JIM 12309 -OPT

OP-TECH
Environmental Services, Inc.

ASBESTOS PROJECT SUMMARY REPORT

Client:

S.U.N.Y COLLEGE @ POTSDAM
44 PIERREPONT AVE.
POTSDAM, N.Y. 13676

Owner:

S.U.N.Y COLLEGE @ POTSDAM
44 PIERREPONT AVE.
POTSDAM, N.Y. 13676

Location:

S.U.N.Y COLLEGE @ POTSDAM
44 PIERREPONT AVE.
POTSDAM, N.Y. 13676
TIMMERMAN HALL BASEMENT CORRIDOR

Type of ACM:

-VINYL FLOOR TILE
-MASTIC
-BASE COVE

Prepared by:

OP-TECH Environmental Services, Inc.
14 Old River Road
Massena, N.Y. 13662

DECEMBER, 2009

JOB # MPSU-0029

OP-TECH

14 Old River Road
Massena, N.Y. 13662
P: (315) 764-1917
F: (315) 764-9453
www.op-tech.us

November 23, 2009

SUNY College @ Potsdam
44 Pierpont Avenue
Potsdam, New York 13676
Attn: Mr. Andrew Martin

Telephone: 315-267-2133
Facsimile: 315-267-2777

Re: Final Asbestos Summary Report
Timmerman Hall Basement Corridor.

Mr. Martin,

In accordance with your request; OP-TECH Environmental Services, Inc. (OP-TECH) completed the removal of asbestos containing materials (ACM) from various locations at the State University of New York located in Potsdam, New York. From May 21st, 2009 through May 29th, 2009, OP-TECH (Asbestos License # 30030) representatives completed an asbestos abatement project for the removal of ACM identified as flooring, mastic & base cove from the identified locations. A copy of the OP-TECH daily work logs and project signature sheets for the asbestos abatement activities are attached.

NYSDOL Asbestos Notification # 25717682 initial issue date of May 11th 2009, was issued for the asbestos abatement as a large project. NYSDOL site applicable variances AV-A-2 & AV-A-3 were utilized for the cleanup of non-friable ACM floor covering mastic material in the basement corridor listed above. A copy of the NYSDOL documents and OP-TECH Asbestos License # 30030 are attached.

ACM removal procedures were performed in accordance with New York State Department of Labor (NYSDOL) Industrial Code Rule 56, amended date of March 21, 2007 and applicable variances AV-A-2 & AV-A-3. Third party air monitoring was provided by the owner and performed by Envirologic of New York located in Fayetteville, New York. OP-TECH completed OSHA personal air monitoring as required for each asbestos abatement project. The air samples were sent for analysis to Envirologic of New York (ELAP # 11555) in Fayetteville, New York. The Envirologic Asbestos Air Sampling Reports are attached.

The ACM material was transported for disposal by OP-TECH (NYSDEC Part 364 Permit # 6A-166) on several occasions to the County of Franklin Solid Waste Management Authority (NYSDEC Part 360 Permit # 5-1699-00003/00005) located in Constable, N.Y. The original waste shipment records and disposal weight tickets for the deliveries are included as an attachment to this report.

SUNY College @ Potsdam

Re: Final Asbestos Summary Report

Please feel free to call me at (315) 764-1917 should you have any questions.

Respectfully submitted,
OP-TECH ENVIRONMENTAL SERVICES, INC.

Guy P. Griffin
Project Manager

Attachments:

- OP-TECH Supervisor Daily Project Logs & Signature Sheets.
- NYSDOL Notification # 25717682.
- NYSDOL Applicable Variance AV-A-2.
- NYSDOL Applicable Variance AV-A-3.
- OP-TECH Corporate Asbestos License # 30030.
- OP-TECH Part 364 Waste Haulers Permit No. 6A-166.
- OP-TECH Employee Certifications.
- Envirologic of New York Asbestos Air Sampling Analysis Report (OSHA Samples).
- ACM/C&D Transport and Disposal Documentation.

CC: MBO File # MPSU-0029

OP-TECH
Environmental Services, Inc.

ASBESTOS CONTRACTOR DAILY PROJECT LOG

CLIENT: Suny college @ postdam 44 pierrepont Ave postdam NY	PROJECT: Large project Removel of vat an mastic/Base cove
PROJECT LOCATION: Timmerman Hall Basement	DATE: 52309 JOB #: MP64-0029

CODE RULE INSPECTION ITEMS — ACCEPTABLE (DETAIL BELOW)

56.7.3 (a) WORK STOPPAGE DUE TO HIGH AIR RESULTS: YES _____ NO _____ N/A ✓

1) Time of work cessation.

2) Record findings of barrier & negative air system inspection. Include a summary of cleaning and / or repairs.

56.7.3 (b) MANOMETER READINGS FOR ALL CLASS I LARGE & SMALL PROJECTS. (*Twice per shift*): YES _____ NO _____ N/A ✓

1) TIME _____ LEVEL _____ (In/H_2O) 2) TIME _____ LEVEL _____ (In/H_2O)

56.7.3 (c) NEGATIVE AIR SYSTEM: YES _____ NO _____ N/A _____
(*Inspect/document daily, including non-work days*)

1) Record findings of negative air system inspection. Include a summary of repairs.
on set up

56.7.3 (d) HVAC SYSTEM POSITIVE PRESSURIZATION: YES _____ NO _____ N/A ✓
(*Inspect/document daily, including non-work days*)

56.7.3 (e) INSPECTION OF BARRIERS: YES ✓ NO _____ N/A _____
(*Inspect/document twice per shift, once on non-work days*)
1) First Inspection at start of shift and/or work stoppage.
Record findings and a summary of repairs.

56.7.3 (f) TESTING OF BARRIERS & ENCLOSURES: YES ✓ NO _____ N/A _____
(*Inspect/document daily, document repairs*)
on set up

56.7.3 (g) DAILY CLEANING OF ENCLOSURES (*At end of work shift*): YES ✓ NO _____ N/A _____
Are clean

CLIENT: Sunny postdam	JOB #: MPSU-0029	DATE: 5 28 09

CODE RULE INSPECTION ITEMS — *ACCEPTABLE (DETAIL BELOW)*

56.7.3 (h) INTERMEDIATE COMPLETIONS:

1) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A ✓

2) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A ✓

56.7.3 (i) VISUAL INSP. BY PROJECT SUPERVISOR & PROJECT MONITOR (Interior):
(Prior to clearance air sampling for completeness of abatement) YES _____ NO _____ N/A ✓

INSPECTION DETAILS: _____

SUPERVISOR SIGNATURE / CO. / CERT. #: _____

PROJECT MONITOR SIGNATURE / CO. / CERT. #: _____

56.7.3 (j) VISUAL INSP. BY PROJECT SUPERVISOR AND / OR PROJECT MONITOR (Exterior):
*(For regulated work areas **exempt** from clearance air sampling)* YES _____ NO _____ N/A ✓

INSPECTION DETAILS: _____

SUPERVISOR SIGNATURE / CO. / CERT. #: _____

PROJECT MONITOR SIGNATURE / CO. / CERT. #: _____

56.7.3 (k) PROJECT SUPERVISOR FINAL INSPECTION: YES _____ NO _____ N/A ✓
(At completion of project after all waste has been removed)

PROJECT SUPERVISOR SIGNATURE / CERT. #: _____

AS ATTESTED BELOW AND BY SIGNATURE OF THE *OP-TECH PROJECT SUPERVISOR*, ALL WORK PERFORMED THIS DATE, AS INDICATED BY THIS INSPECTION SHEET AND WORK LOG DESCRIPTION BELOW, HAS BEEN COMPLETED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF INDUSTRIAL CODE RULE 56, AMENDED DATE OF MARCH 21, 2007.

PROJECT SUPERVISOR SIGNATURE / CERTIFICATE #: [signature] 01053[illegible]

WORK LOG: Loaded Supplies Brought to Sunny postdam got on site @ 9am meet with andy Rep of Sunny postdam talk over where we could set up Decon an waste out place Barrer tape an Sighn's up In Basement on plaset #2 witch Is on South west corner of Hall known as Tunnel

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directed By andy where to Stop floor tile at 9am In project 1 an two Start prep on project #2 at 9am By Building Decon John Hurlbut Started area one near ~~EL~~Evator at 1130am with Scott an Ed an tom placed Barrer tape up sighs Started construction on Decon an waste out Hooked reg air an Hose up While me an Will an Larry an Jason continue to get area 2 completed decon bag out almost done at 1130 am prep at about 3pm In area Decon 2 picked up an Started 4 hour waite

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ASBESTOS CONTRACTOR DAILY PROJECT LOG

CLIENT: Suny postdam college 44 pierrepont ave postdam, 974	PROJECT: Large project Removel of vat an mastic / Base cove
PROJECT LOCATION: Timmerman Hall Basement	DATE: 5 24 09 JOB #: MPS40029

CODE RULE INSPECTION ITEMS — *ACCEPTABLE (DETAIL BELOW)*

56.7.3 (a) WORK STOPPAGE DUE TO HIGH AIR RESULTS: YES _____ NO _____ N/A ✓

1) Time of work cessation. _____

2) Record findings of barrier & negative air system inspection. Include a summary of cleaning and / or repairs.

56.7.3 (b) MANOMETER READINGS FOR ALL CLASS I LARGE & SMALL PROJECTS. (*Twice per shift*): YES _____ NO _____ N/A ✓

1) TIME _____ LEVEL _____ (In/H_2O) 2) TIME _____ LEVEL _____ (In/H_2O)

56.7.3 (c) NEGATIVE AIR SYSTEM: YES ✓ NO _____ N/A _____
(*Inspect/document daily, including non-work days*)

1) Record findings of negative air system inspection. Include a summary of repairs.

56.7.3 (d) HVAC SYSTEM POSITIVE PRESSURIZATION: YES _____ NO _____ N/A ✓
(*Inspect/document daily, including non-work days*)

56.7.3 (e) INSPECTION OF BARRIERS: YES ✓ NO _____ N/A _____
(*Inspect/document twice per shift, once on non-work days*)

1) First Inspection at start of shift and/or work stoppage.
Record findings and a summary of repairs. all Look good

56.7.3 (f) TESTING OF BARRIERS & ENCLOSURES: YES ✓ NO _____ N/A _____
(*Inspect/document daily, document repairs*)
visual

56.7.3 (g) DAILY CLEANING OF ENCLOSURES (*At end of work shift*): YES ✓ NO _____ N/A _____
Ongoing

CLIENT: SUNY Potsdam	JOB #: MPSU-0029	DATE: 52409

CODE RULE INSPECTION ITEMS — ACCEPTABLE (DETAIL BELOW)

56.7.3 (h) INTERMEDIATE COMPLETIONS:

1) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A ✓

2) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A ✓

56.7.3 (i) VISUAL INSP. BY PROJECT SUPERVISOR & PROJECT MONITOR (Interior):
(Prior to clearance air sampling for completeness of abatement) YES ✓ NO _____ N/A _____

INSPECTION DETAILS: _____

SUPERVISOR SIGNATURE / CO. / CERT. #: _____

PROJECT MONITOR SIGNATURE / CO. / CERT. #: [signature] ENVIROLOGIC OF NY INC. 07-08161

56.7.3 (j) VISUAL INSP. BY PROJECT SUPERVISOR AND / OR PROJECT MONITOR (Exterior):
*(For regulated work areas **exempt** from clearance air sampling)* YES _____ NO _____ N/A ✓

INSPECTION DETAILS: _____

SUPERVISOR SIGNATURE / CO. / CERT. #: _____

PROJECT MONITOR SIGNATURE / CO. / CERT. #: _____

56.7.3 (k) PROJECT SUPERVISOR FINAL INSPECTION: YES _____ NO _____ N/A ✓
(At completion of project after all waste has been removed)

PROJECT SUPERVISOR SIGNATURE / CERT. #: _____

AS ATTESTED BELOW AND BY SIGNATURE OF THE *OP-TECH PROJECT SUPERVISOR*, ALL WORK PERFORMED THIS DATE, AS INDICATED BY THIS INSPECTION SHEET AND WORK LOG DESCRIPTION BELOW, HAS BEEN COMPLETED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF INDUSTRIAL CODE RULE 56, AMENDED DATE OF MARCH 21, 2007.

PROJECT SUPERVISOR SIGNATURE / CERTIFICATE #: [signature] 01 05356

WORK LOG: arrived on site @ 7am Looked area over All Looks good Had will an Jason get Supplies In area an wet floors down for removel In area 2 near Elevator got tile out at 945. Clean an started abaton mastic all Removed at 1130pm did edg some Edge work that Scott pointed out

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He cleared area at 1230 of visuel Inspection, We continue to pick up tools an supplies to make area clean Loaken out side of area. noted at 3pm will Had me look at pipes In front of tunel area when by Brought tank threw my area when open doors They damaged pipes an Elbows

OP-TECH
Environmental Services, Inc.

ASBESTOS CONTRACTOR DAILY PROJECT LOG

CLIENT: suny postdam 44 pierpont ave postdam 994	PROJECT: Large project of vat an mastic / Base cove
PROJECT LOCATION: Timmerman Hall Basement	DATE: 5 26 09 JOB #: MPSU 0029

CODE RULE INSPECTION ITEMS — ACCEPTABLE (DETAIL BELOW)

56.7.3 (a) WORK STOPPAGE DUE TO HIGH AIR RESULTS: YES _____ NO _____ N/A ✓

1) Time of work cessation. _____

2) Record findings of barrier & negative air system inspection. Include a summary of cleaning and / or repairs.

56.7.3 (b) MANOMETER READINGS FOR ALL CLASS I LARGE & SMALL PROJECTS. (*Twice per shift*): YES _____ NO _____ N/A ✓

1) TIME _____ LEVEL _____ (In/H_2O) 2) TIME _____ LEVEL _____ (In/H_2O)

56.7.3 (c) NEGATIVE AIR SYSTEM: YES ✓ NO _____ N/A _____
(*Inspect/document daily, including non-work days*)

1) Record findings of negative air system inspection. Include a summary of repairs.

56.7.3 (d) HVAC SYSTEM POSITIVE PRESSURIZATION: YES _____ NO _____ N/A ✓
(*Inspect/document daily, including non-work days*)

56.7.3 (e) INSPECTION OF BARRIERS: YES ✓ NO _____ N/A _____
(*Inspect/document twice per shift, once on non-work days*)
1) First Inspection at start of shift and/or work stoppage.
Record findings and a summary of repairs.

56.7.3 (f) TESTING OF BARRIERS & ENCLOSURES: YES ✓ NO _____ N/A _____
(*Inspect/document daily, document repairs*) visual Inspection

56.7.3 (g) DAILY CLEANING OF ENCLOSURES (*At end of work shift*): YES ✓ NO _____ N/A _____

CLIENT: SUNY POTSDAM	JOB #: MPSU-0029	DATE: 5/26/09

CODE RULE INSPECTION ITEMS — ACCEPTABLE (DETAIL BELOW)

56.7.3 (h) INTERMEDIATE COMPLETIONS:

1) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A ✓

2) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A ✓

56.7.3 (i) VISUAL INSP. BY PROJECT SUPERVISOR & PROJECT MONITOR (Interior):
(Prior to clearance air sampling for completeness of abatement) YES _____ NO _____ N/A ✓

INSPECTION DETAILS: _____

SUPERVISOR SIGNATURE / CO. / CERT. #: _____

PROJECT MONITOR SIGNATURE / CO. / CERT. #: _____

56.7.3 (j) VISUAL INSP. BY PROJECT SUPERVISOR AND / OR PROJECT MONITOR (Exterior):
*(For regulated work areas **exempt** from clearance air sampling)* YES _____ NO _____ N/A ✓

INSPECTION DETAILS: _____

SUPERVISOR SIGNATURE / CO. / CERT. #: _____

PROJECT MONITOR SIGNATURE / CO. / CERT. #: _____

56.7.3 (k) PROJECT SUPERVISOR FINAL INSPECTION: YES _____ NO _____ N/A ✓
(At completion of project after all waste has been removed)

PROJECT SUPERVISOR SIGNATURE / CERT. #: _____

AS ATTESTED BELOW AND BY SIGNATURE OF THE *OP-TECH PROJECT SUPERVISOR*, ALL WORK PERFORMED THIS DATE, AS INDICATED BY THIS INSPECTION SHEET AND WORK LOG DESCRIPTION BELOW, HAS BEEN COMPLETED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF INDUSTRIAL CODE RULE 56, AMENDED DATE OF MARCH 21, 2007.

