

Letter of Transmittal

To: Andrew Whitehouse
Jacunski Humes Architects, LLC
15 Massirio Drive
Suite 101
Berlin, CT 06037
Ph: 860-828-9221 Fax: 860-828-9223

Transmittal #: 119
Date: 6/21/2018
Job: 17-059 Stonington Community Center

Subject: Submittal

- WE ARE SENDING YOU**
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> Under separate cover via the following items: | | |
| <input type="checkbox"/> Shop drawings | <input type="checkbox"/> Prints | <input type="checkbox"/> Plans | <input type="checkbox"/> Samples |
| <input type="checkbox"/> Copy of letter | <input type="checkbox"/> Change order | <input type="checkbox"/> Specifications | <input checked="" type="checkbox"/> Submittal |

Document Type	Copies	Date	No.	Description
Submittal	1		02100-3 Rev 0	Asbestos Site Monitoring - Kitchen 05/11/18

THESE ARE TRANSMITTED as checked below:

- | | | |
|--|---|---|
| <input type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Resubmit ___ copies for approval |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Submit ___ copies for distribution |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return ___ corrected prints |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> Other | |
| <input type="checkbox"/> FOR BIDS DUE | <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US | |

Remarks:

Copy To:

From: Peter Reinhold (G. Donovan Associates, Inc.)

Signature: Peter Reinhold, Jr.



Mystic Air Quality Consultants, Inc.

1204 North Road, Groton, Connecticut 06340

www.mysticair.com

maq2@aol.com

800 247-7746

May 14, 2018

Mr. Peter Reinhold
G. Donovan Associates, Inc.
P.O. Box 249
Lebanon, CT 06249

Re: **Asbestos Abatement Site Monitoring (5/11/18)**
Stonington Community Center
Location: Kitchen

Dear Mr. Reinhold:

Mystic Air Quality Consultants performed industrial hygiene services pertaining to a monitoring project at the address cited above on May 11th, 2018.

These services were rendered in full accordance with the State of Connecticut Department of Health Services Standards for Asbestos Abatement, as found in the General Statutes of Connecticut Section 19a-332a-1 to 16.

As required in section 19a-332a-12 the applicable post abatement procedures to ascertain satisfaction of re-occupancy criteria were performed.

Specifically, a visual inspection of the containment work area revealed no visible asbestos dust or debris residue apparent in the contained area, as required by subsection 19a-332a-12(b).

Subsequently, a round of aggressive clearance air samples was performed in the containment work area and analyzed by phase contrast microscopy at the site, in accordance with subsection 19a-332a-12(g). The analytical results of the clearance samples were all below the concentration of 0.010 fibers per cubic centimeter of air allowed to permit re-occupancy.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Eident".

Christopher J. Eident CIH, CSP, RS
CEO

Enclosure 1: Final Visual Inspection
Enclosure 2: Final Air Clearance
Enclosure 3: Area Air Samples
Enclosure 4: Daily Log



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maq2@aol.com

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Report of Inspection of Asbestos Removal, Renovation, and/or Demolition Project

FINAL
 INTERIM

Date: 5-11-18
Site Location: Stonington Community Center
Building Identification: _____
Containment Location: Kitchen

FINAL INSPECTION PASSED
 INSPECTION INDICATES MORE WORK TO BE DONE

CHECKLIST:

Residual Dust On:

	YES	NO		YES	NO
a. Floor	_____	<input checked="" type="checkbox"/>	f. _____	_____	_____
b. Horizontal Surfaces	_____	<input checked="" type="checkbox"/>	g. Ducts	_____	<input checked="" type="checkbox"/>
c. Pipes	_____	<input checked="" type="checkbox"/>	h. Register	_____	<input checked="" type="checkbox"/>
d. Ventilation Equipment	_____	<input checked="" type="checkbox"/>	i. Lights	_____	<input checked="" type="checkbox"/>
e. Vertical Surfaces	_____	<input checked="" type="checkbox"/>			

FIELD NOTES:

VAT + mastic removed

FINAL AIR SAMPLE RESULTS:

TEM - to be Analyzed
 PCM - Analyzed on Site

Sample # 1 < 0.0042 Sample # 4 < 0.0046
Sample # 2 < 0.0046 Sample # 3 < 0.0046
Sample # 3 < 0.0042

INSPECTOR: TROCHIAN

ENCLOSURE | PAGE | OF |



MYSTIC AIR QUALITY CONSULTANTS

1204 North Road (Rt. 117), Groton, Connecticut 06340 www.mysticair.com

TELECOMMUNICATIONS
 Office: 860 449-8903
 Nights & Weekends: 860 448 8903
 FAX: 860-449-8660
 Toll Free: 1-800-247-7746

CLIENT: G. Donovan SITE LOCATION: Stonington Community Center
 PURPOSE FOR MONITORING: PCM clearance CONTAINMENT LOCATION: Kitchen
 TEMPERATURE: >20% RELATIVE HUMIDITY: UPAT + mastix
 CASSETTE SIZE: 25 FILTER AREA: 380 mm² ROTOMETER#: TRORXHAAP

