these records are intended to be used in court. If possible, please include whatever affidavit or certification you normally use to attest that the copies provided are true copies of the EPA's records.

I understand that you may charge reasonable costs for copies and for personnel time needed to comply with this request. If you expect costs to exceed $100.00, please provide a fee estimate before you proceed. Thank you for your assistance.

Sincerely,

Julie K. Peterson, Esq.

Enclosures

EXHIBIT A

100146093
Decal Number

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

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

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

INSTRUCTIONS

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

A. Facility Location

RESIDENTIAL
1. Name of Facility

23 SEVENTH ST
2. Street Address

NEW BEDFORD
3. City

MA
4. State

5. Zip Code

5089995426
6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

4/24/2012
1. Original Start Date (mm/dd/yyyy)

4/27/2012
2. Original End Date (mm/dd/yyyy)

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

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

D. Revised Project Dates

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

5/4/2012
2. Revised End Date Date (mm/dd/yyyy)

E. Other Project Revisions

F. Revision History

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

100146093
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

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

1. Name: JOHN DASILVA
2. Position/Title: OPERATIONS
3. Date (mm/dd/yyyy): 4/24/2012
4. Representing: WHALING CITY ENVIRONMENTAL
5. Telephone: 7744516158
6. Address: 222 HERMANMELVILLE BLVD
7. City/Town: NEW BEDFORD/MA
8. Zip Code: 02740

Authorized Signature: JOHN DASILVA

23 SEVENTH ST

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100146093
Decal Number

Permit # B12-632

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

INSTRUCTIONS

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

A. Asbestos Abatement Description

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

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

2. Facility Location:

   a. Name of Facility: RESIDENTIAL
   b. Street Address: 23 SEVENTH ST
   c. City/Town: NEW BEDFORD
   d. State: MA
   e. Zip Code: 02740
   f. Telephone Number: 5089995426

3. Worksite Location:

   a. Building Name/Building Location: RESIDENTIAL/ N.B
   b. Building #: 23
   c. Wing:
   d. Floor: ROOF
   e. Room:

4. Is the facility occupied? ☑ Yes ☐ No

5. Asbestos Contractor:

   a. Name: WHALING CITY ENVIRONMENTAL
   b. Address: 222 HERMAN MELVILLE BLVD
   c. City/Town: NEW BEDFORD
   d. Zip Code: 02740
   e. Telephone Number: 5084130233
   f. DOS License Number: AC000746
   g. Contract Type: ☑ Written ☐ Verbal
   h. Facility Contact Person: DENNIS MANIATIN
   i. Contact Person's Title: 5089995426

6. a. Name of On-Site Supervisor/Foreman: FRANK DELGADO
   b. Supervisor/Foreman DOS Certification Number: AS040658

7. a. Name of Project Monitor: DANIEL MCGRATH
   b. Project Monitor DOS Certification Number: AM040493

8. a. Name of Asbestos Analytical Lab: EMSL ANALYTICAL
   b. Asbestos Analytical Lab DOS Certification Number: AA000188

9. a. Project Start Date (mm/dd/yyyy): 4/24/2012
   b. End Date (mm/dd/yyyy): 4/27/2012
   c. Work hours Mon-Fri.: 730AM400PM
   d. Work hours Sat-Sun.:

10. a. What type of project is this?

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

11. a. Check abatement procedures:

    ☐ Glove bag ☐ Encapsulation
    ☐ Enclosure ☐ Disposal only
    ☐ Cleanup ☑ Other, specify: ROOFING
    ☐ Full containment

    b. Describe

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

ANF001 10 02 001

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100146093
Decal Number

A. Asbestos Abatement Description (cont.)

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

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

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

DOUBLE SUITED AND RESPIRATOR

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

ALL ACM PROPERLY WETTED ,DOUBLE BAGGED ,LABELED AND DISPOSED

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

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

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

B. Facility Description

1. Current or prior use of facility: RESIDENTIAL

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

3.

DENNIS MANIATIN a. Facility Owner Name	23 SEVENTH STREET b. Address
NEW BEDFORD c. City/Town	02740 d. Zip Code
	5089995426 e. Telephone Number (area code and extension)

4.