PROJECT SUPERVISOR SIGNATURE / CERTIFICATE #: [signature]

WORK LOG: come In at 6am tore area down near Elavator @ project 1 Had cursty Look at It all was good
Had Rest of crew go Start In project #2 Tunnel neg all an criticals all good
wet down an spuded up place tile In

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drum's with Liner's at8am. got tile done at 945am cleaned edgen Started mastic at 1015am worked on tile Brake at 1130am got Back went In an continue to Remove mastic. Finished mastic an clean at 330 Walked threw with Scott

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Environmental Services, Inc.

ASBESTOS CONTRACTOR DAILY PROJECT LOG

CLIENT: Suny college @ postdam 44 pierrepont Ave potsdam ny	PROJECT: Large project Removal of vct/ mastic/ Base cover
PROJECT LOCATION: Timmerman Hall Basement corridor	DATE: 5 27 09 JOB #: MPSU0029

CODE RULE INSPECTION ITEMS — ACCEPTABLE (DETAIL BELOW)

56.7.3 (a) WORK STOPPAGE DUE TO HIGH AIR RESULTS: YES ____ NO ____ N/A ✓

1) Time of work cessation.

2) Record findings of barrier & negative air system inspection. Include a summary of cleaning and / or repairs.

56.7.3 (b) MANOMETER READINGS FOR ALL CLASS I LARGE & SMALL PROJECTS. (*Twice per shift*): YES ____ NO ____ N/A ✓

1) TIME ____ LEVEL ____ (In/H_2O) 2) TIME ____ LEVEL ____ (In/H_2O)

56.7.3 (c) NEGATIVE AIR SYSTEM: YES ✓ NO ____ N/A ____
(*Inspect/document daily, including non-work days*)

1) Record findings of negative air system inspection. Include a summary of repairs.
all Running good

56.7.3 (d) HVAC SYSTEM POSITIVE PRESSURIZATION: YES ____ NO ____ N/A ✓
(*Inspect/document daily, including non-work days*)

56.7.3 (e) INSPECTION OF BARRIERS: YES ✓ NO ____ N/A ____
(*Inspect/document twice per shift, once on non-work days*)
1) First Inspection at start of shift and/or work stoppage.
Record findings and a summary of repairs.

56.7.3 (f) TESTING OF BARRIERS & ENCLOSURES: YES ✓ NO ____ N/A ____
(*Inspect/document daily, document repairs*)
visual

56.7.3 (g) DAILY CLEANING OF ENCLOSURES (*At end of work shift*): YES ✓ NO ____ N/A ____
2 Spots ~~Entire~~ Spot

CLIENT:	JOB #:	DATE:
SUNY Potsdam	MPSH-0029	5/27/09

CODE RULE INSPECTION ITEMS — ACCEPTABLE (DETAIL BELOW)

56.7.3 (h) INTERMEDIATE COMPLETIONS:

1) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A V

2) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A V

56.7.3 (i) VISUAL INSP. BY PROJECT SUPERVISOR & PROJECT MONITOR (Interior): YES V NO _____ N/A _____
(Prior to clearance air sampling for completeness of abatement)

INSPECTION DETAILS: found two little spot cleaned all Good

SUPERVISOR SIGNATURE / CO. / CERT. #: Harold J Arnold 01053356

PROJECT MONITOR SIGNATURE / CO. / CERT. #: ENVIROLOGIC 02-08161

56.7.3 (j) VISUAL INSP. BY PROJECT SUPERVISOR AND / OR PROJECT MONITOR (Exterior): YES _____ NO _____ N/A V
*(For regulated work areas **exempt** from clearance air sampling)*

INSPECTION DETAILS: _____

SUPERVISOR SIGNATURE / CO. / CERT. #: _____

PROJECT MONITOR SIGNATURE / CO. / CERT. #: _____

56.7.3 (k) PROJECT SUPERVISOR FINAL INSPECTION: YES _____ NO _____ N/A V
(At completion of project after all waste has been removed)

PROJECT SUPERVISOR SIGNATURE / CERT. #: _____

AS ATTESTED BELOW AND BY SIGNATURE OF THE *OP-TECH PROJECT SUPERVISOR*, ALL WORK PERFORMED THIS DATE, AS INDICATED BY THIS INSPECTION SHEET AND WORK LOG DESCRIPTION BELOW, HAS BEEN COMPLETED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF INDUSTRIAL CODE RULE 56, AMENDED DATE OF MARCH 21, 2007.

PROJECT SUPERVISOR SIGNATURE / CERTIFICATE #: Harold J Arnold 01053356

WORK LOG: checked area all Looks ok nothing Down negair's Running good found two little cleaned all Look good.

OP-TECH
Environmental Services, Inc.

ASBESTOS CONTRACTOR DAILY PROJECT LOG

CLIENT: Suny College @ Potsdam 44 Pierpont AVE Potsdam N.Y.	PROJECT: Large project
PROJECT LOCATION: Timmerman Hall Basement corridor	DATE: 5/29/09 JOB #: MPSH 0029

CODE RULE INSPECTION ITEMS — ACCEPTABLE (DETAIL BELOW)

56.7.3 (a) WORK STOPPAGE DUE TO HIGH AIR RESULTS: YES _____ NO _____ N/A ✓

1) Time of work cessation. _____

2) Record findings of barrier & negative air system inspection. Include a summary of cleaning and / or repairs.

56.7.3 (b) MANOMETER READINGS FOR ALL CLASS I LARGE & SMALL PROJECTS. (*Twice per shift*): YES _____ NO _____ N/A ✓

1) TIME _____ LEVEL _____ (in/H_2O) 2) TIME _____ LEVEL _____ (In/H_2O)

56.7.3 (c) NEGATIVE AIR SYSTEM: (*Inspect/document daily, including non-work days*) YES _____ NO _____ N/A ✓

1) Record findings of negative air system inspection. Include a summary of repairs.

56.7.3 (d) HVAC SYSTEM POSITIVE PRESSURIZATION: (*Inspect/document daily, including non-work days*) YES _____ NO _____ N/A ✓

56.7.3 (e) INSPECTION OF BARRIERS: (*Inspect/document twice per shift, once on non-work days*) YES _____ NO _____ N/A ✓

1) First Inspection at start of shift and/or work stoppage. Record findings and a summary of repairs.

56.7.3 (f) TESTING OF BARRIERS & ENCLOSURES: (*Inspect/document daily, document repairs*) YES _____ NO _____ N/A ✓

56.7.3 (g) DAILY CLEANING OF ENCLOSURES (*At end of work shift*): YES _____ NO _____ N/A ✓

CLIENT: SUNY Potsdam	JOB #: MPSU-0029	DATE: 5/29/09

CODE RULE INSPECTION ITEMS — ACCEPTABLE (DETAIL BELOW)

56.7.3 (h) INTERMEDIATE COMPLETIONS:

1) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A ✓

2) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A ✓

56.7.3 (i) VISUAL INSP. BY PROJECT SUPERVISOR & PROJECT MONITOR (Interior):
(Prior to clearance air sampling for completeness of abatement) YES _____ NO _____ N/A ✓

INSPECTION DETAILS: _____

SUPERVISOR SIGNATURE / CO. / CERT. #: _____

PROJECT MONITOR SIGNATURE / CO. / CERT. #: _____

56.7.3 (j) VISUAL INSP. BY PROJECT SUPERVISOR AND / OR PROJECT MONITOR (Exterior):
*(For regulated work areas **exempt** from clearance air sampling)* YES _____ NO _____ N/A ✓

INSPECTION DETAILS: _____

SUPERVISOR SIGNATURE / CO. / CERT. #: _____

PROJECT MONITOR SIGNATURE / CO. / CERT. #: _____

56.7.3 (k) PROJECT SUPERVISOR FINAL INSPECTION: YES _____ NO _____ N/A ✓
(At completion of project after all waste has been removed)

PROJECT SUPERVISOR SIGNATURE / CERT. #: _____

AS ATTESTED BELOW AND BY SIGNATURE OF THE *OP-TECH PROJECT SUPERVISOR*, ALL WORK PERFORMED THIS DATE, AS INDICATED BY THIS INSPECTION SHEET AND WORK LOG DESCRIPTION BELOW, HAS BEEN COMPLETED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF INDUSTRIAL CODE RULE 56, AMENDED DATE OF MARCH 21, 2007.

PROJECT SUPERVISOR SIGNATURE / CERTIFICATE #: T.J. Vanth.

WORK LOG: Tear down Finish all waste and Materials Removed from site

SHEET 1 OF 1

OP-TECH
Environmental Services, Inc.

ASBESTOS PROJECT SIGNATURE SHEET

CLIENT: S.U.N.Y. COLLEGE @ POTSDAM 44 PIERREPONT AVE., POTSDAM, N.Y.	*PROJECT:* LARGE PROJECT; REMOVAL OF VAT/MASTIC/BASE COVE.
PROJECT LOCATION: TIMMERMAN HALL BASEMENT CORRIDOR	*DATE:* 5 2109 *JOB #:* MPSU-0029

PLEASE READ BEFORE SIGNING

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 PROTECTION REQUIREMENTS, WORK AREA ENTRY/EXIT PROCEDURES AND EMERGENCY PROCEDURES.

SIGNATURE	IN	OUT	IN	OUT	IN	OUT	IN	OUT
S. Harold LaPrade SS. 2129	8 am	3 pm						
S. Larry Losey SS. 3432	8 am	11:30	12 pm	12:5[illegible]				
S. Jason Hamilton SS. 3460	8 am	11:30						
S. Will Hammill SS. 8029	8 am	3 pm						
S. John Hualbert SS. 8007	11 30	3 pm						
S. Scott Dorothy SS. 3435	11 30	3 pm						
S. Tom LaGrave SS. 3470	11 30	3 pm						
S. Ed Mitchell SS. 3475	11 30	3 pm						

SUPERVISOR SIGNATURE: Harold J. LaPrade

COMMENTS:

OP-TECH
Environmental Services, Inc.

ASBESTOS PROJECT SIGNATURE SHEET

CLIENT: S.U.N.Y. COLLEGE @ POTSDAM 44 PIERREPONT AVE., POTSDAM, N.Y.	*PROJECT:* LARGE PROJECT; REMOVAL OF VAT/MASTIC/BASE COVE.
PROJECT LOCATION: TIMMERMAN HALL BASEMENT CORRIDOR	*DATE:* 5 22 09 *JOB #:* MPSU-0029

PLEASE READ BEFORE SIGNING

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 PROTECTION REQUIREMENTS, WORK AREA ENTRY/EXIT PROCEDURES AND EMERGENCY PROCEDURES.

SIGNATURE	IN	OUT	IN	OUT	IN	OUT	IN	OUT
S. Harold Ballard SS. 2129	6:59	12:30	1 pm	3:30				
S. Jason Hamilton SS. 3460	7:00	12:30	1 pm	3:30				
S. [illegible] SS. 8029	9:Am	12:30	1 pm	3:30				
S. Tom Dumas SS. 3470	9am	12:30 pm	1 pm	3:30				
S. SS.								
S. SS.								
S. SS.								
S. Scott Landry SS. Visual Inspection	11:30 →	12:30	13:50 ← SET UP FOR FINALS →	14:30	18:20 ← Finals →	18:50	20:10	20:20

SUPERVISOR SIGNATURE: Harold J. Ballard

COMMENTS:

SHEET 1 OF 3

OP-TECH
Environmental Services, Inc.

ASBESTOS PROJECT SIGNATURE SHEET

CLIENT: S.U.N.Y. COLLEGE @ POTSDAM 44 PIERREPONT AVE., POTSDAM, N.Y.	*PROJECT:* LARGE PROJECT; REMOVAL OF VAT/MASTIC/BASE COVE.
PROJECT LOCATION: TIMMERMAN HALL BASEMENT CORRIDOR	*DATE:* 52609 *JOB #:* MPSU-0029

PLEASE READ BEFORE SIGNING

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 PROTECTION REQUIREMENTS, WORK AREA ENTRY/EXIT PROCEDURES AND EMERGENCY PROCEDURES.

SIGNATURE	IN	OUT	IN	OUT	IN	OUT	IN	OUT
S. Harold Laprade SS. 2129	6am	11-	1130	330				
S. Seth Gemmill SS. 0854	700	11-	1130	330				
S. Toby V SS. 3473	7am	11-	1130	330				
S. Tom Heilenka SS. 3470	7am	11-	1130	330				
S. PATSMITH SS. 3472	6am	11-	1130	330				
S. SS.								
S. SS.								
S. Scott Landry SS.	15:00	15:40						

SUPERVISOR SIGNATURE: [signature]

COMMENTS:

OP-TECH
Environmental Services, Inc.

SHEET 1 OF 4

ASBESTOS PROJECT SIGNATURE SHEET

CLIENT: S.U.N.Y. COLLEGE @ POTSDAM 44 PIERREPONT AVE., POTSDAM, N.Y.	*PROJECT:* LARGE PROJECT; REMOVAL OF VAT/MASTIC/BASE COVE.
PROJECT LOCATION: TIMMERMAN HALL BASEMENT CORRIDOR	*DATE:* 5 27 09 *JOB #:* MPSU-0029

PLEASE READ BEFORE SIGNING

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 PROTECTION REQUIREMENTS, WORK AREA ENTRY/EXIT PROCEDURES AND EMERGENCY PROCEDURES.

SIGNATURE	IN	OUT	IN	OUT	IN	OUT	IN	OUT
S. Harold Hartsfield SS. 2129	730	8am						
S. SS.								
S. SS.								
S. SS.								
S. SS.								
S. SS.								
S. SS.								
S. Scott Landry SS.	07:00	07:45	09:30	09:50	11:30			

SUPERVISOR SIGNATURE: Harold J Hartsfield

COMMENTS:

SHEET _____ OF _____

OP-TECH
Environmental Services, Inc.

ASBESTOS PROJECT SIGNATURE SHEET

CLIENT: S.U.N.Y. COLLEGE @ POTSDAM 44 PIERREPONT AVE., POTSDAM, N.Y.	*PROJECT:* LARGE PROJECT; REMOVAL OF VAT/MASTIC/BASE COVE.
PROJECT LOCATION: TIMMERMAN HALL BASEMENT CORRIDOR	*DATE:* 5/29/09 *JOB #:* MPSU-0029

PLEASE READ BEFORE SIGNING

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 PROTECTION REQUIREMENTS, WORK AREA ENTRY/EXIT PROCEDURES AND EMERGENCY PROCEDURES.

SIGNATURE	IN	OUT	IN	OUT	IN	OUT	IN	OUT
S. Tony Tuttle SS. 3473	6:00	9:00						
S. Ken Ransier SS. 3529	6:00	9:00						
S. SS.								
S. SS.								
S. SS.								
S. SS.								
S. SS.								
S. SS.								

SUPERVISOR SIGNATURE: Tony Tuttle

COMMENTS: Tore down work area and removed all waste and Equipment From Site.

Asbestos Project Notification

Project Reference Number: 25717682
Type: Initial Notification
Status: Notification Received
Notification Received: 5/11/2009
Payment Status: PAID
Number of amendments: 0
Notification Entered By: Op-Tech Environmental Services, Inc.