ANALYSIS METHOD: PCM-NIOSH 7400 A-RULES MICROSCOPE FIELD AREA: 0.00785 MICROSCOPE FACTOR: 48.4

LOG NUMBER	SAMPLE NUMBER	SAMP DATE	SAMPLE LOCATION	TIME (minutes)		PUMP FLOW RATE Liters/Min	SAMPLE VOLUME Liters	LAB RESULTS Fibers/Fields	FINAL RESULTS Fibers/CC	ANALYST Print Initials
				Start	Stop					
429470	1	5-11-18	containment	2102	2230	13	1144	2/100	<0.0042	MMR
429471	2	5-11-18	containment	2102	2230	12	1036	3/100	20.0048	MMR
429472	3	5-11-18	containment	2102	2230	13	1144	2/100	<0.0042	MMR
429473	4	5-11-18	containment	2102	2230	12	1056	2/100	<0.0048	MMR
429474	5	5-11-18	containment	2102	2230	12	1036	4/100	<0.0048	MMR
429475	6	5-11-18	BLANK(S) 2/set min 10%					0/100	9/100	MMR
429476	7	5-11-18	REPLICATE SAMPLE # 4					2/100		MMR
429477	8	5-11-18								MMR

QC DATA: Book 42 Page 239 Logged by: VM
 REMARKS: p45501
 SIGNATURES:
 Samples Collected By: [Signature]
 Samples Analyzed By: [Signature]
 Calculation QC'd By: [Signature]
 Date of Sample Analysis: 5-11-18

Samples received in good condition
 AIHA CERTIFICATION 100129 Lab Certified for CT and RI LOD 10 fibers/100 field
 Mystic Air Quality Lab meets AHERA 40 CFR 763.90 (1) (2) (ii) requirements
 Data Review:
 Sufficient Blanks? Yes No
 Replicate acceptable? Yes No
 Reference sample within acceptable limits (2 SD)? Yes No
 Data acceptable for release? Yes No
 Lab Director: Christopher Eident, CIH CSP (if no repeat analysis)



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FAX: 860-449-8660
Toll Free: 1-800-247-7746

CLIENT: Donaugh
SITE LOCATION: Stonington Community Center
PURPOSE FOR MONITORING: Area Air Sampling
CONTAINMENT LOCATION: Kitchen
TEMPERATURE:
RELATIVE HUMIDITY: >20%
ACM MATERIAL ABATED: VAT + mastic
CASSETTE SIZE: 25
FILTER AREA: 380 mm²
ROTOMETER#:

ANALYSIS METHOD: PCM-NIOSH 7400 A-RULES
MICROSCOPE FIELD AREA: 0.00785
MICROSCOPE FACTOR: 48.4
SAMPLED BY: TR OTOCHYAD

LOG NUMBER	SAMPLE NUMBER	SAMP DATE	SAMPLE LOCATION	TIME (minutes)			PUMP FLOW RATE Liters/Min	SAMPLE VOLUME Liters	LAB RESULTS Fibers/Fields	FINAL RESULTS Fibers/CC	ANAL- YST Print Initials
				Start	Stop	Total Min					
429468	1	5-11-18	stage	1538	2056	318	7	2226	4/100	<0.0022	MPR
429469	2	5-11-18	stage storage	1539	2056	317	8	2536	6/100	<0.0019	MPR
			BLANK(S) 2/set min 10%								
			REPLICATE SAMPLE#								

QC DATA: Book 42 Page 239 Logged by: VW
SIGNATURES:
Samples Collected By: _____
Samples Analyzed By: _____
Calculation QC'd By: V. Williams
Date of Sample Analysis: 5-17-18

REMARKS:
 Samples received in good condition
AIHA CERTIFICATION: 100129 Lab Certified for CT and RI LOD 10 fibers/100 field
Mystic Air Quality Lab meets AHERA 40 CFR 763.90 (1) (2) (1) requirements
Data Review:
Sufficient Blanks? Yes ___ No ___
Replicate acceptable? Yes ___ No ___
Reference sample within acceptable limits (2 SD)? Yes ___ No ___ (if no repeat analysis)
Data acceptable for release? Yes ___ No ___
Lab Director: Christopher Eident, CIH CSP



Mystic Air Quality Consultants

1204 North Road (Rt. 117)
Groton, CT 06340

Date 5-11-18

DAILY JOB LOG

Page 1 of 1

Client G. Donovan

Site Supervisor Nick Talevi

Site Location Sturington Community Center

Containment Location Kitchen

GENERAL OBSERVATIONS

MAAC and Talevi on site

Talevi is prepping containment in kitchen and hallway

VAT and waste will be removed

Area air sampling is started

Containment complete. Removal begins

VAT and waste removed

PCM cleanup performed

Samples analyzed on site
Passed

ENCLOSURE 4 PAGE 1 OF 1

HYGIENIST'S
NAME

J. Rechner

HYGIENIST'S
SIGNATURE

TIME ON SITE: _____

TIME OFF SITE: _____

Telecommunications

Office: 860 449 8903

Nights &

Weekends: 860 464 2050

FAX: 860 449 8860

Toll Free: 1 800 247 7746