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A.A.C. Contracting, Inc.

Environmental Remediation and Construction Services

ASBESTOS ABATEMENT SUNY POTSDAM B 4535 CLOSEOUT DOCUMENTS

**JOB NAME: SUNY Potsdam Timmerman Hall – Basement Store Room
& Storage Room – Minor 20 ACM Fittings**

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1.) CORPORATE ASBESTOS LICENSE

NEW YORK STATE - DEPARTMENT OF LABOR

DIVISION OF SAFETY AND HEALTH

LICENSE AND CERTIFICATE UNIT

STATE CAMPUS BUILDING 12

ALBANY, NY 12240

ASBESTOS HANDLING LICENSE

AAC Contracting, Inc.
175 Humboldt Street
Rochester, NY 14610

FILE NUMBER: 99-0931
LICENSE NUMBER: 29292
LICENSE CLASS: FULL
DATE OF ISSUE: 11/23/2009
EXPIRATION DATE: 12/31/2010

Duly Authorized Representative — Kevin T. Cannan

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

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

Maureen A. Cox

Maureen A. Cox, Director
FOR THE COMMISSIONER OF LABOR

2.) WORK AREA ENTRY/EXIT LOGS

page 1 of 1

DATE: OCT 11, 2010
DAY: MONDAY
4 PERCENTAGE
POSDAM, NEW YORK

ALL PERSONS WHO ENTER THE WORK AREA / ENCLOSURE SHALL SIGN IN. BY SIGNING THE ENTRY / EXIT LOG SUCH PERSONS HAVE ACKNOWLEDGED THAT THEY HAVE REVIEWED AND UNDERSTAND ALL REGULATIONS, PERSONAL PROTECTIVE REQUIREMENTS, WORK AREA ENTRY / EXIT PROCEDURES AND EMERGENCY PROCEDURES.

[illegible]

3.) SUPERVISORS'S DAILY LOGS

SUPERVISOR'S DAILY PROJECT LOG

PROJECT NUMBER: B-4535

DATE: OCT 11, 2010

PROJECT NAME: SUNNYPARK DAM

DAY: MONDAY

PROJECT ADDRESS: LIAN-HUOON CORRIDOR 44 PETERBURY RD
PETERBURY

Required entries per 56-7.3.

MINOR TESTS

a) **Work Stoppage Due to High Air Results**

Time of work cessation 10

Record findings of Barrier and Negative Air System inspection and a summary of cleaning and any repairs _____

b) **Manometer Readings (all Large/Small Class I projects)** (Performed twice daily)

Time of reading _____

Reading _____

Time of reading _____

Reading _____

c) **Negative Air Systems** (Inspected and documented daily, even on non work days)

Record findings of Negative Air System inspection and a summary of any repairs _____

LET HEPA UNIT BEFORE STARTING AND 20 MIN
AT THE

d) **HVAC System Positive Pressurization** (Inspected and documented daily, even on non work days)

Record findings of Negative Air System inspection and a summary of any repairs _____

e) **Inspection of Barriers** (Inspected and documented 2x per shift, 1x on non work days)

First Inspection (at the start of the shift): Record findings and a summary of any repairs _____

GOOD

Second Inspection (at the completion of the shift): Record findings and a summary of any repairs _____

f) **Testing of Barriers and Enclosures** (prior to abatement and daily thereafter)

(all work area barriers enclosures to include: isolation and personal/waste decons)

Barriers smoke tested YES

g) **Daily Cleaning of Enclosures** (at the end of the shift)

Hepa vac or wet clean personal/waste decons and airlocks

Enclosures cleaned _____

h) **Intermediate Completions** (at the completion of intermediate portions)

Supervisor's inspection for completeness

Time of inspection _____

Results of inspection _____

i & j) Visual Inspection by Project Monitor and Supervisor

(prior to clearance air sampling or for projects exempt from clearance sampling)

As the project supervisor, I have performed a thorough inspection of the work area prior to the inspection by the project monitor.