Contractor Information

FEIN:911528142

Op-Tech Environmental Services, Inc.
6392 Deere Road
Syracuse NY 13206
Asbestos License Number: 30030

Mailing Address
1 Adler Drive
East Syracuse NY 13057

Duly Authorized Representative
Charles Morgan, Officer
Phone Number: 315-437-2065
E-mail Address:

Project Information

Project Start Date: 5/21/2009
Project End Date: 6/8/2009
Project Location County: St. Lawrence

Project Location

Building Name: Timmerman Hall- SUNY Potsdam
Room or Location: Basement Tunnel
Bridge ID#:
Address Line 1: 44 Pierpont Avenue
Address Line 2:
City Town or Village: Potsdam
State: New York
Zip Code: 13676

Building Information

Current Use: School
Prior Use: School
Approximate Year Built: 1967
Size(sq.ft): 10000
Is this fee exempt project?: NO
Reason:

Building Representative/Site Contact

Name: Andrew Martin
Phone Number: 315-267-2133
E-mail Address:
Cell Phone Number:

Phase Details

Phase #	Phase Start Date	Phase End Date	Phase Location	Phase Scope

Sub-Contractor Details

Name:	Asbestos License Number:

Night/Weekend/Shift Work Details

Party for Whom Work is being Performed

First Name:	Andrew	Last Name:	Martin
Organization:	SUNY College @ Potsdam		
Apt./Suite:		Address Line 1:	44 Pierpont Avenue
Address Line 2:		City Town or Village:	Potsdam
Province:		State:	NY
Zip Code:	13676	Country:	United States
Contract Dollar Amount:	$14,500.00		

Variance Information

AV-A-2:Negative Air Ventilation Exhaust greater than 25 feet in length.
AV-A-3:Non-friable ACM Floor Covering Mastic Removal Using Chemical Methods along with Low-speed Floor Buffers.

Procedures and Type of Equipment and Ventilation Systems Used

negative pressure full containment with an attached decontamination unit

Air Monitoring Firm

Name:	Asbestos License Number:
Envirologic Of New York, Inc.	29383

Laboratory Performing Analysis

Name:	ELAP Registration Number:
Envirologic of New York	11555

Type of Asbestos Work

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

Waste Transporter

Name:	OP-TECH Environmental Services
NYS DEC or EPA Permit Number:	6A-166
Phone Number:	315-764-1917
Apt./Suite:	
Address Line 1:	14 Old River Road
Address Line 2:	
City Town or Village:	Massena
Province:	
State:	NY
Zip Code:	13662
Country:	United States

Landfill

Name:	County of Franklin SWMA
Phone Number:	518-483-8270
Apt./Suite:	
Address Line 1:	828 County Route 20
Address Line 2:	
City Town or Village:	Constable
Province:	
State:	NY
Zip Code:	12926
Country:	United States

Type and Amount of Asbestos Containing Material

Friable linear feet:	0	Friable square feet:	0
Non-friable linear feet:	0	Non-friable square feet:	980

Fee

Total linear feet:	0.0
Total square feet:	980.0
Total Fee:	1000.0

Project Fee Schedule

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

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

Remarks

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

In the Matter of

Part 56 of Title 12 of the Official Compilation
Of Codes, Rules and Regulations
Of The State of New York

(Cited as 12 NYCRR 56)
(As Amended January 11, 2006)

Cases: ICR 56-7.8(a)(5), and 56-7.8(a)(10)

COMMISSIONER'S DECISION

APPLICABLE VARIANCE-A-2 (AV-A-2)

Negative Air Ventilation Exhaust Greater than 25 Foot in Length

DATED: August 18, 2006

Pursuant to Section 30 of the Labor Law, the Commissioner of Labor has reviewed the above cited provisions of Industrial Code Rule 56, as they relate to the use of negative air ventilation exhaust(s) greater than 25 foot in length.

The Commissioner of Labor has also reviewed numerous petitions for variance or other relief relative to such asbestos projects and the decisions rendered relative to these petitions.

The Commissioner of Labor finds that the issuance of an Applicable Variance from the above cited provisions of Industrial Code Rule 56, as such pertain to the use of negative air ventilation exhaust(s) greater than 25 foot in length, would not violate the spirit and purpose of said rules and would secure the public safety as contemplated by said rules.

APPLICABLE VARIANCE

A variance from the cited provisions of Industrial Code Rule 56 is hereby GRANTED subject to the following conditions:

THE CONDITIONS

1. All provisions within section 56-7.8(a) shall be followed, except for negative air ventilation system exhaust duct length requirements.

   a. Negative air ventilation system exhaust duct size shall be increased to 14 inches in diameter for lengths up to 50 feet. If additional length is needed, the duct shall be increased to 16 inches for up to 100 feet of length. Lengths longer than 100 feet need an engineering analysis performed by a licensed NY Professional Engineer to verify that the additional duct will not reduce the machine's airflow below the acceptable value.

   b. The flexible duct shall be routed in such a manner as to ensure the duct is fully extended.

   c. Bends in the flexible duct shall be kept to a minimum. Where 90-degree turns are necessary to fit site conditions, use hard (metal), smooth bore rigid elbows.

   d. Changes in duct diameter shall be accomplished using a rigid, smooth bore enlarger. Enlarger shall be manufactured with a gradual taper.

   e. Contractor shall not introduce any restrictions in the duct that will reduce the diameter.

   f. Rigid duct fittings shall be thoroughly decontaminated as per section 56-9.3(b).

OR

2. Booster Exhaust Fan Units. If exhaust ducting in excess of 25 feet in length is attached to any ventilation unit, an unfiltered booster fan of equal flow capacity shall be installed per 25 foot of downstream exhaust ducting from the ventilation unit. Booster fan capacity shall be selected to ensure that the required airflow from the regulated work area is not reduced below the quantity needed to provide sufficient turnover within the work space.

a. Non-collapsible exhaust ducting shall be used between the booster fan units and also between the ventilation units and the booster fan units.

b. Where possible, these booster fan units shall be installed and operated outside of the regulated abatement work area.

c. Booster fan units installed and operated outside the regulated abatement work area require installation using GFCI protected temporary power circuits.

d. Each booster fan shall shut down automatically if airflow from the upstream filtered ventilation unit is lost (i.e. broken belt, loss of power, clogged filter, etc).

3. A copy of this Applicable Variance shall be conspicuously posted at the entrance to the personal decontamination unit(s) and to the work area(s).

4. All other applicable provisions of Industrial Code Rule 56-1 through 56-12 shall be complied with.

This APPLICABLE VARIANCE shall apply and shall be applied by all enforcement officials to all persons and in all places to which the aforecited provisions of Industrial Code Rule 56 apply to the use of negative air ventilation exhaust(s) greater than 25 foot in length with the same force and effect as if this APPLICABLE VARIANCE were duly granted upon separate petition for the use and benefit of every person affected by the cited provisions of Industrial Code Rule 56.

Date: August 18, 2006

LINDA ANGELLO
COMMISSIONER OF LABOR

By

Blaise Thomas, P.E.
Associate Safety and Health Engineer
Division of Safety and Health
Engineering Services Unit

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

In the Matter of	COMMISSIONER'S DECISION
Part 56 of Title 12 of the Official Compilation Of Codes, Rules and Regulations Of The State of New York	APPLICABLE VARIANCE-A-3 (AV-A-3)
(Cited as 12 NYCRR 56) (As Amended January 11, 2006)	Non-friable ACM Floor Covering Mastic Removal Using Chemical Methods along with Low-speed Floor Buffers
Cases: ICR 56-7.2(o), 56-7.5(d), 56-7.11(b, e), 56-9.1(f) and 56-11.7(b)(5)	DATED: May 31, 2007

Pursuant to Section 30 of the Labor Law, the Commissioner of Labor has reviewed the above cited provisions of Industrial Code Rule 56 (ICR 56), as they relate to asbestos projects consisting of non-friable ACM floor covering mastic removal using chemical methods along with low-speed floor buffers, completed as per the requirements of Section 56-11.7. The Commissioner of Labor has also reviewed numerous petitions for variance or other relief relative to such asbestos projects and the decisions rendered relative to these petitions.

The Commissioner of Labor finds that the issuance of an Applicable Variance from the above cited provisions of Industrial Code Rule 56, as such pertain to asbestos projects consisting of non-friable ACM floor covering mastic removal using chemical methods along with low-speed floor buffers, would not violate the spirit and purpose of said rules and would secure the public safety as contemplated by said rules.

APPLICABLE VARIANCE

A variance from the cited provisions of Industrial Code Rule 56 is hereby GRANTED subject to the following conditions:

THE CONDITIONS

1. Low-speed floor buffer is defined as an electrically powered floor buffer with a manufacturer limited maximum rotational speed of 300RPM.

2. In lieu of full plasticizing requirements as per Section 56-11.7(b)(5), a minimum of one-layer 6-mil fire retardant plastic sheeting shall be applied to the lower four (4) foot of the walls at the floor covering/mastic removal portions of the work area. This plastic sheeting splashguard shall be installed during work area preparation and shall be removed during the final cleaning portion of asbestos project, as per Section 56-9.1(e).

3. Critical Barriers to each room/area/space where work is being performed shall be installed in conformance to Subpart 56-7.11(a). All openings (critical barriers) shall be wet-cleaned and covered with two (2) layers of (6) six-mil fire retardant plastic sheeting or for around pipes or similar openings expandable foam or other sealant may be used. At openings only accessible to certified personnel, two-layer six-mil fire retardant plastic sheeting may be used as critical barriers/isolation barriers in lieu of temporary hardwall barriers normally required as per ICR 56-7.11(b). These plastic sheeting isolation barriers shall be adequately supported for the duration of the asbestos project. All critical barriers and isolation barriers shall remain in place until receipt of satisfactory clearance air results for the regulated abatement work area.

4. A negative pressure tent enclosure may be constructed and utilized as per ICR 56, where preparation of the entire room/space is either unfeasible or not necessary to adequately access all impacted asbestos material. Tents with greater than twenty (20) square feet of floor space shall be constructed of two (2) layers of six (6) mil fire-retardant plastic sheeting and shall include walls, ceiling and a floor (except for portions of walls, floors and ceilings that are the removal surface) with double-folded seams. Seams shall be duct taped airtight and then duct taped flush with the adjacent tent wall.

5. A remote personal decontamination system enclosure is allowed for each regulated abatement work area where low-speed buffers are utilized consistent with the Section 56-7.2(o) HEPA-filtered exhaust requirement. However, no visible trace of ACM floor tile debris or mastic is allowed on waste bags/containers that are removed from the work area, as well as remote personal decontamination system enclosure floor surfaces, designated pathway floor surfaces, and waste bag/container transfer pathways.

6. An attached personal decontamination enclosure system is required for each regulated abatement work area where non-HEPA exhausted low-speed floor buffers are utilized. The decontamination system enclosures shall be removed only after satisfactory clearance air monitoring results have been achieved for the regulated abatement work area.

7. Appropriate PPE shall be provided to the employee and utilized as per the MSDS recommendations for the chemical mastic removal solvent.

8. Floor buffers may be utilized for agitation of chemical mastic removal solvent, provided the buffer speed is below or equal to 300 RPM, and low abrasion pads are used in combination with chemical mastic remover wet methods.

9. A six (6) hour waiting/settling/drying period shall be observed after completion of the final cleaning, prior to commencement of clearance air sampling.

10. All mastic waste, used PPE, and other waste generated during mastic removal and cleaning operations shall be bagged/containerized as per ICR 56, and treated as RACM during transport and disposal.

11. All other applicable provisions of Industrial Code Rule 56-1 through 56-12 shall be complied with.

This APPLICABLE VARIANCE shall apply and shall be applied by all enforcement officials to all persons and in all places to which the aforecited provisions of Industrial Code Rule 56 apply to asbestos projects consisting of non-friable ACM floor covering mastic removal using chemical methods along with low-speed floor buffers, with the same force and effect as if this APPLICABLE VARIANCE were duly granted upon separate petition for the use and benefit of every person affected by the cited provisions of Industrial Code Rule 56.

Date: May 31, 2007

M. PATRICIA SMITH
COMMISSIONER OF LABOR

By

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

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

Op-Tech Environmental Services, Inc.
1 Adler Drive
East Syracuse, NY 13057

FILE NUMBER: 95-0135
LICENSE NUMBER: 32030
LICENSE CLASS: FULL
DATE OF ISSUE: 02/26/2009
EXPIRATION DATE: 02/28/2010

Duly Authorized Representative: Charles Mercan

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 activity involving asbestos or asbestos material.

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

Maureen A. Cox, Director
FOR THE COMMISSIONER OF LABOR

SH 432 (4-07)

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

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

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

PERMIT ISSUED TO:

OP-TECH ENVIRONMENTAL SERVICES, INC.
6392 DEERE ROAD
SYRACUSE, NY 13206

PERMIT TYPE:

☐ NEW
☒ RENEWAL
☐ MODIFICATION

CONTACT NAME:	VINNY SNYDER	EFFECTIVE DATE:	02/01/2009
COUNTY:	ONONDAGA	EXPIRATION DATE:	01/31/2010
TELEPHONE NO:	(607)565-8892	US EPA ID NUMBER:	NYD986980753

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)
ADVANCED ENVIRONMENTAL RECYCLING CO, LLC.	ALLENTOWN , PA	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial
ALBANY COUNTY SEWER DISTRICT	MENANDS , NY	Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Sludge from Sewage or Water Supply Treatment Plant
Albany Rapp Road SLF	Albany , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil
ALLEGANY COUNTY LANDFILL	ANGELICA , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
AMERICAN LAMP RECYCLING LLC	WAPPINGERS FALLS , NY	Non-Hazardous Industrial/Commercial
AUBURN LANDFILL	AUBURN , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil
Auburn Water Pollution Control Plant	Auburn , NY	Non-Hazardous Industrial/Commercial Grease Trap Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
BATH LANDFILL	BATH , NY	Non-Hazardous Industrial/Commercial Asbestos

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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: Richard M. Dewes Date: DEC 22 2008

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

PART 364
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EFFECTIVE DATE: 02/01/2009
EXPIRATION DATE: 01/31/2010
US EPA ID NUMBER: NYD986980753

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
BATH LANDFILL	BATH , NY	Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
BAY METAL INC	RICHFIELD , OH	Non-Hazardous Industrial/Commercial
BAYSHORE RECYCLING	KEASBEY , NJ	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil
BFI Fall River Landfill	Fall River , MA	Non-Hazardous Industrial/Commercial
BFI NIAGARA FALLS LANDFILL FACILITY	NIAGARA FALLS , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
BRISTOL HILL LANDFILL	FULTON , NY	Non-Hazardous Industrial/Commercial Asbestos Sludge from Sewage or Water Supply Treatment Plant
BROOME COUNTY LANDFILL	BINGHAMTON , NY	Non-Hazardous Industrial/Commercial Waste Tires Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
BUFFALO SEWER AUTHORITY	BUFFALO , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
CANANDAIGUA WWTP	CANANDAIGUA , NY	Non-Hazardous Industrial/Commercial Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes
CARTERET(CLEAN EARTH)	CARTERET , NJ	Petroleum Contaminated Soil
CASIE ECOLOGY OIL SALVAGE INC	VINELAND , NJ	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Hazardous Industrial/Commercial

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

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

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OP-TECH ENVIRONMENTAL SERVICES, INC.
6392 DEERE ROAD
SYRACUSE, NY 13206

PERMIT TYPE:

☐ NEW
☒ RENEWAL
☐ MODIFICATION

CONTACT NAME: VINNY SNYDER
COUNTY: ONONDAGA
TELEPHONE NO: (607)565-3892

EFFECTIVE DATE: 02/01/2009
EXPIRATION DATE: 01/31/2010
US EPA ID NUMBER: NYD986980753

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
CASIE ECOLOGY OIL SALVAGE INC	VINELAND , NJ	Waste Oil
CENTRAL OHIO OIL, INC.	COLUMBUS , OH	Non-Hazardous Industrial/Commercial Waste Oil
CHAUTAUQUA COUNTY LANDFILL	JAMESTOWN , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
CHEMICAL POLLUTION CONTROL INC	BAY SHORE , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Grease Trap Waste Hazardous Industrial/Commercial Waste Oil
CHEMTRON CORPORATION	AVON , OH	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil
Chemung County Sanitary Landfill	Chemung , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
CLEAN EARTH OF NEW CASTLE, INC.	NEW CASTLE , DE	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
CLEAN EARTH OF NORTH JERSEY	SOUTH KEARNY , NJ	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant Hazardous Industrial/Commercial Waste Oil
CLEAN HARBORS OF BRAINTREE	BRAINTREE , MA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Grease Trap Waste