DENNIS MANIATIN a. Name of Facility Owner's On-Site Manager	23 SEVENTH STREET b. On-Site Manager Address
NEW BEDFORD c. City/Town	02740 d. Zip Code
	5089995426 e. Telephone Number (area code and extension)

ANF001100202

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100146093
Decal Number

B. Facility Description (cont.)

5.
a. Name of General Contractor:
b. Address:
c. City/Town:
d. Zip Code:
e. Telephone Number (area code and extension):
f. Contractor's Worker's Comp. Insurer:
g. Policy Number:
h. Exp. Date (mm/dd/yyyy):

6. What is the size of this facility?
a. Square Feet:
b. Number of floors:

C. Asbestos Transportation and Disposal

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

a. Name of Transporter: WHALING CITY ENVIRONMENTAL
b. Address: 222 HERMAN MELVILLE BLVD
c. City/Town: NEW BEDFORD
d. Zip Code: 02740
e. Telephone Number: 7744516158

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

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

a. Name of Transporter: SERVICE TRANSPORT GROUP
b. Address: 58 PYLES LANE
c. City/Town: NEW CASTLE
d. Zip Code:
e. Telephone Number:

3.
a. Refuse Transfer Station and Owner:
b. Address:
c. City/Town:
d. Zip Code:
e. Telephone Number:

4.
a. Final Disposal Site Location Name: MINERVA ENTERPRISES INC
b. Final Disposal Site Location Owner's Name:
c. Final Disposal Site Address: 9000 MINERVA ROAD
d. City/Town: WAYNESBURG
e. State: OH
f. Zip Code: 44688
g. Telephone Number:

D. Certification

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

a. Name: JOHN DASILVA
b. Authorized Signature: JOHN DASILVA
c. Position/Title: OPERATIONS
d. Date (mm/dd/yyyy): 4/11/2012
e. Telephone Number: 7744516158
f. Representing: WCE
g. Address: 222 HERMAN MELVILLE BLVD
h. City/Town: NEW BEDFORD/MA
i. Zip Code: 02740

ANF001100203

EXHIBIT B

SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720 PHONE: (877) 999-9559

№ 341071

WASTE SHIPMENT RECORD

S.T.G. # _____

GENERATOR

1. Material Origin Site
23 Seventh ST.
New Bedford, Ma. 02740

Generator: Name/Address
Dennis Mariantin
23 Seventh ST.
New Bedford, Ma. 02740

Generator: Phone #
508-999-5426

2. Removal Contractor: Name/Address
Whaling City Environmental
222 Herman Melville blvd.
New Bedford, Ma. 02740
Contact: Frank Delgado

Contractor: Phone #
508-413-0233

3. Responsible Agency: Name/Address
US EPA Region 1
5 Post Office Square Ste 100
Boston, Ma. 02109-3912

4. US DOT Class - FRIABLE ASBESTOS ONLY
NA 2212, RQ ASBESTOS, 9, PG III

5. Description of Materials Specify Friable or Non-Friable	Containers No. Type	Total Quantity
	20 Asbestos Drums	20
IF Friable (enter required information)	85 Asbestos Bags	85
IF Non-Friable (check one): ☑ Category I ☐ Category II		

6. Special Handling Instructions
24-hour emergency spill response no. 800-424-9300

7. Generator Certification:
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.

Printed/Typed Name & Title	Signature	Date
Frank Delgado Supervisor	Frank Delgado	5-11-12

TRANSPORTER

8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.

Company Name & Address		Telephone No.
Whaling City Environmental 222 Herman Melville blvd. New Bed Ford, Ma. 02740	Signature: Frank Delgado Printed Name: Frank Delgado Title: Supervisor	508-413-0233 Date: 5-11-12

9. Transporter 2 (Acknowledgement of Receipt of Materials) If Transporter 1 & 2 are blank, Transporter 3 servers as sole transporter.

Company Name & Address		Telephone No.
	Signature: _____ Printed Name: _____ Title: _____	Date:

10. Transporter 3 (Acknowledgement of Receipt of Materials)

Company Name & Address		Telephone No.
Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720	Signature: _____ Printed Name: _____ Title: _____	877-999-9559 Date:

DISPOSAL SITE

11. Discrepancy Indication Space:

12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)

Waste Disposal Site (Check One)		STG USE ONLY		Date:
Sanitary Landfill ☐ 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277	Minerva Landfill ☐ 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984	☐	Signature: _____ Printed Name: _____ Title: _____	