Project Supervisor

Name: John Murphy

AH Cert #: 27-013

Signature: [Signature]

As project monitor, I confirm that the scope of abatement is complete. Additionally the work area is free of visible debris, pools of liquid or condensation and has passed the inspection for Completeness of Abatement and Completeness of Cleanup.

Project Monitor

Name: _____

AH Cert #: _____

Signature: _____

k) Final Inspection (after clearance)

As project supervisor, I certify that the abatement work is complete and that no residue or debris remains as a result of the abatement project. Additionally, all generated waste removed from the site has been documented, accounted for and disposed of in compliance with EPA NESHAPS.

Project supervisor's signature _____

Additional Items

Checked with Air Tech that pumps set up prior to commencing work YES
Employees respirators checked YES Jobsite secured at the end of the shift YES
Water shut off at the source YES Corporate Mission reviewed w/ crew YES
Reviewed adequately wetting of asbestos (before, during and after) w/ crew YES

Emergency and Contingency Planning

Emergency exits laid out/marked YES Emergency exit floor plan displayed YES
Assembly area determined and communicated to the crew YES
Exits reviewed and pointed out to the crew YES Fire extinguishers in place YES
Emergency phone number posted and review with the crew YES

Water control kit on site _____ Kit location reviewed with the crew _____
Water shut off valves known and marked YES Plan devised and reviewed w/ crew YES
Water emergency contact name _____ Phone Number _____

Visitors (document name, AH #, agency/company, purpose of visit)

Additional Comments

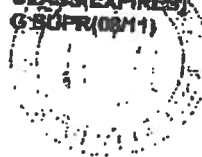
1. APPROVED ON SITE.
2. WE WENT OUT SCOPE OF WORK
3. WE REMOVED 3 TENTS AND 100 LBS
4. WE REMOVED 100 LBS
5. WE DOUBLE BAGGED DEBRIS AND PLACED IT IN
6. SET THE HEAVY LIFT RIG FOR REMOVAL
7. THEN SAW TENTS, DOUBLE BAGGED THE DEBRIS
8. OFF SITE.

4.) HANDLER/ SUPERVISOR CERTIFICATES

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE



JAMES P. MURRAY
CLASS (EXPIRES)
G SUPR (08/11)



CERT# 88-02833
DMV# 915471428

MUST BE CARRIED ON ASBESTOS PROJECTS

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE



CERT# 98-09630
DMV# 168812217

MUST BE CARRIED ON ASBESTOS PROJECTS



5.) WASTE HAULER PERMIT

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS



PART 364
WASTE TRANSPORTER PERMIT NO. 8A-699

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law and 6 NYCRR 364

PERMIT ISSUED TO:

AAC CONTRACTING, INC.
175 HUMBOLDT STREET
SUITE 200
ROCHESTER, NY 14610

PERMIT TYPE:

☐ NEW
☒ RENEWAL
☐ MODIFICATION

CONTACT NAME: CRAIG D. EVERHART
COUNTY: MONROE
TELEPHONE NO: (716)527-8000

EFFECTIVE DATE: 04/13/2010
EXPIRATION DATE: 04/12/2011
US EPA ID NUMBER:

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY:

The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
BFI NIAGARA FALLS LANDFILL FACILITY	NIAGARA FALLS , NY	Non-Hazardous Industrial/Commercial Asbestos
Franklin County Regional Landfill	Constable , NY	Non-Hazardous Industrial/Commercial Asbestos
High Acres Western Expansion Landfill	Fairport , NY	Non-Hazardous Industrial/Commercial Asbestos

NOTE: By acceptance of this permit, the permittee agrees that the permit is contingent upon strict compliance with the Environmental Conservation Law, all applicable regulations, and the General Conditions printed on the back of this page.