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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EFFECTIVE DATE: 02/01/2009
EXPIRATION DATE: 01/31/2010
US EPA ID NUMBER: NYD986980753

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
CLEAN HARBORS OF BRAINTREE	BRAINTREE , MA	Sludge from Sewage or Water Supply Treatment Plant Hazardous Industrial/Commercial Waste Oil
CLEAN HARBORS PPM, LLC	TWINSBURG , OH	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil
CLEAN WATER OF NEW YORK, INC.	STATEN ISLAND , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Waste Oil
CLINTON COUNTY LANDFILL	MORRISONVILLE , NY	Non-Hazardous Industrial/Commercial Waste Tires Asbestos Petroleum Contaminated Soil Grease Trap Waste
Colonie (T) Sanitary Landfill	Cohoes , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil
Covanta Niagara, L.P.	Niagara Falls , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Grease Trap Waste Waste Oil
CWM CHEMICAL SERVICES LLC	MODEL CITY , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil
CYCLE CHEM (NJ)	ELIZABETH , NJ	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil
CYCLE CHEM (PA)	LEWISBERRY , PA	Non-Hazardous Industrial/Commercial

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

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

PERMIT ISSUED TO:

OP-TECH ENVIRONMENTAL SERVICES, INC.
6392 DEERE ROAD
SYRACUSE, NY 13206

CONTACT NAME: VINNY SNYDER
COUNTY: ONONDAGA
TELEPHONE NO: (607)565-8892

PERMIT TYPE:

☐ NEW
☒ RENEWAL
☐ MODIFICATION

EFFECTIVE DATE: 02/01/2009
EXPIRATION DATE: 01/31/2010
US EPA ID NUMBER: NYD986980753

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
CYCLE CHEM (PA)	LEWISBERRY , PA	Asbestos Petroleum Contaminated Soil Grease Trap Waste Hazardous Industrial/Commercial Waste Oil
DELAWARE COUNTY SOLID WASTE MANAGEMENT CENTER	WALTON , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
DEVELOPMENT AUTHORITY OF NORTH COUNTRY	RODMAN , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
ENVIRITE OF OHIO	CANTON , OH	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial Waste Oil
ENVIRITE OF PENNSYLVANIA	YORK , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil
ENVIRONMENT & INDUSTRIAL CONTRACTING	NIAGARA FALLS , NY	Non-Hazardous Industrial/Commercial
Envirosafe Services of Ohio, Inc.	Oregon , OH	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial
ESMI OF NEW YORK	FORT EDWARD , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil
EVERCLEAR	AUSTINTOWN , OH	Non-Hazardous Industrial/Commercial Waste Oil
EXIDE BATTERY	SYRACUSE , NY	Hazardous Industrial/Commercial
EXIDE TECHNOLOGIES	MUNCIE , IN	Non-Hazardous Industrial/Commercial

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

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

PERMIT ISSUED TO:

OP-TECH ENVIRONMENTAL SERVICES, INC.
6392 DEERE ROAD
SYRACUSE, NY 13206

CONTACT NAME: VINNY SNYDER
COUNTY: ONONDAGA
TELEPHONE NO: (607)565-8892

PERMIT TYPE:

☐ NEW
☒ RENEWAL
☐ MODIFICATION

EFFECTIVE DATE: 02/01/2009
EXPIRATION DATE: 01/31/2010
US EPA ID NUMBER: NYD986980753

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
EXIDE TECHNOLOGIES	MUNCIE , IN	Hazardous Industrial/Commercial
FRANK E VAN LARE WASTEWATER TREATMENT	ROCHESTER , NY	Non-Hazardous Industrial/Commercial Septage only (residential) Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
FRANKLIN COUNTY LANDFILL	CONSTABLE , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
FULTON COUNTY LANDFILL	JOHNSTOWN , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
GENERAL CHEMICAL CORPORATION	FRAMINGHAM , MA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Grease Trap Waste Hazardous Industrial/Commercial Waste Oil
GENERAL ENVIRONMENTAL MANAGEMENT	CLEVELAND , OH	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Grease Trap Waste Hazardous Industrial/Commercial Waste Oil
GLOVERSVILLE JOHNSTOWN JOINT WWTP	JOHNSTOWN , NY	Non-Residential Raw Sewage or Sewage-Contaminated Wastes
HAZLETON OIL & ENVIRONMENTAL, INC.	HAZLETON , PA	Non-Hazardous Industrial/Commercial Waste Oil
HORNELL WPCP	HORNELL , NY	Non-Residential Raw Sewage or Sewage-Contaminated Wastes
HUKILL CHEMICAL CORPORATION	BEDFORD , OH	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial
HYLAND LANDFILL	ANGELICA , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

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

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AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
HYLAND LANDFILL	ANGELICA , NY	Sludge from Sewage or Water Supply Treatment Plant
INDUSTRIAL OIL TANK SERVICE CORPORATION	ORISKANY , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Waste Oil
INMETCO	ELLWOOD CITY , PA	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial
INTERNATIONAL PETROLEUM CORPORATION	WILMINGTON , DE	Non-Hazardous Industrial/Commercial Waste Oil
IOLA COMPLEX	ROCHESTER , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil
ITHACA AREA WWTF	ITHACA , NY	Non-Hazardous Industrial/Commercial Grease Trap Waste Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
JAMESTOWN MACADAM, INC	JAMESTOWN , NY	Non-Hazardous Industrial/Commercial Grease Trap Waste Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
LAKE PLACID VILLAGE WWTP	LAKE PLACID , NY	Septage only (residential) Sludge from Sewage or Water Supply Treatment Plant
LANCASTER OIL COMPANY	LANCASTER , PA	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Waste Oil
LEHIGH WWTP	ALLENTOWN , PA	Grease Trap Waste Septage only (residential) Residential Raw Sewage including Portable Toilet Waste

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

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

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AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
LEHIGH WWTP	ALLENTOWN , PA	Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
LORCO PETROLEUM SERVICES	ELIZABETH , NJ	Waste Oil
MADISON COUNTY LANDFILL	CANASTOTA , NY	Non-Hazardous Industrial/Commercial Waste Tires Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
MAX ENVIRO	YUKON , PA	Non-Hazardous Industrial/Commercial Sludge from Sewage or Water Supply Treatment Plant Hazardous Industrial/Commercial
MICHIGAN DISPOSAL WTP	BELLEVILLE , MI	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant Hazardous Industrial/Commercial Waste Oil
MID ATLANTIC RECYCLING TECHNOLOGIES	VINELAND , NJ	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Hazardous Industrial/Commercial
MILL SEAT LANDFILL	BERGEN , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
MINETTO WPCP	MINETTO , NY	Non-Hazardous Industrial/Commercial Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes
MODERN LANDFILL	YORK , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

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

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OP-TECH ENVIRONMENTAL SERVICES, INC.
6392 DEERE ROAD
SYRACUSE, NY 13206

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US EPA ID NUMBER: NYD986980753

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
MONARCH ENVIRONMENTAL RECYCLING	WOODSTOWN , NJ	Petroleum Contaminated Soil Waste Oil
NE CYLINDER	AUBURN , NY	Non-Hazardous Industrial/Commercial
NORLITE CORPORATION	COHOES , NY	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial Waste Oil
NORTH TONAWANDA WWTP	NORTH TONAWANDA , NY	Non-Hazardous Industrial/Commercial Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
NORTHEAST CYLINDER	AUBURN , NY	Non-Hazardous Industrial/Commercial Non-Residential Raw Sewage or Sewage-Contaminated Wastes
OGDENSBURG WWTP	OGDENSBURG , NY	Non-Hazardous Industrial/Commercial Grease Trap Waste Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
ONEIDA COUNTY WPGP	UTICA , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes
ONEIDA-HERKIMER REGIONAL LANDFILL	BOONVILLE , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil
ONONDAGA COUNTY DEPARTMENT OF WATER ENVIRONMENTAL	SYRACUSE , NY	Non-Hazardous Industrial/Commercial Grease Trap Waste Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

Pursuant to Article 27,Titles 3 and 19 of the Environmental Conservation Law and 6 NYCRR 364

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OP-TECH ENVIRONMENTAL SERVICES, INC.
6392 DEERE ROAD
SYRACUSE, NY 13206

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EFFECTIVE DATE: 02/01/2009
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US EPA ID NUMBER: NYD986980753

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
Onondaga County Res Recov	Jamesville , NY	Non-Hazardous Industrial/Commercial
ONTARIO COUNTY LANDFILL	STANLEY , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil
Op-Tech Environmental Services, Inc.	Waverly , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Grease Trap Waste Waste Oil
OSWEGO WWTP	OSWEGO , NY	Non-Hazardous Industrial/Commercial
PENN OHIO CORPORATION	ASHTABULA , OH	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Grease Trap Waste Waste Oil
PERMA-FIX	BALTIMORE , MD	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Waste Oil
PLATTSBURGH WWTP	PLATTSBURGH , NY	Non-Hazardous Industrial/Commercial Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
RECYCLING & TREATMENT TECHNOLOGIES, LLC	PAINSVILLE , OH	Non-Hazardous Industrial/Commercial Grease Trap Waste Hazardous Industrial/Commercial Waste Oil
REPUBLIC ENVIRONMENTAL SYSTEMS (PA) INC.	HATFIELD , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Grease Trap Waste Hazardous Industrial/Commercial Waste Oil
RINECO CHEMICAL	BENTON , AR	Non-Hazardous Industrial/Commercial

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

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

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OP-TECH ENVIRONMENTAL SERVICES, INC.
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AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
RINECO CHEMICAL	BENTON , AR	Petroleum Contaminated Soil Grease Trap Waste Hazardous Industrial/Commercial Waste Oil
RK FREEDMAN & SONS	GREEN ISLAND , NY	Non-Hazardous Industrial/Commercial
ROME WPCF	ROME , NY	Non-Hazardous Industrial/Commercial Grease Trap Waste Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes
ROSS INCINERATION SERVICES, INC.	GRAFTON , OH	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial
SAFETY-KLEEN SYSTEMS, INC	LINDEN , NJ	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial Waste Oil
SAFETY-KLEEN SYSTEMS, INC.	BUFFALO , NY	Waste Oil
SAFETY-KLEEN SYSTEMS, INC.	AVON , NY	Waste Oil
SAFETY-KLEEN SYSTEMS, INC.	SYRACUSE , NY	Waste Oil
SAFETY-KLEEN SYSTEMS, INC.,	SMITHFIELD , KY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil
Seneca Meadows LF	Waterloo , NY	Non-Hazardous Industrial/Commercial Waste Tires Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
SOIL SAFE, INC.	LOGAN TOWNSHIP , NJ	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil
SOIL SAFE, INC.	BRANDYWINE , MD	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil
SOLVENTS & PETROLEUM SERVICE	SYRACUSE , NY	Non-Hazardous Industrial/Commercial
SOUTHERN TIER RECYCLERS	OWEGO , NY	Non-Hazardous Industrial/Commercial

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

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

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AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
SOUTHERN TIER RECYCLERS	OWEGO , NY	Waste Tires
SPRING GROVE RESOURCE RECOVERY	CINCINNATI , OH	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil
Stablex Canada Inc.	Blainville , QC	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial
STEUBEN-CO SLF#4	BATH , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant
SUPREME COMPUTER WHOLESALE	LAKEWOOD , NJ	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial
SYSTECH ENVIRONMENTAL	PAULDING , OH	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial Waste Oil
TCI OF NY(HUDSON), LLC	HUDSON , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Waste Oil
TICONDEROGA WWTP	TICONDEROGA , NY	Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
TONAWANDA (T) LANDFILL	TONAWANDA , NY	Petroleum Contaminated Soil
TRANS-CYCLE INDUSTRIES, INC.	PELL CITY , AL	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial Waste Oil
VEOLIA ES GREENTREE LANDFILL	KERSEY , PA	Non-Hazardous Industrial/Commercial Waste Tires

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

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AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)
VEOLIA ES GREENTREE LANDFILL	KERSEY , PA	Asbestos Petroleum Contaminated Soil Grease Trap Waste Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant
VEOLIA ES TECHNICAL SOLUTIONS, LLC	MIDDLESEX , NJ	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil
VEOLIA ES TECHNICAL SOLUTIONS, LLC	WEST CARROLLTON , OH	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial Waste Oil
VEXOR TECHNOLOGY, INC	MEDINA , OH	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Waste Oil
VON ROLL AMERICA	EAST LIVERPOOL , OH	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial
WASTE MANAGEMENT	CHAFFEE , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil
WASTE MANAGEMENT GRAND CENTRAL SANITARY LANDFILL	PEN ARGYL , PA	Non-Hazardous Industrial/Commercial
WASTE MANAGEMENT OF NY - HIGH ACRES LANDFILL	FAIRPORT , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil
WATERTOWN PCP	WATERTOWN , NY	Non-Hazardous Industrial/Commercial Grease Trap Waste Septage only (residential) Residential Raw Sewage including Portable Toilet Waste Non-Residential Raw Sewage or Sewage-Contaminated Wastes

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

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

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

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US EPA ID NUMBER: NYD986980753

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)

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

Destination Facility	Location	Waste Type(s)
WATERTOWN PCP	WATERTOWN , NY	Sludge from Sewage or Water Supply Treatment Plant

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
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CONTACT NAME:	VINNY SNYDER	EFFECTIVE DATE:	02/01/2009
COUNTY:	ONONDAGA	EXPIRATION DATE:	01/31/2010
TELEPHONE NO:	(607)565-8892	US EPA ID NUMBER:	NYD986980753

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)

106 (One Hundred and Six) Permitted Vehicle(s)

MI RA02111
MI RA16825
MI RA17693
MI RA17743
NY 10179PA
NY 11829JT
NY 12579JV
NY 170863
NY 19460JW
NY 19462JW
NY 19950JX
NY 19959JX
NY 20272JX
NY 20273JX
NY 20377JX
NY 24039JK
NY 24283JW
NY 24803JU
NY 28311JS
NY 28609JM
NY 28610JM
NY 28611JM
NY 28618JM
NY 28685JS
NY 28845JS
NY 30972JV
NY 31495JS
NY 33402JM
NY 33403JM
NY 34320JR
NY 38177JW
NY 39332PA
NY 40600PA
NY 40602PA
NY 40603PA
NY 40604PA
NY 41637JA
NY 42463JP
NY 47812JT
NY 47991JT
NY 49353JY
NY 52419PA
NY 53480JP
NY 57263PA
NY 58989PA
NY 63552JT
NY 63553JT
NY 63554JT
NY 63581PA
NY 63582PA
NY 66769JX
NY 67879JP
NY 69243PA
NY 69244PA
NY 69245PA
NY 70713JV
NY 70789JF
NY 72387JW
NY 72452PA
NY 77539JU
NY 78751PA
NY 81383JV
NY 81384JV
NY 81669JV
NY 81670JV
NY 82193PA
NY 82504JR
NY 82509JR
NY 83593PA
NY 84819PA
NY 87182PA
NY 92767PA
NY 98199JL
NY 99158JR
NY 99159JR
NY 99160JR
NY 99161JR
NY 99162JR
NY 99163JR
NY 99358JR
NY AA32162
NY AA93078
NY AD38132
NY AD38133
NY AD38134
NY AD38135
NY AD38136
NY AD38137
NY AD38138
NY AD38139
NY AD38142
NY AJ10164
NY AK81633
NY AN29062
NY AN88563
NY AP31897
NY AR96961
NY AR96995
NY AS56208
NY AS80986
NY AT25137
NY AT25348
NY AU59411
NY AV22201
NY AV22209
NY AV22316
End of List

OP-TECH
Environmental Services, Inc.

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: Medical Record / Employee / Company Management of: OP-TECH ENVIRONMENTAL SERVICES, INC.
Name of Company

RE: Employee Name: LARRY LOSEY Last 4# Social Security No.: xxx-xx-1152

Examination Type: [X] Baseline [ ] Periodic (Annual, etc.) [ ] Exit [ ] Other (Specify) _____

1.) *I examined this employee on* February 14th, 2008 *I have reviewed the data available in the employee's medical record and find that this individual is:*

- [X] Medically qualified to perform the stated work assignment.
- [ ] Medically qualified to perform the stated work assignment with recommended restrictions or qualifications (See Sect. 3).
- [ ] Not medically qualified to perform the stated work assignment.
- [ ] Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2.) *I find that this employee is:*

- [X] Medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Not medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Qualified to use respiratory protective devices with recommended restrictions or qualifications (See Sect. 3).

3.) *Based upon this examination, I recommend the following:*

- [X] No work restrictions.
- [ ] Due to medical reasons, this employee should observe the following work restrictions: _____

4.) *Additional comments and / or recommendations:* _____

5.) *Please arrange retesting of:* _____

6.) *Under these conditions:* _____

I HAVE INFORMED THIS EMPLOYEE OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS. DATE: _____

PHYSICIAN'S NAME (print): C Withy-Lewis MDR SIGNATURE: [signature]

REPORT PREPARED BY: Massena Memorial Hospital | Hospital Dr Massena NY
(Name & Address of Medical Facility)

EYES BRO
HAIR BRO
HGT 5' 00"

IF FOUND RETURN TO:
NYSDOL - L&C UNIT
ROOM 290A BUILDING 12
STATE OFFICE CAMPUS
ALBANY NY 12240

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

LARRY A LOSEY
CLASS(EXPIRES)
G SUPR(05/09)

CERT# 05-16158
DMV# 749774116
MUST BE CARRIED ON ASBESTOS PROJECTS

New York State Department of Health Certificate of Asbestos Safety Training

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

Certificate No. 532487

I – To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Larry A. Losey	749 774 116	
Signature of Trainee	Telephone Number	Date of Birth[1]
	315-528-0040	05-30-1984

Address (Street or PO Box) 3515 Rt 14 (City) Madrid (State) NY (Zip Code) 13660

II – To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	(315) 688-9435
Address 115 Genesee St Chittenango NY 13037	Course Location: Chittenango
Zip Code	

Course Title: Contractor/Supervisor [1] Initial [X] Refresher

NYS DOH use only: [ ] DOH Equivalency[2]

Training Language: [X] English [ ] Other: _____ Exam Grade/Date: 96 10/31

Dates of Training: From: 10/31/08 To: 10/31/08 Expires: 10/31/09

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

Training Director: Charles Kinder (Print) _____ (Signature)

DOH-2832 (10/03) [1]Optional Information [2]DOH Equivalency signed by NYS DOH representative only STUDENT

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: Losey, Larry, A.
Last, First, Middle

S.S. #: xxx-xx-1152

Date: 2/12/09

Company: OP-TECH Environmental Services, Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: Larry Losey Date: 2/12/09

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: 3M - 6200 Size: L Style: Half – Face

Employee Signature: Larry Losey Date: 2/12/09

Fit Test Administrator: Enbul Labrie Date: 2-12-2009

ALL WRITTEN OR PRINTED INFORMATION MUST BE LEGIBLE

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651-FS-L2

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Laerie Loew in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41/391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
[signature]	2157694340	5/21/08

MEDICAL EXAMINER'S NAME (PRINT)	
C. Whitney-Lewis NP-AC	☐ MD ☐ DO ☐ Chiropractor ☐ Physician Assistant ☐ Advanced Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE: 004525-1

SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
[signature]	949774116	NY

ADDRESS OF DRIVER: 3515 Ct Rt 14 Madrid, NY 13660

MEDICAL CERTIFICATE EXPIRATION DATE: ~~2/14/08~~ err ohm 2/14/10

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

OP-TECH

FORKLIFT/POWER ASSISTED VEHICLE TRAINING

CERTIFICATION

Name: LARRY LOSEY
Company: OP-TECH Environmental Service
Issued: 10/30/2008
Facilitator Jospeh Farrell Fac. No. 1163-05

OSHA 600094326

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

Larry Losey

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

Construction Safety & Health

Peter DeLucia 5/2/06
(Trainer) (Date)

OP-TECH
Environmental Services, Inc.

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: Medical Record / Employee / Company Management of: OP-TECH ENVIRONMENTAL SERVICES, INC.
Name of Company

RE: Employee Name: Thomas Dumas Last 4# Social Security No.: XXX-XX-3420

Examination Type: [ ] Baseline [X] Periodic (Annual, etc.) [ ] Exit [ ] Other (Specify)

1.) *I examined this employee on* March 20th 2008 *I have reviewed the data available in the employee's medical record and find that this individual is:*

- [X] Medically qualified to perform the stated work assignment.
- [ ] Medically qualified to perform the stated work assignment with recommended restrictions or qualifications (See Sect. 3).
- [ ] Not medically qualified to perform the stated work assignment.
- [ ] Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2.) *I find that this employee is:*

- [X] Medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Not medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Qualified to use respiratory protective devices with recommended restrictions or qualifications (See Sect. 3).

3.) *Based upon this examination, I recommend the following:*

- [X] No work restrictions.
- [ ] Due to medical reasons, this employee should observe the following work restrictions: _____

4.) *Additional comments and / or recommendations:* _____

5.) *Please arrange retesting of:* _____

6.) *Under these conditions:* _____

I HAVE INFORMED THIS EMPLOYEE OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS. DATE: 3/20/08

PHYSICIAN'S NAME (print): Cecile Wittey Lewis MDR SIGNATURE: C Lewis MD

REPORT PREPARED BY: Massena Memorial Hospital Massena Hospital DR Massena
(Name & Address of Medical Facility)

EYES BLU
HAIR BRO
HGT 6' 02"

IF FOUND RETURN TO:
NYSDOL - L&C UNIT
ROOM 290A BUILDING 12
STATE OFFICE CAMPUS
ALBANY NY 12240

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

THOMAS M [illegible]MAS
CLASS(EXPIRES):
GRP(02/09)

CERT# 00-04534
DMV# 348092467
MUST BE CARRIED ON ASBESTOS PROJECTS

New York State Department of Health Certificate of Asbestos Safety Training

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

Certificate No. 510275

I – To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Thomas Dumas	345-092-467	
Signature of Trainee	Telephone Number	Date of Birth[1]
[signature]	315-379-1623	2-13-66

Address

(Street or PO Box) 289 Trolley Pavement (City) Canton (State) NY (Zip Code)

II – To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	(315)687-9435
Address 115 Genesee St	Course Location: Chittenango
Zip Code Chittenango NY 13037	

Course Title: Contractor/Supervisor ☐ Initial ☒ Refresher ☐ DOH Equivalency[2] *NYS DOH use only*

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 80 1/25

Dates of Training: From: 1/25/08 To: 1/25/08 Expires: 1/25/09

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

Training Director[2]: Charles Kloch (Print) [signature] (Signature)

DOH-2832 (10/03) [1]Optional Information [2]DOH Equivalency signed by NYS DOH representative only DEPT OF LABOR

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: Dumas, Thomas, M.
Last, First, Middle

S.S. #: xxx-xx-3420

Date: 2/12/09

Company: OP-TECH Environmental Services. Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: Thomas Dumas Date: 2/12/09

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: 3M - 6200, Size: L Style: Half – Face.

Employee Signature: Thomas Dumas Date: 2/12/09

Fit Test Administrator: Richard Lenhardt Date: 2-12-2009

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Thomas M. Dumas in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
	(315)764-0601	3/22/07

MEDICAL EXAMINER'S NAME (PRINT)
John S. Burnett MD.

☑ MD ☐ DO ☐ Chiropractor ☐ Physician Assistant ☐ Advanced Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE
177747 NY

SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
Canton	348-092-467	NY

ADDRESS OF DRIVER
4 Church St. Canton NY 13617

MEDICAL CERTIFICATE EXPIRATION DATE
3/22/09

MOTOR CARRIER COPY

SEPARATE MOTOR CARRIER COPY BEFORE REMOVING LINER FROM LAMINATE

OSHA 001939996

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

Tom Domas

has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety & Health

(Trainer) John Mac Vittie 06-28
(Date)

OP-TECH

FORKLIFT/POWER ASSISTED VEHICLE TRAINING

CERTIFICATION

Name: TOM DUMAS
Company: OP-TECH Environmental Service
Issued: 10/30/2008
Facilitator Jospeh Farrell Fac. No. 1163-05

EYES BLU
HAIR BLN
HGT 5' 11"

IF FOUND RETURN TO:
NYSDOL - L&C UNIT
ROOM 290A BUILDING 12
STATE OFFICE CAMPUS
ALBANY NY 12240

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

WILLIAM P TRAMMILL
CLASS(EXPIRES)
A HAND(05/09)

CERT# 01-07575
DMV# 413240536
MUST BE CARRIED ON ASBESTOS PROJECTS

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: Hammill, William, P.
Last, First, Middle

S.S. #: xxx-xx-9630

Date: 2-12-09

Company: OP-TECH Environmental Services, Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: William K Hammill Date: 2-12-09

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: 3M - 6200, Size: Large Style: Half – Face.

Employee Signature: William K Hammill Date: 2-12-09

Fit Test Administrator: Richard Fulcher Date: 2-12-2009

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined William Hammell in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER: Kelley Lewis APRN	TELEPHONE: 3157694340	DATE: 10/2/08
MEDICAL EXAMINER'S NAME (PRINT): C Kelley-Lewis APRN	☐ MD ☐ DO ☐ Chiropractor ☒ Physician Assistant ☐ Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE: 004525-1		
SIGNATURE OF DRIVER: William Hammell	DRIVER'S LICENSE NO.: 413 240 538	STATE: NY
ADDRESS OF DRIVER: PO Box 156 Rooseveltown NY 13683		
MEDICAL CERTIFICATE EXPIRATION DATE: 10/2/2010		

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

OSHA 002067257

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

William Hammill

has successfully completed a 10 hour Occupational Safety and Health Training Course in

Construction Safety & Health

Barry R. Smith — 12/17/2008

(Trainer) (Date)

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

For further information go to "Training" at www.osha.gov

OP-TECH
Environmental Services, Inc.

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: Medical Record / Employee / Company Management of: OP-TECH ENVIRONMENTAL SERVICES, INC.
Name of Company

RE: Employee Name: WILLIAM HAMMILL Last 4# Social Security No.: XXX-XX-9630

Examination Type: [ ] Baseline [X] Periodic (Annual, etc.) [ ] Exit [ ] Other (Specify)

1.) *I examined this employee on* OCTOBER 2, 2008 *I have reviewed the data available in the employee's medical record and find that this individual is:*

- [X] Medically qualified to perform the stated work assignment.
- [ ] Medically qualified to perform the stated work assignment with recommended restrictions or qualifications (See Sect. 3).
- [ ] Not medically qualified to perform the stated work assignment.
- [ ] Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2.) *I find that this employee is:*

- [X] Medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Not medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Qualified to use respiratory protective devices with recommended restrictions or qualifications (See Sect. 3).

3.) *Based upon this examination, I recommend the following:*

- [X] No work restrictions.
- [ ] Due to medical reasons, this employee should observe the following work restrictions: _____

4.) *Additional comments and / or recommendations:* _____

5.) *Please arrange retesting of:* _____

6.) *Under these conditions:* _____

I HAVE INFORMED THIS EMPLOYEE OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS. DATE: 10/2/08

PHYSICIAN'S NAME (print): Cosette Withy Lewis SIGNATURE: [signature]

REPORT PREPARED BY: Massena Memorial Hospital Massena NY 13662
(Name & Address of Medical Facility)

OP-TECH
Environmental Services, Inc.

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: Medical Record / Employee / Company Management of: OP-TECH ENVIRONMENTAL SERVICES, INC.
Name of Company

RE: Employee Name: Harold LaPradd Last 4# Social Security No.: XXX-XX-0978

Examination Type: [ ] Baseline [X] Periodic (Annual, etc.) [ ] Exit [ ] Other (Specify)

1.) *I examined this employee on* August 21, 2008 *I have reviewed the data available in the employee's medical record and find that this individual is:*

- [X] Medically qualified to perform the stated work assignment.
- [ ] Medically qualified to perform the stated work assignment with recommended restrictions or qualifications (See Sect. 3).
- [ ] Not medically qualified to perform the stated work assignment.
- [ ] Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2.) *I find that this employee is:*

- [X] Medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Not medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Qualified to use respiratory protective devices with recommended restrictions or qualifications (See Sect. 3).

3.) *Based upon this examination, I recommend the following:*

- [X] No work restrictions.
- [ ] Due to medical reasons, this employee should observe the following work restrictions: _____

4.) *Additional comments and / or recommendations:* _____

5.) *Please arrange retesting of:* _____

6.) *Under these conditions:* _____

I HAVE INFORMED THIS EMPLOYEE OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS. DATE: _____

PHYSICIAN'S NAME (print): Cynthy Lewis SIGNATURE: _____

REPORT PREPARED BY: Massena Memorial Hospital Massena, NY
(Name & Address of Medical Facility)

EYES BRO
HAIR BRO
HGT 5' 06"

IF FOUND RETURN TO:
NYSDOL - L&C UNIT
ROOM 290A BUILDING 12
STATE OFFICE CAMPUS
ALBANY NY 12240

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

HAROLD J TAPRADD
CLASS(EXPIRES)
G SUPR(03/09)

CERT# 01-05356
DMV# 320237285
MUST BE CARRIED ON ASBESTOS PROJECTS

New York State Departmen. Health Certificate of Asbestos Safety Training

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

Certificate No. 535163

I – To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Harold J Labaudt	320 25 79285	
Signature of Trainee	Telephone Number	Date of Birth[1]
Harold J Labaudt	315 744 1199	5-22-78

Address

669 County Rt 10 (Street or PO Box) (City) [illegible] (State) NY (Zip Code) 12442

II – To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	(315) 687-9135
Address 115 Genesee St Chittenango NY 13037	Course Location: Chittenango
Zip Code	

Course Title: Contractor/Supervisor ☐ Initial ☒ Refresher

NYS DOH use only ☐ DOH Equivalency[2]

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 100 1/9

Dates of Training: From: 1/9/09 To: 1/9/09 Expires: 1/9/10

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

Training Director[2]: Charles Finch (Print) (Signature)

DEPT OF LABOR

DOH-2832 (10/03) [1] Optional Information [2] DOH Equivalency signed by NYS DOH representative only

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: LaPradd, Harold, J.
Last, First, Middle

S.S. #: xxx-xx-0978

Date: 2/12/09

Company: OP-TECH Environmental Services, Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: Harold Lapradd Date: 2/12/09

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: 6200 - 3m, Size: M Style: Half – Face

Employee Signature: Harold Lapradd Date: 2/12/09

Fit Test Administrator: Richard Fordyce Date: 2-12-2009

OSHA 002067258

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

Harold LaPradd

has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety & Health

Barry R. Smith — 12/17/2008

(Trainer) (Date)

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

For further information go to "Training" at www.osha.gov

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: Smith, Patrick, W. Jr.
Last, First, Middle

S.S. #: xxx-xx-1210

Date: 02/12/09

Company: OP-TECH Environmental Services, Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: Patrick Smith Jr. Date: 02/12/09

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: 3M - 6200, Size: Medium / Large Style: Half – Face.