ADDRESS:

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials - Waste Transporter Program
625 Broadway, 9th Floor
Albany, NY 12233-7253

AUTHORIZED SIGNATURE:

Date: MAR 03 2010

NOTICE

PAGE 1 OF 2

This renewed permit is not valid until
the effective date listed on the permit

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
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EFFECTIVE DATE: 04/13/2010
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US EPA ID NUMBER:

AUTHORIZED VEHICLES:

The Permittee is Authorized to Operate the Following Vehicles to Transport Waste:

(Vehicles enclosed in <>'s are authorized to haul Residential Raw Sewage and/or Septage only)

7 (Seven) Permitted Vehicle(s)

NY 27250JP
NY 27571JM
NY 28457JA
NY 28485JA
NY 29129JX
NY 44879JF
NY 57523JX
End of List

6.) WASTE MANIFEST

WASTE SHIPMENT RECORD

REPORT DATE

GENERATOR

1. Work site name and mailing address

SUNY POTSDAM (TIMMERMAN HALL)
44 PIERCEPONT AVE (NEW HAVEN)
POTSDAM, NEW YORK 13676

Owner's Name

SUNY POTSDAM
44 PIERCEPONT AVE
POTSDAM, NY 13676Owner's
telephone no.

315-267-2133

2. Operator's name and address

AAC CONT INC
175 HUMBOLDT STREET
ROCHESTER, NEW YORK 14610Operator's
telephone no.

585-5278000

3. Waste Disposal Site (WDS)

Name FRANKLIN COUNTY LANDFILL

Mailing Address 828 COUNTY ROUTE 20
COMSTABLE

Physical

Site Location SAME

WDS

telephone no. 515-483-8200

Additional Information

4. Name and address of responsible agency

U.S. EPA REGION II
26 FEDERAL PLAZA
NEW YORK, NY

5. Description of materials

FRIABLE ASBESTOS 9 1/4 2212 RQII

NON-FRIABLE 100% FIBER
WET DCM DOUBLE BAGGED LABEL

6. Containers

No. Type

19 BAGS
16 PAILS7. Total quantity
m³ (yd³)

26 PAILS

8. Special handling instructions and additional information

WET DCM DOUBLE BAGGED LABEL

9. 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 government regulations.

Printed/typed name & title

JAMES MURPHY FORMER

Signature

James Murphy

Month Day Year

OCT 13, 2010

10. Transporter 1 (Acknowledgment of receipt of materials)

Printed/typed name & title

BRIAN SHAKUN FORMER

Signature

Brian Shakun

Month Day Year

OCT 13, 2010

Address and telephone no.

AAC CONT INC
175 HUMBOLDT STREET
ROCHESTER, NEW YORK 14610

11. Transporter 2 (Acknowledgment of receipt of materials)

Printed/typed name & title

Signature

Month Day Year

Address and telephone no.

TRANSPORTER

DISPOSAL SITE

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Grid Coordinates

East North El

Printed/typed name & title

Signature

Month Day Year

Chanty Clark

10/13/10

OPERATOR

7.) OSHA PERSONAL AIR SAMPLING



PERSONAL AIR SAMPLING REPORT

Client: A.A.C. Contracting, Inc.

Job No.: 14003-10

Location: SUNY Potsdam
Van Housen

Page: 1 of 2

Client Job No: B-4548BB

Client ID No.	Lab ID No.	Date Sampled	Employee Name	Total (L)	Fibers (PER 100)	Fibers PER mm2	Fibers PER cc
001	91798	10/11/2010	E. Sharlow	690.0	3	<7.0	<0.01
002	91799	10/11/2010	J. Murray	69.0	0.5	<7.0	<0.01

ELAP ID No.: 10958

The sampling data was supplied by the client. PARADIGM Environmental Services, Inc. does not guarantee the reliability of the client's data. The client's data is provided on the chain of custody. Samples were analyzed according to the OSHA Reference method NIOSH 7400.

Comments:

Date Analyzed: 11/4/2010
Microscope: 8H06485
Analyst: B. Liberatore

Relative Standard Deviations			
Fiber Ranges	5 - 20	20 - 50	50 - 100
B. Liberatore	0.286	0.236	0.217
Laboratory	0.283	0.254	0.239

Laboratory Results Approved By:
Asbestos Technical Director

Mary Dohr