Employee Signature: Patrick Smith Jr. Date: 02/12/09

Fit Test Administrator: Richard Fandrake Date: 02/12/09

EYES HAZ
HAIR BRO.
HGT 5' 07"

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

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

PATRICK W SMITH JR
CLASS(EXPIRES)
G SUPR(09/09)

CERT# 08-12026
DMV# 624223301
MUST BE CARRIED ON ASBESTOS PROJECTS

New York State Department of Health Certificate of Asbestos Safety Training

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

Certificate No. 550354

I – To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
PAT W SMITH JR	621 223 301	
Signature of Trainee	Telephone Number	Date of Birth[1]
Pat W Smith	(315) - 321 - 1100	09/30/1964
Address (Street or PO Box): 33 TALCOTT ST	(City): MASSENA	(State): NY (Zip Code): 13662

II – To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	(315) 652-0935
Address / Zip Code: 115 Erie Ave Ste 5a Chittenango NY, 13037	Course Location: Chittenango

Course Title: Certified Supervisor ☐ Initial ☒ Refresher

NYS DOH use only: ☐ DOH Equivalency[2]

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 86 5/29/09

Dates of Training: From: 5/29/09 To: 5/29/09 Expires: 5/29/10

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

Training Director[2]: Michael Wells (Print) _____ (Signature)

STUDENT

DOH-2832 (10/03) [1]Optional Information [2]DOH Equivalency signed by NYS DOH representative only

OP-TECH
Response • Service • Experience

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: OP-TECH ENVIRONMENTAL SERVICES, INC.

SUBJECT: Medical Surveillance for PATRICK W. SMITH (Employee Name (Print)) Social Security No. (1210)

Exam Type: [ ] General [ ] Baseline/Initial [X] Asbestos [X] Periodic (Annual) [ ] Respirator [ ] Exit [X] HAZMAT [ ] Other: _____ [X] DOT

1. I examined this employee on June 4th, 2009. I have reviewed the data available in the employee's medical record and find that this individual is:

- [X] Medically qualified to perform the stated work assignment.
- [ ] Medically qualified to perform the stated work assignment with recommended restrictions or qualifications as described in Section 3 below.
- [ ] Not medically qualified to perform the stated work assignment.
- [ ] Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2. I find that this employee is:

- [X] Medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Not medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Qualified to use respiratory protective devices with recommended restrictions or qualifications as described in Section 3 below.

3. Based upon this examination, I recommend the following:

- [X] No work restrictions.
- [ ] Due to medical reasons, this employee should observe the following work restrictions: _____

4. Additional comments and/or recommendations: _____

5. Please arrange retesting for: _____

I HAVE INFORMED THIS EMPLOYEE OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS.

DATE: PHYSICIAN'S NAME (print): COSETTE WITTY-LEWIS RPA-C SIGNATURE:

DEA #ML0359287 LIC #004525-1

REPORT PREPARED BY: Massena Memorial Hospital Massena NY
(Name and Address of Medical Facility)

PLEASE RETURN THIS FORM WITH THE EXAM RESULTS TO: OP-TECH ENVIRONMENTAL SERVICES, INC.
ATTENTION: NICOLE BOWER
1 Adler Drive
East Syracuse, New York 13057

Form Number: CHUS – 3208
Revised Date: May 8, 2009
Revision Number: 0

New York State Department of Health Certificate of Asbestos Safety Training

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

Certificate No. 543911

I - To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]
Tom LaLonde	499 170 492
Signature of Trainee	**Telephone Number** / **Date of Birth[1]**
Tom LaLonde	315-296-6340 / 3-16-79

Address: 137 Center St. Apt 2 (Street or PO Box) Massena (City) NY (State) 13662 (Zip Code)

II - To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	(315) 687-9435
Address 115 Genesee St Chittenango NY 13037 Zip Code	Course Location: Chittenango

Course Title: Handler ☐ Initial ☒ Refresher

NYS DOH use only ☐ DOH Equivalency[2]

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 96 3/2

Dates of Training: From: 3/2/09 To: 3/2/09 Expires: 3/2/10

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

Training Director[2]: Charles Kirsch (Print) _____ (Signature)

DOH-2832 (10/03) [1]Optional Information [2]DOH Equivalency signed by NYS DOH representative only STUDENT

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: LaCombe, Thomas, J.
Last, First, Middle

S.S. #: xxx-xx-2500

Date: 2-12-09

Company: OP-TECH Environmental Services, Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: Tom LaCombe Date: 2-12-09

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: 3M - 6200, Size: M Style: Half – Face

Employee Signature: Tom LaCombe Date: 2-12-09

Fit Test Administrator: Richard Lindsey Date: 2-12-2009

EYES BRO
HAIR BRO
HGT 5' 10"

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

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

THOMAS J LACOMBE
CLASS(EXPIRES):
A++AND(03/10)

CERT# 08-08846
DMV# 499170492
MUST BE CARRIED ON ASBESTOS PROJECTS

OP-TECH®
Response • Service • Experience

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: OP-TECH ENVIRONMENTAL SERVICES, INC.

SUBJECT: Medical Surveillance for THOMAS J. LACOMBE (Employee Name (Print)) Social Security No. (2500)

Exam Type: [ ] General [X] Asbestos [ ] Respirator [X] HAZMAT [X] DOT
[ ] Baseline/Initial [X] Periodic (Annual) [ ] Exit [ ] Other: _____

1. I examined this employee on MAY 28, 2009. I have reviewed the data available in the employee's medical record and find that this individual is:

- [X] Medically qualified to perform the stated work assignment.
- [ ] Medically qualified to perform the stated work assignment with recommended restrictions or qualifications as described in Section 3 below.
- [ ] Not medically qualified to perform the stated work assignment.
- [ ] Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2. I find that this employee is:

- [X] Medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Not medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Qualified to use respiratory protective devices with recommended restrictions or qualifications as described in Section 3 below.

3. Based upon this examination, I recommend the following:

- [X] No work restrictions.
- [ ] Due to medical reasons, this employee should observe the following work restrictions: _____

4. Additional comments and/or recommendations: quit Smoking

5. Please arrange retesting for: _____

I HAVE INFORMED THIS EMPLOYEE OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS.

DATE: 5/28/09 PHYSICIAN'S NAME (print): Kathleen Lauzon SIGNATURE: K Lauzon FNP

REPORT PREPARED BY: _____ (Name and Address of Medical Facility)

PLEASE RETURN THIS FORM WITH THE EXAM RESULTS TO: OP-TECH ENVIRONMENTAL SERVICES, INC.
ATTENTION: NECOLE BOWER
1 Adler Drive
East Syracuse, New York 13057

Form Number: OEHS-F008
Revised Date: May 8, 2009
Revision Number: 3

KATHLEEN LAUZON, FNP-C
LEVINE OUTPATIENT CENTER
1 HOSPITAL DRIVE
MASSENA, NEW YORK 13662

New York State Department of Health Certificate of Asbestos Safety Training

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

Certificate No. 540440

I – To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Edward Mitchell	666-296 606-488-296	
Signature of Trainee Edward Mitchell	Telephone Number (315) 842-0656	Date of Birth[1] 2-10-75

Address 163 County Rt 37 Massena NY 13662

163 County Rt 37 (Street or PO Box) Massena (City) NY (State) 13662 (Zip Code)

II – To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	(315) 688-9435
Address 115 Genesee St Chittenango NY 13037 Zip Code	Course Location: Chittenango

Course Title: Handler ☐ Initial ☒ Refresher

NYS DOH use only ☐ DOH Equivalency[2]

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 96 2/13

Dates of Training: From: 2/13/09 To: 2/13/09 Expires: 2/13/10

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

Training Director[2]: Charles Kircho (Print) _____ (Signature)

DEPT. OF LABOR

DOH-2832 (10/03) [1]Optional Information [2]DOH Equivalency signed by NYS DOH representative only

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: Mitchell, Edward, J. (Last, First, Middle) S.S. #: xxx-xx-7726

Date: 2-12-08 Company: OP-TECH Environmental Services, Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: Edward J Mitchell Date: 2-12-08

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

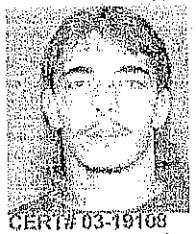
Mfr. / Model: 3M 6200, Size: Medium / Large Style: Half – Face

Employee Signature: Edward J Mitchell Date: 2-12-08

Fit Test Administrator: Richard J. Lodge Date: 2/12/09

STATE OF NEW YORK - DEPARTMENT OF LABOR

ASBESTOS CERTIFICATE



EDWARD J MITCHELL
CLASS(EXPIRES)
A-HAND(02/10)

CERT# 03-19108
DMV# 506486256

MUST BE CARRIED ON ASBESTOS PROJECTS

EYES GRN
HAIR BRO
HGT 5' 09"

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

OP-TECH®
Response • Service • Experience

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: OP-TECH ENVIRONMENTAL SERVICES, INC.

SUBJECT: Medical Surveillance for EDWARD J. MITCHELL (Employee Name (Print)) Social Security No. (7726)

Exam Type: [ ] General [X] Asbestos [ ] Respirator [X] HAZMAT [X] DOT
[ ] Baseline/Initial [X] Periodic (Annual) [ ] Exit [ ] Other: _____

1. I examined this employee on June 25th, 2009. I have reviewed the data available in the employee's medical record and find that this individual is:

- [X] Medically qualified to perform the stated work assignment.
- [ ] Medically qualified to perform the stated work assignment with recommended restrictions or qualifications as described in Section 3 below.
- [ ] Not medically qualified to perform the stated work assignment.
- [ ] Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2. I find that this employee is:

- [X] Medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Not medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Qualified to use respiratory protective devices with recommended restrictions or qualifications as described in Section 3 below.

3. Based upon this examination, I recommend the following:

- [X] No work restrictions.
- [ ] Due to medical reasons, this employee should observe the following work restrictions: _____

4. Additional comments and/or recommendations: _____

5. Please arrange retesting for: _____

I HAVE INFORMED THIS EMPLOYEE OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS.

DATE 6/25/09 PHYSICIAN'S NAME (print): _____ SIGNATURE: _____

REPORT PREPARED BY: Massena Memorial Hospital Massena NY
(Name and Address of Medical Facility)

PLEASE RETURN THIS FORM WITH THE EXAM RESULTS TO: OP-TECH ENVIRONMENTAL SERVICES, INC.
ATTENTION: NICOLE BOWER
1 Adler Drive
East Syracuse, New

V00002870692 M000144271
MITCHELL,EDWARD J
49 1/2 MAPLE ST LOT 30
MASSENA, NY 13662
02/10/75 34 M
Mitty-Davis,Cos
COPY 06/25/09 COPY

Form Number: CEHS – F005
Revised Date: May 8, 2007
Revision Number: 0

OP-TECH
Environmental Services, Inc.

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: Medical Record / Employee / Company Management of: OP-TECH ENVIRONMENTAL SERVICES, INC.
Name of Company

RE: Employee Name: JOHN HURLBUT Last 4# Social Security No.: XXX-XX-7418

Examination Type: [ ] Baseline [X] Periodic (Annual, etc.) [ ] Exit [ ] Other (Specify) _____

1.) *I examined this employee on* October 16, 2008 . *I have reviewed the data available in the employee's medical record and find that this individual is:*

- [X] Medically qualified to perform the stated work assignment.
- [ ] Medically qualified to perform the stated work assignment with recommended restrictions or qualifications (See Sect. 3).
- [ ] Not medically qualified to perform the stated work assignment.
- [ ] Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2.) *I find that this employee is:*

- [X] Medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Not medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Qualified to use respiratory protective devices with recommended restrictions or qualifications (See Sect. 3).

3.) *Based upon this examination, I recommend the following:*

- [X] No work restrictions.
- [ ] Due to medical reasons, this employee should observe the following work restrictions: _____

4.) *Additional comments and / or recommendations:* _____

5.) *Please arrange retesting of:* _____

6.) *Under these conditions:* _____

I HAVE INFORMED THIS EMPLOYER OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS. DATE 10/16/08

PHYSICIAN'S NAME (print): COSETTE WITTY-LEWIS RPA-C DEA #ML0359287 LIC #004525 SIGNATURE: [signature]

REPORT PREPARED BY: Massena Memorial Hospital Massena NY
(Name & Address of Medical Facility)

STATE OF NEW YORK - DEPARTMENT OF LABOR

ASBESTOS CERTIFICATE

JOHN E HURLBUT
CLASS(EXPIRES)
G SUPR(11/08)

CERT# 88-05953
DMV# 165188244

MUST BE CARRIED ON ASBESTOS PROJECTS

New York State Department of Health Certificate of Asbestos Safety Training

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

Certificate No. 529055

I – To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
John Hurlock	165 188 244	
Signature of Trainee	Telephone Number	Date of Birth[1]
John Hurlock	315 528 9533	11-2-64

Address: PO Box 2 (Street or PO Box) Chase Mills (City) NY (State) 13621 (Zip Code)

II – To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	(315) 687-9435
Address 115 Genesee St Chittenango NY 13037 Zip Code	Course Location: Chittenango

Course Title: Contractor/Supervisor ☐ Initial ☒ Refresher

NYS DOH use only ☐ DOH Equivalency[2]

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 100 9/19

Dates of Training: From: 9/19/08 To: 9/19/08 Expires: 9/19/09

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

Training Director: Charles Kirdo (Print) Charles Kirdo (Signature)

DOH-2832 (10/03) [1] Optional Information [2] DOH Equivalency signed by NYS DOH representative only

DEPT OF LABOR

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: Hurlbut, John (Last, First, Middle) S.S. #: xxx-xx-7418

Date: Jan. 15, 2008 Company: OP-TECH Environmental Services. Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: John Hurlbut Date: 1/15/09

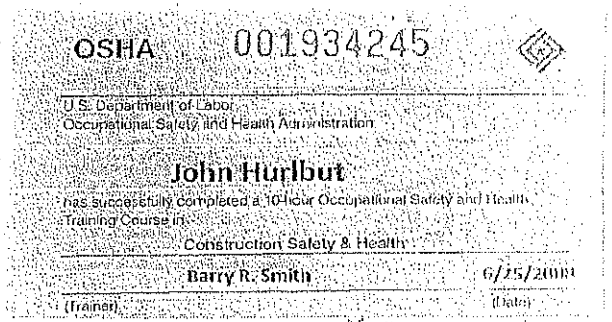
Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: 3M, Size: Large, Style: Half – Face

Employee Signature: John Hurlbut Date: 1/15/09

Fit Test Administrator: Richard Lounsbridge Date: 01-15-09



OSHA 001934245

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

John Hurlbut

has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety & Health

Barry R. Smith — 6/25/2008

(Trainer) — (Date)

ENVIRONMENTAL COMPLIANCE MANAGEMENT CORPORATION

P.O. BOX 86 CHITTENANGO, NEW YORK 13037 PHONE: (315) 687-9435

John Hurlbut

has attended and successfully completed a course for:

Asbestos Contractor/Supervisor Refresher

Length of Course: 08 Hours

Student I.D. #: 190908-17

Social Security #: 091647418

Exam Grade: 100

Exam Date: 09/19/2008

Course Location: Chittenango, New York

Date of Course Completion: 09/19/2008

Expiration Date: 09/19/2009

Executive Director

The official record of successful completion is the DOH 2832 Certificate of Completion of Asbestos Safety Training.
The person receiving this certificate has completed the requisite training for asbestos accreditation under the Toxic Substance Control Act (TSCA) Title II

This Certifies That

JOHN HURLBUT

Has Satisfactorily Completed The

RESPIRATORY PROTECTION

TRAINING COURSE

Developed Pursuant To 29 CFR 1910.134

This Course Was Conducted By

OP-TECH Environmental Services, Inc.

Date of Course: MARCH 7, 2008

JOSEPH FARRELL, CMRS
PROGRAM DIRECTOR

This Certifies That

JOHN HURLBUT

Has Satisfactorily Completed The

OSHA HAZWOPER
ANNUAL REFRESHER COURSE

Developed Pursuant To 29 CFR 1910.120

HAZWOPER Operations & Emergency Response

This Course Was Conducted By

OP-TECH Environmental Services, Inc.

Date of Course: MARCH 7, 2008

JOSEPH FARRELL, CMRS
PROGRAM DIRECTOR

This Certifies That

JOHN HURLBUT

Has Satisfactorily Completed The

CONFINED SPACE ENTRY AND RESCUE

Developed Pursuant To 29 CFR 1910.146

Permit-Required Confined Spaces

This Course Was Conducted By

OP-TECH Environmental Services, Inc.

Date of Course: MARCH 7, 2008

JOSEPH FARRELL, CMRS
PROGRAM DIRECTOR

OP-TECH
Environmental Services, Inc.

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: Medical Record / Employee / Company Management of: OP-TECH ENVIRONMENTAL SERVICES, INC.
Name of Company

RE: Employee Name: SCOTT DEROUCHIE Last 4# Social Security No.: xxx-xx-2167

Examination Type: [ ] Baseline [X] Periodic (Annual, etc.) [ ] Exit [ ] Other (Specify) _____

1.) *I examined this employee on* February 12, 2009 *I have reviewed the data available in the employee's medical record and find that this individual is:* Add one to two feet of water to tank to allow heaters to be submerged (CDM) Add one to two feet of water to tank to allow heaters to be submerged (CDM)

- [X] Medically qualified to perform the stated work assignment.
- [ ] Medically qualified to perform the stated work assignment with recommended restrictions or qualifications (See Sect. 3).
- [ ] Not medically qualified to perform the stated work assignment.
- [ ] Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2.) *I find that this employee is:*

- [X] Medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Not medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Qualified to use respiratory protective devices with recommended restrictions or qualifications (See Sect. 3).

3.) *Based upon this examination, I recommend the following:*

- [X] No work restrictions.
- [ ] Due to medical reasons, this employee should observe the following work restrictions: _____

4.) *Additional comments and / or recommendations:* _____

5.) *Please arrange retesting of:* _____

6.) *Under these conditions:* _____

I HAVE INFORMED THIS EMPLOYEE OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS. DATE: 2/12/09

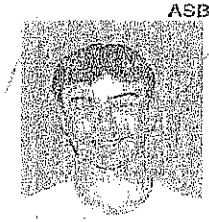
PHYSICIAN'S NAME (print): Cosette Witty-Lewis SIGNATURE: [signature]

REPORT PREPARED BY: Marian Regional Hospital

EYES HAZ
HAIR BRO
HGT 5' 05"

IF FOUND RETURN TO:
NYSDOL - E&C UNIT
ROOM 290A BUILDING 12
STATE OFFICE CAMPUS
ALBANY NY 12240

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE



SCOTT A PERDUCHET
CLASS(EXPIRED)
A HAND(03/09)

CERT# 04-04528
DMV# 469941476
MUST BE CARRIED ON ASBESTOS PROJECTS

New York State Department of Health Certificate of Asbestos Safety Training

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

Certificate No. 54390R

I - To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Scott A. Devoucho	469 941 406	
Signature of Trainee	**Telephone Number**	**Date of Birth[1]**
Scott Abevoucho	(315)250-2672	8-7-78

Address 59 Maple St Massena NY 13662

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

II - To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	(315) 687-9435
Address 115 Genesee St	Course Location: Chittenango
Zip Code Chittenango, NY 13037	

Course Title: Handler ☐ Initial ☒ Refresher — *NYS DOH use only* ☐ DOH Equivalency[2]

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 96 3/2

Dates of Training: From: 3/2/09 To: 3/2/09 Expires: 3/2/10

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

Training Director[2]: Charles Kirch (Print) _____ (Signature)

DOH-2832 (10/03) [1]Optional Information [2]DOH Equivalency signed by NYS DOH representative only STUDENT

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: Derouchie, Scott, A.
Last, First, Middle

S.S. #: xxx-xx-2167

Date: 2/12/09

Company: OP-TECH Environmental Services, Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: Scott Derouchie Date: 2/12/09

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: 3M, Size: M Style: Half – Face.

Employee Signature: Scott Derouchie Date: 2/12/09

Fit Test Administrator: Richard Fairbridge Date: 2/12/2009

OSHA 002064068

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

Scott Derouchie

has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety & Health

(Trainer) John Mac Vittie (Date) 9-29

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Scott Desrochie in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
Cynthia Lewis	3157694340	2/21/08

MEDICAL EXAMINER'S NAME (PRINT): Cynthia-Lewis NP-AC

☐ MD ☐ DO ☐ Chiropractor ☑ Physician Assistant ☐ Advanced Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE: 004525-1

SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
Scott Desrochie	4a99414 76	NY

ADDRESS OF DRIVER: 59 Maple Massena NY 13662

MEDICAL CERTIFICATE EXPIRATION DATE: 02/14/2008

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

STATE OF NEW YORK - DEPARTMENT OF LABOR

ASBESTOS CERTIFICATE

SETH J SMART
CLASS(EXPIRES)
A HAND(01/10)

CERT# 08-00802
DMV# 146500006

MUST BE CARRIED ON ASBESTOS PROJECTS

EYES GRN
HAIR BRO
HGT 6' 00"

IF FOUND RETURN TO:
NYSDOL - L&C UNIT
ROOM 290A BUILDING 12
STATE OFFICE CAMPUS
ALBANY NY 12240

ST. LAWRENCE COUNTY HEALTH EVALUATION

73

Name Seth J Smart M X F ___ Social Security Number ___4352___ DOB 1/5/83

Address 6069 US Hwy 11 Canton, NY 13617 Phone Number 301-712-7059

Family Physician ___ Address ___

Employment Department and Position ___

1. Have you ever applied for or received a Pension, Workers' Compensation or Disability Benefits? Yes ___ No X
2. Have you ever been treated for: (circle if applicable)
   a) Impairment of hearing or of sight of either eye? Yes X No ___
   b) Dizziness, fainting, convulsions or stroke? Yes ___ No X
   c) Heart disease, high blood pressure, heart attack, irregular pulse, varicose veins, or blood clots? Yes ___ No X
   d) Lung disease, tuberculosis, asthma, emphysema, persistent cough? Yes ___ No X
   e) Appendicitis, ulcers, stomach trouble, liver disease, gall bladder disease, hernia, intestinal disease or rectal disease? Yes ___ No X
   f) Arthritis, rheumatism, sciatica, gout, or any disorder of the muscles or bones of the back, spine or joints? Yes ___ No X
   g) Amputation, fracture, or loss of use of an arm, leg, hand, foot, fingers or toes? Yes ___ No X
   h) Rheumatic fever, syphilis, diabetes, epilepsy, cancer or AIDS? Yes ___ No X
   i) Emotional, mental, or nervous disorder? Yes ___ No X
   j) Complication with pregnancy or delivery? Yes ___ No X

If yes, please describe: ___

3. Have you ever had or been advised to have an operation? Yes X No ___, EKG? Yes ___ No ___, X-ray? X Yes ___ No If yes, please describe appendix removed @ age 19
4. Do you take any medications regularly? Yes ___ No X If yes, give name of medicines and their dosages.
5. Do you have any allergies? Yes ___ No X If yes, indicate to what you are allergic.
6. Does any blood relation have diabetes? Yes X No ___; Cancer? Yes X No ___; TB? Yes ___ No ___
   Heart disease? Yes X No ___; High Blood Pressure? Yes X No ___
   Father: age ___ Health ___ Deceased? Yes ___ No ___ cause ___
   Mother: age 48 Health OK Deceased? Yes ___ No ___ cause ___
7. Do you smoke or chew tobacco? Yes X No ___ If yes, how much per day? 1 Pack
8. Do you drink alcohol? Yes X No ___ If yes, how many drinks or beers in an average week? 5
9. Do you exercise regularly? Yes X No ___ If yes, what type of exercise and how often?
   hard work

HEENT:

Denies portion & Taste smell, Wears glasses

Cardiorespiratory:

Denies CP, SOB

GI: Denies N/V, Denies Abd pain

GU: Denies hernia

Musculoskeletal: Denies muscle pain & weakness

Nervous:

Skin: Denies rashes Warts

Examination:

Ht: 5'11" Wt: 215 BP: 100/60 P: 82

Vision: Uncorrected R 20/40 L 20/40 Corrected R _____ L _____ Color Vision WNL

Hearing: Must be completed for Buildings & Grounds Solid Waste and Highway Personnel only

has glasses but not w/ him

Lowest Response Level	Frequency (Hz) 500	1000	2000	4000
25 db -Normal	Nml	Nml	Nml	Nml
40 db - mild loss				
60 db - serious loss				
No response - severe loss				

Urine: Appearance Clear SG: 1016 pH: 5.0 Chemistry: Neg Microscopic: Neg

	Normal	Abnormal	NE	Details
HEENT	☑	☐	☐	
Teeth	☑	☐	☐	
Heart	☑	☐	☐	
Lungs	☑	☐	☐	
Abdomen	☑	☐	☐	
GU	☑	☐	☐	
Rectal	☐	☐	☑	
MS	☑	☐	☐	
Neurological	☑	☐	☐	
Lymph	☑	☐	☐	
Skin	☑	☐	☐	
Psychological	☑	☐	☐	PFT WNL

Recommendations: Fit for respirator use; No physical limitations encouraged to quit smoking

☑ I certify that this candidate has no pre-existing permanent disabilities

☐ I certify that this candidate has the following pre-existing permanent disabilities:

I also certify that this a true record of the examination of the above candidate and that I find said candidate

☑ qualified in accordance with the St. Lawrence County job specification ☐ not qualified for the following reasons

Examined by: _____ Date: 4/30/08

08/07

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course. Certificate No. 517433

I – To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Seth Joseph Smith	146500008	
Signature of Trainee	Telephone Number	Date of Birth[1]
Seth Smith	301-112-7691	1-6-84

Address: 6669 US Hwy 11 (Street or PO Box) Canton (City) NY (State) 13617 (Zip Code)

II – To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	315 687-9435
Address 115 Genesee St	Course Location: Chittenango
Zip Code Chittenango, NY 13037	

Course Title: Handler ☒ Initial ☐ Refresher ☐ DOH Equivalency[2] *NYS DOH use only*

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 92 4/24

Dates of Training: From: 4/21/08 To: 4/24/08 Expires: 4/24/09

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

Training Director[2]: Charles Kircho (Print) Charles Kircho (Signature)

DOH-2832 (10/03) [1]Optional Information [2]DOH Equivalency signed by NYS DOH representative only DEPT OF LABOR

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: SMART, SETH J.
Last, First, Middle

S.S. #: xxx-xx-9358

Date: 6/30/08

Company: OP-TECH Environmental Services, Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: _____ Date: _____

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: 3M – 69097, Size: _____ Style: Half – Face

Employee Signature: _____ Date: 6-30-08

Fit Test Administrator: _____ Date: 6/30/08

OSHA 002064065

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

Seth SMArt

has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety & Health

(Trainer) John Marc Vitter 06-28
(Date)

CPR

Roadway Worker Protection
Contractor Safety

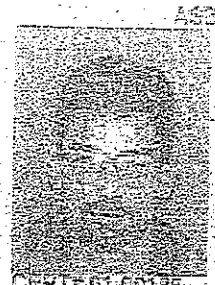
2008 ANNUAL CERTIFICATION

Name: SETH SMART
Company: OP-TECH Environmental Servics
Issued: 9/26/08
Facilitator Joseph Farrell Fac. No. 1163-05

800-SOO-HELP

STATE OF NEW YORK - DEPARTMENT OF LABOR

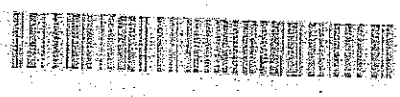
ASBESTOS CERTIFICATE



JASON CHARLESTON
CLASS EXPIRES
DOB APR(12/09)

CERT# 01-00185
DMV# 395414764

MUST BE CARRIED ON ASBESTOS PROJECTS



EYES BRO
HAIR BLK
HGT 6' 05"

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

OSHA 001553816

Jason E. Hamilton

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

has successfully completed a 10 hour Occupational Safety and Health Training Course in

Construction Safety & Health

(Trainer) 02/05 (Date)

New York State Department of Health Certificate of Asbestos Safety Training

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

Certificate No. 532530

I – To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Jason E Hamilton	385 414 769	
Signature of Trainee	Telephone Number	Date of Birth[1]
Jason Hamilton	315-769-2397	12-31-71

Address: 3 Ripley St. (Street or PO Box) Massena (City) NY (State) 13662 (Zip Code)

II – To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	(315) 687-9435
Address 115 Genesee St Chittenango NY 13037 Zip Code	Course Location: Chittenango

Course Title: Contractor/Supervisor ☐ Initial ☒ Refresher

NYS DOH use only: ☐ DOH Equivalency[2]

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 100 11/14

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

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

Training Director[2]: Charles Kirdo (Print) _____ (Signature)

DOH-2832 (10/03) [1]Optional Information [2]DOH Equivalency signed by NYS DOH representative only DEPT OF LABOR

OP-TECH
Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: Hamilton, Jason, E. (Last, First, Middle) S.S. #: xxx-xx-4694

Date: 2-12-09 Company: OP-TECH Environmental Services, Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: Jason Hamilton Date: 2-12-09

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: 3M 6200, Size: M-L, Style: Half – Face

Employee Signature: Jason Hamilton Date: 2-12-09

Fit Test Administrator: Richard Fairclo Date: 2-12-2009

OP-TECH
Environmental Services, Inc.

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: Medical Record / Employee / Company Management of: OP-TECH ENVIRONMENTAL SERVICES, INC.
Name of Company

RE: Employee Name: JASON HAMILTON Last 4# Social Security No.: XXX-XX-4694

Examination Type: [ ] Baseline [X] Periodic (Annual, etc.) [ ] Exit [ ] Other (Specify) _____

1.) *I examined this employee on* January 8, 2009 *I have reviewed the data available in the employee's medical record and find that this individual is:*

- [X] Medically qualified to perform the stated work assignment.
- [ ] Medically qualified to perform the stated work assignment with recommended restrictions or qualifications (See Sect. 3).
- [ ] Not medically qualified to perform the stated work assignment.
- [ ] Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2.) *I find that this employee is:*

- [X] Medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Not medically qualified to use respiratory protective devices for the stated work assignment.
- [ ] Qualified to use respiratory protective devices with recommended restrictions or qualifications (See Sect. 3).

3.) *Based upon this examination, I recommend the following:*

- [X] No work restrictions.
- [ ] Due to medical reasons, this employee should observe the following work restrictions: _____

4.) *Additional comments and / or recommendations:* _____

5.) *Please arrange retesting of:* _____

6.) *Under these conditions:* _____

I HAVE INFORMED THIS EMPLOYEE OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS. DATE: 1/8/09

PHYSICIAN'S NAME (print): Cassette Wiley Langworthy SIGNATURE: _____

REPORT PREPARED BY: Marlena Memorial Hospital
(Name & Address of Medical Facility)

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Jason Hamilton in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
Giselle Lewis	3157694840	1/8/09

MEDICAL EXAMINER'S NAME (PRINT): Giselle Lewis

☐ MD ☐ DO ☐ Chiropractor ☒ Physician Assistant ☐ Advanced Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE: 084825-1

SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
Jason Hamilton	385914764	NY

ADDRESS OF DRIVER: 3 Ripley St. Massena NY 13662

MEDICAL CERTIFICATE EXPIRATION DATE: 1/8/2010

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

Riverfront Medical Services, P.C.

285 Alexander Street
Rochester, New York 14607
(585) 325-3002
Fax (585) 325-3678

Re: Tobey Verville

Social Security #: 1867

Date: 9-17-07

Employer: RES

Dear Bob Bradley

After conducting a physical examination on the above named individual including a review of his/her past medical history, a pulmonary function test, and a chest x-ray (if indicated), I have determined that he/she has no detectable medical conditions that would place him/her at risk of material health impairment from exposure to asbestos in accordance with OSHA 1910.1001 and OSHA 1926.1101.

He/she is also physically and medically qualified to wear respirator protection in accordance with OSHA 1910.134, as outlined below.

[✓] Found fit to use the following respirators:

- [✓] Filter Respirator (Dust mask)
- [✓] Cartridge Respirator
- [✓] Powered Air-Purifying Respirator (PAPR)
- [✓] Supplied Air Respirator
- [✓] Self Contained Breathing Apparatus (SCBA)

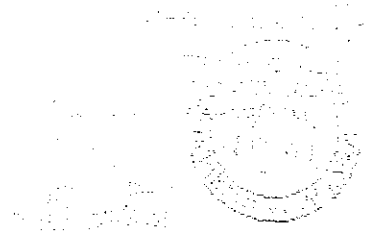
[✓] The employee has been informed of the results of the medical examination.

[✓] The employee has been informed of the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure.

Comments: _____

Sincerely

_____ 9-17-07
Riverfront Medical Services P.C. Date



New York State Department of Health Certificate of Asbestos Safety Training

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

Certificate No. 532[illegible]

I - To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Toby Verville	761-705-373	
Signature of Trainee	Telephone Number	Date of Birth[1]
[signature]	(315) 528-6889	1/10/76

Address: 106 Magnus rd (Street or PO Box) (City) Waddington (State) NY (Zip Code) 13694

II - To be completed by Training Sponsor

Provider's Name	Telephone Number
Environmental Compliance	(315) 689-9435
Address 115 Genesee St. Chittenango NY 13037 (Zip Code)	Course Location: Chittenango

Course Title: Contractor/Supervisor ☐ Initial ☒ Refresher ☐ NYS DOH Equivalency[2]

Training Languages: ☒ English ☐ Other: _____ Exam Grade/Date: 92% 11/14/08

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

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

Training Director: Charles Kirchner (Print) [signature] (Signature)

DOH-2832 (10/03) [1] Optional Information [2] DOH Equivalency signed by NYS DOH representative only DEPT OF LABOR

OP-TECH

Environmental Services, Inc.

RESPIRATOR CERTIFICATION RECORD

Section I – General

Name: VERVILLE, TOBY
Last, First, Middle

S.S. #: xxx-xx-1867

Date: 6/30/08

Company: OP-TECH Environmental Services, Inc.

Section II – Respirator Training

I certify that I have been trained in a manner consistent with the requirements of the Respiratory Protection program regarding the use of the respirator I have been issued. I further certify, that I have also been made aware of its limitations, conditions of use and the established techniques of its' proper care and maintenance.

Employee Signature: Toby Verville Date: 6-30-08

Section III – Qualitative Fit Test

I certify that I have been successfully fit tested against a suitable challenge atmosphere while using a:

Mfr. / Model: _____ Size: _____ Style: _____

Employee Signature: Toby Verville Date: 6-30-08

Fit Test Administrator: Richard Fairclough Date: 6/30/08

envirologic of New York, Inc.

Asbestos Air Sampling Analysis Report

Analyzed in accordance with NIOSH Method 7400 (A Rules)

NYS DOH ELAP #11555

Client: Op-Tech Environmental Services, Inc. - 14 Old River Rd., Massena, N.Y. 13662
Project Location: SUNY Potsdam - 44 Pierpont Ave., Potsdam, NY 13676 - Timmerman Hall - Basement
Project Number: EL09A-36
Client Contact: Ron Martin
Phone Number: (315) 764-1917 **Job #:** MPSU-0029

Report Number: 1275
Date Sampled: 5-22-09
Date Received: 5-26-09
Date Analyzed: 5-28-09
Date Reported: 5-28-09

Summary: On May 28, 2009, our representative, Katie Congdon, received the following samples. Envirologic of New York, Inc., is not responsible for the collection of said samples. Results may be affected by improper collection.

Work Area Location	Sample Type	Elapsed Time Minutes	Flow Rate L/Min	Volume liters	Result f/mm²	Result f/cc	Field ID	Lab ID
Jason Hamilton - 3460	P	330	2.0	660	<6.87	<0.004	2	8218
Jason Hamilton - 3460	STEL	30	2.0	60	84.27	<0.022	1	8219

High or unusual results are highlighted and italicized.

ABBREVIATIONS:

B = *Background Sample*
PA = *Pre - Abatement Sample*
E = *Daily Environmental Sample*
F = *Final Clearance Sample*
WA = *Work Area Sample*
STEL/EL = *Short Term Exposure/Excursion Limit Sample*
P = *OSHA Personal Air Monitoring Sample*
FB = *Field Blank*
NC = *Non-Contaminated*
MD = *Mineral Dust, Unable to Analyze*
SD = *Sample Damaged, Unable to Analyze*
Note: Envirologic is only responsible for the calculation of f/mm2
f/cc = *Fibers Per Cubic Centimeter*
f/mm² = *Fibers Per Square Millimeter*
< = *Below Detection Limit*
NS = *Not Supplied*
NA = *Not Applicable*

Valerie Lare

Approved By: Valerie Lare
Technical Director - Envirologic of New York, Inc.

Disclaimer: NIOSH Method 7400 is a method used for estimating asbestos concentrations, however, phase contrast microscopy cannot distinguish between asbestos fibers and other fiber types. The analytical results presented in this report and the laboratory procedures used are considered to be accurate and reliable for the samples analyzed. This report may

envirologic of New York, Inc.

Asbestos Air Sampling Analysis Report

Analyzed in accordance with NIOSH Method 7400 (A Rules)
NYS DOH ELAP #11555

Client: Op-Tech Environmental Services, Inc. - 14 Old River Rd., Massena, N.Y. 13662
Project Location: SUNY College @ Potsdam - 44 Pierpont Ave., Potsdam, NY 13676
Project Number: EL09A-36
Client Contact: Ron Martin
Phone Number: (315) 764-1917 **Job #:** MPSU-0029

Report Number: 1290
Date Sampled: 5-26-09
Date Received: 5-29-09
Date Analyzed: 5-29-09
Date Reported: 5-29-09

Summary: On May 29, 2009, our representative, Katie Congdon, received the following samples. Envirologic of New York, Inc., is not responsible for the collection of said samples. Results may be affected by improper collection.

Work Area Location	Sample Type	Elapsed Time Minutes	Flow Rate L/Min	Volume liters	Result f/mm^2	Result f/cc	Field ID	Lab ID
Pat Smith	*P*	*420*	*2.0*	*840*	*MD*	*MD*	*4*	*8298*
Pat Smith	STEL	30	2.0	60	<7.01	<0.045	3	8299

High or unusual results are highlighted and italicized.

ABBREVIATIONS:

B = *Background Sample*
PA = *Pre - Abatement Sample*
E = *Daily Environmental Sample*
F = *Final Clearance Sample*
WA = *Work Area Sample*
STEL/EL = *Short Term Exposure/Excursion Limit Sample*
P = *OSHA Personal Air Monitoring Sample*
FB = *Field Blank*
NC = *Non-Contaminated*
MD = *Mineral Dust, Unable to Analyze*
SD = *Sample Damaged, Unable to Analyze*
Note: Envirologic is only responsible for the calculation of f/mm2
f/cc = *Fibers Per Cubic Centimeter*
f/mm^2 = *Fibers Per Square Millimeter*
< = *Below Detection Limit*
NS = *Not Supplied*
NA = *Not Applicable*

Valerie Lare

Approved By: Valerie Lare
Technical Director - Envirologic of New York, Inc.

Disclaimer: NIOSH Method 7400 is a method used for estimating asbestos concentrations, however, phase contrast microscopy cannot distinguish between asbestos fibers and other fiber types. The analytical results presented in this report and the laboratory procedures used are considered to be accurate and reliable for the samples analyzed. This report may

P

County of Franklin
Solid Waste Management Authority

Franklin County Landfill

Truck #:OPTECH2
Bill Acct:100
Op-Tech Envir. Services

Haul Acct:100
Op-Tech Envir. Services

Ticket# 1808805

	In	/	Out
Date	05/29/09		05/29/09
Time	13:33		13:45
ID	CHC	/	CHC

Transactions 10 - Inbound Charge
Payments 1 - Charge
Origin 200 - St. Lawrence County
Destination: 3 - Cell No. 3
Materials 500 - Spot Market C&D
Reference: MPSU-0030

	Lbs	Tons	
Gross	14640	7.32	1
Tare	12820	6.41	1
Net	1820	0.91	

Balance

Tendered: 0.00 Change: 0.00

Driver: [signature] Scale Operator: CharityClarke

WASTE SHIPMENT RECORD

GENERATOR

1. Owner's name and mailing address
SUNY COLLEGE @ POTSDAM
44 PIERREPONT AVE.
POTSDAM, N.Y. 13676

Project name and location
LARGE PROJECT: ABATEMENT OF FLOOR TILE & MASTIC TIMMERMAN HALL BASEMENT CORRIDOR

Owner's telephone no.
315-267-2133

2. Operator's name and address
OP-TECH ENVIRONMENTAL SERVICES, INC.
14 OLD RIVER ROAD, MASSENA, NEW YORK 13662

Project number
MPSU-0029

Operator's telephone no.
315-764-1917

3. Waste Disposal Site (WDS)
Name
Mailing Address
COUNTY OF FRANKLIN S.W.M.A.
828 COUNTY ROUTE 20
CONSTABLE, NEW YORK 12926
Physical Site Location
SAME

WDS telephone no.
518-483-8270

Additional Information
NON-FRIABLE; C&D

4. Name and address of responsible agency
E.P.A. REGION II
290 BROADWAY AVENUE
NEW YORK, N.Y. 10007-1866

GENERATOR SIGNATURE: _____
DATE: _____

5. Description of materials	6. Containers No.	Type	7. Total quantity m³ (yd³)
Friable			
Non-Friable VINYLY FLOOR TILE, MASTIC, PPE, POLY	11	Bags & 4 Drums	

8. Special handling instructions and additional information
ASBESTOS MATERIAL-DO NOT CREATE DUST.
In case of an emergency, contact OP-TECH @ 1-800-225-6750.

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	Signature	Month	Day	Year
G. GRIFFIN P.M.		5	20	2009

TRANSPORTER

10. Transporter 1 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month	Day	Year
Tom LaComme	Tom LaComme	5	26	09

Address and telephone no.
OP-TECH ENVIRONMENTAL SERVICES, INC.
14 OLD RIVER ROAD
MASSENA, NEW YORK 13662
315-764-1917

11. Transporter 2 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month	Day	Year
Harold Hatfield		5	29	09

Address and telephone no.
OP-TECH ENVIRONMENTAL SERVICES, INC.
14 OLD RIVER ROAD
MASSENA, NEW YORK 13662
315-764-1917

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
	Charity Clark	5	29	09

Copy 1 - Generator Copy 2 - Operator Copy 3 - Waste Disposal Site

P

County of Franklin
Solid Waste Management Authority

Franklin County Landfill

Truck #:OPTECH2
Bill Acct:100
Op-Tech Envir. Services

Haul Acct:100
Op-Tech Envir. Services

Ticket# 1020036F

	In	/ Out
Date	05/29/09	05/29/09
Time	13:46	14:03
ID	CHC	/ CHC

Transaction: 10 - Inbound Charge
Payment: 1 - Charge
Origin: 200 - St. Lawrence County
Destination: 3 - Cell No. 3
Material: 212 - Contaminated Soil - Bulk- Out of County
Reference: MPSU-0029

	Lbs	Tons
Gross	12820	6.41 MAN WT
Tare	10240	5.12 /
Net	2580	1.29

Tendered: 0.00 Change: 0.00

Driver: [signature] Scale Operator: CharityClarke

WASTE SHIPMENT RECORD

GENERATOR

1. Owner's name and mailing address
SUNY COLLEGE @ POTSDAM
44 PIERREPONT AVE.
POTSDAM, N.Y. 13676

Project name and location
LARGE PROJECT: KELLAS HALL
ROOM 100B – FLOOR TILE & MASTIC
980 SQUARE FEET

Owner's telephone no.
315-267-2133

2. Operator's name and address
OP-TECH ENVIRONMENTAL SERVICES, INC.
14 OLD RIVER ROAD, MASSENA, NEW YORK 13662

Project number
MPSU-0030

Operator's telephone no.
315-764-1917

3. Waste Disposal Site (WDS)
Name
Mailing Address
COUNTY OF FRANKLIN S.W.M.A.
828 COUNTY ROUTE 20
CONSTABLE, NEW YORK 12926

Physical Site Location
SAME

WDS telephone no.
518-483-8270

Additional Information
NON-FRIABLE; C&D

4. Name and address of responsible agency
E.P.A. REGION II
290 BROADWAY AVENUE
NEW YORK, N.Y. 10007-1866

GENERATOR SIGNATURE:

DATE:

5. Description of materials
9 rolled up bags of Poly

Friable

Non-Friable PE, POLY, VAT, MASTIC, COVE BASE

6. Containers No. Type
2 drums 9 Bags

7. Total quantity m³ (yd³)

8. Special handling instructions and additional information
ASBESTOS MATERIAL-DO NOT CREATE DUST.
In case of an emergency, contact OP-TECH @ 1-800-225-6750.

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	Signature	Month	Day	Year
GUY GRIFFIN / PROJECT MGR.		5	26	2009

TRANSPORTER

10. Transporter 1 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month	Day	Year
Harold Lathrop		5	28	09

Address and telephone no.
OP-TECH ENVIRONMENTAL SERVICES, INC.
14 OLD RIVER ROAD
MASSENA, NEW YORK 13662
315-764-1917

11. Transporter 2 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month	Day	Year

Address and telephone no.
OP-TECH ENVIROMENTAL SERVICES, INC.
14 OLD RIVER ROAD
MASSENA, NY 13662
315-764-1917

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
	Monty Clarke	5	29	09

Copy 1 - Generator Copy 2 - Operator Copy 3 - Waste Disposal Site

WASTE SHIPMENT RECORD

GENERATOR

1. Owner's name and mailing address
SUNY COLLEGE @ POTSDAM
44 PIERREPONT AVE.
POTSDAM, N.Y. 13676

Project name and location
LARGE PROJECT: ABATEMENT OF FLOOR TILE & MASTIC TIMMERMAN HALL BASEMENT CORRIDOR

Owner's telephone no.
315-267-2133

2. Operator's name and address
OP-TECH ENVIRONMENTAL SERVICES, INC.
14 OLD RIVER ROAD, MASSENA, NEW YORK 13662

Project number
MPSU-0029

Operator's telephone no.
315-764-1917

3. Waste Disposal Site (WDS)
Name
Mailing Address
COUNTY OF FRANKLIN S.W.M.A.
828 COUNTY ROUTE 20
CONSTABLE, NEW YORK 12926

Physical Site Location
SAME

WDS telephone no.
518-483-8270

Additional Information
NON-FRIABLE; C&D

4. Name and address of responsible agency
E.P.A. REGION II
290 BROADWAY AVENUE
NEW YORK, N.Y. 10007-1866

GENERATOR SIGNATURE: _____

DATE: _____

5. Description of materials	6. Containers No.	Type	7. Total quantity m^3 (yd^3)
Friable			
Non-Friable VINYLY FLOOR TILE, MASTIC, PPE, POLY	6	Drums 3 Bags	

8. Special handling instructions and additional information
ASBESTOS MATERIAL-DO NOT CREATE DUST.
In case of an emergency, contact OP-TECH @ 1-800-225-6750.

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	Signature	Month	Day	Year
G. Gallup / PM.		5	20	2009

TRANSPORTER

10. Transporter 1 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month	Day	Year
Harold LaPradd		5	29	2009

Address and telephone no.
OP-TECH ENVIRONMENTAL SERVICES, INC.
14 OLD RIVER ROAD
MASSENA, NEW YORK 13662
315-764-1917

11. Transporter 2 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month	Day	Year

Address and telephone no.
OP-TECH ENVIRONMENTAL SERVICES, INC.
14 OLD RIVER ROAD
MASSENA, NEW YORK 13662
315-764-1917

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
	County Clerk	5	29	09

Copy 1 - Generator Copy 2 - Operator Copy 3 - Waste Disposal Site